Basic Standards for 
Residency Training in 
Obstetrics and Gynecology

American Osteopathic Association 
and 
American College of Osteopathic Obstetricians and Gynecologists

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ARTICLE I - INTRODUCTION
These are the Basic Standards for Residency Training in Obstetrics and Gynecology as established by the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in obstetrics and gynecology and to prepare the resident for examination for certification in Obstetrics and Gynecology by American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

ARTICLE II – MISSION STATEMENT
The mission of the osteopathic obstetrics and gynecology training program is to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic obstetricians and gynecologists.

ARTICLE III- EDUCATIONAL PROGRAM GOALS
The residency program is required to provide a curriculum that promotes and assesses competencies in the following seven areas in the discipline of obstetrics and gynecology:

1. Osteopathic Philosophy and Osteopathic Manipulative Treatment
   Residents are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) in the discipline of obstetrics and gynecology. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. Medical Knowledge
   Residents must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and osteopathic principles and practice (OPP) in the discipline of obstetrics and gynecology, remain current with new developments in medicine, and participate in life-long learning activities, including research.
   a. Demonstrate competency in the understanding and application of clinical medicine to osteopathic patient care.
   b. Know and apply the foundations of clinical and behavioral medicine in the discipline of Obstetrics and Gynecology with application of osteopathic correlations.

3. Osteopathic Patient Care
   osteopathic residents must demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
   a. Gather accurate, essential information for all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, and diagnostic/therapeutic plans and treatments.
   b. Validate competency in the performance of diagnosis, osteopathic and other treatment and procedures in the discipline of obstetrics and gynecology.
c. Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.

4. Interpersonal and Communication Skills in Osteopathic Medical Practice
Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

a. Demonstrate effectiveness in developing doctor-patient relationships.
b. Exhibit listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

5. Professionalism in Osteopathic Medical Practice
Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care for patients.

a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.
b. Adhere to ethical principles in the practice of osteopathic medicine.
c. Demonstrate awareness and attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities. Demonstrate awareness of one’s mental and physical health.

6. Osteopathic Medical Practice-Based Learning and Improvement
Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic)
c. Understand research methods, medical informatics, and the application of technology as applied to medicine.

7. Systems-Based Osteopathic Medical Practice
Residents are expected to demonstrate an understanding of health care delivery systems, provide qualitative osteopathic patient care within the system, and practice cost-effective medicine.

a. Understand national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.
b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.
ARTICLE IV - INSTITUTIONAL REQUIREMENTS

A. Institution must supply equipment, staff, and resources to support the seven core competencies and accomplish the goals set forth in the most recent edition of the Council on Resident Education in Obstetrics and Gynecology educational objectives.

B. The institution shall provide scope and volume to train a minimum of eight residents in any new program established after July 1, 2006. Scope and volume requirements for new programs must be at or above the 30th percentile benchmark of the ACOOG annual segregated totals report for all major procedures. Existing programs are encouraged to expand their programs to this minimum level.

C. The institution shall provide resources for ambulatory training in obstetrics and gynecology as referenced in most current edition of CREOG educational objectives. This training must be under the supervision of the teaching staff of the obstetrics and gynecology department.

ARTICLE V - PROGRAM REQUIREMENTS AND CONTENT

A. The residency training program in obstetrics and gynecology may exist in either of the following structures:

1. Forty-eight months in duration following completion of an AOA-approved OGME-1T or OGME-1R in a specialty other than obstetrics and gynecology or
2. Forty-eight months commencing with OGME-1R in obstetrics and gynecology see model curriculum, Article V.E.
3. The program must count the OGME-1R as a resident towards the total number of approved resident positions in obstetrics/gynecology.

B. The general educational content of the program shall meet Council on Resident Education in Obstetrics and Gynecology (CREOG) educational objectives and include osteopathic principles, philosophy, and practices.

C. The following is the designated curriculum in obstetrics and gynecology utilizing the OGME-1R as the first year of residency.

Curriculum for a Residency Program in Obstetrics/Gynecology
(OGME-1R THROUGH OGME-4R)

**OGME-1R**
- General Internal Medicine - 2 months
- Critical Care - 1 month
- Emergency Medicine - 1 month
- General Surgery - 1 month
- Gynecologic Surgery - 2 months
- Neonatology - 1 month
- Obstetrics (hospital based) - 3 months
- OB/GYN Ultrasound - 1 month

**OGME-2R**
- Obstetrics - 6 months
- Gynecologic Surgery - 6 months

**OGME-3R**
- Maternal Fetal Medicine/Genetics - 1 month
Reproductive Endocrinology AND INFERTILITY - 1 month
Female Pelvic Medicine/Reconstructive Surgery - 1 month
Gynecologic Oncology - 1 month
Obstetrics - 3 months
Gynecologic Surgery - 5 months

OGME-4R
Obstetrics - 6 months
Gynecologic Surgery - 6 months

In addition, the resident must spend one-half day per week throughout the four years of residency, when in obstetrics or gynecological surgery, in an obstetrical or gynecology clinic.

In the third and fourth years, additional rotations in Maternal Fetal Medicine (MFM) may be substituted for obstetrics and additional rotations in Reproductive Endocrinology and Infertility (REI), GYN/ONC, and Female Pelvic Medicine/Reproductive Surgery (FPMRS) may be substituted for gynecologic surgery to meet the needs of the program.

Residents previously completing an OGME 1T or OGME 1R in a specialty other than OBGYN are eligible for advanced standing requests in accordance with Article V.D or shall participate in additional elective rotations as noted above to fulfill the 48 month curriculum.

D. Advanced Standing/Transfers

A resident may be granted advanced standing in an AOA-approved obstetrics and gynecology residency program for previous residency training taken in an AOA-approved or ACGME accredited program. Such determination shall be made only after the resident has successfully completed a minimum of 12 months of training in the AOA-approved obstetrics/gynecology residency program.

Advanced standing for obstetrics and gynecology shall be determined by the ACOOG Postgraduate Education and Standards Committee (PESC) based on the following criteria:

1. Review of residency logs, rotation schedule and program director evaluations from previous training program
2. Written recommendation to the PESC from the program director of the obstetrics/gynecology residency program based on review of the resident's performance during the obstetrics/gynecology residency program and the ability of the resident to satisfy all requirements of the basic standards during training.

The resident may receive up to but not more than 18 months of credit for previous training. The final 24 months of training must be completed at the same institution. A maximum of six (6) months credit can be granted for OGME-1T or OGME-1R (Non-OBGYN) training.

ARTICLE VI – PROGRAM DIRECTOR AND FACULTY

A. Program Director Qualifications

1. The program director must meet the following:
   a. be certified by the AOA, through the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), in obstetrics and gynecology or in obstetrical and gynecological surgery.
   b. be a member in good standing of the ACOOG as well as the AOA

B. Program Director Responsibilities
1. The program director must provide residents with the ACOOG Postgraduate Training Program Manual and the policies therein.

2. The program director's authority in directing the residency and insuring the training environments must be defined in the program description and job description.

3. The program director shall be required to submit quarterly progress reports to the DME of the institution. These shall be reviewed with the resident on a quarterly basis and more frequently if deficiencies in progress are noted. These reports shall cover the resident's progress, rotation faculty evaluations, logs, and CREOG in training exam scores. Annual reports shall be submitted to the ACOOG in the current reporting formats as outlined in the ACOOG Postgraduate Training Program Administrative Manual.
   a. Any reports submitted by program directors that reflect negatively on the resident's progress or continuation within the program shall also contain recommendations to remediate the problems. This remediation may include repetition of rotations, increase in time to the total program length (>48 months) or discontinuation from the program. These recommendations shall be submitted to the director of medical education and administrator of the involved hospital, as well as to the ACOOG. All recommendations of the program director as approved by the director of medical education shall be considered final.

4. The program director is responsible for assuring that all residents submit annual reports, including the Research Report Form, within thirty (30) days of completion of the training year.

5. Attend the following required faculty development activities:
   a. A member of the program faculty must attend the ACOOG Program Director’s Retreat every year, with the program director being the representative at least every two years.
   b. The program director must observe an ACOOG Postgraduate Evaluation and Standards Committee meeting at least once every four years.

6. The program director must annually provide residents with information and guidance on the process for board certification by the American Osteopathic Association through the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

7. The program director shall review the annual CREOG in training examination with each resident and provide guidance and counseling as necessary. All program directors shall use the results of this examination as a formative evaluation tool to improve their individual programs; they shall also make the results available to the residency inspectors along with the improvements they have made to their programs as a result thereof.

8. The program director or his designee shall provide guidance to the resident for completion of at least one research project prior to graduation that meets the criteria outlined in Article VII.A. 4.

9. The program director shall annually review the evaluation of the program director and program faculty as performed by the residents sixty (60) days after the end of each training year and assure that these evaluations are reviewed annually with the director of medical education.
10. In the event of a program director vacancy, another faculty member certified in obstetrics and gynecology shall assume interim responsibility for oversight of the program. The Osteopathic DME will consult on the completion of all required reports and administrative functions. Status reports of the institution’s efforts to recruit a permanent AOBOG certified program director shall be provided to the PESC every 6 months. Failure to comply with recruitment policy and documented deficiencies in program administration will result in a request to the PTRC for an early inspection.

ARTICLE VII – RESIDENT/TRAINEE REQUIREMENTS

A. During the training program the resident must:

2. Submit annual reports to the ACOOG within thirty (30) days of the end of each training year.
3. Complete and present a research project prior to graduation from residency training. The research project shall be presented according to the guidelines as outlined in the ACOOG Postgraduate Training Program Administrative Manual.

Options for meeting the research requirement shall be determined by the program director and shall include any of the following:

a. Conducting, writing and presenting of original research studies (basic science, clinical studies, health sciences);
b. Conducting, writing and presenting retrospective studies (medical records analysis);
c. Conducting, writing and presenting a case series to include a review of the literature.
d. Osteopathic OBGYN residents shall satisfactorily complete an approved and comprehensive four year curriculum of research training and interpretation of medical literature for the benefit of providing quality patient care.

4. A resident in his/her second year of residency training must attend the ACOOG Fall Conference and Research Symposium. This requirement shall be extended to the third year of training if a formal written excuse from the program director is accepted by the ACOOG PESC.

5. Participate in the activities of the following staff committees or boards: infant and maternal mortality and morbidity review, surgical mortality review, tumor board, clinicopathology conferences and any other programs related to obstetrics and gynecology (i.e., weekly conference programs embracing pathology, medicine and radiology).

6. Residents are required to take the annual residency in training examination (CREOG).

7. The resident shall submit the required annual reports as outlined in the postgraduate training guide to the ACOOG.

8. The resident shall register as a candidate member of the ACOOG within sixty (60) days of matriculating to the residency program and keep the ACOOG informed of a working e-mail address at all times.
ARTICLE VIII: EVALUATION

A. Residents

1. The resident shall participate in the yearly CREOG in training examination

B. Program Director and Faculty

1. The resident shall complete an on-line evaluation of the program director and faculty.

C. Remediation

1. The program director shall inform the resident verbally and in writing of unsatisfactory academic or clinical performance.

2. The resident shall be provided with a written plan to correct the deficiencies. The resident will receive a written evaluation following this period.

3. If after the above period deficiencies still exist, the resident shall be placed on probation for a period of three to six months.

4. Following the probationary period, if the performance of the resident is still judged to be unsatisfactory the resident shall be dismissed.
APPENDIX

A. Data on program director compensation will be collected and benchmarked by the ACOOG every two years. Aggregate data will be reported to osteopathic obstetrics and gynecology programs.

B. The institution should fund faculty development activities in addition to the minimum standard requirements to maintain proficiency and professionalism of all trainers, ultimately benefitting the residents, program, and institution.

C. The PESC will not review end of year reports which are not submitted, as verified by postmark or electronic system date, within thirty (30) days of completion of training year, until the program pays a delinquency fee to ACOOG per delinquent year of training.

D. Failure of residents to register as candidate members of the ACOOG within sixty (60) days of matriculating to the residency program will result in a delinquency fee. Candidate members do not pay dues to ACOOG.

E. Program director and residents will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG and the AOA.