



**Accreditation Council for
Graduate Medical Education**

**ACGME Program Requirements for
Graduate Medical Education
in Maternal-Fetal Medicine
(Subspecialty of Obstetrics and Gynecology)**

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ACGME Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine

Common Program Requirements are in **BOLD**

Introduction

Int.A. Residency and fellowship programs are essential dimensions of the transformation of the medical student to the independent practitioner along the continuum of medical education. They are physically, emotionally, and intellectually demanding, and require longitudinally-concentrated effort on the part of the resident or fellow.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident and fellow physician to assume personal responsibility for the care of individual patients. For the resident and fellow, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents and fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept--graded and progressive responsibility--is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's and fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.B. A maternal-fetal medicine subspecialist is an obstetrician/gynecologist who, by virtue of additional education, cares for and/or provides consultation for women with complications of pregnancy and is expected to: have advanced knowledge of obstetrical, medical, and surgical complications of pregnancy and their effects on the mother and fetus; be skilled in the areas of prenatal ultrasound and prenatal diagnosis; have clinical competence in maternal-fetal medicine and be able to function as a consultant to obstetricians/gynecologists and other physicians for women with complicated pregnancies; have advanced knowledge of newborn adaptation; and have advanced knowledge in the arena of basic, translational, and clinical research in maternal-fetal medicine in order to advance the discipline and remain current in a rapidly changing field.

Int.C. The educational program in maternal-fetal medicine must be 36 months in length.
(Core)*

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites. (Core)*

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

- I.A.1. The Sponsoring Institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in obstetrics and gynecology. (Core)
- I.A.1.a) The program must function as an integral part of an ACGME-accredited residency program in obstetrics and gynecology. (Core)
- I.A.1.b) The program and the residency must complement and enrich one another. (Core)
- I.A.1.c) The goals and objectives and didactic educational opportunities for the fellows and residents in obstetrics and gynecology must be separate and clearly identified. (Core)
- I.A.2. The Sponsoring Institution and the program must ensure that the program director has financial support for at least eight hours per week of protected time to conduct the educational and administrative responsibilities of the program. (Core)
- I.A.3. The Sponsoring Institution and the program should ensure the fellowship has a program coordinator who receives financial support for time spent assisting with administrative aspects of the program. (Detail)
- I.A.4. The Sponsoring Institution and all participating sites must:
 - I.A.4.a) demonstrate that there is a culture of continuous quality improvement in the areas of patient care, patient safety, and education; (Core)
 - I.A.4.b) demonstrate a commitment to quality patient care and safety, education, and scholarship sufficient to support the fellowship; and, (Core)
 - I.A.4.c) share appropriate faculty performance data regarding quality of patient care and safety, education, and scholarship with the program director. (Core)

I.B. Participating Sites

- I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. (Core)**

The PLA should:

- I.B.1.a)** identify the faculty who will assume both educational and supervisory responsibilities for fellows; ^(Detail)
 - I.B.1.b)** specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document; ^(Detail)
 - I.B.1.c)** specify the duration and content of the educational experience; and, ^(Detail)
 - I.B.1.d)** state the policies and procedures that will govern fellow education during the assignment. ^(Detail)
 - I.B.2.** The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). ^(Core)
- II. Program Personnel and Resources**
- II.A. Program Director**
 - II.A.1.** There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMC must approve a change in program director. ^(Core)
 - II.A.1.a)** The program director must submit this change to the ACGME via the ADS. ^(Core)
 - II.A.2.** The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. ^(Detail)
 - II.A.3.** Qualifications of the program director must include:
 - II.A.3.a)** requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; ^(Core)
 - II.A.3.b)** current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or subspecialty qualifications that are acceptable to the Review Committee; ^(Core)
 - II.A.3.c)** current medical licensure and appropriate medical staff appointment; ^(Core)
 - II.A.3.d)** five years of experience as a maternal-fetal medicine physician

- following completion of a maternal-fetal medicine fellowship; ^(Core)
- II.A.3.e) active care of patients in the subspecialty; and, ^(Core)
- II.A.3.f) demonstration of clinical and scholarly expertise in maternal fetal medicine by publication of original research in peer-reviewed journals within the past three years; and at least one of the following within the past three years:
- II.A.3.f).(1) extramural peer-reviewed funding; ^(Detail)
- II.A.3.f).(2) presentation at regional or national scientific or faculty development meetings (primary presenter, co- presenter, co- investigator, or senior author); and, ^(Detail)
- II.A.3.f).(3) participation in national committees or educational organizations. ^(Detail)
- II.A.4. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. ^(Core)**
- The program director must:**
- II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program; ^(Core)**
- II.A.4.a).(1) This must include active involvement in and oversight of the training, educational, research, and scholarly endeavors of each fellow. ^(Core)
- II.A.4.b) approve a local director at each participating site who is accountable for fellow education; ^(Core)**
- II.A.4.c) approve the selection of program faculty as appropriate; ^(Core)**
- II.A.4.d) evaluate program faculty; ^(Core)**
- II.A.4.e) approve the continued participation of program faculty based on evaluation; ^(Core)**
- II.A.4.f) monitor fellow supervision at all participating sites; ^(Core)**
- II.A.4.g) prepare and submit all information required and requested by the ACGME; ^(Core)**
- II.A.4.g).(1) **This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. ^(Core)**

- II.A.4.h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution; ^(Detail)**
- II.A.4.i) provide verification of fellowship education for all fellows, including those who leave the program prior to completion; ^(Detail)**
- II.A.4.j) implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment, including moonlighting, ^(Core)**
- and, to that end, must:**
- II.A.4.j).(1) distribute these policies and procedures to the fellows and faculty; ^(Detail)**
- II.A.4.j).(2) monitor fellow duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements; ^(Core)**
- II.A.4.j).(3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and, ^(Detail)**
- II.A.4.j).(4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. ^(Detail)**
- II.A.4.k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged; ^(Detail)**
- II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of fellows, disciplinary action, and supervision of fellows; ^(Detail)**
- II.A.4.m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures; ^(Detail)**
- II.A.4.n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including: ^(Core)**
- II.A.4.n).(1) all applications for ACGME accreditation of new programs; ^(Detail)**
- II.A.4.n).(2) changes in fellow complement; ^(Detail)**
- II.A.4.n).(3) major changes in program structure or length of**

- training; ^(Detail)
- II.A.4.n).(4) progress reports requested by the Review Committee; ^(Detail)
- II.A.4.n).(5) requests for increases or any change to fellow duty hours; ^(Detail)
- II.A.4.n).(6) voluntary withdrawals of ACGME-accredited programs; ^(Detail)
- II.A.4.n).(7) requests for appeal of an adverse action; and, ^(Detail)
- II.A.4.n).(8) appeal presentations to a Board of Appeal or the ACGME. ^(Detail)
- II.A.4.o) obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses: ^(Detail)
- II.A.4.o).(1) program citations, and/or, ^(Detail)
- II.A.4.o).(2) request for changes in the program that would have significant impact, including financial, on the program or institution. ^(Detail)

II.B. Faculty

- II.B.1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location. ^(Core)
- The faculty must:
- II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows; and, ^(Core)
- II.B.1.b) administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas. ^(Core)
- II.B.2. The physician faculty must have current certification in the subspecialty by the American Board of Obstetrics and Gynecology, or possess qualifications judged acceptable to the Review Committee. ^(Core)
- II.B.3. The physician faculty must possess current medical licensure and appropriate medical staff appointment. ^(Core)

- II.B.4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)**
- II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)**
- II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)**
- II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:**
- II.B.5.b).(1) peer-reviewed funding; (Detail)**
- II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)**
- II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)**
- II.B.5.b).(4) participation in national committees or educational organizations. (Detail)**
- II.B.5.c) Faculty should encourage and support fellows in scholarly activities. (Core)**
- II.B.5.d) In addition to the program director, there must be at least one core faculty member who is qualified and available to serve as research mentor to the fellows. (Core)**
- II.B.6. In addition to the program director, there must be at least one full-time faculty member who is certified in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or has credentials acceptable to the Review Committee. (Core)**
- II.B.7. In addition to the members of the core faculty, there must be faculty members, in the following specialty areas, who participate in the care of patients and are involved in the education of fellows:**
- II.B.7.a) critical care medicine; (Core)**
- II.B.7.b) genetics; (Core)**
- II.B.7.c) infectious diseases; (Core)**
- II.B.7.d) neonatology; (Core)**
- II.B.7.e) obstetrical anesthesiology; and, (Core)**
- II.B.7.f) perinatal pathology. (Core)**

II.B.7.g) There must be evidence of mutually-complementary active and continuing interaction between these disciplines and fellows. ^(Core)

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. ^(Core)

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements. ^(Core)

II.D.1. Operating rooms and ambulatory care facilities, to include recovery room(s), intensive care unit(s), blood bank(s), diagnostic laboratories, and imaging services, must be available on a regularly scheduled basis and always on an emergency basis. ^(Core)

II.D.2. There must be designated inpatient and outpatient facilities, and support personnel for the care of the mother, fetus, and neonate. ^(Core)

These must include:

II.D.2.a) ultrasound diagnostic imaging and prenatal diagnosis; ^(Core)

II.D.2.b) an adequately equipped labor and delivery unit; ^(Core)

II.D.2.c) antepartum and postpartum inpatient units; ^(Core)

II.D.2.d) Level III or IV nursery with all necessary personnel and support services for the care of the neonate with complications; and, ^(Core)

II.D.2.e) an Intensive Care Unit (ICU) that cares for pregnant women in consultation with maternal-fetal medicine faculty physicians. ^(Core)

II.D.3. Research facilities must be adequate in size, equipment, and personnel to conduct the research training of fellows. ^(Core)

II.D.4. Individual patient medical records must be readily available for patient care, clinical research, and quality improvement projects. ^(Core)

II.D.5. Patient Population

There must be adequate patient volume and diversity to train the approved number of fellows without adversely impacting the education of residents in the obstetrics and gynecology program. ^(Core)

II.D.5.a) There must be a sufficient number and variety of obstetrical

complications, as well as medical and surgical complications of pregnancy, to provide appropriate clinical training to fellows. ^(Core)

II.D.5.b) There should be a minimum of 1500 deliveries per year at the program's participating sites. ^(Detail)

II.D.6. Fellows must have access to consultative services in the major medical and surgical disciplines. ^(Core)

II.E. Medical Information Access

Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available. ^(Detail)

III. Fellow Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. ^(Core)

III.A.1. Eligibility Requirements – Residency Programs

III.A.1.a) **All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.** ^(Core)

III.A.1.b) **A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-accredited program may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.** ^(Core)

III.A.1.c) **A Review Committee may grant the exception to the eligibility requirements specified in Section III.A.2.b) for residency programs that require completion of a prerequisite residency program prior to admission.** ^(Core)

III.A.1.d) Review Committees will grant no other exceptions to these eligibility requirements for residency education. ^(Core)

III.A.2. Eligibility Requirements – Fellowship Programs

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC- accredited residency program located in Canada. ^(Core)

A fellow must have satisfactorily completed an ACGME- or RCPSC- accredited obstetrics and gynecology residency program. ^(Core)

III.A.2.a) Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. ^(Core)

III.A.2.b) Fellow Eligibility Exception

A Review Committee may grant the following exception to the fellowship eligibility requirements:

An ACGME-accredited fellowship program may accept an exceptionally qualified applicant, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: ^(Core)**

III.A.2.b).(1) Assessment by the program director and fellowship selection committee of the applicant’s suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and ^(Core)

III.A.2.b).(2) Review and approval of the applicant’s exceptional qualifications by the GMEC or a subcommittee of the GMEC; and ^(Core)

III.A.2.b).(3) Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and; ^(Core)

III.A.2.b).(4) For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and, ^(Core)

III.A.2.b).(5) Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving

fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program. ^(Core)

III.A.2.b).(5).(a)

If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training. ^(Core)

**** An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.**

III.A.2.c)

The Review Committee for Obstetrics and Gynecology does not allow exceptions to the Eligibility Requirements for Fellowship Programs in Section III.A.2. ^(Core)

III.B. Number of Fellows

The program's educational resources must be adequate to support the number of fellows appointed to the program. ^(Core)

III.B.1.

The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. ^(Core)

III.B.2.

There should be a minimum of two fellows in the program at all times. ^(Detail)

III.C. Fellow Transfers

III.C.1.

Before accepting a fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring fellow. ^(Detail)

III.C.2. A program director must provide timely verification of fellowship education and summative performance evaluations for fellows who may leave the program prior to completion. (Detail)

III.D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed fellows' education. (Core)

III.D.1. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines. (Detail)

III.D.2. Prior to the appointment of maternal fetal medicine fellowship-level learners to non-ACGME-accredited programs in the department, a written statement outlining the areas of education, clinical responsibilities, and duration of the appointment of each non-ACGME learner must be provided to the Review Committee. (Core)

III.D.2.a) The program director must monitor the impact of such learners on the experience of ACGME-approved fellows. (Core)

III.D.2.b) The appointment of learners in a non-ACGME-accredited programs must not detract from the educational experience of the maternal-fetal medicine fellows in the ACGME-accredited program. (Core)

IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must make available to fellows and faculty; (Core)

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty at least annually, in either written or electronic form; (Core)

IV.A.3. Regularly scheduled didactic sessions; (Core)

IV.A.3.a) A program must provide regularly scheduled didactic instruction in both basic science and the clinical aspects of maternal-fetal medicine. (Core)

IV.A.3.a).(1) These sessions must be a minimum of four hours averaged over four weeks, directed specifically to the fellows, conducted at a fellowship level, and presented by on-site faculty members a majority of the time. (Core)

- IV.A.3.b) Fellows' schedules and responsibilities should be structured to allow attendance at all of these sessions. ^(Detail)
- IV.A.4. Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and, ^(Core)**
- IV.A.5. ACGME Competencies**
- The program must integrate the following ACGME competencies into the curriculum: ^(Core)**
- IV.A.5.a) Patient Care and Procedural Skills**
- IV.A.5.a).(1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows: ^(Outcome)**
- IV.A.5.a).(2) Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows: ^(Outcome)**
- IV.A.5.a).(2).(a) must demonstrate competence in the management of complicated pregnancies, including:
- IV.A.5.a).(2).(a).(i) the treatment of medical and surgical complications of pregnancy; ^(Outcome)
- IV.A.5.a).(2).(a).(ii) care of pregnant women with medical comorbidities; ^(Outcome)
- IV.A.5.a).(2).(a).(iii) fetal evaluation; ^(Outcome)
- IV.A.5.a).(2).(a).(iv) genetic evaluation of women, families, and fetuses; ^(Outcome)
- IV.A.5.a).(2).(a).(v) ultrasound and prenatal diagnosis; ^(Outcome)
- IV.A.5.a).(2).(a).(vi) critical care of pregnant women; ^(Outcome)
- IV.A.5.a).(2).(a).(vii) interpretation of perinatal pathology; and, ^(Outcome)
- IV.A.5.a).(2).(a).(viii) care for and/or collaboration with other gynecologic specialists surrounding the care of patients requiring cesarean hysterectomy. ^(Outcome)
- IV.A.5.a).(2).(b) must demonstrate competence in performing the

following procedures:

- IV.A.5.a).(2).(b).(i) cervical cerclage; ^(Outcome)
- IV.A.5.a).(2).(b).(ii) antepartum fetal assessment (biophysical profile, non-stress test (NST), etc.); ^(Outcome)
- IV.A.5.a).(2).(b).(iii) amniocentesis at fewer than 24 weeks' gestation; ^(Outcome)
- IV.A.5.a).(2).(b).(iv) targeted maternal and fetal imaging using ultrasonography; ^(Outcome)
- IV.A.5.a).(2).(b).(v) external cephalic version; ^(Outcome)
- IV.A.5.a).(2).(b).(vi) intrapartum management of multiple gestations, including internal version of the second twin; ^(Outcome)
- IV.A.5.a).(2).(b).(vii) non-vertex vaginal delivery; and, ^(Outcome)
- IV.A.5.a).(2).(b).(viii) operative vaginal delivery. ^(Outcome)
- IV.A.5.a).(2).(c) must demonstrate competence in genetics, genomics and teratology, including:
 - IV.A.5.a).(2).(c).(i) obtaining and interpreting pedigrees; ^(Outcome)
 - IV.A.5.a).(2).(c).(ii) providing genetic counseling to women and families; ^(Outcome)
 - IV.A.5.a).(2).(c).(iii) discussing the risks and benefits of different strategies for prenatal screening and invasive prenatal diagnosis; and, ^(Outcome)
 - IV.A.5.a).(2).(c).(iv) providing a differential diagnosis, management options, and prognosis for a fetus with abnormalities detected on ultrasound or with abnormal genetic testing. ^(Outcome)
- IV.A.5.a).(2).(d) must demonstrate competence in obstetrical critical care, which must include training in the management of acute peripartum medical and surgical complications; and, ^(Outcome)
- IV.A.5.a).(2).(e) must demonstrate competence in infectious diseases as it relates to pregnancy and the puerperium, which must include the effects of maternal infection on the fetus and newborn. ^(Outcome)

IV.A.5.b)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows: ^(Outcome)

must demonstrate knowledge of:

- IV.A.5.b).(1) the indications, techniques, complications, and follow-up of the following procedures:
 - IV.A.5.b).(1).(a) cesarean hysterectomy; ^(Outcome)
 - IV.A.5.b).(1).(b) cervical cerclage; ^(Outcome)
 - IV.A.5.b).(1).(c) antepartum fetal assessment (biophysical profile, NST, etc.); ^(Outcome)
 - IV.A.5.b).(1).(d) targeted maternal and fetal imaging using ultrasonography; ^(Outcome)
 - IV.A.5.b).(1).(e) pregnancy termination; ^(Outcome)
 - IV.A.5.b).(1).(f) invasive fetal diagnostic and therapeutic procedures, including amniocentesis at fewer than 24 weeks gestation; chorionic villus sampling; umbilical cord blood sampling; fetal transfusion; and fetal shunt placement; ^(Outcome)
 - IV.A.5.b).(1).(g) external cephalic version; ^(Outcome)
 - IV.A.5.b).(1).(h) intrapartum management of multiple gestations – internal version of second twin; ^(Outcome)
 - IV.A.5.b).(1).(i) non-vertex vaginal delivery; and, ^(Outcome)
 - IV.A.5.b).(1).(j) operative vaginal delivery. ^(Outcome)
- IV.A.5.b).(2) the physiology and pathophysiology of diseases occurring in pregnancy; ^(Outcome)
- IV.A.5.b).(3) both normal and abnormal newborn physiology; ^(Outcome)
- IV.A.5.b).(4) genetics (including prenatal screening and diagnosis), genomics, teratology, and dysmorphology; ^(Outcome)
- IV.A.5.b).(5) obstetrical critical care, including the management of acute peripartum medical and surgical complications; and, ^(Outcome)

IV.A.5.b).(6) infectious diseases as they relate to pregnancy and the puerperium, including the effects of maternal infection on the fetus and newborn. (Outcome)

IV.A.5.c) Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
(Outcome)

Fellows are expected to develop skills and habits to be able to meet the following goals:

IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise; (Outcome)

IV.A.5.c).(2) set learning and improvement goals; (Outcome)

IV.A.5.c).(3) identify and perform appropriate learning activities;
(Outcome)

IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (Outcome)

IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice; (Outcome)

IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; (Outcome)

IV.A.5.c).(7) use information technology to optimize learning;
(Outcome)

IV.A.5.c).(8) participate in the education of patients, families, students, residents and other health professionals; and, (Outcome)

IV.A.5.c).(9) participate in multidisciplinary inter-professional conferences devoted to care of the at-risk mother, fetus, and newborn. (Outcome)

IV.A.5.d) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health

professionals. (Outcome)

Fellows are expected to:

- IV.A.5.d).(1)** communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (Outcome)
- IV.A.5.d).(2)** communicate effectively with physicians, other health professionals, and health related agencies; (Outcome)
- IV.A.5.d).(3)** work effectively as a member or leader of a health care team or other professional group; (Outcome)
- IV.A.5.d).(4)** act in a consultative role to other physicians and health professionals; and, (Outcome)
- IV.A.5.d).(5)** maintain comprehensive, timely, and legible medical records, if applicable. (Outcome)

IV.A.5.e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Outcome)

Fellows are expected to demonstrate:

- IV.A.5.e).(1)** compassion, integrity, and respect for others; (Outcome)
- IV.A.5.e).(2)** responsiveness to patient needs that supersedes self-interest; (Outcome)
- IV.A.5.e).(3)** respect for patient privacy and autonomy; (Outcome)
- IV.A.5.e).(4)** accountability to patients, society and the profession; and, (Outcome)
- IV.A.5.e).(5)** sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (Outcome)

IV.A.5.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Outcome)

Fellows are expected to:

- IV.A.5.f).(1)** **work effectively in various health care delivery settings and systems relevant to their clinical specialty;** ^(Outcome)
- IV.A.5.f).(2)** **coordinate patient care within the health care system relevant to their clinical specialty;** ^(Outcome)
- IV.A.5.f).(3)** **incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;** ^(Outcome)
- IV.A.5.f).(4)** **advocate for quality patient care and optimal patient care systems;** ^(Outcome)
- IV.A.5.f).(5)** **work in inter-professional teams to enhance patient safety and improve patient care quality; and,** ^(Outcome)
- IV.A.5.f).(6)** **participate in identifying system errors and implementing potential systems solutions.** ^(Outcome)

IV.A.6. Curriculum Organization and Fellow Experiences

IV.A.6.a) Maternal-Fetal Medicine Clinical Rotations

The program must ensure the training for each fellow is allocated as follows:

- IV.A.6.a).(1)** a minimum of 12 months of core clinical maternal-fetal medicine, including: ^(Core)
- IV.A.6.a).(1).(a)** a minimum of three months of ultrasound which may consist of either block time or a continuity experience distributed throughout the months of clinical training; and, ^(Core)
- IV.A.6.a).(1).(b)** a minimum of two months of outpatient maternal-fetal medicine which may consist of either block time or a continuity experience distributed throughout the months of clinical training. ^(Core)
- IV.A.6.a).(2)** a minimum of two months, divided into a minimum of two-week blocks, in a supervisory position of a Labor and Delivery Unit; ^(Core)
- IV.A.6.a).(2).(a)** Night and weekend on call shifts throughout the fellowship must not apply towards this time requirement. ^(Core)
- IV.A.6.a).(3)** a minimum one month block in an adult medical or surgical

ICU as a participant in patient care; and, ^(Core)

IV.A.6.a).(3).(a) Maternal-fetal medicine or obstetrics and gynecology duties, including night and weekend call, must not occur during this ICU month. ^(Detail)

IV.A.6.a).(4) up to nine months of elective time, consistent with the educational goals and objectives of the program, during clinical training, and at the discretion of the program director. ^(Detail)

IV.A.6.b) Maternal-fetal medicine must be the primary focus of the fellow's clinical practice. On call activities may include the practice of the fellow's primary specialty. ^(Core)

IV.A.6.c) The program must include a minimum of 12 months of protected time for research. ^(Core)

IV.A.6.c).(1) Research rotations must be in a minimum of one-month blocks with no more than four hours of a fellow's time each week (averaged over a four-week period) devoted to clinical activities. Approved call/internal moonlighting is not counted toward these four hours. ^(Core)

IV.B. Fellows' Scholarly Activities

IV.B.1. The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. ^(Core)

IV.B.2. Fellows should participate in scholarly activity. ^(Core)

IV.B.2.a) The goals and objectives of research rotations must be reviewed by a fellow with his/her research mentor. ^(Core)

IV.B.2.b) A fellow's research curriculum must include:

IV.B.2.b).(1) biostatistics, epidemiology, research design, and research methods, including basic science techniques; ^(Core)

IV.B.2.b).(2) opportunities for structured basic, translational, and/or clinical research; ^(Core)

IV.B.2.b).(3) enhancement of the fellow's understanding of the latest scientific techniques and encouragement of interaction with other scientists; ^(Core)

IV.B.2.b).(4) the opportunity for the fellow to present his/her academic contributions to the maternal-fetal medicine community; and, ^(Core)

- IV.B.2.b).(5) preparation of the fellow to obtain research funding and academic positions. ^(Core)
- IV.B.2.c) Scholarly Paper (Thesis)
- The program must ensure that each fellow completes a thesis and defends it during his/her fellowship program. ^(Core)
- IV.B.2.c).(1) A copy of the manuscript and the thesis defense documentation must be available upon request. ^(Core)
- IV.B.2.c).(2) Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following: ^(Core)
- IV.B.2.c).(2).(a) utilization of advanced research methodology and techniques, including research design and quantitative analysis; ^(Core)
- IV.B.2.c).(2).(b) collection and statistical analysis of information obtained from a structured basic, translational, and/or clinical research setting; and, ^(Core)
- IV.B.2.c).(2).(c) synthesis of the scientific literature, hypothesis testing, and description of findings and results. ^(Core)
- IV.B.2.d) Prior to completion of the fellowship, each fellow must have:
- IV.B.2.d).(1) a completed thesis of such quality as to allow him/her admittance to the American Board of Obstetrics and Gynecology or American Osteopathic Association Subspecialty Oral Examination for Maternal-Fetal Medicine; ^(Core)
- IV.B.2.d).(2) completed and submitted a written manuscript to the program director; and, ^(Core)
- IV.B.2.d).(3) defended the thesis to their program director, research mentor, or thesis committee, and other appropriate members of the Division. ^(Core)
- IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities.** ^(Detail)

V. Evaluation

V.A. Fellow Evaluation

V.A.1. The program director must appoint the Clinical Competency Committee. ^(Core)

- V.A.1.a)** At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. ^(Core)
- V.A.1.a).(1)** The program director may appoint additional members of the Clinical Competency Committee.
- V.A.1.a).(1).(a)** These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows in patient care and other health care settings. ^(Core)
- V.A.1.a).(1).(b)** Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee. ^(Core)
- V.A.1.b)** There must be a written description of the responsibilities of the Clinical Competency Committee. ^(Core)
- V.A.1.b).(1)** The Clinical Competency Committee should:
- V.A.1.b).(1).(a)** review all fellow evaluations semi-annually; ^(Core)
- V.A.1.b).(1).(b)** prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and, ^(Core)
- V.A.1.b).(1).(c)** advise the program director regarding fellow progress, including promotion, remediation, and dismissal. ^(Detail)
- V.A.2.** **Formative Evaluation**
- V.A.2.a)** The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. ^(Core)
- V.A.2.b)** The program must:
- V.A.2.b).(1)** provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones; ^(Core)

- V.A.2.b).(2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); ^(Detail)
- V.A.2.b).(3) document progressive fellow performance improvement appropriate to educational level; and, ^(Core)
- V.A.2.b).(4) provide each fellow with documented semiannual evaluation of performance with feedback. ^(Core)
- V.A.2.c) The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy. ^(Detail)
- V.A.3. **Summative Evaluation**
- V.A.3.a) The specialty-specific Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program. ^(Core)
- V.A.3.b) The program director must provide a summative evaluation for each fellow upon completion of the program. ^(Core)
- This evaluation must:
- V.A.3.b).(1) become part of the fellow’s permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; ^(Detail)
- V.A.3.b).(2) document the fellow’s performance during the final period of education; and, ^(Detail)
- V.A.3.b).(3) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision. ^(Detail)
- V.B. **Faculty Evaluation**
- V.B.1. At least annually, the program must evaluate faculty performance as it relates to the educational program. ^(Core)
- V.B.2. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. ^(Detail)
- V.B.3. This evaluation must include at least annual written confidential evaluations by the fellows. ^(Detail)
- V.C. **Program Evaluation and Improvement**

- V.C.1. The program director must appoint the Program Evaluation Committee (PEC). ^(Core)**
- V.C.1.a) The Program Evaluation Committee:**
- V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one fellow; ^(Core)**
- V.C.1.a).(2) must have a written description of its responsibilities; and, ^(Core)**
- V.C.1.a).(3) should participate actively in:**
- V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; ^(Detail)**
- V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; ^(Detail)**
- V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, ^(Detail)**
- V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, fellows, and others, as specified below. ^(Detail)**
- V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. ^(Core)**
- The program must monitor and track each of the following areas:**
- V.C.2.a) fellow performance; ^(Core)**
- V.C.2.a).(1) this must include fellow progress towards thesis completion; ^(Core)**
- V.C.2.b) faculty development; ^(Core)**
- V.C.2.c) graduate performance, including performance of program graduates on the certification examination; ^(Core)**
- V.C.2.c).(1) At least 70 percent of the program's graduates from the preceding five years who took the written certifying examination for maternal-fetal medicine for the first time must have passed. ^(Outcome)**
- V.C.2.c).(2) In those programs with fewer than five graduates in the**

past five years, at least 70 percent of the five most recent graduates must have passed. ^(Outcome)

V.C.2.d) program quality; and, ^(Core)

V.C.2.d).(1) Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and ^(Detail)

V.C.2.d).(2) The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program. ^(Detail)

V.C.2.e) progress on the previous year's action plan(s). ^(Core)

V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. ^(Core)

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. ^(Detail)

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Professionalism, Personal Responsibility, and Patient Safety

VI.A.1. Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. ^(Core)

VI.A.2. The program must be committed to and responsible for promoting patient safety and fellow well-being in a supportive educational environment. ^(Core)

VI.A.3. The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. ^(Core)

VI.A.4. The learning objectives of the program must:

VI.A.4.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and, ^(Core)

VI.A.4.b) not be compromised by excessive reliance on fellows to fulfill non-physician service obligations. ^(Core)

VI.A.5. The program director and institution must ensure a culture of

professionalism that supports patient safety and personal responsibility. (Core)

- VI.A.6.** Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
- VI.A.6.a)** assurance of the safety and welfare of patients entrusted to their care; (Outcome)
 - VI.A.6.b)** provision of patient- and family-centered care; (Outcome)
 - VI.A.6.c)** assurance of their fitness for duty; (Outcome)
 - VI.A.6.d)** management of their time before, during, and after clinical assignments; (Outcome)
 - VI.A.6.e)** recognition of impairment, including illness and fatigue, in themselves and in their peers; (Outcome)
 - VI.A.6.f)** attention to lifelong learning; (Outcome)
 - VI.A.6.g)** the monitoring of their patient care performance improvement indicators; and, (Outcome)
 - VI.A.6.h)** honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. (Outcome)
- VI.A.7.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (Outcome)
- VI.B. Transitions of Care**
- VI.B.1.** Programs must design clinical assignments to minimize the number of transitions in patient care. (Core)
 - VI.B.2.** Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)
 - VI.B.3.** Programs must ensure that fellows are competent in communicating with team members in the hand-over process. (Outcome)
 - VI.B.4.** The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows currently responsible for each patient's care. (Detail)
- VI.C. Alertness Management/Fatigue Mitigation**

- VI.C.1. The program must:**
- VI.C.1.a) educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation; ^(Core)**
 - VI.C.1.b) educate all faculty members and fellows in alertness management and fatigue mitigation processes; and, ^(Core)**
 - VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. ^(Detail)**
- VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties. ^(Core)**
- VI.C.3. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home. ^(Core)**
- VI.D. Supervision of Fellows**
- VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. ^(Core)**
 - VI.D.1.a) This information should be available to fellows, faculty members, and patients. ^(Detail)**
 - VI.D.1.b) Fellows and faculty members should inform patients of their respective roles in each patient's care. ^(Detail)**
 - VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients. ^(Core)**

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care. ^(Detail)
 - VI.D.3. Levels of Supervision**

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: ^(Core)

- VI.D.3.a) **Direct Supervision – the supervising physician is physically present with the fellow and patient.** ^(Core)
- VI.D.3.b) **Indirect Supervision:**
 - VI.D.3.b).(1) **with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.** ^(Core)
 - VI.D.3.b).(2) **with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.** ^(Core)
- VI.D.3.c) **Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.** ^(Core)
- VI.D.4. **The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.** ^(Core)
 - VI.D.4.a) **The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.** ^(Core)
 - VI.D.4.b) **Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.** ^(Detail)
 - VI.D.4.c) **Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.** ^(Detail)
- VI.D.5. **Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.** ^(Core)
 - VI.D.5.a) **Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.** ^(Outcome)

- VI.D.5.a).(1)** In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. ^(Core)
- VI.D.6.** Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility. ^(Detail)
- VI.E. Clinical Responsibilities**
- The clinical responsibilities for each fellow must be based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services. ^(Core)
- VI.F. Teamwork**
- Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. ^(Core)
- VI.G. Fellow Duty Hours**
- VI.G.1. Maximum Hours of Work per Week**
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. ^(Core)
- VI.G.1.a) Duty Hour Exceptions**
- A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. ^(Detail)
- The Review Committee will not consider requests for exceptions to the 80-hour weekly limit. ^(Detail)
- VI.G.1.a).(1)** In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. ^(Detail)
- VI.G.1.a).(2)** Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.
- VI.G.2. Moonlighting**

- VI.G.2.a)** Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. (Core)
- VI.G.2.a).(1) External moonlighting is allowed at the program director's discretion.
- VI.G.2.b)** Time spent by fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)
- VI.G.2.c)** PGY-1 residents are not permitted to moonlight. (Core)
- VI.G.3.** **Mandatory Time Free of Duty**
- Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
- VI.G.4.** **Maximum Duty Period Length**
- VI.G.4.a)** Duty periods of PGY-1 residents must not exceed 16 hours in duration. (Core)
- VI.G.4.b)** Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. (Core)
- VI.G.4.b).(1)** Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (Detail)
- VI.G.4.b).(2)** It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)
- VI.G.4.b).(3)** Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (Core)
- VI.G.4.b).(4)** In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events

transpiring, or humanistic attention to the needs of a patient or family. ^(Detail)

VI.G.4.b).(4).(a) Under those circumstances, the fellow must:

VI.G.4.b).(4).(a).(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and, ^(Detail)

VI.G.4.b).(4).(a).(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. ^(Detail)

VI.G.4.b).(4).(b) The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty. ^(Detail)

VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. ^(Core)

VI.G.5.b) Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. ^(Core)

VI.G.5.c) Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. ^(Outcome)

Maternal-fetal medicine fellows are considered to be in the final years of education.

VI.G.5.c).(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. ^(Detail)

VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. ^(Detail)

VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the fellow has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family. ^(Detail)

VI.G.6. Maximum Frequency of In-House Night Float

Fellows must not be scheduled for more than six consecutive nights of night float. ^(Core)

VI.G.7. Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). ^(Core)

VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. ^(Core)

VI.G.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. ^(Core)

VI.G.8.b) Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”. ^(Detail)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs seeking Osteopathic Recognition for the entire program, or for a track within the program, the Osteopathic Recognition Requirements are also applicable.

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf