Application for an Area of Focused Practice

Overview

The ABMS Focused Practice designation recognizes areas of practice that either evolve as specialists progress through their professional careers or emerge as medicine changes due to advances in medical practice. Focused Practice is not intended to be a form of certification, since it recognizes areas of focus within recognized specialties or subspecialties and is based upon clinical experience. Use of the designation will recognize an evolution of practice relevant to continuing certification.

Requests from a Member Board to designate an area of focused practice within a specialty or subspecialty will go through an approval process that is similar to the process outlined in Article VII, Section 7.2 of the Amended and Restated Corporate Bylaws of the American Board of Medical Specialties.

Focused Practice Criteria

1. The area of focused practice must have a sponsoring ABMS Member Board who will define the eligibility criteria and submit the application to COCERT.

2. Eligible diplomates must be certified by the sponsoring Member Board and have an active primary or relevant subspecialty certificate with good standing in the community.

3. The sponsoring Member Board will develop the clinical practice experience (both in terms of time and volume) beyond initial training required for eligibility. Formal fellowship training may count toward the practice requirement.

4. The sponsoring Member Board will be required to develop requirements, including a Board-based assessment for eligible diplomates, prior to awarding a focused practice designation.

5. The area of focused practice must have an MOC requirement that is determined and described by the Member Board. The MOC requirement may be fully tailored toward the area of focused practice.
Application for an Area of Focused Practice (Read-only)

Complete the application online. Link available on ABMS Portal.

Upon completion, please forward this application for a new area of focused practice to Lois Margaret Nora, MD, JD, MBA, ABMS President and Chief Executive Officer, in care of David B. Swanson, PhD, at dswanson@abms.org with a copy to Paul Lawlor at plawlor@abms.org. If you need any assistance with the completion of this application, please contact Paul Lawlor.

Contact Person Name: Sylvia Aziz
Email: saziz@abog.org
Phone: 214-871-1619

Name of Sponsoring Board: American Board of Obstetrics and Gynecology (ABOG)

1. Provide the name of the proposed area of focused practice:

   Minimally Invasive Gynecologic Surgery (MIGS)

2. If multiple Boards are interested in this Focused Practice Designation and wish to collaboratively submit an application, please view the addendum found at the end this application. Each collaborating Board should complete an addendum to describe specialty-specific modifications.

   N/a

3. State the purpose of the proposed area of focused practice and include the rationale for how this area of focused practice is different than a subspecialty, in two paragraphs or less:

The purpose of the proposed focused practice in Minimally Invasive Gynecologic Surgery (MIGS) is to improve women's health by recognizing the gynecologists who have additional surgical expertise and dedicate a significant percentage of their practice to the care of women with benign and complex gynecologic diseases and manage complications using minimally invasive surgical techniques. A focused practice designation will provide the American Board of Obstetrics and Gynecology (ABOG) the opportunity to establish standards and assessments for this specific area within the field of obstetrics and gynecology.

MIGS is an example of the development of focused practice within the specialty of obstetrics and gynecology. Surgical practice has evolved dramatically since the first laparoscopic procedures were performed, and a minimally invasive approach to gynecologic surgery has become the preferred surgical management of benign and complex gynecologic disease. Technological advances and decades of experience and research have made it possible for even the most complex surgeries to be performed in a minimally invasive fashion, and the benefits are well established. The evidence that the specialty of obstetrics and gynecology recognizes the need for MIGS providers includes the following: (1) Establishment of fellowship and educational
opportunities for the Obstetrician and Gynecologist to gain additional training and expertise, (2) AAAGL (formerly the American Association of Gynecologic Laparoscopists) is a professional organization that assists in the education for MIGS with an annual CME conference, (3) CME credited activities and conferences focused on MIGS, (4) Textbooks and chapters dedicated to MIGS, (5) The Journal for Minimally Invasive Gynecology is dedicated to MIGS and (6) Advanced surgical training is offered in MIGS.

4. Focused practice typically falls under one of these areas. Please describe which of the following this application addresses:
   a. Evolving area of practice
   b. Area of practice limited in scope or size
   c. Specialized procedure

   a. Evolving area of practice - Creation of an area of focused practice in MIGS would allow Ob-Gyn Diplomates who have a special interest and training in this area of practice to have access to continuous professional development that would allow them to maintain and improve their knowledge and skills. Focused practice designation in MIGS would also provide recognition by patients, credentialers, peers and other stakeholders of those obstetric and gynecology specialists and subspecialists who have adequately acquired and are maintaining these proficiencies.
   b. Area of practice limited in scope or size - A focused practice designation for those gynecologists caring for this subset of gynecologic patients would help to ensure improvement in patient care by further (1) developing maintenance of certification (MOC) requirements in the area of MIGS; (2) establishing practice experience requirements for MIGS; (3) establishing the means for demonstrating ongoing professional development in the practice in MIGS; and (4) developing an assessment of knowledge, judgment and skills in MIGS.

5. Please outline the eligibility criteria required of candidates in the proposed area of focused practice, as it pertains to the following:
   a. What specialty and/or subspecialty certificate(s) will a diplomate be required to hold in order to be eligible for this area of focused practice?

   Diplomates must have primary certification in Obstetrics and Gynecology from the American Board of Obstetrics and Gynecology (ABOG). Diplomates must also be meeting the ABOG Maintenance of Certification (MOC) program requirements.

   b. Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training:

   An Ob-Gyn Diplomate must have a minimum of three years of clinical practice experience with a focus in MIGS. Those Diplomates who have completed 24 months in a MIGS fellowship training program may count the length of their fellowship program
towards the focused practice requirement. Diplomates must document clinical experience with a minimum of 100 minimally invasive gynecologic surgery procedures in patients with benign and complex gynecologic conditions.

c. Additional qualifications (if any):

Diplomates must have completed a minimum of 20 AMA-PRA Category 1 CME credits in MIGS or in a gynecologic subspecialty (e.g., Female Pelvic Medicine and Reconstructive Surgery, Reproductive Endocrinology and Infertility, and Gynecologic Oncology) in the last three years.

6. With regard to Board-based assessment for candidates prior to awarding this area of focused practice, which assessment methods will be required? (Check all that apply)

- Examination
  - Written
  - Oral/practical
  - Other (Please specify)

- Participation in a registry
- Submission and review of case lists
- Review of patient charts
  - Other (please specify): A 12 month case log will be required documenting a minimum of 100 minimally invasive gynecologic surgery procedures in patients with benign and complex gynecologic conditions.

a. Please describe the rationale behind the method(s) required in the assessment process:

The American Board of Obstetrics and Gynecology (ABOG) formed a Minimally Invasive Gynecologic Surgery Committee comprised of physicians who have a MIGS focused clinical practice. This joint committee of subject matter experts determined the required volume and types of minimally invasive gynecologic surgical procedures in patients with benign and complex gynecologic conditions that must be documented on the case log. This assessment process will ensure that a sufficient number of MIGS patients are seen for a Diplomate to meet the surgical experience requirements for the proposed focused practice designation.

Candidates for a focused practice designation in MIGS will also be required to pass a written examination that will be developed by the MIGS Committee. The examination will be administered at Pearson VUE Testing Centers. The test will be subjected to standard psychometric evaluation by the ABOG psychometrician.
7. Please outline the Maintenance of Certification (MOC) program planned for this area of focused practice:

All Diplomates with MIGS focused practice designation must participate in the American Board of Obstetrics and Gynecology (ABOG) Maintenance of Certification (MOC) program and complete all annual requirements. This continuous certification program will include specific requirements for MIGS designees. Failure to complete all of the MOC requirements in any year will result in loss of MIGS focused practice designation. Diplomates who currently hold non-time-limited certification in Basic Obstetrics and Gynecology who achieve MIGS focused practice designation will be required to enter the MOC program and fulfill all of the yearly MOC requirements to maintain their MIGS focused practice designation status.

During each year of a 6-year MOC cycle Diplomates with focused practice in MIGS must meet the following MOC requirements:

1. Professionalism and Professional Standing:
   a. Those with medical staff privileges must have unrestricted privileges to practice in a hospital or institution.
   b. Must attest that a focus of practice is devoted to MIGS. This includes continuing to meet the clinical practice requirements for the focused practice designation in MIGS.

2. Lifelong Learning and Self-Assessment: Complete journal article reading assignments and assessments annually in minimally invasive gynecologic surgery and Basic Obstetrics and Gynecology. If the Diplomate is an Ob-Gyn subspecialist he/she must also annually complete the required subspecialty reading assignments and assessments.

3. Assessment of Knowledge, Judgment and Skills: In Year 6 of each MOC cycle, the Diplomate who does not achieve the threshold performance on the Lifelong Learning and Self-Assessment during Years 1-5 must pass an MOC examination. The exam consists of one 50 multiple choice question selective in MIGS and another 50 multiple choice question selective chosen by the Diplomate as most relevant to his/her practice. If the Diplomate meets the threshold performance on the Lifelong Learning and Self-Assessment the diplomate would meet the requirement for Assessment of Knowledge, Judgment and Skills and receive credit for the Part III examination in Year 6.

4. Improvement in Medical Practice: The Diplomate must participate in one of the American Board of Obstetrics and Gynecology (ABOG) options in MOC Years 1-5 each cycle. The Quality Improvement module or activities should be relevant to the practice of MIGS.

8. Document the professional and scientific status of this area of focused practice by addressing (a) through (d) below.

   a. Please describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is, in large part, distinct from, or more detailed than that of other areas in which certification or focused practice are offered:
There exists substantial scientific medical knowledge specific to the area of MIGS. In the early 1960’s, Kurt Semm first coined the phrase "pelviscopy" referring to gynecological laparoscopy. Since then, minimally invasive surgical techniques have been developed and refined, then applied to nearly all surgical specialties. Starting in the 1970’s, there have been numerous CME workshops, symposia, hands on lab courses, and other educational opportunities for the Obstetrician Gynecologist to gain additional training and MIGS expertise. The AAGL (formerly known as the American Association of Gynecologic Laparoscopists) hosts its annual Global Congress on Minimally Invasive Gynecology every November. Currently in its 47th year, the Global Congress offers a platform for 400-500 peer-reviewed scientific papers/videos and 150-200 scientific virtual posters, typically drawing attendees from approximately 100 countries. AAGL has 42 international affiliated societies including the European Society for Gynaecological Endoscopy (ESGE) and the Chinese Association of Obstetrics and Gynecologists (COGA) and holds affiliated meetings with these sister societies. There are additional CME courses developed and endorsed by other specialty societies such as the American College of Obstetricians and Gynecologists (ACOG), the American Society of Reproductive Medicine (ASRM), the Society of Gynecologic Surgeons (SGS), and the Society of Gynecologic Oncology (SGO).

There are hundreds of chapters on MIGS currently in print in textbooks (source: Google Books). Additionally, there are at least 70 textbooks devoted to hysteroscopy and 90 textbooks related to gynecologic laparoscopy (source: Amazon) including:
1. Minimally Invasive Gynecology: An Evidence Based Approach by Geraldo Gastal Gomes-da-Silveira and Gustavo Py Gomes da Silveira
3. Minimally Invasive Gynecological Surgery by Olav Istre
4. Laparoscopic Entry: Traditional Methods, New Insights and Novel Approaches by Andrea Tinelli
5. Laparoscopic Hysterectomy (Operation Primers) by Andreas Hackethal and Hans-Rudolf Tinneberg
7. Hysteroscopy by Andrea Tinelli and Luis Alonso Pacheco
8. Manual of Fertility Enhancing Hysteroscopy by Shikha Jain and Dattaprasad B. Inamdar

The Journal for Minimally Invasive Gynecology (JMIG; formally the Journal of the AAGL) is dedicated to the specified area of MIGS. Currently in its 25th year, the JMIG has seen its impact factor double from 1.50 to 3.06 in the period from 2008 to 2018, underscoring the quality of research published and the importance of MIGS in the contemporary practice of Obstetrics and Gynecology. In addition to the dedicated MIGS
journal, there are many other Obstetrics and Gynecology journals that regularly publish articles on MIGS including Human Reproduction Update, Human Reproduction, Obstetrics and Gynecology, Gynecologic Oncology, Fertility and Sterility, British Journal of Obstetrics and Gynecology and the American Journal of Obstetrics and Gynecology as well as journals not dedicated to Obstetrics and Gynecology such as the New England Journal of Medicine, the Journal of the American Medical Association and Surgical Endoscopy.

Although the total number of peer-reviewed publications on MIGS is difficult to estimate, the Journal for Minimally Invasive Gynecology alone has published approximately 5,000 articles on MIGS over the past 25 years. Looking beyond the Journal for Minimally Invasive Gynecology, there have been more than 19,200 articles published on the topic of laparoscopic hysterectomy since the first paper by Dr. Harry Reich (Google Scholar) describing the procedure was published in 1989. The Journal for Minimally Invasive Gynecology also publishes surgical videos, which undergo the same peer review process as manuscripts.

The AAGL hosts the SurgeryU platform, which is a repository for peer-reviewed videos that demonstrate best surgical practices. The SurgeryU platform currently hosts just under 1,000 surgical videos, each of which have been reviewed and approved by the SurgeryU Editorial Board. Members are encouraged to leverage SurgeryU as a means to stay current on MIGS procedures and to consume video-based research published by their peers.

b. Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

A designation of focused practice in MIGS will help identify those gynecologic surgeons who have had the supervision, training and additional clinical surgical experience to provide the best available MIGS care, including vaginal and endoscopic approaches to hysterectomy and treatment of benign and complex gynecologic disease such as advanced endometriosis, multiple or very large fibroids, chronic pelvic pain, significant pelvic adhesions, large ovarian cysts, etc. In addition to surgical expertise, Ob-Gyn Diplomates with a focused practice in MIGS will be expected to have a depth of understanding of the pathophysiology of these complex disease states and be capable of counseling and managing patients in a multidisciplinary fashion. This focused practice designation will ensure that MIGS surgeons that maintain their ABOG certification by completing the MOC requirements on an annual basis are up to date on the current topical literature and patterns of practice. In addition to improving patient care, a designation of focused practice in MIGS will allow training programs to identify the surgeons who are best suited to teach residents minimally invasive surgical techniques. This will give residents the opportunity to learn from experienced surgeons who have higher surgical volume and have made a commitment to dedicate their practices to MIGS.
From a training perspective, the 11th Edition of the Council on Resident Education in Obstetrics and Gynecology (CREOG) resident educational objectives require some MIGS training and education. Providers that practice MIGS often have advanced surgical training. This advanced training is generally not offered in obstetrics and gynecology residency training, and these surgical skills require additional training via a fellowship, a mentorship model or through clinical experience. The fellowship in minimally invasive gynecologic surgery (FMIGS) publishes educational objectives, a core reading list and a video surgical curriculum as part of the requirements for fellowship completion, which is publicly available on line.

c. **Please provide information about the group of diplomates concentrating their practice in the area of focused practice, if known:**

i. **The projected number of such diplomates in total and annually (along with the source(s) of the data):**

We project that approximately 400 Ob-Gyn Diplomates (specialists and subspecialists) will apply for the first focused practice written examination in MIGS.

The sources of the data include the following:

According to the ABOG 2017 MOC Cycle 1 Survey of Year 6 Diplomates that was conducted in January 2018, 7.6% of Diplomates (specialists and subspecialists) self-reported themselves as having a gynecology (including MIGS) only practice.

According to the AAGL, the Fellowship in Minimally Invasive Gynecology (FMIGS) has graduated 352 fellows to date. It is expected that most or all of these graduates will seek MIGS focused practice designation. The chart in Attachment A depicts the number of fellows graduated annually for the last five years.

Likely there will be additional specialist and subspecialist diplomates who are not FMIGS trained that may pursue focused practice designation in MIGS. There may be some American Society for Reproductive Medicine (ASRM) members that may pursue this proposed focused practice designation. There are approximately 300 members of the Society of Reproductive Surgeons (SRS), the surgical special interest group of the ASRM. ABOG Subspecialists in Gynecologic Oncology (967 Diplomates) and Female Pelvic Medicine and Reconstructive Surgery (994 Diplomates) may also be interested in a MIGS focused practice designation.

ii. **The annual rate of change of such diplomates in the recent past and projected annual rate of change for the near future (along with the source(s) of the data):**
Using the National Resident Matching Program (NRMP) data for gynecologic surgical fellowships over the past five years, the number of incoming fellows for the various gynecologic surgical areas has remained relatively static including MIGS (26-38), gynecologic oncology (51-56), female pelvic medicine and reconstructive surgery (40-60) and reproductive endocrinology and infertility (42-48).

Historically, the AAGL (formerly called the American Association of Gynecologic Laparoscopists) and the Society of Reproductive Surgeons (SRS) collaborated to establish the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) in 2001 with a standardized curriculum and a requirement for research. According to the AAGL, there were seven MIGS fellowship programs in 2001. The number of training programs has increased to 45 fellowship programs currently across the United States and Canada. The increase in the number of MIGS fellowship programs over time is largely attributable to the advanced minimally invasive gynecologic surgical training needs of Ob-Gyn physicians to care for this patient population with benign and complex gynecologic disease. We project that the number of fellowship programs in MIGS will continue to increase in the future, in recognition of the special needs and highly complex training. The exact annual rate of change of such Diplomates is difficult to determine.

iii. The current geographic distribution of this group of diplomates, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

According to the data from the AAGL, the 43 United States MIGS fellowship programs are distributed throughout 19 states and the District of Columbia (see Attachment B for a visual distribution). There are also two MIGS fellowship programs in Ontario, Canada. It is likely that the distribution of MIGS designees will continue to expand throughout the United States over the next five (5) years.

d. Please identify the existing national societies that have a significant interest in the area of focused practice:

- AAGL (formerly the American Association of Gynecologic Laparoscopists)
- American College of Obstetricians and Gynecologists (ACOG)
- Council on Resident Education in Obstetrics and Gynecology (CREOG)
- Society of Reproductive Endocrinology and Infertility (SREI)
- Society of Academic Specialists in Obstetrics and Gynecology (SASCOG)
- Society of Gynecologic Surgeons (SGS)
• Society of Gynecologic Oncology (SGO)
• American Urogynecologic Society (AUGS)
• American Society for Reproductive Medicine (ASRM)
• Society of Reproductive Surgeons (SRS)

i. **Indicate the existing national societies’ size and scope, along with the source(s) of the data:**

- AAGL (formerly the American Association of Gynecologic Laparoscopists) – 7,177 members. Source of data is from AAGL.
- American College of Obstetricians and Gynecologists (ACOG) – 58,000 members. Source of data is from ACOG.
- Council on Resident Education in Obstetrics and Gynecology (CREOG) – 11 member organizations. Source of data is from CREOG at [www.creog.org](http://www.creog.org).
- Society of Reproductive Endocrinology and Infertility (SREI) – 7,900 members. Source of data is from SREI.
- Society of Academic Specialists in Obstetrics and Gynecology (SASCOG) – 400 members. Source of data is from SASCOG.
- Society of Gynecologic Surgeons (SGS) - 463 members. Source of data is from SGS.
- Society of Gynecologic Oncology (SGO) – 2,000 members. Source of data is from SGO.
- American Urogynecologic Society (AUGS) – 2,062 members. Source of data is from AUGS.
- American Society for Reproductive Medicine (ASRM) – 7,900 members. Source of data is from ASRM.
- Society of Reproductive Surgeons (SRS) – 300 members. Source of data is from SRS.

ii. **Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:**

All designees must hold an MD or DO degree. Many MIGS practitioners also hold additional degrees (e.g. master of science, masters of public health, Ph.D.).

According to data from the AAGL (formerly the American Association of Gynecologic Laparoscopists), the academic degrees held by fellows who have graduated from a MIGS fellowship program may also include masters of public health and/or Ph.D.

According to data from the American College of Obstetricians and Gynecologists, the Society of Reproductive Endocrinology and Infertility, the
iii. **Indicate the relationship of the national societies’ membership with the proposed focused practice designation:**

- **AAGL** – a professional association of laparoscopic surgeons dedicated to the research and advancement of minimally invasive gynecologic procedures. The AAGL and the Society of Reproductive Surgeons (SRS) collaborated in 2001 to establish the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) training programs. In 2015, the AAGL assumed sole oversight of the MIGS fellowship programs through its professional interest partner, the FMIGS Board. The American Board of Obstetrics and Gynecology (ABOG) Committee on MIGS Focused Practice includes members from AAGL and the FMIGS Board. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in MIGS and for the ABOG continuous professional development (MOC Process) to maintain focused practice designation in MIGS.

- **Council on Resident Education in Obstetrics and Gynecology (CREOG)** – Recognizes the educational requirements for obstetrics and gynecology residents regarding the gynecologic patient population requiring MIGS and includes the educational objectives in this area as part of the CREOG objectives and the in-training examination for residents. Focused practice designation in MIGS would allow programs to identify educators with a consistent knowledge base and expertise to teach trainees.

- **American College of Obstetricians and Gynecologists (ACOG)** – Recognizes the unique health care needs of the gynecologic patient population. The American Board of Obstetrics and Gynecology (ABOG) Committee on MIGS Focused Practice includes members from ACOG. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in MIGS and for the ABOG continuous professional development (MOC Process) to maintain focused practice designation in MIGS.

- **Society of Reproductive Endocrinology and Infertility (SREI)** – Recognizes the unique reproductive disorders and health care needs of the gynecologic patient population. This society promotes excellence in reproductive health and science.
• Society of Gynecologic Surgeons (SGS) – The mission of the Society of Gynecologic Surgeons is to promote excellence in gynecologic surgery through acquisition of knowledge and improvement of skills, advancement of basic and clinical research, and professional and public education. Members may serve as subject matter experts for the secured written examination to achieve focused practice designation in MIGS.

• Society of Gynecologic Oncology (SGO) – Recognizes the unique health care needs of the gynecologic patient population and especially gynecologic malignancies. The American Board of Obstetrics and Gynecology (ABOG) Committee on MIGS Focused Practice includes members from SGO. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in MIGS.

• American Urogynecologic Society (AUGS) – Recognizes the unique health care needs of the gynecologic patient population.

• American Society for Reproductive Medicine (ASRM) – The ASRM is a multidisciplinary organization dedicated to the advancement of the science and practice of reproductive medicine.

• Society of Reproductive Surgeons (SRS) – The SRS was founded in 1984 to serve as a forum for members of the American Society for Reproductive Medicine with special interest and competency in reproductive surgery.

• Society of Academic Specialists in General Obstetrics and Gynecology (SASGOG) – The SASGOG seeks to enhance women’s health by supporting academic generalist physicians in all phases of their careers. The American Board of Obstetrics and Gynecology (ABOG) Committee on MIGS Focused Practice includes members from SASGOG. They will serve as subject matter experts for the secured written examination to achieve focused practice designation in MIGS.

9. Please describe how the cognitive knowledge, clinical and interpersonal skills, professional attitudes, and practical experience of diplomates in this area of focused practice will be distinct from diplomates in other specialties, subspecialties, and areas of focused practice in terms of:

a. Clinical competence:

Providers that practice primarily minimally invasive gynecologic surgery typically have formal advanced surgical training in the management of benign and complex disease in gynecologic patients. Such training may include the completion of a fellowship in MIGS; multiple focused courses, symposia, and hands-on workshops in MIGS; and CME activities dedicated to MIGS. Ob-Gyns may also gain expertise in MIGS through clinical experience as their practice evolves. Ob-Gyn providers who have additional surgical
expertise in MIGS often seek hospital privileges and credentialing over that of the general Ob-Gyn practitioner (i.e., minimally invasive surgical management of complex gynecologic conditions).

b. **Scope of practice:**

The field of minimally invasive gynecologic surgery emerged when practicing Ob-Gyns realized a clinical need for surgical expertise for patients with gynecologic conditions and that these needs were best served by clinicians who had expertise in minimally invasive surgical procedures. Ob-Gyn providers who have surgical expertise in MIGS have a much broader and more in depth understanding and skill sets for specific procedures, techniques and gynecologic disease states to cover a wide range of approaches and options for the management of complex gynecologic conditions.

c. **Body of knowledge and skills:**

Specialists in Obstetrics and Gynecology with a practice focused in MIGS need to have advanced knowledge and proficient surgical skills regarding the care of gynecologic patients who have distinctive surgical needs. These physicians must be skilled in a broad range of minimally invasive surgical techniques. Focused practice would create a continuous professional development program that would allow the Diplomate to maintain and improve acquired knowledge and optimize the decision-making skills in MIGS.

10. For (a) through (e) below, please project the need for and the effect of the proposed new focused practice on the existing patterns of certification or other areas of focused practice. Please indicate how you arrived at your response.

a. **Please indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.**

To our knowledge, there is no concern of this area of focused practice for infringing on existing subspecialty certifications or other areas of focused practice either externally or internally.

b. **Please outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:**

Surveys will be utilized to evaluate the impact of the proposed area of focused practice in MIGS on the ABOG specialty and subspecialty certification and other areas of focused practice.
c. Please outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards’ programs of specialty and subspecialty certification and any other areas of focused practice:

We do not anticipate that the proposed focused practice in minimally invasive gynecologic surgery will impact any other Member Boards.

d. The impact of the proposed area of focused practice on practice, both existing and long-term, specifically:
   i. Access to care (please include your rationale):

      Focused practice in MIGS will have a positive impact in optimizing access to medical care and reducing disparities in access for this gynecologic patient population. As obstetrician gynecologists achieve this focused practice designation, the distance this patient population will need to travel for medical care should be less. Focused practice designation would also allow obstetrics and gynecology residency training programs to identify educators with a consistent knowledge base and expertise to teach MIGS.

   ii. Quality and coordination of care (please include your rationale):

      The quality and coordination of care for this gynecologic patient population would be improved because the proposed area of focused practice would provide a continuous professional development program for diplomates to maintain and improve acquired knowledge as well as to improve and optimize decision-making skills in MIGS.

   iii. Benefits to the public (please include your rationale):

      The benefits to the public from the proposed focused practice in MIGS would include improved patient access to care, improved quality of care, improved coordination of care with multi-specialists and decreased medical costs based on better access to the most appropriate minimally invasive gynecologic surgical procedure by an experienced MIGS surgeon. Another possible benefit is an improvement in the trust that patients have in doctors and the healthcare system. Patient-centered orientation, cultural competency of the doctor and trustworthiness will affect access to care which benefits the public. Focused practice in MIGS will also allow the public to be aware of this surgical care opportunity for this gynecologic patient population.

e. Please explain the effects, if known, of the proposed area of focused practice on:
   i. Immediate costs and their relationship to the probable benefits (please indicate your methodology):
MIGS designees will have the knowledge and capability to coordinate and provide appropriate medical and surgical care for patients with benign and complex gynecologic problems. This could potentially reduce over-all medical costs as the appropriate care will be provided initially.

**ii. Long-term costs and their relationship to the probable benefits (please indicate your methodology):**

The proposed area of focused practice in MIGS will prospectively decrease the long-term costs due to a probable increase in geographic distribution of qualified physicians as more fellowship programs expand and the distribution of MIGS providers also expand. Diplomates’ knowledge and capability to coordinate the appropriate medical and surgical care of these patients will likely be beneficial and decrease long-term costs.

**f. Please explain the effects if this area of focused practice is not approved:**

If the proposed area of focused practice in MIGS is not approved, it will have an absolute immediate and long-term negative impact for the American Board of Obstetrics and Gynecology (ABOG) and their diplomates. There are other obstetric and gynecologic groups that are interested in focused practice and non-approval of this area of focused practice would most likely drive them to an alternative board. Moreover, a significant number of our Diplomates would find our MOC program not relevant and not pertinent to their practice if the focused practice was not approved. Also, the above improvements in patient care (better access, decreased costs, lower complication rates) may not be realized.

**11. Please indicate how the proposed area of focused practice will be evaluated periodically (e.g., every five years) to assure that the area of focused practice remains viable:**

The ABOG will track the following: 1) The MIGS fellowships and whether they continue to fill their complement. 2) The number of Diplomates who apply for the MIGS focused practice designation. 3) The MOC annual survey responses to see how many Diplomates identify their focus in practice as being MIGS. 4) The number of Diplomates who choose MIGS Part II MOC articles.

**12. Please list key stakeholder groups from which ABMS may wish to solicit commentary on the proposed area of focused practice:**

- AAGL (formerly called the American Association of Gynecologic Laparoscopists)
- American College of Obstetricians and Gynecologists (ACOG)
- Society of Academic Specialists in General Obstetrics and Gynecology (SASCOG)
To be completed for areas of focused practice for which formalized training is currently available to meet some of the requirements for clinical experience and patient volume:

13. Please provide the following information for those training programs that have a primary educational effort devoted to the proposed area of focused practice, along with their geographic locations and the source(s) of the data:

   a. Please list the names of training programs in the proposed area of focused practice:

The source data for minimally invasive gynecologic surgery fellowship programs is the AAGL. There are currently 45 Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) training programs located in 19 states, the District of Columbia and Ontario, Canada.

- Advocate Lutheran General Hospital, Park Ridge, IL
- Banner Good Samaritan Medical Center, Phoenix, AZ
- Baylor College of Medicine, Houston, TX
- Beth Israel Deaconess Medical Center, Boston, MA
- Brigham and Women’s Hospital, Boston, MA
- Christiana Care Health System, Newark, DE
- Cleveland Clinic Florida, Fort Lauderdale, FL
- Columbia University Medical Center, New York, NY
- Good Samaritan Hospital Medical Center, West Islip, NY
- Henry Ford Health System, West Bloomfield, MI
- Icahn School of Medicine at Mount Sinai, New York, NY
- Indiana University School of Medicine, Indianapolis, IN
- Johns Hopkins Hospital, Baltimore, MD
- Las Vegas Minimally Invasive Surgery, Las Vegas, NV
- Legacy Health System, Portland, OR
- Malmonides Medical Center, Brooklyn, NY
- Mayo Clinic Arizona, Phoenix, AZ
- Mayo Clinic, Jacksonville, FL
- Medical Faculty Associates, The George Washington University, Washington, DC
- Montefiore Medical Center, Centennial Women’s Center, Bronx, NY
- Newton Wellesley Hospital, Newton, MA
- Northshore University HealthSystem, University of Chicago, Chicago, IL
b. **Indicate the total number of trainee positions available currently (along with the source(s) of the data):**

According to the AAGL, there are currently 45 MIGS fellowship training programs with 38 total number of trainee positions currently available last year since not all fellowships take a fellow every year. With the exception of the military fellowships, all training programs in the United States and Canada participate in the National Residency Matching Program (NRMP) and all fellowship programs are based at institutions with Obstetrics and Gynecology residency training programs. For the 2018 match, there were 62 candidates for 38 positions with an applicant to position ratio of 1.63, considered highly competitive for fellowships in all specialties.

c. **Provide the number of trainees completing the training annually (along with the source(s) of the data):**
According to the AAGL, there are approximately 26-38 trainees who complete a MIGS fellowship annually in North America (see chart in Attachment A). To date, the MIGS fellowship training programs have graduated a total of 352 fellows.

d. Organization(s) providing accreditation or oversight for training programs (Please submit evidence that they have the willingness, capability, and resources to conduct the review of these programs):

In 2015, the AAGL assumed complete responsibility and oversight for the 45 fellowship programs through the professional interest partner, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) Board. The FMIGS Board is composed of 12 Directors, including the AAGL Medical Director and Executive Director, and 10 elected Directors that have fixed terms.

The FMIGS Board, which oversees the MIGS Fellowship training programs, has aligned the educational objectives with the ACGME core competencies to ensure uniformity and a high quality of training throughout the programs. In addition to the six ACGME competencies, the FMIGS programs require a core curriculum, didactic and simulation training, regular formative and summative evaluations, a research thesis, statistics training, and a minimum of surgical experiences. Fellowship programs are required to be sponsored by an institution with an ACGME residency training program and are registered to participate in the National Residency Match Program (NRMP). Current initiatives include finalizing the educational milestones, instituting a uniform required video curriculum and using myTIPreport for formative evaluations. MIGS fellowship programs are highly competitive among the gynecologic surgery subspecialties based on NRMP data for the past 4 years (Vargas, JMIG 2018).

A letter of support from the AAGL provided with this application confirms their willingness, capability, and resources to conduct the review of the MIGS fellowship programs.

14. How much additional clinical experience is required beyond training?

In order to qualify for a focused practice designation in minimally invasive gynecologic surgery (MIGS), a diplomate must meet the following criteria beyond initial training:

a. The physician must have a minimum of three years of clinical practice experience with a focus in minimally invasive gynecologic surgery.

b. If a candidate has completed a 2-year MIGS fellowship training program, he/she may count the length of their fellowship program towards the focused practice requirement. All MIGS fellowship programs are two years in length.

NOTE: When submitting this application, please attach the following items:
✓ Copy of proposed application form for the candidates for this area of focused practice
✓ A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field
✓ Written comments on the proposed area of focused practice from at least one (1) public stakeholder groups
✓ An example of how diplomates will be recognized for this area of focused practice
Attachment A:
FMIGS Graduates Chart
The chart below depicts the number of fellows graduated annually for the last five years.
Attachment B:

Current Distribution of MIGS Fellowship Programs in the USA
As of April 2018, the AAGL consisted of a total of 7,177 members. Of these, there are 2,287 MIGS attending clinicians distributed throughout the United States (see map below).

Distribution of AAGL Clinicians in the United States:
Attachment C:

Copy of proposed MIGS application for potential candidates

6/4/2018
American Board of Obstetrics & Gynecology  
Minimally Invasive Gynecologic Surgery

**Did you complete a MIGS fellowship?**  
(please select)

**Do you have a minimum of 3 years of practice with a focus in MIGS? If you did a MIGS fellowship, you may count each year of fellowship as one year of practice up to 2 years.**  
(please select)

**Have you completed a minimum of 20 AMA-PRA Category 1 CME credits in MIGS or relevant subspecialty CME in the last 3 years?**  
(please select)

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**Minimally Invasive Gynecologic Surgery Case Log**  
Over a 12 month period, how many of the following procedures have you performed on a gynecologic patient?

**Hysteroscopy**  
- Myomectomy
- Lysis of adhesions
- Septum/isthmocoele resection Sterilization
- Office-Based

**Laparoscopy/Count**  
- Myomectomy
- Adnexal Surgery
- Retroperitoneal Dissection
- Adhesiolysis
- Endometriosis Surgery (Stage III and IV)

**Minimally Invasive Hysterectomy**  
- Laparoscopic Hysterectomy +/- BSO
- Robotic Hysterectomy +/- BSO
- LAVH +/- BSO
- Vaginal Hysterectomy +/- BSO

**Total:** 0
Since your last MOC application have you had:

- any disciplinary or non-disciplinary action taken by a state medical board including reprimands, restrictions, conditions, suspensions, probation, surrenders or revocations?
- any misdemeanor or felony indictment, plea, or conviction?
- any illicit or illegal substance abuse, prescription drug abuse, or alcohol offenses?
- any limitation, restriction, suspension, revocation, or denial of renewal of hospital privileges?

Since your last MOC Application, have you:

- suffered or currently suffer from any condition that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?
- been in a monitoring program mandated by a state medical licensing board?
- been in a proctoring program mandated by a hospital?

ID Requirements

The testing facility requires two forms of ID (See ID Requirements and Acceptable forms of ID). The primary identity document must be a current government-issued photo ID and contain your signature. The secondary identity document must contain either your photograph or signature. Do you have two forms of ID (one with a photo) with your name exactly as:

Do you have a current government-issued photo ID with your name exactly as it is listed above and your signature?
Attachment D:

A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field.
NOTE: To date, no other Primary and/or Conjoint Board has expressed interest in the focused practice in minimally invasive gynecologic surgery (MIGS).
Attachment E:

Written comments on the proposed area of focused practice from at least 1 public stakeholder group

6/4/2018
May 30, 2018

Dear American Board of Obstetrics and Gynecology Executive Leaders,

The AAGL (formerly known as the American Association of Gynecological Laparoscopists) enthusiastically affirms its support of a focused practice designation in minimally invasive gynecologic surgery (MIGS). The mission of the AAGL is concentrated on the ultimate goal of improving patient care in gynecologic medicine. As of April 2018, the AAGL consists of a total of 7,177 members. Of these, there are 2,287 MIGS attending clinicians distributed throughout the United States. Since its inception in 1971, the AAGL has recognized that surgical gynecologists and other clinicians require continuous professional development. Accordingly, the AAGL provides a variety of educational activities to assist gynecologic surgeons achieve this goal. Currently in its 47th year, the Global Congress offers a platform for 400-500 peer-reviewed scientific papers/videos and 150-200 scientific virtual posters, typically drawing attendees from approximately 100 countries. AAGL has 42 international affiliated societies including the European Society for Gynaecological Endoscopy (ESGE) and the Chinese Association of Obstetrics and Gynecologists (COGA) and holds affiliated meetings with these sister societies.

In addition, in 2001, the AAGL and the Society of Reproductive Surgeons collaboratively established The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) with an initial seven MIGS fellowship programs. The number of MIGS fellowship programs has increased over time to a total of 45 current training programs in the United States and Canada. Given the complexity of MIGS, the AAGL assumed oversight of FMIGS in 2015. The AAGL has sufficient resources and experience to conduct the required review of these programs. The FMIGS Board, a professional interest partner of the AAGL, oversees and standardizes training sites. The FMIGS Board is composed of 12 Directors, including the AAGL Medical Director and Executive Director, and 10 elected Directors that have fixed terms, governed by the FMIGS charter and bylaws. There are 15 committees to ensure the highest quality educational experience including a site visit committee that inspects programs for compliance with program requirements every 1–5 years. All training programs are a minimum of two years and require a standardized core curriculum, didactic and simulation training, regular formative and summative evaluations, a research thesis, statistics training, and a minimum of surgical experiences. Current initiatives include finalizing the educational milestones, instituting a uniform required video curriculum and using myTIPreporrt for formative evaluations. Fellowship programs are required to be sponsored by an institution with an ACGME residency training program and are registered to participate in the National Residency Match Program (NRMP). FMIGS programs are highly competitive among fellowships in all specialities based on NRMP data for the past 4 years (Vargas and Milad, JMIG 2018) with an applicant to position ratio of 1.63. This likely reflects growing recognition that there is a body of knowledge that is unique to MIGS and that a well-trained MIGS specialist can improve patient outcomes.

The AAGL is delighted to support the focused practice designation in MIGS initiative, as it will help recognize those Ob-Gyns who dedicate a significant percentage of their clinical practice to MIGS. This is in line with our mission and is fully supported by our members as we strive for continuous professional development and transparency. This designation will improve knowledge for our members, which translates to improved outcomes for patients who need minimally invasive treatments associated complex gynecologic conditions.

Sincerely,

Gary N. Frishman, M.D.

On behalf of the AAGL Board of Directors

Cc: FMIGS Liaison Committee

Ted L. Anderson, MD, PhD, Chair
Jon I. Einarsson, M.D., Ph.D., M.P.H.
Gary N. Frishman, MD
Mark R. Hoffman, MD
Joseph L. Hudgens, MD
Franklin D. Loffer, MD
Magdy P. Milad, MD
Matthew T. Siedhoff, MD (Ex-Officio)