

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

Requirement #: **II.C.2.a)**

Requirement Revision (significant change only):

II.C.2.a) At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:

<u>Number of Approved Fellow Positions</u>	<u>Minimum FTE</u>
<u>6 or fewer</u>	<u>30 percent</u>
<u>7-8</u>	<u>45 percent</u>
<u>9 or more</u>	<u>50 percent</u>

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the full-time equivalent (FTE) support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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 requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for other programs the new requirements represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and level of experience of the coordinator. It is anticipated that some

programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

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

N/A

Requirement #: **IV.C.6.a).(2).(b)-IV.C.6.a).(2).(b).(ii)**

Requirement Revision (significant change only):

I.A.1.a) a minimum of 12 months of ~~protected time~~ for research; and, (Core)

I.A.1.a).(1) The Research rotations experience must be include 12 months of protected time scheduled in monthly blocks.
(Core)

I.A.1.a).(1).(a) If fellows are assigned to clinical duties during protected research months, this experience must be limited to four hours per week during regular office hours (averaged over a four-week period).
(Core)

I.A.1.a).(1).(b) 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)

Specialty-Specific Background and Intent: The required 12 months of protected research time preserves uninterrupted research time during the week. The maximum four hours per week of assigned clinical duties, during regular office hours, are inclusive of all assigned maternal-fetal medicine and independent practice duties.

Regular office hours are defined as Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

The proposed revisions clarify the limit of four hours of clinical duties during research rotations is during regular office hours and ensure standardization across all obstetrics and gynecology subspecialties that require dedicated research blocks. The Specialty-Specific Background and Intent provides the reasoning for the dedicated research requirement and practical information to facilitate compliance.

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

No impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

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?

It is not anticipated additional resources will be necessary.

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

N/A

Requirement #: **IV.D.3.-IV.D.3.e)**

Requirement Revision (significant change only):

IV.D.3. Fellow Scholarly Activity

IV.D.3.a) The appointed faculty research mentor must review with the fellows the research curriculum and scholarly paper (thesis) resources, timeline, and expectations. ^(Core)

IV.D.3.b) The research curriculum must include:

IV.D.3.b).(1) structured delivery of education in ~~grant writing, research design, research methodology, and data analysis, and grant writing;~~ ^(Core)

IV.D.3.b).(2) opportunities for ~~structured~~ basic, translational, and/or clinical research; ~~and,~~ ^(Core)

IV.D.3.b).(3) ~~enhancement of fellows' understanding of the latest scientific techniques and encouragement of interaction with other scientists;~~ ^(Core)

IV.D.3.b).(4) the opportunity for the fellows to present their academic contributions to the maternal-fetal medicine community; ~~and,~~ ^(Core)

IV.C.3.b).(5) ~~preparation of the fellows to obtain research funding and academic positions.~~ ^(Core)

IV.D.3.c) **Scholarly Paper (Thesis)**

~~The program must ensure that each fellow completes a thesis and defends it during the fellowship program.~~ ^(Core)

IV.D.3.c).(1) ~~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.D.3.c).(1).(a)	utilization of appropriate research design, methodology, and analysis; (Core)
IV.D.3.c).(1).(b)	collection and statistical analysis of information obtained from a structured basic, translational, and/or clinical research setting; and, (Core)
IV.D.3.c).(1).(c)	synthesis of the scientific literature, hypothesis testing, and description of findings and results. (Core)
IV.D.3.d)	Prior to completion of the fellowship, each fellow must have <u>complete and defend a scholarly paper (thesis) that meets the certification standards set by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology</u> ; (Core)
IV.D.3.d).(1)	a thesis that meets the certification standards set by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology; (Core)
IV.D.3.d).(2)	completed work on the thesis and submitted a written manuscript to the program director; (Core)
IV.D.3.d).(3)	defended the thesis to the program director and research mentor, and other members of the division at the discretion of the program director; and, (Core)
IV.D.3.d).(4)	a formal written assessment of the thesis defense. (Outcome)
IV.D.3.e)	A copy of the manuscript and the thesis defense documentation must be available upon request. (Core)
1.	Describe the Review Committee's rationale for this revision: The scholarly activity requirements are largely based on the American Board of Obstetrics and Gynecology (ABOG)'s research and thesis requirements. ABOG recently updated its requirements to allow a wider range of acceptable scholarly projects. Revisions to the program requirement are needed to ensure consistency. The Committee also simplified the requirements to improve readability and ease-of-use. The proposed revisions ensure consistency with ABOG and the American Osteopathic Board of Obstetrics and Gynecology scholarly project requirements, focus on the key elements of a strong research curriculum, and standardize and simplify the language across the obstetrics and gynecology subspecialty requirements.
2.	How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed revisions will improve fellow education by ensuring consistency between the program requirements and board requirements for the required scholarly project.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
It is not anticipated additional resources will be necessary.
5. How will the proposed revision impact other accredited programs?
N/A

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

Requirement Revision (significant change only):

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 and must comply with VI.A.2.b).(2). (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed revision aligns the requirement with language used in other obstetrics and gynecology subspecialty requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revision will improve patient safety by helping to ensure programs' use of telecommunication for direct supervision is consistent with the definition of when the physical presence of a supervising physician is required.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
It is not anticipated additional resources will be necessary.
5. How will the proposed revision impact other accredited programs?
N/A