Reproductive endocrinology and infertility

Background

Reproductive endocrinology and infertility (REI) is the medical subspecialty of obstetrics and gynecology concerned with the evaluation and treatment of infertility and the congenital, genetic, and endocrinologic disorders of reproduction. The obstetricians/gynecologists (OB/GYNs) who practice this subspecialty are called reproductive endocrinologists. They may limit their practice to infertility and its related procedures. But because they have such specialized training in the treatment of hormonal disorders and reproductive surgery, many treat patients with complex hormonal problems or those who need advanced reproductive surgery, even though they may not have fertility problems.

Reproductive endocrinologists receive their specialized training in an REI fellowship program approved by the American Board of Obstetrics and Gynecology (ABOG). The three-year REI training program should include clinical experience that provides a sufficient variety of inpatient and outpatient cases so fellows will become capable of performing all appropriate diagnostic and therapeutic procedures relevant to the subspecialty.

Patient services that REI specialists provide include the following:

- In vitro fertilization (IVF)
- Egg donation
- Artificial insemination
- Repeated pregnancy loss
- Hormonal care for menopause
- Reproductive surgery
- Endometriosis therapy
- Pelvic pain management
- Developmental problems of genitalia

The REI training program should also provide fellows with research experience that is concentrated on a specific area of investigation. The research can produce material for the fellow’s thesis, which is required for certification, and can stimulate future independent study in this evolving subspecialty.
Involved specialties

Reproductive endocrinologists and OB/GYNs

Positions of societies and academies

SREI

The Society for Reproductive Endocrinology and Infertility (SREI), formerly the Society of Reproductive Endocrinologists, is an affiliate of the American Society for Reproductive Medicine. Members of the SREI are a select group of highly trained and qualified physicians with advanced education, research, and professional skills in REI who treat reproductive disorders that affect children, men, and women of all ages.

Membership in the SREI requires seven years of formal specialty and subspecialty training after medical school and certification of special knowledge and proficiency in the evaluation and treatment of reproductive failure and a wide variety of endocrine disorders, including:

- infertility and recurrent pregnancy loss
- problems of sexual development and function
- menstrual disturbances
- hormone imbalances and abnormalities
- menopause

Positions of other interested parties

ABOG

In addition to certifying OB/GYNs, the ABOG also examines and certifies subspecialists in maternal-fetal medicine, REI, and gynecologic oncology. Candidates for certification in REI must pass both a written and oral examination.

REI written examination requirements

Candidates must

- have passed the written examination for principal certification by the ABOG
- have an unrestricted license to practice medicine in the state or territory of the United States or a province of Canada in which the candidate practices
- complete an ABOG-approved REI fellowship program

REI oral examination requirements

Candidates must

- be a certified diplomate of the ABOG
- have passed the REI written examination
- have an unrestricted license to practice medicine in the state or territory of the United States or a province of Canada in which the candidate practices
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Canada in which the candidate practices
• have full and unrestricted hospital privileges
• have gained and can document not less than 12 months of experience in practice as a subspecialist in a center or centers providing or having ready access to essential diagnostic and therapeutic facilities
• submit an approved thesis

JCAHO

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has no formal position concerning the delineation of privileges in REI. However, its 2003 Comprehensive Accreditation Manual for Hospitals states (MS.5.4) that “professional criteria specified in medical staff bylaws must be uniformly applied to all applicants” and that these criteria “constitute the basis for granting initial or continuing medical staff membership and for granting initial, renewed, or revised clinical privileges.”

The JCAHO further requires (MS.5.4.3) that “the professional criteria at least pertain to evidence of current licensure, relevant training or experience, current competence, and ability to perform the privileges requested.” It also requires (MS.5.4.3.1) that “the hospital verifies information about the applicant’s licensure, specific training, experience, and current competence provided by the applicant with information from the primary source(s) whenever feasible.”

Although the JCAHO does not require hospitals to use any specific method in delineating clinical privileges, it does require (MS.5.15) that “the clinical privileges are hospital specific and based on the individual’s demonstrated current competence.” It further states (MS.5.15.1–MS.5.15.1.3) that “privileges are related to an individual’s documented experience in categories of treatment areas or procedures, the results of treatment, and the conclusions drawn from organization-performance improvement activities when available.”

The JCAHO also says (MS.5.15.2) “board certification is an excellent benchmark and is considered when delineating clinical privileges.”

Since a hospital must subject each member of its medical staff to periodic review, the JCAHO states (MS.5.4.4) that “decisions on reappointments or on revocation, revision, or renewal of clinical privileges must consider criteria that are directly related to quality of care,” and (MS.5.6) “appointment or reappointment to the medical staff and the initial granting and renewal
or revision of clinical privileges are also based on information regarding the applicant’s competence.”

It is further stated (MS.5.12–MS.5.12.3) that “appraisal for reappointment to the medical staff or renewal or revision of clinical privileges is based on ongoing monitoring of information concerning the individual’s professional performance, judgment, and clinical or technical skills.”

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

*Minimum threshold criteria for requesting core privileges in REI*

**Basic education**: MD or DO

**Minimum formal training**: Applicants must have completed an Accreditation Council for Graduate Medical Education (ACGME)/American Osteopathic Association (AOA)–accredited residency-training program in obstetrics and gynecology followed by completion of an approved REI training program.

**Required previous experience**: Applicants must be able to demonstrate that they have provided REI inpatient or consultative services for at least 50 patients in the past 12 months.

*Note: A letter of reference must come from the director of the applicant’s REI training program. Or a letter of reference must come from the chief of REI at the institution where the applicant most recently practiced.*

**Core privileges in REI**

Core privileges in REI include being able to admit, work up, diagnose, and provide therapeutic and surgical treatment to patients with hormonal disorders, infertility, or related problems. Included within the core set of privileges are the following:

- Perform general diagnostic techniques and procedures used for the assessment of reproductive disorders
- Formulate appropriate treatment plans for reproductive disorders
- Perform assisted reproductive technologies, which include ovulation induction, intrauterine insemination, and IVF
- Perform microsurgical techniques as they apply to oviductal and other reproductive surgery
- Employ laparoscopy and hysteroscopy for pelvic assessment and the treatment of pelvic pathology
- Employ pelvic ultrasound for both diagnostic and therapeutic procedures
• Manage anovulation
• Function as a consultant to OB/GYNs, urologists, and other health care professionals

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have provided REI inpatient or consultative services for at least 50 patients annually over the reappointment cycle.

In addition, continuing education related to REI should be required.

For more information

For more information regarding this practice area, contact:

American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Telephone: 214/871-1619
Fax: 214/871-1943
Web site: www.abog.org

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: www.jcaho.org

Society for Reproductive Endocrinology & Infertility
1209 Montgomery Highway
Birmingham, AL 35216-2809
Telephone: 205/978-5000 ext. 131
Fax: 205/978-5005
Web site: www.socrei.org
Privilege request form
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In order to be eligible to request clinical privileges in REI, an applicant must meet the following minimum threshold criteria:

- **Basic education:** MD or DO

- **Minimum formal training:** Applicants must have completed an ACGME/AOA-accredited residency-training program in obstetrics and gynecology followed by completion of an approved REI training program.

- **Required previous experience:** Applicants must be able to demonstrate that they have provided REI inpatient or consultative services for at least 50 patients in the past 12 months.

- **References:** A letter of reference must come from the director of the applicant’s REI training program. Or a letter of reference must come from the chief of REI at the institution where the applicant most recently practiced.

- **Core privileges:** Core privileges in REI include being able to admit, work up, diagnose, and provide therapeutic and surgical treatment to patients with hormonal disorders, infertility, or related problems. Included within the core set of privileges are the following:
  - Perform general diagnostic techniques and procedures used for the assessment of reproductive disorders
  - Formulate appropriate treatment plans for reproductive disorders
  - Perform assisted reproductive technologies, which include ovulation induction, intrauterine insemination, and IVF
  - Perform microsurgical techniques as they apply to oviductal and other reproductive surgery
  - Employ laparoscopy and hysteroscopy for pelvic assessment and the treatment of pelvic pathology
  - Employ pelvic ultrasound for both diagnostic and therapeutic procedures
  - Manage anovulation
  - Function as a consultant to OB/GYNs, urologists, and other health care professionals

- **Reappointment:** Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

  Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have provided REI inpatient or consultative services for at least 50 patients annually over the reappointment cycle.

  *In addition, continuing education related to REI should be required.*

I understand that by making this request I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician’s signature: ________________________________________________________________

Typed or printed name: ___________________________________________________________________

Date: ________________________________________________________________________________
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