Basic Standards for
Fellowship Training in
Maternal Fetal Medicine

American Osteopathic Association
and
American College of Osteopathic Obstetricians & Gynecologists

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ARTICLE I - INTRODUCTION
These are the basic standards for fellowship training in maternal fetal medicine as approved by the American Osteopathic Association and developed by the American College of Osteopathic Obstetricians and Gynecologists. These standards are designed to provide the osteopathic fellow with advanced and concentrated training in maternal fetal medicine and to prepare the fellow for examination for certification in maternal fetal medicine by the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

ARTICLE II –MISSION
The mission of the osteopathic Maternal Fetal Medicine fellowship program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic specialists in Maternal Fetal Medicine.

ARTICLE III –EDUCATIONAL PROGRAM GOALS
The fellowship program is required to provide a curriculum that promotes and assesses competencies in the following seven areas in the discipline of Maternal Fetal Medicine.

1. **Osteopathic Philosophy and Osteopathic Manipulative Treatment**
   Fellows are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) in the discipline of maternal fetal medicine. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. **Medical Knowledge**
   Fellows must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and osteopathic principles and practice (OPP) in the discipline of maternal fetal medicine, remain current with new developments in medicine, and participate in life-long learning activities, including research.
   a. Demonstrate competency in the understanding and application of clinical medicine to osteopathic patient care.
   b. Know and apply the foundations of clinical and behavioral medicine in the discipline of maternal fetal medicine with application of osteopathic correlations.

3. **Osteopathic Patient Care**
   Osteopathic fellows must demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
   a. Gather accurate, essential information for all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, and diagnostic/therapeutic plans and treatments.
   b. Validate competency in the performance of diagnosis, osteopathic and other treatment and procedures in the discipline of maternal fetal medicine.
   c. Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.

4. **Interpersonal and Communication Skills in Osteopathic Medical Practice**
Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

a. Demonstrate effectiveness in developing doctor-patient relationships.
b. Exhibit listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

5. **Professionalism in Osteopathic Medical Practice**
Fellows are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Fellows should be cognizant of their own physical and mental health in order to effectively care for patients.

a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.
b. Adhere to ethical principles in the practice of osteopathic medicine.
c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
d. Demonstrate awareness of one’s mental and physical health.

6. **Osteopathic Medical Practice-Based Learning and Improvement**
Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).
c. Understand research methods, medical informatics, and the application of technology as applied to medicine.

7. **Systems-Based Osteopathic Medical Practice**
Fellows are expected to demonstrate an understanding of health care delivery systems, provide qualitative osteopathic patient care within the system, and practice cost-effective medicine.

a. Understand national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.
b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.

**ARTICLE IV - INSTITUTIONAL REQUIREMENTS**

A. The institution must have an organized division of maternal fetal medicine.

B. The institution must provide exposure to provide volume of major maternal fetal medicine cases of scope and variety to train a minimum of two fellows.

C. The primary institution must have designated impatient and outpatient facilities that include:

1. Ultrasound imaging with fetal diagnostic and therapy facilities
2. Support personnel for care of the mother, fetus and neonate
3. Equipped labor and delivery unit
4. Facilities for antepartum and postpartum hospitalization
5. Intensive care nursery

ARTICLE V - PROGRAM REQUIREMENTS AND CONTENT

A. The fellowship training program in maternal fetal medicine shall be thirty-six (36) months in duration. A minimum of twenty-four (24) months is required for clinical MFM and a minimum of six (6) months is required for research. The remaining six (6) months may be tailored to electives or be focused in a specific clinical or research area at the discretion of the program director.

B. Graduate education programs in MFM should be developed along the following guidelines to ensure a clinical and research experience consistent with the educational objectives of the Guide to Learning in Maternal Fetal Medicine (reprinted in Appendix II).

The curriculum in Maternal Fetal Medicine shall include the following:

1. Didactic training in the endocrinology, physiology and biochemistry of pregnancy.
2. Didactic training in embryology, pharmacology and pathology pertinent to complicated pregnancies.
3. Didactic and clinical training in genetics, prenatal diagnosis and teratology.
5. Didactic and clinical training in surgical and invasive procedures common to the practice of Maternal Fetal Medicine.
6. Osteopathic principles, philosophy and practices shall be integrated into the above training.
7. There shall be a postgraduate course in statistics relative to the gathering, dissemination and interpretation of biomedical information.
8. A second postgraduate course relating to biomedical information and dissemination shall be required (examples: computer science in biomedical data gathering, thesis preparation, health care administration) to enable the fellow to integrate his/her skills into the present day medical health care system. Subspecialty fellows that have already completed a graduate level course in statistics and other such courses may, at the discretion of the program director, and upon approval of PESC during the first year of training, satisfy this requirement by;
   a. Taking additional graduate level courses pertinent to the subspecialty of MFM, or
   b. Using this protected time for the performance of the pertinent research related to the training program, or
   c. Using this protected time for the acquisition of clinical skills pertinent to the subspecialty training program
9. Research projects must be developed either within the department or in collaboration with other academic departments. The portion of each fellow’s education devoted to research must ultimately result in a scientific paper that may be worthy of publication in a peer-reviewed journal. It is expected that fellows will acquire a thorough knowledge and
understanding of the methodologies and analyses used in research protocols that relate to research in their area of study. An in-depth understanding of the statistical analysis of research projects is mandatory.

**ARTICLE VI - PROGRAM DIRECTOR / FACULTY**

A. Qualifications

1. The program director must be certified in maternal fetal medicine by the American Osteopathic Association, through the American Osteopathic Board of Obstetrics and Gynecology.

B. Responsibilities

1. The program shall submit an annual report on each fellow to the director of medical education of the institution and to the American College of Osteopathic Obstetricians and Gynecologists. These reports shall cover the fellow's progress, acceptability as a prospective specialist and other factors pertinent to the continuance of training.

3. The program director shall keep the ACOOG advised at all times of a responsive e-mail address.

4. The program director shall annually retrieve his/her evaluation of the program director and the program faculty summary as performed by the fellows within sixty (60) days of the end of each training year and assure that these evaluations are reviewed annually with the director of medical education.

5. The fellowship program director must provide evidence of strong scholarly activity and productivity by faculty and fellows in clinical and/or laboratory research.

6. In the event of a program director vacancy, another faculty member certified in MFM must assume interim responsibility for oversight of the program. The Osteopathic DME will consult on the completion of all required reports and administrative functions. Status reports of the institution’s efforts to recruit a permanent AOBOG certified program director shall be provided to the PESC every 6 months. Failure to comply with recruitment policy and documented deficiencies in program administration will result in a request to the PTRC for an early inspection.

C. Faculty

1. Consultative services must be available in the areas of medicine, surgery, critical care, and neonatology. The presence of institutional training program in these areas is beneficial, but not required. There also must be evidence of mutually complementary active and continuing interaction between these groups and the program’s fellow.

2. There must be a minimum of two faculty members who are board certified by the AOA/BOS American Osteopathic Board of Obstetrics Gynecology (AOBOG) and/or the American Board of Obstetrics and Gynecology (ABOG) in the subspecialty of maternal fetal medicine.

**ARTICLE VII - FELLOW REQUIREMENTS**

A. Fellows in maternal fetal medicine must:

1. Have satisfactorily completed an AOA approved residency program in obstetrics and gynecology.
2. The fellow shall have applied for the AOBOG general OB/GYN certification exam and shall have taken the written portion of the exam prior to matriculating the fellowship.

B. During the training program the fellow must:
   1. Maintain satisfactory records of work performed and submit these records on a monthly basis to the program director for review and verification. These records shall be filed with the administrator or director of medical education of the institution.
   2. Submit annually, verified by the signature of the program director, a training program report to the ACOOG within thirty (30) days of the end of each training year. The fellow must also complete an annual evaluation of the program director and faculty in a format as required by the ACOOG.
   3. The fellow will conduct investigative work leading to the production of a first authored thesis. The submission of an approved thesis is a requirement for entrance to the oral examination. The subject must be in the field of maternal fetal medicine, and the thesis should be on clinical or basic research and not a review of work by others. The fellow will follow the thesis defense process before graduating from the fellowship as outlined in the appendix.
   4. Attend conferences relating to maternal fetal medicine as assigned by the program director.

C. Fellows shall be permitted to act as consultants under the direct supervision of the program director or other qualified supervisor who may be part of the general program of maternal fetal medicine. Fellows may serve at affiliated sites in maternal fetal medicine at the discretion of the program director.

D. The fellow shall attend meetings including the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists and any additional meetings that the program director may deem appropriate.

ARTICLE VIII – EVALUATION

A. Program Director and Faculty
   1. The program director must submit these reports to the director of medical education at least annually or sooner if the fellow’s progress is unsatisfactory as outlined below.

B. Remediation
   1. The program director will inform the fellow verbally and in writing of unsatisfactory academic or clinical performance.
   2. The fellow will be provided with a written plan to correct the deficiencies.
   3. The fellow will receive a written evaluation following this period.
   4. If after the above period deficiencies still exist, the fellow shall be placed on probation for a period of three to six months.
   5. Following the probationary period, if the performance of the fellow is still judged to be unsatisfactory the fellow shall be dismissed.

C. The fellow shall be required to defend the thesis prior to completion of the program. A model examination form is shown in Appendix.
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A. Data on program director compensation will be collected and benchmarked by the ACOOG every two years. Aggregate data will be reported to osteopathic obstetrics and gynecology programs.

B. The institution should fund faculty development activities in addition to the minimum standard requirements to maintain proficiency and professionalism of all trainers, ultimately benefitting the fellow, program, and institution.

C. The PESC will not review end of year reports which are not submitted, as verified by postmark or electronic system data, within thirty (30) days of completion of training year, until the program pays a delinquency fee to ACOOG per delinquent year of training.

D. Program directors, fellows and faculty will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG, AOA and/or the American College of Obstetricians and Gynecologist if applicable to the individual.

E. If annual evaluation of the program director and faculty is received after the thirty (30) day deadline, reports will not be reviewed by the PESC until a late fee is paid to the ACOOG.

F. Fellow Research and Thesis Defense Summary will be utilized by institutional faculty to evaluate quality of investigative study and submitted to PESC as a condition of program complete status (Form located in ACOOG Postgraduate Training Program Administrative Manual)

G. The most current Educational Curriculum is listed in The Guide to Learning in Maternal-Fetal Medicine, 2007. ABOG: Dallas, TX; 1-61. The Guide is reprinted in Appendix II.

APPENDIX II

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