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

Requirement #: I.E.2.-I.E.3.b)

Requirement Revision (significant change only):

I.E.2. The program director must monitor the impact of other learners on the experience of the fellows. (Core)

I.E.3. 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)

I.E.3.a) The program director must monitor the impact of such learners on the experience of ACGME-approved fellows. (Core)

I.E.3.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)

1. Describe the Review Committee’s rationale for this revision:
The Committee believes the program director is in the best position to ensure maternal-fetal medicine fellows are not adversely affected by other learners. As such, the Committee determined that the program director should monitor the impact of all learners on fellow education, not just fellows in non-ACGME-accredited programs. The revision reduces programs’ administrative burden by eliminating the need to notify the Committee regarding other learners.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellow education may be improved as program directors are now required to monitor how all other learners impact the fellows.

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?
   N/A

5. How will the proposed revision impact other accredited programs?
The maternal-fetal medicine program director may determine that residents or fellows in another ACGME-accredited program are having a negative impact on the maternal-fetal medicine fellows’ education. Should this occur, both program directors will need to develop and implement a plan to ensure all of the...
Residents/fellows have the experiences needed to achieve competence in their (sub)specialties.

Requirement #: II.A.3.c)

Requirement Revision (significant change only):

[Qualifications of the program director:]

II.A.3.c) must include five years of experience as a maternal-fetal medicine physician following completion of a maternal-fetal medicine fellowship, or qualifications that are acceptable to the Review Committee; (Core)

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

   While five years of experience as a maternal-fetal medicine subspecialist before becoming a program director is preferable, the revision allows the Committee to consider a program director with fewer years of experience. This provides the opportunity for programs to propose a faculty member with less experience if that individual is the best person for the program director role.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   The revision may improve fellow education by giving programs some flexibility in who can serve as the program director.

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?

   N/A

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

   N/A

Requirement #: III.A.1.c)-III.A.1.c).(2)

Requirement Revision (significant change only):

III.A.1.c) Fellow Eligibility Exception

The Review Committee for Obstetrics and Gynecology will allow the following exception to the fellowship eligibility requirements:

III.A.1.c).(1) An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)
### III.A.1.c).(1).(a)  
**evaluation 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.1.c).(1).(b)  
**review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)**

### III.A.1.c).(1).(c)  
**verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)**

### III.A.1.c).(2)  
**Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)**

1. **Describe the Review Committee's rationale for this revision:**  
   The Committee determined that maternal-fetal medicine programs should be able to make an exception to the eligibility requirements for an exceptionally qualified candidate.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**  
   N/A

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?**  
   Maternal-fetal medicine programs that choose to use the eligibility exception option may experience additional expenses associated with exceptionally qualified candidates (e.g., visa fees).

5. **How will the proposed revision impact other accredited programs?**  
   N/A

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**Requirement #: IV.C.1.a)**

**Requirement Revision (significant change only):**

**IV.C.1.a)  Clinical experiences must prioritize continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)**

1. **Describe the Review Committee's rationale for this revision:**  
   The requirement reinforces the fact that high quality fellow education and safe patient care depend on sufficient time with faculty members and patients.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
More time with fellows improves faculty feedback. Ensuring continuity of care experiences will have a positive effect on patient safety and quality of care.

3. How will the proposed requirement or revision impact continuity of patient care?  
   Clinical experiences will be required to incorporate continuity of care.

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?  
   N/A

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

Requirement #: IV.D.3.d).(4)  
Requirement Revision (significant change only):

[Prior to completion of the fellowship, each fellow must have:]


1. Describe the Review Committee’s rationale for this revision:  
   The revision will ensure the program and fellows have written documentation of the thesis defense should it be requested by the ACGME, ABOG, or AOBOG. This additional requirement also brings all of the obstetrics and gynecology fellowships into alignment regarding the requirement for a written assessment of the thesis.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   The revision will improve fellow education by ensuring fellows receive written feedback on their thesis defense.

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?  
   N/A

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

Requirement #: IV.E.1.a)  
Requirement Revision (significant change only):

IV.E.1.a) No more than four hours per week, averaged over a four-week period, may occur on a weekday during regular office hours.  

(Core)
1. Describe the Review Committee’s rationale for this revision:
   The Committee concluded that programs should be given the option of assigning fellows to independent practice. Independent practice is limited to four hours during regular office hours to ensure fellows devote to sufficient time to maternal-fetal medicine-specific education to meet board certification requirements. The Committee has provided specialty-specific Background and Intent in the Program Requirements that includes additional information about independent practice hours and defines what is meant by “office hours.”

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellows may have the opportunity to practice in their primary specialty.

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?
   N/A

5. How will the proposed revision impact other accredited programs?
   At some institutions, fellows practicing in their primary specialty may be permitted to independently supervise residents.