MIGS 26

55TH GLOBAL CONGRESS ON MIGS

BOSTON, MASSACHUSETTS
NOVEMBER 13-16, 2026

Syllabus

PG-26285

From Resident to CBG Surgeon: What You Need to Know

HONORARY CHAIR
Charles H. Koh, MD

SCIENTIFIC PROGRAM CHAIR
Nash S. Moawad, MD

PRESIDENT
Michael Hibner, MD, PhD



Table of Contents

Course Program: Course Description, Learning Objectives, Course Outline 3

Financial Disclosures 4

Didactic Overview
L. Bar-El and G. Whitmore..... 5

Interactive Panel Discussion
All Faculty..... -

Faculty Led Small Group Mentoring Workshops
All Faculty..... -

Cultural and Linguistic Competency & Implicit Bias 11

PG-26285: From Resident to CBG Surgeon: What You Need to Know

Chair: Liron Bar-El
Co-Chair: Gabrielle T. Whitmore
Faculty: Annie Apple, Liron Bar-El, Ogechukwu Ezike, Christine E. Foley, Raanan Meyer, Gretchen Makai, Gabrielle T. Whitmore

Course Description

Choosing a career pathway in Complex Benign Gynecology (CBG) and navigating the training and professional development opportunities can be challenging, particularly for physicians and trainees without access to CBG-trained mentors at their institution. Limited exposure to the day-to-day practice of CBG, along with variability across fellowship programs and practice models, often creates uncertainty regarding training pathways and career opportunities.

This interactive town hall is designed to provide physicians, residents, medical students, and interested participants with a practical understanding of the field, the value of AAGL fellowship training, and the diverse career opportunities available in CBG. Through didactic presentations, panel discussions, and small-group mentoring, participants will gain insight into fellowship training, career development, professional development and the application process. The course will also provide individualized guidance on career and professional development, strengthening fellowship applications, evaluating programs, and maximizing educational and networking opportunities at the AAGL Annual Global Congress.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Compare CBG sub specialization with other career pathways; 2) Describe the clinical, surgical, and academic skills, including surgical education and research, uniquely acquired during CBG fellowship; and 3) Differentiate fellowship programs based on structure, surgical exposure, research opportunities, and career alignment.

Course Outline

2:15 pm	Welcome, Introduction and Course Overview	L. Bar-El and G. Whitmore
2:20 pm	Didactic Overview	L. Bar-El and G. Whitmore
2:50 pm	Interactive Panel Discussion	All faculty
3:35 pm	Faculty-Led Small Group Mentoring Workshops	All faculty
4:05 pm	Discussion Questions & Answers	All faculty
4:15 pm	Adjourn	

ADA Statement: In accordance with the Americans with Disabilities Act (ADA), please contact CMEsupport@aagl.org should you require any special assistance.

Disclosure of Relevant Financial Relationships

As an ACCME-accredited provider, AAGL is responsible for ensuring that accredited education is fair, balanced, free of commercial bias, and supports safe, effective patient care. AAGL maintains control over all aspects of educational planning, content, faculty selection, delivery, and evaluation.

All individuals in a position to control educational content are required to disclose financial relationships with ACCME-defined ineligible companies within the past 24 months. AAGL identifies and mitigates all relevant financial relationships before individuals assume their respective roles. Educational content is also subject to independent peer review by individuals without relevant financial relationships.

Disclosure information and acknowledgment of any commercial support are provided to learners before the activity to promote transparency and maintain the independence and integrity of the education.

Asterisk (*) denotes no financial relationships with ACCME-defined ineligible companies to disclose.

PLANNER DISCLOSURES

The following members of AAGL have been involved in the educational planning and/or review of this course (listed in alphabetical order by last name).

PROFESSIONAL EDUCATION COMMITTEE

Harold Wu, MD* - Chairman
Adrian Balica, MD*
Jamal Mourad, DO – Proctor: Intuitive Surgical
Jude Okohue, MD*
Steven Radtke, MD*
Anna Reinert, MD*
Jean Uy-Kroh, MD*
Linda Bradley, MD, AAGL Medical Director*
Linda Michels, AAGL Executive Director*
Linda Bell, AAGL Admin Support*
Nancy Williams, COO, CME Consultants*

SCIENTIFIC PROGRAM COMMITTEE

Nash Moawad, MD, MS, Chairman – Consultant (ended 12/2024): Medtronic, Womed, Integra Life Sciences
Amani Harris, MD*
Ted Lee, MD – Advisory/Consultant: Johnson & Johnson, Regeneron Pharmaceuticals
Nucelio Lemos, MD, PhD – Speakers Bureau: Pfizer, Inc., Medtronic; Advisory Board: Knight Therapeutics, Vecfer Pharma
Mario Malzoni, MD*
Emad Mikhail, MD – Consultant: Johnson & Johnson
Hannah Palin, MD*
Megan Wasson, DO*
Michael Hibner, MD, PhD*
Jose "Tony" Carugno, MD*
Angela Chaudhari, MD - Consultant: Tag/Dream Medical, Johnson & Johnson; Speakers Bureau: Johnson & Johnson
Linda D. Bradley, MD, Medical Director*
Linda Michels, Executive Director, AAGL*

COURSE CHAIRS DISCLOSURE

Liron Bar-El, MD*
Gabrielle T. Whitmore, MD*

FACULTY DISCLOSURES

The following faculty have agreed to support their presentations and clinical recommendations with the best available evidence from the medical literature (in alphabetical order by last name).

Annie Apple, MD*
Liron Bar-El, MD*
Ogechukwu Ezike, MD*
Christine E. Foley, MD*
Gretchen Makai, MD*
Raanan Meyer, MD*
Gabrielle T. Whitmore, MD*

MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS

All relevant financial relationships have been mitigated.

Drs. Lee, Lemos, Mikhail, and Chaudhari's planning decisions, as part of the Scientific Program Committee (SPC), were peer reviewed by other planners on the SPC who had disclosed no financial relationships with ineligible companies, and found to be fair, balanced, and free of commercial bias. Dr. Moawad's financial relationships ended 12/2024, thus mitigating them. For most of his AAGL Professional Education Committee service, Dr. Mourad had no financial relationships to disclose. He recently disclosed a new relationship as a Proctor for Intuitive Surgical. Since then, he has not participated in activities involving control or influence over accredited educational content; therefore, no additional mitigation was necessary.

From Resident to CBG Surgeon: What You Need to Know

Liron Bar-El, MD
Gabrielle Whitmore, MD

NOVEMBER 13-16, 2026 · BOSTON · #AAGL26

1

Disclosures

We have nothing to disclose

2

Objectives

To provide a practical understanding of the field of Complex Benign Gynecology

To gain insight into application process, fellowship training, and career development

Offer individualized guidance on:
- Strengthening fellowship applications
- Evaluating programs
- Maximizing educational and networking opportunities at AAGL

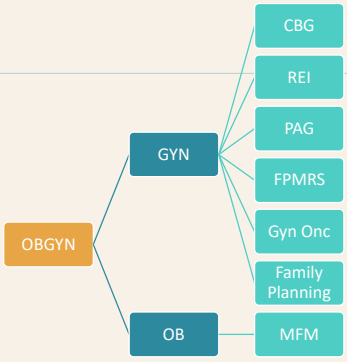
3

Program Overview

- A review of Complex Benign Gynecology
- Interactive Panel Discussion
- Faculty-Led Small-Group Mentoring Workshops
- Closing Discussion and Take-Home Pearls

4

Fellowships



5

WHY?



6

WHY CBG?

- Filling in the gap
- Complex surgeries
- Reducing barriers



7

Surgeries



Hysteroscopy Laparoscopy Robotics VNOTES

8

MORE…

Research	Innovation	Fellowship Education/Leadership	Resident Education/Leadership
Simulation	Hospital leadership	CBGF leadership	AAGL leadership
Editorial board	SIG	Committees	

9

MIGS vs Complex Benign Gynecology?

10

2025 PROGRAM LANDSCAPE

Programs, positions, and match outcomes

Ready to apply?

11

2025 PROGRAM LANDSCAPE

Programs, positions, and match outcomes

42	51	86.3%
PROGRAMS	POSITIONS	MATCH RATE
2025	Available	Strong placement

A compact view of the 2025 training and match landscape

12

What you need?

- Headshot (Take at AAGL!)
- CV
- Letters of reference
  - Three minimum, one from residency program director
- Residency Case log
- Personal statement (4000 characters)
- USMLE or COMLEX transcript



13

What you need?

If not in residency:

Description of current practice

A list of all hospital staff and teaching appointments currently held, including types of privileges.

A copy of your current malpractice insurance policy

Other considerations:

ECFMG Certificate (if applicable)

TOEFL iBT Certificate (if applicable)

14

WHAT MAKES AN APPLICATION STAND OUT?

Commitment to CBG

Publications

15

How to pick a program?

- Structure
- Length
- Surgical exposure
- Do you want: REI, GYO or Urogyn exposure
- Scholarship opportunities
- Office procedures
- Chronic pelvic pain education
- Residents
- OB requirements

16

How to pick a program?

- Structure (Sites, rotations, etc)
- Length (2 vs 3 year's)
- Surgical exposure (robot vs laparoscopy vs VNOTES vs TVH)
- Do you want: REI, GYO or Urogyn exposure
- Scholarship opportunities
- Office procedures
- Chronic pelvic pain education
- Residents
- OB requirements (Call? How long?)

17

Where to Find Program-Specific Information

1 **AAGL Program Listing**: all 2026 programs and NRMP status



Click any program to open its description: faculty, structure, training labs, OB obligation, stipend and benefits, visa sponsorship, research time.
aagl.org/cbgf/program-listing

2 **Program Description PDF**



18

How to apply?

19

Application Dates

- **1 May 2026** — Deadline to Submit Applications
- **4 May** — Programs gain access to applicant data in the CBG Program and Interview Portals
- **22 May** — First Wave of Interview Notifications
- **1 June** — Deadline for Candidates to Accept/Decline Interview Invitation
- **2 June** — Second Wave of Interview Notifications

20

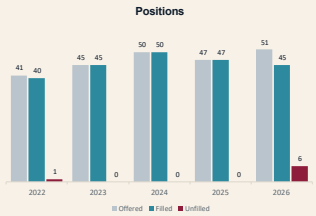
Match process

- **24 June** — Match Opens
- **15 July** — Rank Opens
- **19 Aug** — Quota Deadline
- **9 Sept** — Rank Closes
- **23 Sept** — Match Day

Match is conducted through NRMP

21

NRMP 2026: Positions

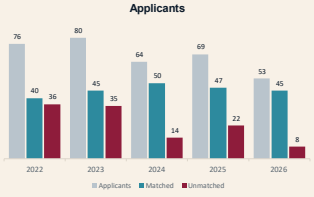


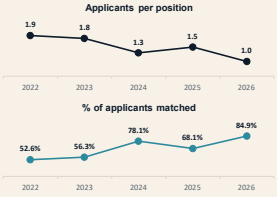
2026: 51 positions offered, the most in five years, and 6 went unfilled for the first time since 2022

Source: NRMP, Results and Data: 2026 Specialties Matching Service (CBG/MIGS, p. 81)

22

NRMP 2026: Applicants and Match Rate





2026: 1.0 applicant per position and 84.9% of applicants matched, the highest match rate in five years

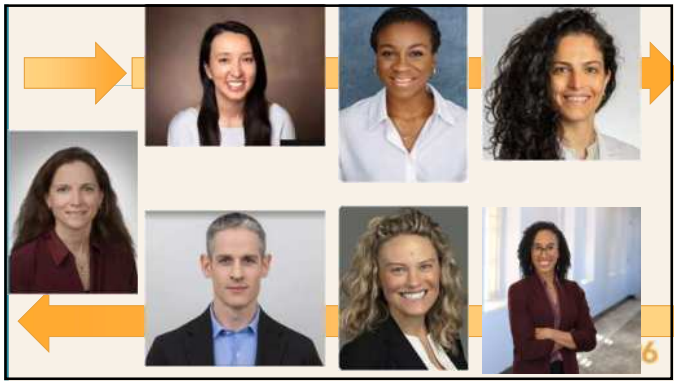
Source: NRMP, Results and Data: 2026 Specialties Matching Service (CBG/MIGS, p. 81)

23

MATCH!!

- Photos of fellowship

24



25

Interactive Panel Discussion

- Guided questions
- Name, location, roles (hats you wear), type of practice, fellowship presence, journey

26

Fellows

- Provide firsthand insights into fellowship training, the application process, and strategies for a successful match
- Application experience
- How you chose which program?
- 2- vs 3-year program
- Day to day (clinic / OR/ research as a fellow)
- Lifestyle

27

Faculty

- Share fellowship experiences, career paths, professional development
- Practice set up: why/how did you choose, private vs academic, patient population, MIGS presence, research, teaching
- Day to day
- Lifestyle, compensation, call
- What do you enjoy?
- Challenges?

28

Program Director Perspective

- Strong characteristics in an applicant
- Do scores matter?
- What matters?
- Who should you ask for letters
- Is research important?
- What can you do to make yourself standout in a good way?

29

Research

- Journal reviewer
- Retrospective research groups
- Videos
- Original research
- Transitional research
- Grants
- Innovation

30

International

- International resident opportunities
- AAGL opportunities abroad (path for new programs)

31

Faculty-Led Small-Groups (30 minutes)

- Break out into groups
  - 1-2 faculty per table and participants can fill in
- Things to discuss:
  - CV review
  - Application strategy
  - Program selection
  - Networking
  - Career planning
  - Maximizing opportunities at the AAGL Annual Global Congress

32

Summary

What did you learn here today?

Last minute questions?

Don't forget to take our survey!

33



34

CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS

The California Medical Association (CMA) outlines standards for Cultural Linguistic Competency and Implicit Bias in CME. The goal of the standards is to support the role of accredited CME in advancing diversity, health equity, and inclusion in healthcare. These standards are relevant to ACCME-accredited, CMA-accredited, and jointly accredited providers located in California. AAGL is ACCME-accredited and headquartered in California.

CMA developed the standards in response to California legislation (Business and Professions (B&P) Code Section 2190.1), which directs CMA to draft a set of standards for the inclusion of cultural and linguistic competency (CLC) and implicit bias (IB) in accredited CME.

The standards are intended to support CME providers in meeting the expectations of the legislation. CME provider organizations physically located in California and accredited by CMA CME or ACCME, as well as jointly accredited providers whose target audience includes physicians, are expected to meet these expectations which began on January 1, 2022. AAGL has been proactively adopting processes that meet and often exceed the required expectations of the legislation.

CMA CME offers a variety of resources and tools to help providers meet the standards and successfully incorporate CLC & IB into their CME activities, including FAQ, definitions, a planning worksheet, and best practices. These resources are available on the CLC and IB standards page on the CMA website.

Important Definitions:

Cultural and Linguistic Competency (CLC) – The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB) – The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity – Having many different forms, types or ideas; showing variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Direct links to AB1195 (CLC), AB241 (IB), and the B&P Code 2190.1:

Bill Text – AB-1195 Continuing education: cultural and linguistic competency.
Bill Text – AB-241 Implicit bias: continuing education: requirements.
Business and Professions (B&P) Code Section 2190.1

CLC & IB Online Resources:

Diversity-Wheel-as-used-at-Johns-Hopkins-University-12.png (850×839) (researchgate.net)
Implicit Bias, Microaggressions, and Stereotypes Resources | NEA
Act, Communicating, Implicit Bias (racialequitytools.org)
https://www.contemporaryobgyn.net/view/overcoming-racism-and-unconscious-bias-in-ob-gyn
https://pubmed.ncbi.nlm.nih.gov/34016820/
https://hr.ucdavis.edu/departments/learning/certificate/implicit-bias
https://pmc.ncbi.nlm.nih.gov/articles/PMC7011228/