

Frequently Asked Questions: Obstetrics and Gynecology
Review Committee for Obstetrics and Gynecology
ACGME

(FAQs related to the Program Requirements for Obstetrics and Gynecology, effective July 1, 2025)

Question	Answer
Introduction	
How much leave time can a resident have during the educational program? <i>[Program Requirement: 4.1.]</i>	Residents must complete the required 48-month educational program, but there are no program requirements related to time off during that period. There are, however, requirements included in the Institutional Requirements, which are available on the Institutional Review Committee page of the ACGME website. Programs must have leave policies consistent with the policies of their Sponsoring Institution and the applicable board [American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Board of Obstetrics and Gynecology (AOBOG)]. If it is determined a resident's educational program needs to be extended, the program should update the resident's completion date in the ACGME's Accreditation Data System (ADS). In addition, a temporary complement increase for the additional education period may need to be requested. See "Requests for Changes in Resident/Fellow Complement" available on the Documents and Resources page of the Obstetrics and Gynecology section of the ACGME website. A temporary increase in resident complement for up to one month does not require approval of the Review Committee.
Can a resident participate in an international rotation? <i>[Program Requirement: 4.1.]</i>	See "International Rotations," available on the Documents and Resources page of the Obstetrics and Gynecology section of the ACGME website.
Personnel	
If a program director needs to step away from the role for a period of time due to illness or another unforeseen circumstance, does an interim program director need to be appointed and entered into ADS? <i>[Program Requirement: 2.1.]</i>	While a program may choose to appoint and enter an interim program director in ADS, it is not required. The program, in consultation with the designated institutional official (DIO), must establish a sound leadership plan to maintain program stability during the program director's absence. Programs should provide an update to the Review Committee in the Major Changes and Other Updates section during the next ADS Annual Update.

How does a program determine the minimum number of hours the program director (and if applicable, associate program director) must devote weekly to administration of the program? <i>[Program Requirement: 2.4.a.]</i>	Program Requirement 2.4.a.) includes a table that specifies the minimum FTE based on the number of approved residents. These minima are based on a 40-hour work week. For example, the minimum program director support for a program with 21-25 approved resident positions must be 50 percent FTE (or 20 hours) plus an additional 20 percent FTE (or 10 hours) program director (and/or associate program director) support for a total of 70 percent FTE or 30 hours per week of leadership support.
Does an associate program director need to be a physician? <i>[Program Requirement: 2.4.a.]</i>	If the associate program director's support is part of the required leadership FTE specified in Program Requirement 2.4.a.), the Review Committee expects the associate program director to be physician. Appointing a physician ensures that the associate program director can step in for the program director if necessary. It also facilitates succession planning. The Review Committee will consider exceptions. If a program seeks to appoint a non-physician to the associate program director role, a letter signed by the program director and DIO must be submitted that explains the circumstances to the Review Committee. A CV for the proposed associate program director must be attached with the letter, and both should be sent by email to the Review Committee's Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website. The Review Committee does not have a position on whether an associate program director should be a physician if the position is not part of the required leadership FTE.
Do programs need to identify their Subspecialty Faculty Educators in the ADS Faculty Roster? <i>[Program Requirement: 2.7.a.]</i>	Yes. Programs should add this information in each faculty member's "Program Specific Title" space in the Faculty Roster (e.g., enter: Associate Professor, Maternal-Fetal Medicine Faculty Educator).

How does a program request Review Committee consideration of the qualifications of a Subspecialty Faculty Educator who is not currently certified in the subspecialty by ABOG or AOBOG? <i>[Program Requirement: 2.7.a.1.]</i>	With the exception of Subspecialty Faculty Educators in complex family planning, the program must submit a letter of support to the Review Committee signed by the program director and the DIO. A CV for the faculty member must be attached. Email the letter to the Review Committee's Accreditation Administrator, contact information for whom can be found in the Obstetrics and Gynecology section of the ACGME website. An exception is made for complex family planning as certification is only recently available and legal restrictions to abortion in some jurisdictions may present challenges to identifying a board-certified complex family planning Faculty Educator. Programs without a board-certified complex family planning faculty member should provide detailed information in the ADS Faculty Roster about the proposed complex family planning Faculty Educator's qualifications. The program must demonstrate that the proposed Faculty Educator demonstrates expertise in complex family planning. To enter a faculty member's qualifications in the Faculty Roster: 1. Specialty Certification – Manual Entries 2. +Add 3. Enter “not certified in complex family planning” 4. Describe qualifications in the “Explain Equivalent Qualifications for Review Committee Consideration (or missing information)” area.
What are the responsibilities of the Subspecialty Faculty Educators? <i>[Program Requirement: 2.7.a.2.]</i>	A Subspecialty Faculty Educator collaborates with the program director to oversee residents' educational experiences in a specific content area. Subspecialty Faculty Educators help ensure education in the subspecialty areas is up to date and evidence-based.

When is 24-hour on-site physician faculty presence required? <i>[Program Requirements: 2.8.f.- 2.8.f.3.]</i>	Programs are required to have 24-hour on-site obstetrician-gynecologist physician faculty presence on labor and delivery units. The Review Committee will not consider exceptions to this requirement at the primary clinical site. However, the committee recognizes there may be labor and delivery experiences at other participating sites where 24-hour on-site resident and faculty member presence is not needed due to low clinical volume. Programs may submit a letter to the Review Committee to request an exception to Program Requirements 2.8.f.-2.8.f.3. at a site other than the primary clinical site. The letter requesting such an exception must describe (a) why 24-hour on-site resident and faculty member presence is not required on the participating site's labor and delivery unit; (b) residents' educational experience at the site, including PGY level(s); and (c) how the program will ensure that when residents are on the unit (e.g., called in at night for labor and delivery patient care), they will have on-site supervision by a faculty member who is an obstetrician-gynecologist physician. The letter must be signed by the program director and the DIO and submitted by email to the Review Committee's Accreditation Administrator, contact information for whom can be found on the Obstetrics and Gynecology section of the ACGME website.
Do programs need to review program director and faculty member certification information that is automatically provided in ADS? <i>[Program Requirement: 2.10.]</i>	Yes, programs are expected to review faculty members' certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into the system. If an error is identified, programs should correct this in the Faculty Roster [Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in "Explain Equivalent Qualifications for Review Committee Consideration (or missing information)"].
When does the Review Committee need to review the qualifications of a faculty member who is not certified in obstetrics and gynecology by ABOG or AOBOG? <i>[Program Requirement: 2.10.]</i>	Programs are expected to submit an approval request for: • A faculty member whose certification is from a country outside of the United States. • A faculty member who is not an ABOG active candidate or an AOBOG-eligible candidate. • A faculty member with lapsed ABOG or AOBOG certification. A request is not needed for: • A faculty member who is an ABOG active candidate or an AOBOG-eligible candidate. Programs should enter "ABMS Board Eligible" or "AOA Board Eligible" in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add). • A non-obstetrician-gynecologist faculty member who is board certified in another (sub)specialty.

How should a program request Review Committee consideration of the qualifications of a physician faculty member who does not have certification in obstetrics and gynecology by ABOG or AOBG? <i>[Program Requirement: 2.10.]</i>	The program must submit a letter of support, signed by the program director and DIO, to the Review Committee. A CV for the faculty member must be attached and both should be sent by email to the Review Committee's Accreditation Administrator, contact information for whom can be found on the Obstetrics and Gynecology section of the ACGME website. If the Review Committee approves the request, programs should note this approval in the ADS Faculty Roster [Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under "Explain Equivalent Qualifications for Review Committee Consideration (or missing information)"].
For programs with fewer than 28 approved resident positions, can more than one individual provide administrative support to the program? <i>[Program Requirement: 2.12.b.]</i>	Yes, administrative support can be provided by more than one individual in a program of any size. The Review Committee expects individuals providing the required minimum program coordinator support to be graduate medical education professionals. Program coordinators must demonstrate(s) leadership skills and an in-depth knowledge of the ACGME accreditation process, ACGME procedures/policies, and the Program Requirements. The Review Committee understands new program coordinators need time to develop this expertise. Programs with a minimum of 26 approved resident positions must have additional support beyond 100 percent FTE. This additional support may be provided by a program coordinator and/or other administrative staff member.
Resident Appointments	
Can a new program with a status of Initial Accreditation or a program with a recently approved permanent complement increase have both PGY-1 and PGY-2 residents start the first year? <i>[Program Requirement: 3.4.]</i>	In general, programs are expected to roll out the approved complement on a year-by-year basis, i.e., adding only PGY-1 residents each year. This approach allows programs to implement their plans in manageable stages and ensures a resident does not transfer from an established program to a new one, leaving the established program with an unexpected open position. The Review Committee will consider allowing a PGY-2 resident to start the first year of accreditation or a permanent complement increase in special circumstances, such as for a displaced resident or a resident who has completed an obstetrics and gynecology preliminary year. Programs interested in having a PGY-2 resident start the first year should email the request, including the rationale, to the Review Committee's Accreditation Administrator, contact information for whom can be found on the Obstetrics and Gynecology section of the ACGME website.

How does a program initiate a complement increase request? <i>[Program Requirement: 3.4.a.]</i>	See the reference document, “Requests for Changes in Resident/Fellow Complement,” available on the Documents and Resources page of the Obstetrics and Gynecology section of the ACGME website.
Can a program request a permanent complement increase for a preliminary year position? <i>[Program Requirement: 3.4.]</i>	Yes. See above for a link to instructions on completing a complement increase request. When entering the request in ADS, the program will indicate an increase in positions only in “Year 1.” Programs requesting a permanent complement increase at the preliminary year level must demonstrate the additional PGY-1 resident will benefit resident education and there is sufficient PGY-1-level patient and procedural volume to support an additional resident. The Review Committee expects the preliminary year educational experience to largely resemble that of the categorical PGY-1 experience to ensure preliminary year residents are prepared to enter a PGY-2 position. The program director is expected to counsel and assist preliminary year residents in obtaining a future position.
Can a program be accredited with fewer than three approved categorical positions per PGY level? <i>[Program Requirement: 3.4.a.]</i>	Yes. While a minimum of three approved positions per PGY level is preferable, the Review Committee will consider a smaller complement. The Review Committee will evaluate the educational environment to ensure an appropriate education and work balance exists. Programs approved for fewer than three residents per year are asked to provide an update in the “Major Changes and Other Updates” section during the ADS Annual Update each year, including the reason(s) for fewer than three residents per year and any plans to increase the complement.
Educational Program	
How does the Review Committee define a half-day ambulatory care session? <i>[Program Requirements: 4.11.e.-4.11.f.1.a.]</i>	The minimum of 120 required sessions must be distinct half-day sessions in which the residents provide care to a resident-specific panel of patients. This experience can occur in one or more of the following settings: obstetrics and gynecology clinic; gynecology clinic; family planning clinic; mature women’s clinic; urgent obstetric and gynecologic care clinic; maternal-fetal medicine clinic; and subspecialty gynecology clinics. Patients need to be scheduled in a way that gives residents and/or teams continuity and gives residents or their team ample opportunity to care for the same panel of patients over time. The ambulatory experience may be a longitudinal rotation and/or block rotations. The program must ensure rotations provide sufficient opportunities for residents to learn to address acute problems and follow them to resolution, and to stabilize chronic problems.

What does the Review Committee accept as an evaluation of performance data for the ambulatory care experience? <i>[Program Requirement: 4.11.f.3.]</i>	Each program should identify measures that will be reported and acted upon by the residents regarding the care they provide in continuity clinic. Examples include screening rates and patient satisfaction data.
Where can a program find additional guidance on meeting the family planning requirements? <i>[Program Requirements: 4.11.i.-4.11.i.4.b.]</i>	Additional guidance is provided within the Program Requirements, in a Specialty-Specific Background and Intent box under Program Requirement 4.11.i.4.b..
Are residents required to have clinical experience in uterine evacuation in outpatient settings? <i>[Program Requirement: 4.11.j.1.]</i>	Given the shift in spontaneous abortions and pregnancy loss care to settings outside the operating room, the Review Committee has concluded that clinical experience in uterine evacuation in outpatient settings is an important aspect of resident education. The use of the word “should” in this requirement means that failure to comply requires a justification. Programs lacking this experience may be asked to provide a rationale and are expected to take steps to expand residents’ clinical experience in uterine evacuation to settings such as a clinic office or Emergency Department.
Other	
Does the Review Committee have specific expectations for the program’s block diagram that is uploaded into ADS?	Yes. See “Block Diagram Instructions and Example: Obstetrics and Gynecology Residency,” available on the Documents and Resources page of the Obstetrics and Gynecology section of the ACGME website.
Where can a program find information about a Common Program Requirement?	See Common Program Requirements Frequently Asked Questions.
Where can a program find information about accreditation site visits?	See the Site Visit section of the ACGME website.
Where can a program find information about required procedural minimums, the teaching assistant role, and the Case Log System?	See “Case Log Information: Obstetrics and Gynecology Residency,” available on the Documents and Resources page of the Obstetrics and Gynecology section of the ACGME website.
Where can a program find information about ADS?	See the ADS Help Center or email ADS Support: ADS@acgme.org.