THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
AND
THE AMERICAN BOARD OF GENETICS

PROGRAM REQUIREMENTS FOR COMBINED
MATERNAL-FETAL MEDICINE FELLOWSHIP /
MEDICAL GENETICS RESIDENCY

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PROGRAM REQUIREMENTS FOR COMBINED MATERNAL-FETAL MEDICINE
FELLOWSHIP / MEDICAL GENETICS RESIDENCY

A. INTRODUCTION
Combined training in Maternal-Fetal Medicine (MFM) and Medical Genetics (MG) should allow the development of physicians who are fully qualified in both disciplines. Physicians completing this training should be competent MFM subspecialists and MG specialists capable of professional activity in either discipline. It is anticipated that many trainees will develop careers focused on genetic diseases in pregnancy. The strengths of the two programs should complement each other to provide the optimal educational experience. The goal is to have the trainee become board certified by both the ABOG and ABMG and participate in maintenance of certification.

The combined program should be considered separate from the MFM fellowship program and the MG residency program. Actions rendered against the combined program will not affect the MFM fellowship or MG residency; however, actions taken against the MFM fellowship or MG residency may affect the combined program.

In addition to these requirements, programs are required to abide by the:

1. ABOG Program Requirements for Fellowship Graduate Medical Education for Maternal-Fetal Medicine
2. ABOG’s Guide to Learning in Maternal-Fetal Medicine
3. ACGME Program Requirements for Graduate Medical Education in Medical Genetics

The Fellowship Department of the ABOG will be the administrator of the combined programs on behalf of the ABOG and ABMG; therefore, the PIF as well as any other correspondence or questions should be emailed to fellowship@abog.org or mailed to the ABOG Fellowship Department. The ABOG Fellowship Department will share the submitted information with the ABMG. All correspondence should be addressed to the ABOG Executive Director and the ABMG Executive Director.

B. ACCREDITATION
1. New Program Application
   To establish a combined program, a Program Information Form (PIF) must be completed and submitted. There is no fee required. The current PIF can be obtained from either the ABOG or ABMG websites. Submission of a PIF to establish a combined program does not have to be delayed until the next accreditation review of the standard MFM program.

   The PIF will be reviewed separately by the ABOG and ABMG for approval. Each Board must approve the PIF before the program will be accredited.

   Once a decision is rendered on the proposed program, one letter will be sent on behalf of both Boards to the director of the combined program, with copies to select individuals. If the proposed program is accredited, cycle length will be linked to the standard MFM cycle.
Approval from the ABOG and the ABMG must be received before any trainees can be accepted into the combined program.

2. Accredited Combined Program Review

Previously accredited combined programs will be reviewed for continuing accreditation by the ABOG, on behalf of the ABOG and ABMG, at the same time the standard MFM program is reviewed. At the designated time, the ABOG will schedule a site visit, and a separate Program Information Form (PIF) for combined programs must be submitted to the ABOG along with the standard MFM PIF.

At the site visit, ABOG representative(s) will interview select MFM and MG faculty, fellows, residents, combined program trainees, and any ancillary faculty as deemed appropriate by the ABOG and ABMG. The list of interviewees is at the discretion of the ABOG and ABMG.

After the site visit, the submitted documents and all subsequent materials will be reviewed, and a status and cycle will be granted. *(Note: Cycle length will be linked to the standard MFM cycle.)*

C. PROGRAM CRITERIA

1. Sponsoring Institution

The ABOG-accredited fellowship program in MFM and the ACGME-accredited residency program in MG must be within the same sponsoring institution or the sponsoring institution must be a participant in an integrated multi-institutional program.

The sponsoring institution must provide:

- An administrative home within the department and institution where the director of combined program primarily functions
- Salaries and benefits for trainees that are arranged in such a way as to minimize difficulties/disparities for trainees, regardless of the rotations taken, to protect trainees from the vagaries of different institutional policies

2. Program Director

Combined programs must have a designated director who will be responsible for all administrative aspects and who can devote substantial time and effort to the combined educational program. This individual may be the director of the MFM fellowship program or the director of the MG residency program.

a. Requirements

The designated director will be considered the Program Director of the combined program, and the other director will be considered the Associate Program Director of the combined program. An ABOG-approved MFM director who is also certified in MG and has an academic appointment in the MG department may be the director of both the standard MFM Program and the combined program. This is the only instance in which an Associate Program Director is not required.
Well-established communication must occur between the Program Director and Associate Program Director in order to assure that the training of the trainee is well coordinated, particularly in those areas where the basic concepts in the specialty and subspecialty overlap.

The Program Director and Associate Program Director must have meetings at least quarterly that involve consultation with faculty from both disciplines as well as MFM fellows and MG residents.

b. Responsibilities

The Program Director and Associate Program Director are responsible for assuring all aspects of the program requirements are met. Together they should:

- Submit the initial application
- Provide notification should any significant changes occur in either of the MFM fellowship or MG residency programs
- Provide notification should any significant changes occur in an individual trainee’s program (e.g., extension of time, intent to transfer, change in rotation schedule, etc.)
- Complete evaluation forms for all trainees as required by the ABOG (MFM) and the ACGME (MG)

c. Loss of a Program Director

If the Program Director is scheduled to depart, the Chair of the Department of Obstetrics and Gynecology or the Chair/Director of the Department of Medical Genetics (depending on which department sponsors the director) must provide notification including the effective date of the vacancy. A program cannot function without a director; therefore, a suitable replacement must be appointed immediately.

d. Appointment of an Interim Program Director

If a permanent replacement is not appointed at the time of a Program Director’s departure, an interim director must be designated. Also, if a director is on extended leave, an interim director must be designated until the permanent director returns. An interim director does not require ABOG/ABMG approval; however, the Chair of the Department of Obstetrics and Gynecology or the Chair/Director of the Department of Medical Genetics (depending on which department sponsors the director) must provide notification of the designee within 30 days of the director’s departure. The notification letter must include:

1) Effective date of the appointment
2) Designee’s ABOG/ABMG ID, mailing address, phone number, and email address

If a permanent director who has qualifications acceptable to the ABOG/ABMG is not appointed by the end of a one-year period, the combined program’s status will become probation. At the end of the second year without an approved permanent director, the combined program’s accreditation will be withdrawn.
e. Appointment of a Permanent Program Director

The Chair of the Department of Obstetrics and Gynecology or the Chair/Director of the Department of Medical Genetics (depending on which department sponsors the director) must nominate a new director for ABOG/ABMG approval. The nomination letter must include:

1) Effective date of the appointment
2) Designee’s ABOG/ABMG ID, mailing address, phone number, and email address
3) MFM/MG certification date and most recent MFM/MG MOC date
4) Current CV

If the appointment is rejected, the nominee can serve as interim director until a permanent replacement is approved by the ABOG/ABMG. This process does not supersede the time limits outlined in Section C.2.d.

3. Trainees
   a. Qualifications

   A trainee entering a combined program must have met the requirements for participation as an MFM fellow and a MG resident.

   b. Complement

   Combined programs are approved for one trainee every other year, for a maximum number of two trainees in a four-year program. This complement is in addition to the standard MFM fellowship program and MG residency program complements.

4. Training Time
   a. Minimum Requirements

   The duration of training is a minimum of 48 months, and rotations must be in a minimum of one-month blocks.

   b. Allocation of Time

   Combined programs must ensure that each trainee entering the program on or after July 1, 2013 is allocated the following:

   1) Medical Genetics
      • 18 months clinical
   2) Maternal-Fetal Medicine
      • 18 months
         o 12 months clinical
         o 2 months supervisor of a Labor and Delivery Unit
            ▪ Minimum block is 2 weeks
            ▪ Night and weekend call performed throughout the fellowship cannot apply towards this time requirement
         o 1 month of Critical Care
            ▪ No MFM or Ob/Gyn duties, including night and weekend call
         o 3 months electives
3) 12 months protected research (counts as 6 months MFM and 6 months MG)

*OB and MFM call may continue through the MG training period but must be discussed and approved by the MG Program Director prior to the beginning of training. The amount of call must be no more than that described by ABOG MFM guidelines. The call schedule must be adapted so that it does not interfere with clinical genetics daytime responsibilities more than two weekdays per month.

c. Rotations

1) Rotations in areas not directly related to Ob/Gyn and MFM must be part of MG training. These areas of training include, but are not limited to, the genetic disorders of children, adolescents, adults (including obstetrics), cancer, metabolic disease and other basic genetic areas, as delineated in the ACGME Program Requirements for Graduate Medical Education in Medical Genetics.

2) Rotations appropriate for credit for both MFM and MG may occur, but no more than six months of rotations within the MG residency may be deemed "shared" with the MFM fellowship. Shared rotations may not occur until after the first six months of the MG residency is completed and must have supervision by instructors from both specialties.

3) Efforts must be made to integrate the trainee with MFM fellows and MG categorical residents at all levels of training.

4) Must be a minimum of two continuous weeks each in clinical biochemical genetics, clinical molecular genetics, and clinical cytogenetics laboratories during MG, as described in the ACGME Program Requirements for Graduate Medical Education in Medical Genetics.

5) Must fulfill the MFM and MG training requirements for continuity clinics. This may include patients in specialty clinics.

6) Clinics for patients seen in the MFM training may continue during MG training.

d. Leave Policy

Leave must be equally distributed between MFM and MG training time.

1) MFM in accordance to the ABOG Program Requirements for Fellowship Graduate Medical Education for Maternal-Fetal Medicine.

2) MG is in accordance to the ACGME Program Requirements for Graduate Medical Education in Medical Genetics.
e. Withdrawal

Combined programs must inform a trainee who leaves before completing the program of the need to request ABOG/ABMG approval to receive credit for previous experience.

D. EDUCATIONAL CURRICULUM

Combined programs must be based on the written curriculums of planned educational experiences of both MFM and MG and not simply a listing of rotations between the two. The written curriculums must be reviewed by faculty and trainees during the appropriate rotations. Avoid unnecessary duplication of educational experiences to provide as many clinical/educational opportunities as possible. All curricular requirements for both MFM and MG must be fulfilled.

1. Didactic Conferences and Lectures

Didactic conferences and lectures are mandatory during both MFM and MG rotations. The didactic material and topics are outlined in the ABOG Program Requirements for Fellowship Graduate Medical Education for Maternal-Fetal Medicine and in the ACGME Program Requirements for Graduate Medical Education in Medical Genetics.

2. Research

Trainees must complete a research project that is pertinent to the fields of MFM and MG. The project must result in a written thesis that:
   a. Is completed before the end of the training;
   b. Meets the requirements in the ABOG’s Bulletin for Subspecialty Certification in Maternal-Fetal Medicine; and
   c. Has been defended before an appropriate committee within the MFM and/or MG department.

(Note: The thesis must be published or accepted for publication by a peer-reviewed journal prior to submission for the MFM oral examination.)

E. EVALUATIONS

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of trainees as well as a method of documenting procedures and providing written evaluations following each rotation. Formal written evaluations must be conducted according to each specialty/subspecialty’s requirements.

1. MFM in accordance to ABOG Program Requirements for Fellowship Graduate Medical Education for Maternal-Fetal Medicine.

2. MG is in accordance to the ACGME Program Requirements for Graduate Medical Education in Medical Genetics.