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**Complex Benign Gynecology Fellowship (CBGF)**

**Effective March 9, 2026**

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

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

71  
72 **A. Introduction**

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

78  
79 **B. Mission**

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

88  
89 **C. Goals**

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

94  
95 **D. Fellowship Training Program Requirements**

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

99  
100 **1. Fellowship Program Director (PD)**

101 One faculty member must be appointed as Program Director with authority  
102 and accountability for the overall program, including compliance with all  
103 applicable program requirements. The sponsoring institution (e.g., Designated  
104 Institutional Official, CMO), department chairperson and the CBGF Board must  
105 approve the fellowship director. The fellowship director must have adequate

106 time and salary support for a minimum of 8 hours per week on average to  
107 oversee and prioritize the training and have no conflicts of interest that could  
108 interfere with this responsibility (e.g., serve as PD for another fellowship,  
109 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. Possess subspecialty expertise and qualifications acceptable to the Site  
117 Review and Compliance Committee.
- 118 2. Possess four years of experience in complex benign gynecology, or other  
119 qualifications that are acceptable to the Site Review Committee.
- 120 3. Have educational and administrative experience.
- 121 4. Demonstrate academic expertise in complex benign gynecology through:
  - 122 4.1 At least one original research or review article in a peer-reviewed  
123 journal within the past three years AND at least one of the following  
124 within the past three years:
    - 125 a. peer-reviewed funding
    - 126 b. presentation(s) at regional or national professional or scientific  
127 society meeting(s)
    - 128 c. participation on committee(s) of national professional,  
129 scientific, or educational organization(s)
  - 130 5. Possess current certification in the subspecialty by the American Board of  
131 Obstetrics and Gynecology or possess subspecialty qualifications  
132 acceptable to the Site Review and Compliance Committee.
  - 133 6. Have completed an AAGL-accredited CBG Fellowship or possess or possess  
134 qualifications that are acceptable to the Site Review Committee and  
135 approved by the Fellowship Board.
    - 136 6.1 At minimum, a Program Director applicant who did not complete an  
137 AAGL CBGF program should additionally have:
      - 138 a. Four years of independent clinical experience in complex  
139 benign gynecology.
      - 140 b. A clinical practice that reflects 70% or more case volume of  
141 complex benign gynecology (full case list of the prior year  
142 submitted for review).

143

144

145

7. Have current medical licensure and appropriate medical staff appointment

146

8. Possess a minimum of four years of experience in complex benign gynecology, or other qualifications acceptable to the Site Review and Compliance Committee.

147

148

149

9. Demonstrate ongoing active engagement in subspecialty patient care.

150

10. Ensure that each fellow completes the research requirements by assigning a research mentor and monitoring compliance

151

152

11. Evaluate and document the fellow's performance as described below

153

12. File an Annual Report with the MIGS Board

154

13. Respond in a timely fashion (within ten days) to any inquiry made by the CBGF Board or Site Review and Compliance committee

155

156

14. Ensure a safe learning environment

157

15. Ensure that the annual fees and any additional fees related to the fellowship program are paid within 60 days of being due

158

159

16. Be an active member of the AAGL and in good standing

160

17. Final approval of the Program Director resides with the Site Review and Compliance Committee

161

162

18. If under criminal or non-criminal investigation, you agree to temporarily step down from your position as PD until the investigation is concluded. This is to minimize any potential disruptions.

163

164

165

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

166

The fellowship director must identify at minimum one Associate Program

167

Director with defined responsibilities that includes acting on behalf of the

168

fellowship director if they are not available. Fellowship programs can identify

169

additional Associate Program Directors for oversight at additional training

170

sites (see below).

171

The APD(s) at the primary site must:

173

1. Be an AAGL member in good standing

174

2. Have a minimum of 2 years independent practice post - CBGF experience

175

3. Maintain current certification in the obstetrics and gynecology specialty by the

176

applicable country of practice e.g., ABOG

- 177 4. Have current medical licensure and appropriate medical staff appointment
- 178 5. Have responsibilities educating and instructing the fellows either at the primary
- 179 or satellite training sites to ensure they receive the appropriate clinical exposure
- 180 and training to provide safe patient care
- 181 6. Participate in the semiannual evaluation process
- 182 7. Demonstrate two of three additional criteria below:
- 183 a. Document four pedagogical/teaching activities per year (e.g.,
- 184 resident/fellow didactics, presentation at meeting, grand rounds)
- 185 b. Document one scholarly/research activity per year (e.g., video or
- 186 research abstract, peer reviewed or non - peer reviewed publication,
- 187 mentorship of or collaboration with fellow research project)
- 188 c. Document one leadership initiative per year on either a local, regional, or
- 189 national level (e.g., member of hospital or society committee)

190

191 If the fellowship director and Associate Program Director(s) are not able to provide

192 training oversight, it will be the responsibility of the sponsoring institution and

193 department to identify a qualified fellowship director who is available and willing to

194 provide the fellow with the required training.

195

### 196 ***Fellowship Director Changes***

197 The CBGF Board must approve a change in fellowship director. A letter must be

198 sent electronically to the CBGF office (within 30 days) and indicate the resignation

199 of the fellowship director and the appointment of an interim fellowship director

200 until the matter has been considered by the Board. An application form (available

201 upon request) must be completed that outlines the qualifications of the proposed

202 fellowship director and potential changes to the educational environment. The

203 Board reserves the right to require decline the request, ask for additional

204 information and/or require a site visit.

205

### 206 **3. Core Faculty**

207 There must be adequate faculty that participate in the care of patients and the

208 education of fellows with special interest, expertise, and scholarly activity

209 related to complex, benign gynecology.

210

211

**4. Facilities**

212

1. All US-based CBGF programs (except for military programs) must be affiliated with an accredited training program(s) as required by the National Resident Matching Program (NRMP; [www.nrmp.org](http://www.nrmp.org)). The educational program must be sponsored by an ACGME-accredited institution or participating site.<sup>1</sup>

213

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217

2. The primary hospital facilities must be equipped to provide state-of-the-art inpatient and outpatient minimally invasive surgical experiences.

218

219

3. Sites must provide a private and clean location other than a restroom where fellows may lactate and store breast milk (i.e., refrigerator). These locations should be in close proximity to clinical responsibilities.

220

221

222

4. Clinical information systems or libraries and/or online information systems, including those relevant to the subspecialty, must be readily available as resources for patient care and clinical research at the host institution.

223

224

225

226

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

227

228

6. Research support must be readily available.

229

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

230

231

232

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

233

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238

The Program Letter of Agreement (PLA) must:

239

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

240

241

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

242

243

C) Specify the duration and content of the educational experience

244

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<sup>1</sup> This requirement does not apply to CBGF -I programs.

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

246

247 **E. Educational Objectives**

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

253

254 **F. Curriculum**

255 1. Didactic. Education of fellows must include dedicated, structured, and  
256 documented teaching conferences that review both the basic science and  
257 clinical aspects of the specialty as outlined in the Educational Objectives and  
258 facilitated by faculty. The fellow's schedule and responsibilities must be  
259 structured and protected (i.e., free of clinical duties) to allow regular  
260 attendance at didactics, simulation training, and national conferences. Fellows  
261 must have progressive teaching responsibilities for resident physicians and  
262 ideally with all types of learners (e.g., medical and/or nursing students).

263

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

266

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

269 B) Surgical experience is particularly important and must be carefully  
270 organized and supervised by the fellowship director and clinical faculty.

271 The fellow must be capable of performing all appropriate diagnostic and  
272 therapeutic procedures relevant to the clinical practice of the subspecialty.

273 During the educational program, the fellow must be supervised in all  
274 clinical activities, including surgical procedures. The CBGF Surgical

275 Competency List must be used and completed for each fellow by the end  
276 of the fellowship training. Surgical procedures available for the fellow

277 must include but are not limited to: diagnostic and operative hysteroscopy,

278 diagnostic and operative laparoscopy, laparotomy, robotic surgery, and

279 ambulatory procedures. Additionally, the program must ensure fellow

280 competency by experience and/or simulation in multiple types of vaginal

281 surgery (e.g., prolapse repair, vaginal tissue extraction, vaginal septums,

282 vNOTES) including vaginal hysterectomy, the management of small and  
283 large bowel concerns as it relates to complex gynecologic disease, and  
284 gynecologic conditions that may impact fertility (e.g., uterine septum,  
285 intrauterine adhesions, and uterine leiomyomas).

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

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

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

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

296

297

### 298 **Schedule**

299 The core 2-year fellowship must be structured and demonstrate a progression  
300 in clinical and teaching responsibilities during the span of the program. A  
301 weekly, monthly, and yearly clinical and educational schedule must be  
302 prepared for both year -1 and -2 and available when requested. A third year  
303 of training can be approved by the CBGF Board on a case-by-case basis but  
304 must contain a unique educational experience with defined goals and  
305 objectives.

306

### 307 **G. Research**

#### 308 1. Research Training

309 It is required that the fellow complete a minimum of one course in clinical  
310 research, research design, biostatistics, or epidemiology unless the fellow has  
311 documentation of recent (i.e., within 10 years) graduate level coursework in  
312 one or more of these topics or holds a graduate level degree in the required  
313 area(s). This can be accomplished in a classroom setting or through a  
314 fellowship director-approved online course. The institution must provide  
315 financial support for a minimum of one research-related course.  
316 Documentation of completion must be available upon request. Ideally, the  
317 fellow may be given the opportunity to work towards an advanced degree  
318 (e.g., MPH) or certificate in clinical research.

319

320

Research training must:

321

A) Provide structured translational, clinical or surgical research as applied to complex, benign gynecology

322

323

B) Enhance the fellow's understanding of the latest scientific surgical techniques

324

325

C) Promote the fellow's academic contributions to the specialty

326

D) Further the ability of the fellow to be an independent investigator

327

328

## 2. Research Projects

329

During training, the fellow will undertake an independent original research project approved by the fellowship director. The sequence in which research experience is integrated with clinical training will vary with each program but should be initiated in the first year of fellowship training. A research mentor who has expertise (i.e., proven track record of recent hypothesis-based research publications) in clinical research and is available and regularly meets (i.e., monthly) and mentors the fellow must be appointed. Under the supervision of the research mentor, the fellow must complete, by the end of the final academic year, at least one IRB approved (if applicable) research project relevant to complex gynecology. This research project must be an original data-driven project, meta-analysis or a systematic review that conforms to PRISMA guidelines and ultimately must be submitted for publication to a peer-reviewed journal by the end of fellowship. Writing a textbook chapter, clinical opinion review article, or production of an educational/scientific video does not meet criteria for an approved research project. It is the expectation that the fellow thesis will result in a first-author publication.

345

346

## H. Competencies

347

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

351

352

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

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

360

361 **START DATE**

362 All fellows will be required to start on August 1<sup>st</sup>. Alternate start dates will be given  
363 individual consideration by the CBGF Board and may incur an administrative fee.  
364 If the start date is delayed for any reason, the fellow's program must still adhere  
365 to the minimum 20-month unrestricted clinical training requirements as described  
366 below. <sup>2</sup>

367

368

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

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

375

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

382

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<sup>2</sup> Fellowships outside the US may have a different start date.

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

385

- 386 1. 20 weeks (five months) of leave over three years for a 3-year fellowship.
- 387 2. 16 weeks (four months) of leave over two years for a 2-year fellowship.

388

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

394

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

#### 398 **J. Transfer Policy**

399 A fellow may transfer from one CBGF program to another. To approve the  
400 transfer, the CBGF Board must receive:

- 401 a) A letter from the fellow requesting the transfer
- 402 b) A letter from the current Fellowship Director:
  - 403 i. Approving the transfer
  - 404 ii. Outlining the number of completed months and the date the fellow will  
405 leave the program
  - 406 iii. Describing the rotations completed
  - 407 iv. Assessing the level of competency to date
- 408 c) A letter from the Program Director of the potential (new) program:
  - 409 i. Approving the transfer
  - 410 ii. Outlining the dates the fellow is expected to commence and complete the  
411 program

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

415 be approved prior to the transfer occurring.

416

417 **K. Requirements for Graduation**

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

421

422 Requirements for graduation will include:

- 423 1. Satisfactory unrestricted clinical and surgical training as outlined by the CBGF  
424 Board
- 425 2. Completion of an original research project as described above.
- 426 3. Submit a scientific contribution to a national or international meeting. The  
427 contribution can be a video, oral or poster presentation.
- 428 4. Completion of at least twenty-two months of training.

429

430 **L. EVALUATIONS**

431 The fellows, faculty, program director and program must be evaluated. All the  
432 evaluations performed must be documented in writing, and evidence must be  
433 available upon request.

434

435 **1. Fellow Evaluations**

436 The Fellowship Director must formally evaluate a fellow's progress.  
437 Assessment must include the regular and timely feedback to the fellow that  
438 includes the evaluations of knowledge, skills, research, and professional  
439 growth using appropriate criteria and procedures.

440

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

- 446 • Provide objective assessments of competence in patient care, medical  
447 knowledge, practice-based learning and improvement, interpersonal and  
448 communication skills, professionalism, and systems-based practice
- 449 • Use multiple evaluators (i.e., faculty, patients, self, and other professional  
450 staff)

- 451           • Document progressive fellow performance improvement appropriate to  
452           education level

453

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

- 457           • Document the fellow’s performance during the final period of education.  
458           This document must be accessible the CBGF Board or its designee.  
459           • Verify that the fellow has demonstrated sufficient competence to practice  
460           without direct supervision

461

## 462           **2. Program Director and Faculty Evaluation**

463           The performance of each faculty member and Program Director must be  
464           confidentially evaluated in written (typically electronic) format at least annually  
465           by each fellow. This must include a review of the faculty’s clinical teaching  
466           abilities, commitment to the educational program, clinical knowledge, and  
467           professionalism.

468

## 469           **3. Annual Program Evaluation**

470           A meeting to discuss the educational and research mentoring effectiveness of the  
471           program and the curriculum must be held at least annually. The Fellowship  
472           Director, program faculty, and at least one fellow must attend the meeting. The  
473           discussion of the issues must be documented, and the results used to improve the  
474           program. This document must be accessible the CBGF Board or its designee.

475

476           During the evaluation process, the attendees must consider:

- 477           • Written comments by faculty and fellows  
478           • Fellow performance  
479           • Faculty performance  
480           • The most recent GME report of the sponsoring institution (if applicable or  
481           available)  
482           • The recommended improvements generated from the previous annual  
483           program evaluation  
484           • Any additional material that can be used to judge the achievement of the  
485           program’s educational objectives

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488

**M. INSTITUTIONAL COMMITMENT**

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**N. POLICIES**

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**1. Anti-Harassment Policy**

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

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**O. Disciplinary Action / Due Process**

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521

**Types of Disciplinary Actions**

522

Official disciplinary actions are probation, non-reappointment, or termination. In

523 general, disciplinary action should follow the due process identified by the primary  
524 training site as is commonly distributed by the Department of Graduate Education.  
525 If any type of disciplinary action is taken, the CBGF Board must be notified. The  
526 CBGF Board requires the following sequence:

527

#### 528 Evaluation and feedback

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

538

#### 539 Warning

540 When a trainee has been advised about deficiencies but fails to make sufficient  
541 improvement, he/she may be warned that continued lack of improvement may  
542 result in probation. This information must be provided to the trainee in person  
543 and in writing.

544

#### 545 Probation

546 Clearly suboptimal academic and/or clinical performance may warrant probation.  
547 The action must be explained to the fellow in person and in writing. Expectations  
548 for improvement, the methods for evaluating improvement, the anticipated  
549 duration of probation, and possible future actions must be delineated. The trainee  
550 must be advised that their academic file is always available for review and that  
551 he/she may appeal the decision. The trainee should be offered counseling. A  
552 sample probationary letter is available from the CBGF Board but is subject to local  
553 variation.

554

#### 555 Non-reappointment/Termination

556 A trainee's failure to remediate suboptimal academic and/or clinical performance  
557 may warrant a decision not to reappoint the trainee at the end of the current  
558 training year, or, in unusual circumstances, to terminate the contract immediately.  
559 The action must be explained to the fellow member in person and in writing. As

560 with a probationary letter, the trainee must be advised that their academic file is  
561 always available for review and that he/she may appeal the decision. The trainee  
562 must be offered counseling. A sample non-reappointment or termination letter is  
563 available from the CBGF Board but is subject to local variation.

564

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

568

### 569 **The Purpose of Disciplinary Actions**

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

574

#### 575 Timing issues

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

585

### 586 **P. Accreditation of Fellowship Programs**

587 All new fellowship programs must apply to the CBGF Board. Programs that have  
588 demonstrated substantial compliance with the program requirements will receive  
589 accreditation.

590

591 Fellowship programs will be evaluated continuously for compliance with the  
592 program requirements. If a program is found to have areas of non-compliance  
593 (i.e., deficiencies or areas of concern), the CBGF Board will list these citations and  
594 expect the program to come into compliance in the period designated. Based on  
595 the number, severity and/or persistence of these citations, a program may be

596 given a warning, placed on probation or accreditation may be withdrawn.  
 597 Fellowships on probation may not recruit for fellows and must notify the current  
 598 fellows.

599

600 If there are any significant or unexpected changes in the program or status of the  
 601 fellow (e.g., change in the number of fellow positions, fellowship director, key  
 602 faculty members, patient volume and procedures; changes in clinical sites or  
 603 closure of major research programs), the CBGF Board must be notified  
 604 electronically within 30 days ([cbgf@aagl.org](mailto:cbgf@aagl.org)).

605

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

607 The CBGF Board requires that the ACGME Fatigue Mitigation and duty hour  
 608 guidelines are followed. Detailed information can be accessed at:

609 [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/)  
 610 [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/)  
 611 [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/)

612

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

- 615 1. Monitor according to the program policy, with a frequency sufficient to  
 616 ensure duty hour compliance
- 617 2. Ensure the provision of back-up support systems for patient care
- 618 3. Educate core faculty members and fellows to recognize the signs of fatigue  
 619 and sleep deprivation
- 620 4. Monitor the demands of day, night, OB (if applicable), moonlighting and/or  
 621 at-home call and intervene as necessary to mitigate excessive service  
 622 and/or fatigue

623 **R. *Stipend and Benefits*<sup>3</sup>**

624 Fellows must be provided with a stipend which must be at the minimum  
 625 equivalent to a PGY-5, -6 or -7 house staff officer in the geographic region of the

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<sup>3</sup> *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,

626 program. Candidates invited for an interview are to be informed, in writing or by  
627 electronic means, of the terms, conditions, and benefits of their appointment,  
628 including stipend and other financial support; vacations; parental, sick, and other  
629 leaves of absence.

630

631 The following benefits are required:

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

640

641 The program must provide time and support for:

- 642 1. Travel to the Global Congress of the AAGL  
643 2. CBGF Bootcamp  
644 3. “live” attendance at the CBGF webinars (i.e., >75%)

645

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

650

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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.

651 **S. Application Process**

652 The CBGF Board actively encourages applications from Obstetrician-Gynecologist  
653 physicians aspiring to develop their surgical skills in complex, benign gynecology.  
654 Please see the website for details of the deadline dates. Application will be  
655 available online at the Fellowship webpage.

656

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

660

661 **T. Match<sup>4</sup>**

662 The US Fellowship match is conducted through an objective computer matching  
663 program (NRMP). Programs and applicants are required to use the match  
664 process. No candidate at any time can be offered a position outside the NRMP  
665 match without prior approval from the CBGF Board. If a fellowship program  
666 intends to accept a specific candidate outside the match (e.g., graduating resident  
667 from their program), they must contact the CBGF/NRMP representative, obtain  
668 CBGF Board approval for the match waiver and avoid subjecting other candidates  
669 to the unnecessary burdens of interviewing.

670

671 The match provides a uniform time for both applicants and fellowship programs  
672 to make selection decisions without coercion, undue or unwarranted pressure.  
673 Both applicants and fellowship programs may express their interest in each other;  
674 however, they shall not solicit verbal or written statements implying a  
675 commitment. Applicants shall always be free to keep confidential the names or  
676 identities of programs to which they have or may apply. Any violations will be  
677 addressed by the CBGF Board and will be subject to consequences as determined  
678 by the CBGF Board.

679

680 **U. Further Information**

681 For further inquiries, please contact the CBGF Administrative Office:

682 6757 Katella Avenue, Cypress, CA 90630 - 5105 USA.

683 Ph: (800) 554 - 2245 or (714) 503 - 6200 · Fax: (714) 503 - 6202

684 E-Mail: [cbgf@aag.org](mailto:cbgf@aag.org) • Website: [www.aagl.org](http://www.aagl.org)

685

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<sup>4</sup> CBGF non-US programs are not required to participate in the NRMP match process.

686

687

**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:

691

692

693

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

694

695

696

B) The essential areas of benign gynecology including:

697

- normal physiology of reproductive tract

698

- gynecologic management during pregnancy

699

- gynecologic surgery and complications management

700

- management of critically ill patients

701

- gynecologic pathology

702

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

703

704

705

706

**2. Medical Knowledge**

707

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.

708

709

Fellows must demonstrate knowledge in:

710

711

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

712

713

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

714

715

C) Applied surgical anatomy and pathology

716

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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722

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

760 Fellows must demonstrate a commitment to carrying out professional  
761 responsibilities and an adherence to ethical principles. Fellows are expected  
762 to demonstrate:

- 763 A) Compassion, integrity, and respect for others
- 764 B) Responsiveness to patient needs that supersedes self-interest
- 765 C) Respect for patient privacy and autonomy
- 766 D) Accountability to patients, society and the profession
- 767 E) Sensitivity and responsiveness to a diverse patient population,  
768 including but not limited to diversity in gender, age, culture, race,  
769 religion, disabilities, and sexual orientation
- 770 F) Ethics and medical jurisprudence

771

772 6. Systems-based Practice

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

776 Fellows are expected to:

- 777 A) Work effectively in various health care delivery settings and systems  
778 relevant to their clinical specialty
- 779 B) Coordinate patient care within the health care system relevant to their  
780 clinical specialty
- 781 C) Incorporate considerations of cost awareness and risk-benefit analysis  
782 in patient and/or population-based care as appropriate
- 783 D) Advocate for quality patient care and optimal patient care systems
- 784 E) Work in inter-professional teams to enhance patient safety and  
785 improve patient care quality
- 786 F) Participate in identifying system errors and implementing potential  
787 systems solutions

788

789