Fellowship in Minimally Invasive Gynecologic Surgery-International

PROGRAM REQUIREMENTS FOR FELLOWSHIPS IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY LOCATED OUTSIDE THE US AND CANADA

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REQUIREMENTS FOR INTERNATIONAL POST-GRADUATE FELLOWSHIPS IN THE SUBSPECIALTY AREA OF MINIMALLY INVASIVE GYNECOLOGIC SURGERY

Introduction

Fellowship Programs in Minimally Invasive Gynecologic Surgery (FMIGS) are intensive two-year training endeavors preparing the graduate for advanced minimally invasive gynecologic surgery (MIGS) expertise. In 2001, the AAGL and the Society for Reproductive Surgeons of the American Society for Reproductive Medicine (SRS-ASRM) collaborated to oversee the formation of the FMIGS training programs with standardized guidelines, curriculum and assessment. The FMIGS Board is a non-profit corporate entity administrated through the offices at the AAGL. The FMIGS Board accredits US and Canadian MIGS fellowship programs.

In 2016, the FMIGS-I (Fellowship Programs in Minimally Invasive Gynecologic Surgery-international) committee was formed to develop similar but distinct guidelines to meet the growing demand for MIGS fellowships that reside outside the US and Canada.

Mission Statement

The mission of FMIGS-I is to provide a uniform training program for gynecologists who have completed her/his residency in obstetrics and gynecology and desire additional knowledge and surgical skills in minimally invasive gynecologic surgery (MIGS) 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 minimally invasive gynecologic surgery. FMIGS-I training is not a substitute for FMIGS training and is not intended to prepare minimally invasive gynecologic surgeons to provide clinical care in US or Canada.

Goals

The overall goal of the FMIGS-I training is for the graduate to serve as an independent specialist and consultant outside the US and Canada in the surgical management and techniques of advanced benign minimally invasive gynecology surpassing competence expected at the end of a categorical residency.

Fellowship Training Program Requirements

The MIGS-I training consists of a minimum of two years of continuous education following completion of an obstetrics and gynecology residency and includes formal rotations on MIGS services. A portion of the program must be devoted to clinical or laboratory research and fellows must conduct at least one research project under the guidance of a faculty who can mentor them in basic science or clinical research relevant to minimally invasive gynecology.

Fellowship Director

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. Responsible individuals (e.g. department chairperson) at the sponsoring institution (e.g. primary hospital) and the FMIGS Board must approve the fellowship director.

1. The fellowship director must commit to his/her position for a length of time adequate to maintain continuity of leadership and program stability.

Minimum qualifications of the fellowship director must include all the following:

1. Surgical training and experience
    a. Documented clinical and a history of scholarly expertise in MIGS.
    b. Educational and administrative experience
    c. Current medical licensure and certification to independently practice in the country in which they work,
2. Current medical staff appointment;
3. A minimum of 4 years' independent practice post-fellowship experience
4. Directly supervise the appropriate education and mentoring of fellows to ensure that they receive the appropriate clinical instruction and training.
5. Ensure that each fellow in the program undertakes a research project as described below.
6. Evaluate the fellow's progress using multiple metrics, ideally with input from multiple sources. Fellowship director must evaluate fellow competencies at least every 6 months, meet directly with the fellow to give

feedback, assess progress and goals, document, and submit evaluation as part of the Annual Report.

7. File an Annual Report with the FMIGS Board.
8. Provide a timely written response to all concerns expressed by the FMIGS Board.

The fellowship director must identify at minimum one Associate Program Director with defined responsibilities that includes acting on behalf of the fellowship director if they are not available. If the fellowship director and Associate Program Director(s) are not able to provide training oversight, it will be the responsibility of the sponsoring institution or department to identify a qualified fellowship director who is available and willing to provide the fellow with the required training. Fellowship programs can identify a maximum of two Associate Program Directors, ideally based at different training sites and serving as the primary liaison for the fellowship program of that site.

Fellowship Director Changes

When there is a change in fellowship director, the FMIGS Board will require notification from the outgoing fellowship director and/or sponsoring institution. An application will be required from the incoming director, which must be approved by the Board, ideally within 60 days of application.

Faculty

There must be faculty with special interest and expertise related to MIGS that participate in the care of patients and the education of fellows as noted above, ideally this must include a minimum of two faculty that have completed MIS fellowship training or equivalent.

Facilities

1. All MIGS fellowships must be affiliated with a host hospital or academic institution.
2. The primary facilities must be equipped to provide state-of-the-art inpatient and outpatient MIGS experiences. Office and ambulatory care facilities must also be appropriately equipped.
3. Clinical information systems or libraries should be readily available for patient care and clinical research at the host hospital and/or institution.
4. Skills and simulation training must be integrated into fellowship instruction.

5. 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. The ancillary site will receive the same approval period accredited to the program, unless there are changes to the ancillary site.
   The Program Letter of Agreement (PLA) must:
   A) Identify the faculty who will assume both educational and supervisory responsibilities for fellows
   B) Specify responsibilities of the above faculty for teaching, supervision, and formal evaluation of fellows
   C) Specify the duration and content of the educational experience
   D) Specify the fellow's responsibilities at the ancillary institution.

Educational Objectives
All Educational Objectives (http://bit.ly/22FL2yz) are directed toward the standardization of training in minimally invasive gynecologic surgery. The Fellowship is expected to offer in-depth experience using state-of-the-art techniques. Prior to the initiation of the Fellowship, the fellow is expected to have attained the competencies as set forth by the host country for traditional generalist training in obstetrics and gynecology.

The FMIGS Educational Objectives must be addressed in a structured and systematic manner during the 2-year training period. To view the FMIGS Education Objectives please select the following link http://bit.ly/22FL2yz. Assigned reading will be given, based on the *FMIGS Core-Reading List*, which is to be made available by the fellowship program. To view the FMIGS Core-Reading List please select the following link http://bit.ly/21HinH2.

Curriculum

1. Didactic. Education of fellows must include structured teaching conferences, seminars, and didactic instruction in both basic science and clinical aspects of the specialty as outlined in the Educational Objectives. This can include online coursework. The fellow's schedule and responsibilities must be structured to allow regular attendance at national conferences.

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

A) Surgical experience is particularly important and must be carefully organized and supervised by the fellowship director and clinical faculty. The fellow must be capable of performing all appropriate diagnostic and therapeutic procedures relevant to the clinical practice of the subspecialty. During the educational program, the fellow should be supervised in all clinical activities and surgical procedures. The FMIGS Surgical Competency List must be used and completed for each fellow by the end of the fellowship training (see Appendix 1).

B) There must be a sufficient number and variety of surgical procedures available for the fellow to meet all the Educational Objectives. These procedures include but are not limited to diagnostic and operative hysteroscopy, diagnostic and operative laparoscopy, laparotomy, and office and ambulatory procedures. The fellow should be involved with the preoperative planning and care as well as postoperative management of surgical patients. Additionally, the program must ensure fellow competency in vaginal hysterectomy, the management of small and large bowel concerns as it relates to complex gynecologic disease and in gynecologic conditions that may impact fertility including but not limited to uterine septums, intrauterine adhesions, and uterine leiomyomas.

C) The FMIGS Board will determine the appropriate number of individual surgical procedures that are customary for successful completion of a 2-year fellowship program.

D) Fellowships must ensure that graduates perform the minimum number of surgical cases prior to graduation as specified (http://bit.ly/1Z1nJxn).

E) Most the fellow(s) clinical experience must be in benign MIGS. The first-year fellowship surgical experience should be broad based as outlined in the surgical competency list (see Appendix 1).

F) A minimum number of cases must be performed (http://bit.ly/1Z1nJxn) within the two-year fellowship program.

G) Programs may emphasize specific areas of specialization within MIGS such as FPMRS, Pelvic Pain, etc**.**

Schedule

The 2-year fellowship must be structured to show a progression in clinical and teaching responsibilities during the span of the program. A weekly, monthly and yearly clinical and educational schedule must be prepared for both year-1 and -2. A third year of

training can be approved by the FMIGS Board on a case-by-case basis but must contain a unique educational experience with defined goals and objectives.

Research

1. Research Training

   It is required that the fellow complete a minimum of one course in clinical research, research design, biostatistics or epidemiology unless the fellow has documentation of previous graduate level coursework or holds a graduate level degree that documents competence in the required area(s). Ideally, the fellow may be given the opportunity to work towards an advanced degree (e.g. MPH) or certificate in clinical research. This can be accomplished in a classroom setting or through a fellowship director-approved online course. The institution must provide financial support for a minimum of one research-related course.

   Research training must:

   A) Provide structured basic science, translational, clinical or surgical research as applied to MIGS
   B) Enhance the fellow's understanding of the latest scientific surgical techniques
   C) Promote the fellow's academic contributions to the specialty
   D) Further the ability of the fellow to be an independent investigator

2. Research Projects

   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 in clinical or basic science research and is available to regularly meet with and mentor the fellow must be appointed. Under the supervision of the research mentor, the fellow must complete, by the end of his/her final academic year, at least one IRB approved (if applicable) research project relevant to minimally invasive gynecologic surgery. This research project must be an original data-driven project, meta-analysis or a systematic review that conforms to PRISMA guidelines. Writing a textbook chapter, clinical opinion review article, or production of an educational video does not meet criteria for an approved research project.

Competencies

The fellowship director will provide training and evaluate the fellow per the following competencies: patient care-clinical and surgical skills, knowledge base, practice based learning, communication skills, professionalism, system based practice (see Appendix 2), teaching skills and scholarly research project development.

FELLOWSHIP DATES, LEAVE AND TRANSFER

Each program may be approved for a maximum of 2 fellows (i.e. one fellow per year) unless an increase has been requested and granted by the FMIGS Board. Additional fellows will be given individual consideration if adequate surgical volume, clinical experience, and research mentorship is documented and justifies the addition of more than 2 fellows.

START DATE

All fellows will be required to start no later than August 1st. Later start date requests will be given individual consideration. An administrative fee will be incurred if the fellowship program is unable to start the fellowship training by August 1st.

Leave

Leave may be granted to a fellow at the discretion of the Fellow director in accordance with local policy, but cannot exceed the limits listed below. Such leaves include maternity, paternity, sick, medical, vacation, funeral, personal, etc. Fellows' travel to regional, national, or international meetings to attend or present research conducted during the program should be counted as an educational endeavor.

In keeping with the minimum of 22-month clinical training requirement to graduate from the Fellowship Training, a fellow is allowed:

- 6 weeks in the first year;
- 6 weeks in the second year; or
- Total of 8 weeks over the entire 2 years.

If a fellow's absence from a program exceeds the maximum amount of leave time allowed in any given year or for the entirety of the program, their expected completion date must be extended for the duration of time more than the maximum. This extension must not detract from the experience of the other fellows in the program.

Transfer Policy

A fellow may transfer from one FMIGS-I program to another. To approve the transfer, the FMIGS Board must receive:

a) A letter from the fellow requesting the transfer
b) A letter from the current Fellowship Director:
    i) Approving the transfer
    ii) Outlining the number of months, the fellow successfully completed and the date the fellow will leave the program
    iii) Describing the rotations completed
    iv) Assessing the level of competency to date
c) A letter from the Program Director of the potential program:
    i) Approving the transfer
    ii) Outlining the dates the fellow is expected to commence and complete the program

If the approved total fellow positions will be exceeded at any time due to a transfer, an increase must be approved prior to the transfer occurring.

Requirements for Graduation

Upon successful completion of the fellowship, each fellow will receive a certificate of completion from the FMIGS Board signifying completion of the FMIG-I requirements. If these requirements have not been met by graduation, certification will be withheld until all requirements are fulfilled.

Requirements for graduation will include:

1. Satisfactory clinical and surgical training as outlined by the FMIGS Board
2. Completion of an original research project and draft of a scientific manuscript suitable for presentation and publication by the end of the fellowship training.
3. Submit a scientific contribution to a national or international meeting. The contribution can be a video, oral or poster presentation.
4. Completion of at least twenty-two months of training.
5. When available, completion of the AAGL Essentials in Minimally Invasive Gynecology examination.

EVALUATIONS

The fellows, faculty, and program must be evaluated. All the evaluations performed must be documented in writing, and evidence must be available upon request by the FMIGS Board.

Fellow Evaluations

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

1. Semiannual Evaluation The Program Director must perform an evaluation on each fellow at least every six months. The evaluation must:
   - Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
   - Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff)
   - Document progressive fellow performance improvement appropriate to education level
2. Summative Evaluation The Program Director must perform a summative evaluation on each fellow at the completion of the fellowship. This may replace the final semiannual evaluation. The evaluation must:
   - Document the fellow's performance during the final period of education
   - Verify that the fellow has demonstrated sufficient competence to practice without direct supervision

Formative Evaluation

The supervising faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

Faculty Evaluation

The performance of each faculty member must be evaluated at least annually by:

- Each fellow – Must be written and confidential
- The program – Must include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

Program Evaluation

A meeting to discuss the educational and research mentoring effectiveness of the program as well as the curriculum must be held at least annually. The Fellowship Director, program faculty, and at least one fellow must attend the meeting. The discussion of the issues must be documented and the results must be used to improve the program.

During the evaluation process, the attendees must consider:

- Written comments by faculty and fellows
- Fellow performance
- Faculty performance
- When available, performance of graduates on the EMIG Written Examinations (at least 70% pass rate for first-time takers of the last five exams)
- Any additional material that can be used to judge the achievement of the program's educational objectives

Institutional Commitment

The fellowship director must provide evidence of institutional commitment to support the fellowship. This must include a clinical environment for education and adequate research facilities to fulfill FMIGS-I requirements for a fellowship program in MIGS.

Policies

Anti-Harassment

View a complete description of the Anti-Harassment policy: http://bit.ly/1Z1vyTC.

Grievances Process

Investigation of the grievance will be pursued and the findings will be acted upon by the FMIGS Board. View a complete description of the grievance process at http://bit.ly/1RGTLwr.

Disciplinary Action / Due Process

Types of Disciplinary Actions

Official disciplinary actions are probation, non-reappointment, or termination. In general, disciplinary action should follow the due process identified by the primary training site. If any type of disciplinary action is taken, the FMIGS Board must be notified. The FMIGS Board requires the following sequence:

Evaluation and feedback

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

Warning

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

Probation

Clearly suboptimal academic and/or clinical performance may warrant probation. The action must be explained to the fellow in person and in writing. Expectations for improvement, the methods for evaluating improvement, the anticipated duration of

probation, and possible future actions must be delineated. The trainee must be advised that his/her academic file is always available for review and that he/she may appeal the decision. The trainee should be offered counseling. A sample probationary letter is available from the FMIGS Board but is subject to local variation.

Non-reappointment/Termination

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

Termination without an intervening period of probation should be reserved for a serious deviation from acceptable academic and clinical performance, for example, dereliction of duty which endangers patient care.

The Purpose of Disciplinary Actions

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

Timing issues

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

Accreditation of Fellowship Programs

All new FMIGS-I programs must apply to the FMIGS Board through the FMIGS-I committee. Programs that have demonstrated compliance with the fellowship standards receive accreditation for one or more years.

Upon annual review, if a program is found to have areas of non-compliance (deficiencies), the FMIGS Board will list these as specific citations, and expect the program to come into compliance in the time designated. If a program has significant deficiencies, it may be given a warning or be placed on probation. Fellowships on probation need to show improvement in the deficient areas or may face more serious action by the FMIGS Board. Ultimately, fellowships that fail to comply with the standards will have their accreditation withdrawn and must notify applicants of such.

If an established program is found to have significant deficiencies at the time of periodic site visit, it may also be placed on probation for a designated period. If the deficiencies are corrected to the satisfaction of the FMIGS Board, accreditation will be restored for one or more years. If the deficiencies are not corrected in the designated timeframe, accreditation will be withdrawn.

Duty Hours

The FMIGS Board expects the ACGME Guidelines regarding Duty Hours to be implemented as . Detailed information can be accessed at: http://bit.ly/1OQst41.
Policies and procedures related to duty hours for fellows must be distributed to the fellows and faculty and the program must:

1. Monitor per the program policy, with a frequency sufficient to ensure compliance
2. Monitor the demands of day, night, OB (if applicable), moonlighting and/or at-home call and intervene as necessary to mitigate excessive service and/or fatigue
3. Monitor the need for and ensure the provision of back up support systems for patient care

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 FMIGS-I training program must ensure that irrespective of the rotation site, the fellow:

1. has the financial means to support themselves during training
2. will not be liable should a legal defense be required
3. has the means and support to perform research
4. has health insurance

The program must inform the candidate about whether the following recommended benefits are provided:

1. AAGL Essentials in Minimally Invasive Gynecology (EMIG) examination fee when available
2. Travel to the annual meeting of the AAGL

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

Application Process

FMIGS-I candidates, if eligible, may elect to apply to US and Canadian fellowships through the National Resident Matching Program (www.nrmp.org) and/or to FMIGS-I programs that do not participate in the match. Please refer to the website for details and deadlines. Application will be available online at the Fellowship webpage, www.fmigs.org.

Applications for programs interested in becoming an FMIGS-I training site, are also available on the Fellowship webpage, www.fmigs.org, or by contacting the Fellowship Administrative Assistant at the Fellowship office.

Match

The FMIGS match is conducted through an objective computer matching program-NRMP. Programs and applicants that are non-military institutions are required to use the match process unless an FMIGS Board waiver has been granted. Matching into an FMIGS-I fellowship will take place after the match results have been released. This allows those unmatched but eligible FMIGS candidates to be considered by FMIGS-I programs.

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

Further Information

For further inquiries, please contact the FMIGS Administrative Assistant:
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Appendix 1: Surgical Competency List

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Laparoscopic Adhesiolysis				
Mild/moderate		X		X
Severe		X		
Enterolysis		X		
Laparoscopic Ovarian Surgery				
Cystectomy		X		X
Adnexal detorsion		X		X
Oophorectomy		X		X
Ovarian drilling	X		X	
Oophoropexy		X		
Ovarian cryopreservation	X		X	
Ovarian remnant		X		
Ovarian transposition	X		X	
Laparoscopic Tubal Surgery				
Tubal ligation				X
Salpingectomy		X		X
Salpingoscopy	X		X	
Neosalpingostomy	X		X	
Tubal anastomosis	X		X	
Paratubal cystectomy		X		X
Linear Salpingostomy		X		X
Retroperitoneal Dissection				
Ureterolysis		X		
Uterine artery ligation		X		
Space of Retzius dissection	X		X	
Presacral neurectomy	X			
Gastrointestinal and Urinary Procedures				
Ureteral stenting	X		X	
Hydrodistension	X		X	
Proctosigmoidoscopy	X			
Cystoscopy		X		X
Office-based Endoscopy				
Diagnostic hysteroscopy (rigid/flexible)		X		X
Operative Hysteroscopy		X		X
Vaginoscopy		X		
Transvaginal hydrolaparoscopy	X			
Laparoscopy	X			
Hysteroscopy				
Diagnostic		X		X
Hysteroscopic Sterilization		X		X
Pregnancy complications - retained POC		X		X

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Foreign bodies		X		X
Lysis of synechia - mild, moderate		X		X
Lysis of synechia – severe	X		X	
Metroplasty		X		
Polypectomy		X		X
Myomectomy Type's 0- I - or less than 2cm		X		X
Myomectomy Type II - or greater than 2cm		X		
Tubal cannulation	X		X	
Endometrial Ablation				
Rollerball/endomyometrial resection		X		
Global endometrial ablation		X		X
Endometriosis Surgery				
Cul de sac dissection	X		X	
Segmental bowel resection and anastomosis	X		X	
Treatment of superficial endometriosis		X		X
Ureterolysis		X		
Ureteral reanastomosis	X		X	
Ureteral neocystotomy	X		X	
Bladder surgery for endometriosis		X	X	
Bowel surgery for endometriosis	X		X	
Presacral neurectomy	X			
Appendectomy		X	X	
Resection of deep infiltrating endometriosis		X		
Treatment of extra-pelvic sites endometriosis	X		X	
Pelvic Floor Reconstructive Surgery				
Paravaginal Repair	X			
Mesh and conventional for utero-vaginal prolapse	X		X	
Mid-urethral sling	X		X	
Colposuspension	X		X	
Sacrocervicopexy	X		X	
Sacrocolpopexy	X		X	
Sacrocolpoperineopexy	X		X	
Uterosacral suspension	X		X	
Sacrospinous ligament suspension	X		X	
Fistula repair	X		X	
Hysterectomy +/- BSO				
Laparoscopic Supracervical Hysterectomy		X		X
Total Laparoscopic Hysterectomy		X		
LAVH		X		X
Trachelectomy		X		
Vaginal hysterectomy		X		X

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Myomectomy				
Laparoscopic myomectomy		X		
Laparoscopic-assisted myomectomy	X			
Non-surgical treatment of fibroids	X			X
Laparoscopic uterine artery occlusion	X			
Pregnancy Related				
Diagnostic/Operative Laparoscopy		X		X
Laparoscopic cerclage	X			
Correction of congenital anomalies				
Resection of rudimentary uterine horn		X		
Correction of other lateral and vertical fusion defects	X		X	
Creation of neovagina	X		X	
Repair of specific conditions				
Cystotomy		X		
Enterotomy		X		
Vascular injury	X		X	
Ureteral injury	X		X	
Oncology Surgery				
Omentectomy	X		X	
Pelvic and aortic lymph node dissection	X		X	
Radical Hysterectomy with lymph node dissection	X		X	
Primary or interval debulking for ovarian cancer	X		X	
Imaging				
Transvaginal sonography		X		X
Sonohysterography	X		X	
Intraoperative sonography	X		X	
Hysterosalpingography	X		X	
Transabdominal sonography	X		X	
Pain Management	X		X	

Appendix 2: Competencies

1. Patient Care

   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:

   A) Evaluating a patient's complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis, and recommending the appropriate treatment
   B) The essential areas of benign gynecology including:
      - 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

2. Medical Knowledge

   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.

   Fellows must demonstrate knowledge in:

   A) Reproductive health care, diagnosis, management, consultation, and referral
   B) The fundamentals of basic science as applied to MIGS
   C) Applied surgical anatomy and pathology
   D) Basics of risk-benefit analysis, epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value

3. Practice-based Learning and Improvement

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

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

4. Interpersonal and Communication Skills

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

Fellows are expected to:

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

5. Professionalism

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

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

6. Systems-based Practice

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

Fellows are expected to:

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

Approved programs will be reviewed regularly. If there are any significant changes in the program (e.g. change in the number of fellow positions, fellowship director, key faculty members, patient volume and procedures; changes in clinical sites or closure of major research programs), the FMIGS Board must be notified electronically within 30 days (fmigs@aagl.org). Each program will be approved for a specific number of fellows. The Board will review request for additional fellow positions. Every program is required to

submit an Annual Report by July 1st that includes a list of current faculty, enrolled fellows and the surgical experience and research progress of each fellow.

Fellowship programs will be evaluated based on the:

A) Fellowship director's written evaluation of the fellow(s)
B) Fellow(s) completion of required didactic program, as defined by the individual program, under the auspices of the FMIGS Board
C) Fellow(s) completion of an appropriate scholarly research project and/or contribution
D) Annual evaluation of the training program and fellowship director by the fellows.
E) Annual evaluation of the fellowship training program by the faculty
F) Annual report
G) Site visit report