

FMIGS Accreditation and Review Policy

The specific purpose of the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) Board is to educate and assess competency in all aspects of minimally invasive gynecologic surgery (MIGS) with a focus on post-graduate fellowship training. The following describes the process by which new and existing programs will be assessed. All activities related to Accreditation and Review must comply with the Conflict of Interest and Code of Conduct policies (separate documents)

New Program Application

1. In addition to the completed “New Site Application Form”, all supplemental materials and fees will be submitted as outlined in the application.
2. The application will be provided directly to the Site Visitor and Compliance committee
3. Any existing questions raised by the site visitor will be outlined and a response by the Program Director (PD) will be requested.
4. Once all questions are satisfactorily answered, a full site visit will be scheduled at the convenience of the site visitor and PD preferably within 60 days. An additional fee is paid.
5. An outline of the visit itinerary is reviewed and mutually agreed upon.
6. After the site visit, the site visitor completes the site visitor review form and presents the findings to the site visitor committee.
7. A recommendation will be made of not more than 2 years’ accreditation before another site visit is conducted.
8. The site visit findings and recommendations are presented to the FMIGS Board with a member of the site visit committee in attendance. The Board will act to either support or amend the recommendation.

Existing Programs up for Site Review

1. In addition to the completed “Site Application Form”, all supplemental materials and fee will be submitted as outlined in the application.
2. The application will be provided directly to the Site Visitor and Compliance committee
3. Any existing questions raised by the site visitor will be outlined and a response by the PD will be requested.
4. Once all questions are satisfactorily answered, a site visit will be scheduled at the convenience of the site visitor and PD. An additional fee is paid.
5. An outline of the visit is reviewed and mutually agreed upon. All fellows (if possible) will be interviewed. Typically, an electronic interview (Intermediate site visit) is conducted.
6. After the site visit, the site visitor completes the site visitor review form and presents the findings to the site visitor committee.
7. Typically a recommendation will be made of not more than 4 years’ accreditation before another site visit is conducted.
8. After eight years of accreditation awarded to a site, an in person site visit will be required.
9. The site visit findings and recommendations are presented to the FMIGS Board with a member of the site visit committee in attendance. The Board will act to either support or amend the recommendation.

Existing Programs not up for site review

1. Programs will be monitored in an ongoing fashion. Triggers to prompt a program review include the following:
 - a. If a fellow grievance is of such an egregious nature or of such severity that the Grievance Committee recommends review
 - b. If the case logs fall below the threshold as outlined by the Case Review Committee to warrant review
 - c. If the assessment of the program falls below the threshold as outlined by the Assessment Committee to warrant review
 - d. If the program review has been triggered by any of the following:
 - i. Change in PD
 - ii. Loss of primary faculty
 - iii. Loss of fellow
 - iv. Addition of fellow
 - v. Change in primary or significant secondary teaching institutions
 - e. If significant concern has been raised about the educational environment from any other source
2. When a program undergoes Board review, it will be assigned to a primary and secondary reviewer from the FMIGS Board. They will be provided a minimum of one month to review the following materials:
 - a. Most recent Site Visit Report
 - b. Most recent program information form
 - c. Program history
 - d. Fellow survey
 - e. Faculty survey
 - f. Surgical case logs
 - g. All email communications
 - h. Any other relevant information
 - i. EMIG pass rates (when applicable)
3. The Board may choose from the following actions:
 - a. No action
 - b. Obtain more information
 - i. Letter requesting more information
 - ii. Focused site visit (< 1 hour/teleconference)
 - iii. Intermediate site visit (minimum 3 hours/teleconference)
 - iv. Full site visit (face to face)
 - v. Whenever a site visit is conducted, a site visit report will be generated.
4. If more information was obtained (e.g. by letter or through a site visit), the primary and secondary reviewers will be provided this information, presented at the Board meeting and the Board may choose from the following actions:
 - a. No action (continued approval)
 - b. **Deficiency**-used to delineate an educational domain that falls below the minimum standard expected by a fellowship as outlined in the program requirements.
 - i. A written response will be required in 1-3 months (to be specified in the letter)
 - ii. The response will be reviewed by a FMIGS Board member and brought back to the board for action.
 - iii. Must be disclosed to current faculty, fellows and interviewing candidates.

- c. **Area of Concern**-used to delineate an identified educational shortcoming of a more minor level
 - i. A written response may be required within 3 – 6 months.
 - ii. If response is required and considered appropriate, it may be removed by FMIGS Board Medical Director, President or by Board action
 - iii. Staff will know there is an “area of concern” on annual data review
 - iv. Often considered a “work in progress”

- d. Additionally, programs can be given any of the following, as described in the Program Requirements:
 - i. Warning
 - ii. Probation
 - iii. Withdrawal of accreditation