

**ACGME Program Requirements for Graduate Medical Education
in Maternal-Fetal Medicine
Summary and Impact of Focused Requirement Revisions**

Requirement #: **I.D.4.a).(2)-I.D.4.a).(2).(b)**

Requirement Revision (significant change only):

I.D.4.a).(2) Minimum number of deliveries:

I.D.4.a).(2).(a) There must be a minimum of 1,500 deliveries per year at the program's primary clinical site for programs with one fellow per PGY level. ^(Core)

I.D.4.a).(2).(b) There should be a minimum of 3,000 deliveries per year at the program's primary clinical site for programs with two or more fellows per PGY level.
_(Core)

1. Describe the Review Committee's rationale for this revision:

The number of deliveries at the primary clinical site serves as a proxy for the number of women with pregnancy complications available for fellow education. Fifteen hundred deliveries is a long-standing threshold. It was used by the American Board of Obstetrics and Gynecology (ABOG) when it was the accreditor for maternal-fetal medicine programs and consequently was adopted by the Review Committee.

At this time, approximately one-third of maternal-fetal medicine programs have more than one fellow per year. In addition, the Committee reviews requests from maternal-fetal medicine programs for complement increases at each meeting. The proposed addition of I.C.4.a).(2).(b) helps ensure larger programs have sufficient patient volume for fellow education. The Committee made it a "should" requirement recognizing that there may be some programs that do not meet this threshold at the primary clinical site but are able to educate more than one fellow per year. These programs can provide a justification to the Committee as to how they can provide an adequate education despite fewer than 3,000 deliveries per year.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The revision will ensure there is sufficient patient volume for fellow education in larger programs.
3. How will the proposed requirement or revision impact continuity of patient care?

N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

Programs that want to have more than a total approved complement of three will need to ensure the primary clinical site has at least 3,000 deliveries annually. As noted above, this is a "should" requirement, which means that a program with fewer than 3,000 deliveries at the primary clinical site can provide a justification for a larger program for consideration by the Committee.

5. How will the proposed revision impact other accredited programs?

N/A

Requirement #: **IV.C.5.-IV.C.5.c)**

Requirement Revision (significant change only):

IV.C.5. The program must ensure the education for each fellow is allocated as follows:

IV.C.5.a) a minimum of ~~42~~18 months of core clinical maternal-fetal medicine, including: ^(Core)

IV.C.5.a).(1) a minimum of three months of ultrasound which may consist of either block time or a longitudinal experience of dedicated assignments over time (e.g., half-day clinics) that total three months; ^(Core)

IV.C.5.a).(2) a minimum of two months of outpatient maternal-fetal medicine which may consist of either block time or a longitudinal experience of dedicated assignments over time (e.g., half-day clinics) that total two months; ^(Core)

IV.C.5.a).(3) a minimum of two months of genetics and genomics which may consist of either block time or a longitudinal experience of dedicated assignments over time (e.g., half-day clinics) that total two months; ^(Core)

IV.C.5.a).(4) a minimum of two months, divided into a minimum of two-week blocks, in a supervisory position of a Labor and Delivery Unit; and, ^(Core)

IV.C.5.a).(4).(a) Night and weekend in-house call shifts throughout the fellowship must not apply towards this time requirement. ^(Core)

IV.C.5.a).(5) a minimum one-month block in an adult medical or surgical ICU as a participant in patient care; ^(Core)

IV.C.5.a).(5).(a) Maternal-fetal medicine or obstetrics and gynecology duties, including night and weekend in-house call, must not be required of fellows during this ICU month. ^(Core)

IV.C.5.b) a minimum of 12 months of protected time for research; and, ^(Core)

IV.C.5.b).(1) Research rotations must be in monthly blocks. ^(Core)

IV.C.5.b).(2) If fellows are assigned to clinical duties during research months, this experience must be limited to four hours per week (averaged over a four-week period). ^(Core)

IV.C.5.b).(2).(a) If clinical activities are in the core specialty, the clinical time must be counted as independent practice as outlined in IV.E.-IV.E.1.a). ^(Core)

IV.C.5.c) up to ~~nine~~six months of elective time, consistent with the program aims and at the discretion of the program director. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed revisions align the Program Requirements with recent changes made by ABOG to the requirements needed to sit for the maternal-fetal medicine qualifying examination.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revisions ensure fellows meet ABOG exam requirements. From an educational and patient care standpoint, the revisions enhance fellow education in genetics and genomics, which is an increasingly important aspect of caring for medically complex pregnant women.

While the number of possible elective months has been decreased from nine to six, it is not expected that this will impact many fellowships as most currently offer only a few elective months.
3. How will the proposed requirement or revision impact continuity of patient care?
Fellows will have a stronger foundation in genetics and genomics. In some circumstances, this will allow fellows to provide this care to their patients rather than referring them to another subspecialist.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Some programs may need to hire faculty members and/or genetic counselors to enhance the genetics and genomics educational experience. Most programs already have the resources in place for this education and if not, have already had to hire faculty members/counselors to meet ABOG requirements.
5. How will the proposed revision impact other accredited programs?
Medical genetics and genomics programs may be impacted due to maternal-fetal medicine fellows spending more time in the genetics and genomics clinics. It is not expected that this will have a detrimental impact on these learners as the fellows will have increased opportunities to teach and learn from each other.

Requirement #: VI.A.2.c).(1).(b)-VI.A.2.c).(1).(b).(1)

Requirement Revision (significant change only):

VI.A.2.c).(1) Direct Supervision:

VI.A.2.c).(1).(a) the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, ^(Core)

VI.A.2.c).(1).(b) the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. ^(Core)

VI.A.2.c).(1).(b).(i)

The use of telecommunication technology for direct supervision must not be used for the management of labor and delivery or with invasive procedures. (Core)

1. Describe the Review Committee's rationale for this revision:
The Committee believes there are some circumstances when direct supervision via telecommunication technology is appropriate.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Fellows may be given the opportunity to care for a more diverse population of patients. Fellows may also gain valuable experience providing care to patients through the use of technology, which will help them successfully integrate telehealth into their practice once they complete the fellowship.

Telehealth has the potential to significantly improve the care of women with complications of pregnancy who live in medically underserved areas. If this becomes more widely available, these women will be able to receive specialized care throughout their pregnancy, which will improve their health and the health of their fetus. Requiring that supervision for management of labor and delivery and invasive procedures occurs in person and not through telecommunication will help ensure patient safety.
3. How will the proposed requirement or revision impact continuity of patient care?
Patients in medically underserved areas may be able to receive specialized care from the same physician throughout their pregnancy.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The proposed requirement will not necessitate additional resources. Supervision via telecommunication technology is an option but not required.
5. How will the proposed revision impact other accredited programs?
N/A