Guidelines for Combined Residency Training in Obstetrics and Gynecology and Medical Genetics Leading to Dual Certification by the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Medical Genetics (ABMG)

Preamble

Combined residency training in Obstetrics and Gynecology and Medical Genetics will promote the training of Reproductive Geneticists whose careers will focus on the following areas:

1. Prenatal screening, diagnosis and management of genetic disorders and teratogenicity affecting fetuses.
2. Diagnosis, counseling, and management of pregnant women affected with or with a family history of genetic disorders.
3. Diagnosis, counseling, and management of genetic causes of infertility and reproductive loss.
4. Diagnosis, counseling and management of abnormalities of sexual differentiation.
5. Cancer Genetics risk assessment, counseling, and prevention as related to the female reproductive tract.

Goals

1. To integrate residency training in Obstetrics and Gynecology and Medical Genetics to provide a coherent approach for a career in Reproductive Genetics.
2. To provide an alternative mechanism to tandem residencies in Obstetrics and Gynecology and Medical Genetics for a career as a Reproductive Geneticist so that the total residency training period is reduced to five years.

GENERAL REQUIREMENTS

Combined training in Obstetrics and Gynecology and Medical Genetics must include at least 60 months of coherent training integral to residencies in the two disciplines that meet the program requirements for accreditation by the RRC for Obstetrics and Gynecology and the RRC for Medical Genetics. Combined training must be conducted under the auspices of the Committee on Graduate Medical Education within a single institution and its affiliated hospitals. Documentation of the unqualified commitment of the hospitals and facilities to the institutional goals for combined training must be available in signed agreements. Affiliated institutions must be located close enough to facilitate cohesion among the house staff, attendance of trainees at continuity clinics and integrated conferences, and faculty exchanges relating to the curriculum, evaluation of trainees, administration of the program, and related matters.

A combined training pathway with no trainees for a period of five years must reapply for approval by both Boards.
THE RESIDENT

Residents should enter combined training at the R-1 level, but may enter as late as the beginning of the PGY-2 level if the PGY-1 year was served in a categorical or preliminary residency in Obstetrics and Gynecology in the same institution. Under unusual circumstances, and with prior approval of both boards, individuals may be accepted who have trained in other ACGME-accredited Obstetrics and Gynecology programs. Residents may not enter combined training beyond the PGY-2 level. Transfer between combined programs must have the prospective approval of both boards and is allowed only once during the five-year training period. A resident transferring from combined training to a straight Obstetrics and Gynecology or Medical Genetics program should have the prospective approval of the receiving board.

Vacations, leave and meeting time will be taken from the training time in each discipline on a proportionate basis. Absence from training (vacation, leave) exceeding 20 weeks of the 60 months must be made up.

COMBINED TRAINING DIRECTOR AND FACULTY

The combined residency must be coordinated by a designated full-time director certified in both specialties, or co-directors certified in their respective specialties who can devote substantial time and effort to the educational program. The director or directors must ensure both integration of the residency and supervision in each discipline and, if there are two directors, both must embrace similar values and goals for the combined training program. The supervising director(s) must document meetings at least quarterly to monitor the success of the combined residency and the progress of each resident.

As a general principle, the overall training of residents in Obstetrics and Gynecology is the responsibility of the Obstetrics and Gynecology faculty, and the Medical Genetics training is the responsibility of the Medical Genetics faculty. There should be an adequate number of faculty members who devote sufficient time to provide leadership to the residency and supervision of the residents. Ideally, some faculty members should be certified by both ABOG and ABMG. Obstetrics and Gynecology faculty must be certified by the ABOG and Medical Genetics faculty must be certified by the ABMG.

LENGTH OF TRAINING

Training requirements for eligibility for the certification process of each board will be satisfied by 60 months of approved combined training. The Obstetrics and Gynecology requirement of 48 months of residency training is met by 36 months of categorical Obstetrics and Gynecology training plus 12 months of training in areas common to both specialties. The ABMG requirement of 24 months of residency training is met by 12 months of categorical Medical Genetics training and 12 months of training in areas common to both specialties.
CORE CURRICULAR REQUIREMENTS

The core curriculum for combined Obstetrics and Gynecology/Medical Genetics residents must include progressive responsibility for patient care and teaching. A clearly described written curriculum must be available for residents, faculty, and the Obstetrics and Gynecology and Medical Genetics RRCs. The curricular components must conform to the goals and objectives in the program requirements for accreditation in Obstetrics and Gynecology and Medical Genetics. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties. Periodic review of the combined training curriculum must be performed by the residency director(s) and chairs of both departments with consultation with residents and faculty from both departments in accordance to ACGME and RRC requirements.

The PGY1 year must be in Obstetrics and Gynecology. In The PGY2 year, three continuous months within the first six months, must be in Medical Genetics. The remaining 9 months may be apportioned as designed by the program. The PGY3 year must contain a minimum of 3 months of each specialty with the remaining months apportioned as designed by the program. A chief Obstetrics and Gynecology resident year must consist of 12 months of clinical experience, 10 months of which must be spent in the parent and/or integrated institutions that occur within the last 24 months of the combined residency program. The chief resident must have sufficient independent operating experience to become technically competent and have enough total responsibility for management to ensure proficiency in the diagnostic and treatment skills that are required of a specialist in Obstetrics and Gynecology in office and hospital practice. A ½ day per week medical genetics clinic may be included during this period. The remaining 33 months of training must consist of 12 months of Obstetrics and Gynecology, 9 months of Medical Genetics, and 12 months of training common to both specialties. There must not be more than six continuous months of either Obstetrics and Gynecology or Medical Genetics training during this time period except as described above.

The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. This can be achieved only if the resident is involved in decision-making processes and continuity of patient care. Residents must be given the responsibility for direct patient care in all settings, including planning and management, both diagnostic and therapeutic, subject to review and approval by the attending physician. Residents should develop and maintain a continuing relationship with a panel of Obstetrics and Gynecology patients, at least ½ day per week, for at least 30 months throughout the five years of education. An additional 24 months of ½ day per week clinics appropriate for Medical Genetics training is required. This may be achieved anytime throughout the 60 months of combined training.

REQUIREMENTS FOR OBSTETRICS AND GYNECOLOGY

At the conclusion of 60 months of combined training in Obstetrics and Gynecology and Medical Genetics, the directors must provide an opportunity for resident physicians to achieve the
knowledge, skills, and attitudes essential to the practice of Obstetrics and Gynecology and must also be geared toward the development of competence in the provision of health care for women. The program must provide opportunity for increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and counseling for the resident. Residents should also have instruction in the influence of socioeconomic status on disease, the ethical care of patients and families, and in the team approach to the provision of Medical care.

During the combined Obstetrics and Gynecology-Medical Genetics training program, the resident must be trained in the entire breadth and depth of Obstetrics and Gynecology. The program director has the responsibility to assure that a resident completes the objectives and goals of the specific educational program. The combined training should be the same as described in the program requirements of the RRC of Obstetrics and Gynecology.

**REQUIREMENTS FOR MEDICAL GENETICS**

The development of the resident’s skills in Medical Genetics will be fostered by experiences that prepare the residents to provide comprehensive diagnostic, management and genetic counseling services for patients with genetic, or possibly genetic, disorders. The resident will also gain skills in planning and coordinating large-scale screening programs for inborn errors of metabolism, hemoglobinopathies, chromosome abnormalities, neural tube defects, common diseases of adulthood, and other genetically influenced conditions.

Upon completion of combined training, residents will be able to:

1. Diagnose and manage genetic disorders;
2. Provide patient and family genetic counseling;
3. Use their knowledge of heterogeneity, variability, and natural history of genetic disorders in decision making for patient care;
4. Elicit and interpret individual and family Medical histories;
5. Interpret clinical genetic and specialized laboratory testing information;
6. Explain the causes and natural history of genetic disorders;
7. Provide genetic risk assessment for prenatal, pediatric and adult-onset genetic disorders;
8. Interact with other health care professionals in the provision of services for patients with genetically influenced disorders.

The combined training should be the same as described in the program requirements of the RRC for Medical Genetics.

**PATIENT POPULATION**

Residents must have the opportunity to care for a sufficient number of patients and families to permit them to develop an understanding of the wide variety of Medical genetic problems, including Mendelian single gene disorders, syndromes, prenatal issues, congenital malformations and birth defects, adult-onset common diseases, and other genetically influenced conditions. Typically, this will mean that programs will care for at least 100 different patients or families per year for each resident. These patients or families must be seen in outpatient and inpatient
settings. As Medical Genetics involves families and individuals of all ages, residents must be competent to work with both adults and children. The resident must also have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, genetic counseling and management.

CORRELATION OF LABORATORY AND CLINICAL EXPERIENCE

Clinical biochemical genetic, molecular genetic and cytogenetic laboratories must be integral components of each program, and residents must have regular opportunities to develop their abilities to understand and critically interpret laboratory data. Residents should develop an understanding of the appropriate use of laboratories in diagnosis, counseling, and management of patients with genetic disorders. Toward this end, resident education must include ongoing participation in the working conferences of laboratories as well as discussions of laboratory data during other clinical conferences.

OTHER HEALTH CARE PROFESSIONALS

Residents must have regular opportunities to work with genetic counselors, nurses, dieticians, nutritionists, social workers, and other health care professionals who are involved in the provision of clinical Medical Genetics services. Because of the complex nature and multiple system involvement of genetic disorders, residents must be exposed to multidisciplinary and interdisciplinary models of patient care during the residency and must be proficient in organizing teams of health care workers to provide the necessary resources for patients.

BASIC SCIENCES

Each resident must participate formally through lectures or other didactic sessions in the equivalent of a one-year graduate-level course in basic, human, and Medical Genetics, including exposure to population and quantitative Genetics, Mendelian and non-Mendelian Genetics, cytogenetics, biochemical genetics and molecular genetics. Research seminars should be part of the combined training experience but should not be considered an acceptable alternative to this basic science didactic component.

CLINICAL CONFERENCES

Clinical teaching conferences must be organized by the faculty for the residents, and attendance by the residents and the faculty must be documented. These conferences must be distinct from the basic science lectures and didactic session. Clinical teaching conferences may include formal didactic session on clinical laboratory topics covered on Medical genetic rounds, journal clubs and follow-up conferences for genetic clinics. In combined training residencies in OBGYN and Medical Genetics, integration of the genetic clinical conferences with involvement of the internist generalist and subspecialist is urged.
EVALUATION

There must be adequate, ongoing evaluation of the knowledge, skills and performance of residents in meeting the six ACGME Competencies (Medical knowledge, patient care, professionalism, interpersonal and communications skills, practice-based learning and improvement, systems-based practice.) Evaluation assessment, interim testing and periodic reassessment should utilize appropriate evaluation modalities, including in-training examinations where applicable. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program director(s) to be available for review by the RRC Obstetrics and Gynecology and RRC-MG, the ABOG, and the ABMG site visitors, and may be used to provide documentation for application for hospital privileges by graduates of the training program.

The faculty must provide a written evaluation of each resident after each rotation, and these must be available for review by the site visitors of the RRCs. Written evaluations of each resident’s knowledge, skills, professional growth and expected level of performance in each of the six competencies using appropriate criteria and procedures, must be accomplished at least semi-annually and must be communicated to and discussed with the resident in a timely manner. Semi-annual meetings and evaluations must include a review of the resident’s procedural data.

The program director(s) is (are) responsible for the maintenance of a permanent record of each resident and its accessibility to the resident and other authorized persons. The training director and faculty are responsible for providing a written final evaluation for each resident who completes the program. This evaluation must include a review of the resident’s performance in meeting the expectations in the six competencies in the final period of training; should verify that the resident has demonstrated sufficient professional ability to practice competently and independently; and is prepared to apply for certification processes of both the ABOG and the ABMG. This final evaluation should be part of the resident’s permanent record and should be maintained by the institution.

The training director(s) should anticipate periodic reviews of the combined training program by site visitors from the ACGME who are reviewing the categorical Obstetrics and Gynecology and Medical Genetics residency programs at the institution. Such reviews will ordinarily include interviews with residents in the combined training pathway. Additionally, the ABOG and the ABMG may conduct periodic paper reviews of the combined training program. Continued approval of the program depends on a successful outcome of the review.

CERTIFICATION

The resident in a combined training residency must satisfactorily complete the specific credentialing requirements of each Board to be eligible for the examination of the Board. Clinical experience must be verified by the program directors. Lacking this verification, to be eligible for certification by ABOG, the resident must satisfactorily complete 48 months of clinical training in Obstetrics and Gynecology. Lacking this verification, to be eligible for certification by ABMG the resident must satisfactorily complete 24 months of training in Obstetrics and Gynecology or another ACGME approved residency program and 24 months of training in Medical Genetics.
Upon successful completion of all requirements of the combined residency, the candidate is qualified to take either or both the ABOG and the ABMG certification examinations. The candidate will be certified by each Board upon successful completion of the certifying examination. Certification in one specialty will not be contingent upon certification in the other. It is the candidate’s responsibility to complete the examination process in each specialty.