Case Log Information: Reproductive Endocrinology and Infertility
Review Committee for Obstetrics and Gynecology

The Review Committee has defined index categories required for fellow education in reproductive endocrinology and infertility. The Review Committee uses ACGME Case Logs to assess the breadth and depth of a program's procedural training as well as the individual fellow experience. This document provides information about the index categories, the minimum number of cases fellows are required to perform, and properly logging procedural experiences.

The index categories and minimums became effective beginning with the 2025 graduates. The new minimums will not be enforced until 2026 graduate data is available to allow programs time to acclimate.

Program directors are expected to monitor fellows' Case Logs to ensure that they are logging consistently and accurately. A list of reproductive endocrinology and infertility tracked procedures can be found in the Accreditation Data System (ADS) > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates whether a procedure counts toward a minimum subcategory(ies). If a minimum subcategory is listed, credit is also given to the corresponding index category.

Contents (click below to jump to a specific section)

Reproductive Endocrinology and Infertility
Minimum Numbers

Category	Minimum
US – complete gynecological scans	30
US – follicle scans	65
US – early pregnancy scans	15
Total - uterine cavity and tubal evaluations*	40
Intrauterine inseminations	35
Oocyte retrievals	80
Total embryo transfers	50
Embryo transfers – live	10
Operative hysteroscopies	15
Laparoscopies (diagnostic and operative)	15
Myomectomies (laparoscopic and laparotomy)**	5

* Includes saline infusion sonohysterography (SIS), hysterosalpingography (HSG), and diagnostic hysteroscopies

** Includes Assistant

Notes

- Minimum numbers represent what the Review Committee believes to be an acceptable minimal experience. Minimum numbers are not a final target number and achievement does not signify competence. Program directors must ensure that fellows continue to report their procedures in the Case Log System after minimums are achieved.
- Procedures given credit in an index subcategory are also given credit in the corresponding index category. For example, embryo transfers – live are mapped to two minimum categories: total embryo transfers and embryo transfers – live.

Surgeon, Assistant, and Teaching Assistant Roles

Surgeon

To be recorded as **Surgeon**, a fellow must perform at least 50 percent of the procedure, including a significant number of key portions. Two fellows may enter Surgeon for a bilateral procedure provided that they each complete one side, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure.

Assistant

To be recorded as **Assistant**, a fellow must perform less than 50 percent of the procedure and/or not perform the key portions of the procedure.

Teaching Assistant

To be recorded as **Teaching Assistant**, a fellow directs and oversees major portions of the procedure being performed by a more junior fellow or a resident. The attending surgeon must function as an Assistant or Observer.

Questions

When are the reproductive endocrinology and infertility procedural minimums effective?
The minimums are effective with the 2025 graduate cohort, i.e., fellows who complete the fellowship on June 30, 2025, or soon thereafter. The new minimum procedural requirements will not be enforced until 2026 graduate data is available to allow programs time to acclimate.

How were the minimums determined?
Identification of minimums is a data-driven exercise based on graduate Case Log data. A subcommittee including members from the Review Committee for Obstetrics and Gynecology reviewed all available graduate Case Log data from reproductive endocrinology and infertility programs. Discussion of the minimum for each category/subcategory started with the tenth percentile of graduate experience representing a **minimum** threshold. This baseline is consistent with other (sub)specialties. To arrive at a final minimum number, subcommittee members reviewed the data in all programs and considered their knowledge and experience as subject matter experts.

When will programs start to be cited for not meeting the required procedural minimums?
The committee recognizes that it may take time for programs to acclimate to the new required minimums. Citations related to meeting the required procedural minimums will not be issued at least through the 2026 graduates.

Is it possible that the minimums may change in the near future?
There are no plans to update the minimum procedural requirements for at least a few years. Case Log data will be regularly reviewed. The committee may consider revising the minimums once additional years of graduate Case Log data are available.

How do fellows get an ID and password to access the Case Log System?
Fellows will have an ID and password assigned and emailed to them when their information is first entered into the Accreditation Data System (ADS) by the program director or coordinator. Fellows will be required to change their passwords the first time they log into the system.

Do fellows need to enter a Case ID?
Case ID is optional.

Can fellows include more than one case in a Case Log entry?
Fellows can "batch enter" the cases they perform by choosing the appropriate role and CPT code and then entering the total number of procedures over a given period of time. The maximum number for one entry is 50. Fellows must enter a case date. It is recommended that the date of the most recent case be entered to facilitate tracking entries.

Which ultrasounds need to be logged?
Fellows are required to log complete gynecological scans, follicle scans, and early pregnancy scans.

Which CPT code should be used for a complete gynecological scan?
Fellows can use either CPT code 76830 or 76856.

Which CPT code should be used for a follicle scan?
Use CPT code 76857.

Do fellows need to log diagnostic hysteroscopies?
No. Only operative hysteroscopies need to be logged in the specific category of hysteroscopies. However, fellows may log diagnostic hysteroscopies as part of the uterine cavity evaluation.

Are there CPT codes that are tracked in the Case Log System but not mapped to a minimum?
Yes. Programs can find a list of tracked procedures in ADS > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates whether a procedure counts toward a minimum subcategory/category.

If a resident and a fellow participate in a procedure, can both choose the Surgeon role?
A resident and fellow may each enter Surgeon for bilateral procedures provided that each completes one side, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure. **Note:** It is preferable for a fellow to serve as Teaching Assistant on resident-level procedures with the resident serving as Surgeon, and the attending surgeon functioning as Assistant or Observer.

A resident and fellow may also both log the Surgeon role for different aspects of a case, with the resident serving as Surgeon on resident-level procedure(s) and the fellow serving as Surgeon on the fellow-level procedure(s).

Can two residents log Surgeon and one fellow log Teaching Assistant for a single procedure?
This is acceptable only for bilateral procedures provided that each resident completes one side, is involved in 50 percent of the procedure, and equally participates in key portions of the procedure; the fellow directs and oversees the procedure; and the attending surgeon functions as Assistant or Observer.

Is it possible for a fellow to determine if a CPT code is mapped to a minimum category when entering a procedure in the Case Log System?
Yes. In the Case Log System, minimum (sub)categories are listed under the CPT Code description to the right of "Min Cat."

If "Min Cat" is not included under the CPT code description, the CPT code is not mapped to a minimum (sub)category.

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