FELLOWSHIP
TRAINING PROGRAM
ACCREDITATION PROCESS

FELLOWSHIP TRAINING ACCREDITATION PROCESS

The accreditation process aims to assess the fellowship training program of the Department of Obstetrics and Gynecology- Section of Maternal Fetal Medicine of a hospital. The training program course content and implementation, staffing and physical plan are evaluated. Compliance to all the requirements of the Philippine Board of Maternal Fetal Medicine confers the ACCREDITED status on the training hospital for a specific period of time.

The goals of the accreditation process are:

- Ensure that the outcomes based education curriculum prescribed by the Curriculum Committee of the PSMFM is implemented by the training hospital.
- Establish adequate staffing and complete facilities required to accomplish the objectives of the training program.

STEPS IN THE ACCREDITATION PROCESS

The pre-requisites for the fellowship training program in Maternal Fetal Medicine are:

- A DOH licensed Level III hospital
- A PBOG Level II-A accredited residency training program.

  For specialty hospitals, particularly the Perinatal Center of the Philippine Children's Medical Center, a POGS Certificate of Hospital Accreditation for Service is a pre-requisite.

1. APPLICATION

The section of Maternal Fetal Medicine thru its section head must signify its request for accreditation thru a letter of intent addressed to the secretary of the PSMFM BOT. The letter of intent SHOULD be submitted a year prior (on or before December 31) to the year for accreditation. A fellow SHOULD be in the program beginning January 1 of the year for accreditation.

A letter of intent for renewal of accreditation or RE-ACCREDITATION should be submitted at the end (on or before December 31) of the year prior to the last accredited year, to ensure continuity of the accreditation status. A fellow SHOULD be in the program beginning April 1 of the last accredited year.

Upon receipt of the letter of intent, the secretary of the PSMFM will acknowledge the application thru a letter which includes the application form, requirements for accreditation and the accreditation process.

If the submitted documents comply with the requirements, a specific date is set for the hospital to be visited by a PBMFM accreditation team composed of three (3) members.

2. HOSPITAL VISIT

The visit evaluates the implementation of the outcomes based education curriculum, particularly, the learning and assessment tools utilized; the training facilities and equipment; the trainee's patient load, case load, knowledge, ultrasound skills and research output; and the trainers' credentials and performance of duties.

A checklist for evaluation will be used by the accreditors (Appendix A)

The section of Maternal Fetal Medicine should prepare a high-risk pregnancy case for discussion to assess the fellow's theoretical knowledge and critical thinking.

DECISION ON ACCREDITATION OR RE-ACCREDITATION

The accreditation team submits the official accreditation report to the secretary of the PSMFM BOT. This official result shall then be presented by the board secretary to the PSMFM BOT. The training hospital shall be informed of the results in writing.

ALL successful applicants for accreditation will be issued a PARTIAL ACCREDITED status. A mandatory visit on the second year will be done to evaluate the implementation of the program. A FULL ACCREDITATION shall only be given if the pioneer graduate/s passed the certifying examination.

Successful applicants for renewal of accreditation will be issued a RE-ACCREDITED status which shall be in effect for the following years: five (5) consecutive years for the hospitals with training program more than 15 years and four (4) consecutive years for the hospitals with training program less than 15 years unless this is revoked earlier.

DOCUMENTS FOR APPLICATION

The official application form and the requirements for accreditation (Table 1) should be submitted on or before March 31 of the last accredited year. The requirements should be arranged in sequence, printed in letter size paper, properly bound, in four (4) copies.

Only those with complete documents will be evaluated by the PBMFM. Payment of the accreditation or re-accreditation fee is a requirement upon submission.

Table 1: REQUIREMENTS FOR ACCREDITATION

	NEW APPLICATION	RENEWAL OF ACCREDITATION	REVOKED
APPLICATION	Duly accomplished application form (Appendix B)		
	Photocopies of the following certificates: a. Valid PBOG Level II-A accredited residency training program b. Valid POGS CHAS (for DOH licensed specialty hospitals)		
		Photocopy of the latest certificate of PBMFM accreditation for fellowship training	Photocopy of the last certificate of PBMFM accreditation for fellowship training
	Paid accreditation/re-accreditation fee		
TRAINING PROGRAM	Mission, vision, values and objectives of the section of Maternal Fetal Medicine		
	Organizational structure of the department of OB-GYN. Include the POGS membership status of the consultants/faculty.		
	Organizational structure of the section of MFM. Include the POGS membership status and PSMFM membership status of the consultants/faculty. All the section consultants should be of good standing (updated payment of annual membership dues and MAF AND attendance to the annual convention for the last three (3) years. Include the MFM training institution and place of practice Include the CME courses and workshops attended in the last four (4) years		
	Curriculum of the fellowship training program using the OBE curriculum of PSMFM		
	Names of fellows-in-training and their corresponding year level and date of entry. The pre-requisite for application to the training program is the PBOG Part II examination or full diplomate status		
	Names of graduates with their corresponding PSMFM certification status and place of practice Specify if certifying exam was taken (include the year) or not		
	Fellowship training recruitment, promotion, retention and graduation policies		
STATISTICS	Four-year (4 years) summary of statistical reports on: -Total in-patient and out-patient load -High risk pregnancy in-patient and out-patient load and procedures -Maternal and perinatal statistics		

	High risk pregnancy admission should be AT LEAST 20% of the total obstetric admission **NOTE: For new application, a two (2) year census is sufficient**	
		Tabulation of perinatal procedures for both in-patients and out-patients, ultrasound procedures and electronic fetal monitor readings for each fellow for the past four (4) years, according to the required procedures specified by the PBMFM (Appendix B) **NOTE: Should be available for inspection. Not for submission.**
EVALUATION OF FELLOWS		Summary of the grading of the fellow for the past four (4) years using the evaluation tools in the OBE curriculum List of interesting case reports and research papers done by the fellows for the past four (4) years. A copy of the paper should be kept in file.
TRAINING AND TEACHING ACTIVITIES	Tabulated monthly/weekly activities, with a short description for each activity	
	List of research workshops conducted (in-house or outsourced)	
	Community activities (with documentation)	
FACILITIES	Photos and description of the physical plan (Appendix C)	

RESPONSIBILITIES OF THE ACCREDITED HOSPITAL

1. All accredited hospitals should apply one (1) year before the expiration of accreditation to ensure continuity of the accreditation status. The documents for renewal of application should be duly accomplished and submitted on or before the deadline. The checklist (Appendix A) used by the accreditors may be used as a guide to ascertain the completeness of the training program.

2.The PBMFM should be informed in writing, of any changes in the training program not presented or observed during the accreditation visit. It is the responsibility of the trainers to implement the suggestions and recommendations made for the improvement of the training.

3.One hundred percent (100%) percent of the graduates of an accredited hospital should pass the PSMFM certifying examination from the time of the accreditation (this applies to the newly accredited hospitals).

4.Seventy percent (70%) of the graduates of an accredited hospital should pass the PSMFM certifying examination from the time of the last renewal of accreditation.

5.An institutional membership fee of Php 5,000.00 should be settled on or before March 31 of each year.

6.In the event that the OB-GYN residency training program is revoked in the home hospital, the training program shall continue until the end of the accredited period. However, the hospital cannot apply for renewal of accreditation until the residency training program is first reinstated or AT LEAST, a level II-C is granted by the POGS CHAS.

MECHANICS OF THE HOSPITAL VISIT

1. Evaluation of the fellowship training program shall be accomplished by three (3) designated members of the PBMFM at the time set for the accreditation visit. The accreditation visit is scheduled after the submitted documents are evaluated

2. Hospital visits shall be scheduled from June to August. The training hospital shall be notified of the actual date one (1) month prior to the visit. The section head and training officer should be present during the visit. The chief fellow or a senior fellow shall deliver the presentation. The visit will include assessment of knowledge, clinical and ultrasound skills and inspection of the facilities. The logbook of cases and procedures (Appendix B) should be ready for evaluation.

OUTCOME OF THE HOSPITAL VISIT

The outcome of the visit shall be one of the following:

ACCREDITATION

1.*For applicants for accreditation*

A FULL ACCREDITED status will be issued after the first batch of graduates passes the PBMFM certifying examination. It is mandatory that ALL graduates pass the certifying examination within the year of graduation or within one year from graduation. In the event that the 100% passing rate is not met, the PARTIAL ACCREDITED status remains, and the hospital will be visited every year.

2.*For applicants for renewal of accreditation*

The RE-ACCREDITED status shall be in effect for the following years: five (5) consecutive years for the hospitals with training program more than 15 years and four (4) consecutive years for the hospitals with training program less than 15 years unless this is revoked earlier. Accreditation shall become effective at the start of the year following the visit.

RE-VISIT

A re-visit may be recommended by the accreditation team after 3-6 months, if deemed necessary, to evaluate corrections made on minor deficiencies of the training program. The accreditation team for the re-visit consists of the previous accreditation team head, the chair of the PBMFM and the secretary of the BOT. No extension shall be given to fulfill the requirements, if these have not been complied with on the date of visit. A fee will be charged for the re-visit.

SUSPENSION

The training program that failed to comply with the requirements evaluated during the re-visit shall be put on SUSPENSION for 6 months.

The affected fellow in training must extend training to complete the 24 months of an accredited program. Application is not required for re-visit for reinstatement of the accreditation.

If the hospital due for renewal of accreditation has no fellow in training, a voluntary suspension of training shall be requested in writing (addressed to the secretary of the PSMFM BOT) and submitted on or before March 31. Once approved, the suspension shall commence after the last accredited year. The hospital shall be given a maximum of three (3) years to apply for renewal of accreditation.

REVOCATION

The training program shall be revoked for the following reasons:

1. *For hospitals with partial accredited status*

Failure of one hundred percent (100%) percent of the pioneer graduate/s to pass the certifying examination from the time of the first accreditation.

2.*For hospitals with re-accredited status*

Failure of seventy percent (70%) of the graduates to pass the certifying examination from the time of the last renewal of accreditation.

3. *For hospitals on voluntary suspension*

Failure to apply for renewal of accreditation for a maximum of three (3) years from the last accredited year.

Fellowship training in a revoked program IS NOT recognized as accredited during the time of revocation. The fellow in training must extend their training to complete the 24 months of an accredited program. Re-application for accreditation is required after revocation. A PARTIAL ACCREDITED status, effective on the first day of January the following year, shall be issued upon fulfillment of the minimum requirements. A mandatory visit on the second year will be done to evaluate the implementation of the program. A FULL ACCREDITATION

shall only be given if the pioneer graduate/s passed the certifying examination.

APPENDIX A

CHECKLIST FOR THE ACCREDITATION OF THE FELLOWSHIP TRAINING PROGRAM

	CRITERIA	CRITERION MET	
		YES	NO
	Valid PBOG Level II-A accredited residency training program or POGS CHAS (for DOH licensed specialty hospitals)		
STAFFING			
TRAINERS	**NUMBER OF MFM CONSULTANTS**		
	Minimum of four (4) MFM consultants with good - standing membership in POGS and PSMFM		
	For training hospitals with more than 2 fellows, the ratio should be 1 trainer:2 trainees		
	CREDENTIALS		
	The chairperson of the section of MFM must be an active fellow of POGS and PSMFM for at least eight (8) years.		
	-He/She should have an eight (8) year experience as a trainer in the accredited OB-GYN/MFM training institution.		
	The training officer of the section of MFM must be an active fellow of POGS and PSMFM for at least four (4) years.		
	-He/She should have a four (4) year experience as a trainer in the accredited OB-GYN/MFM training institution.		
	All the MFM consultants should have a valid GCP certificate		
	DUTIES IN THE SECTION: The MFM consultant should:		
	Demonstrate above average competency in the subspecialty.		
	Demonstrate dedication to teaching, training, and research.		
	Actively participate in all teaching and learning activities of the section.		
	Encourage the fellow-in-training to work hard to develop the competencies and skills that will enable them to do their tasks efficiently and effectively.		
	Ensure the best performance of the fellows in the Fellows' Forum examination. An annual report of the		

	fellows/hospitals' percentile ranking will be sent to all institutions at the end of the year. It is thus, upon the institution, to monitor their fellow's performance and do appropriate actions. They should pass 70% of the examinations.		
	Behave in a professional and dignified manner at all times and must not engage in activities for personal or monetary gain.		
	Maintain a good working relationship with all members of the training program		
	Attend AT LEAST 70% of the didactic activities including the activities of PSMFM		
	Keep up to date with current and new developments in MFM through self-study and attendance in postgraduate courses, local and/or international.		
	DUTIES IN THE HIGH RISK CLINIC: The MFM consultant should:		
	Be available for referrals for all cases.		
	Have the capability to be physically present for urgent and complicated cases		
	Ensure the smooth flow of work by supervising the consultations, ultrasound procedures and generation of official reports		
TRAINEES	**FELLOWS IN TRAINING MUST:**		
	Be members in good standing of POGS		
	Have a valid GCP certificate		
	EVALUATION OF THE TRAINEE'S KNOWLEDGE AND SKILLS THRU:		
	A case presentation to assess the ability to correlate, communicate, analyze and rationalize his/her own judgement.		
	Performance of the ultrasound procedures intended for the year level. Correlation with the clinical presentation and management should be assessed.		
	PERFORMANCE OF THE GRADUATES		
	Seventy percent (70%) of the graduates of an accredited hospital should pass the certifying examination from the time of the **LAST RENEWAL OF ACCREDITATION.** One hundred percent (100%) percent of the graduates of an accredited hospital should pass the certifying examination from the **TIME OF THE ACCREDITATION.**		
TRAINING PROGRAM			
	PHILOSOPHY, MISSION, VISION AND OBJECTIVES		

	Must be attainable, clear, relevant and consistent with core curriculum		
	STRATEGIES		
	Effective methods of recruitment		
	Selection criteria and process in place and implemented		
	Promotion criteria in place and implemented		
	Graduation requirements completed by the trainees		
	NOTE: Summary of fellows' evaluation must be accomplished quarterly. Evaluation forms should be ready for inspection.		
	CURRICULUM Adherence to the PSMFM Outcome Based Education curriculum		
PATIENT LOAD *** May not be met during the pandemic.**	**NUMBER OF IN-PATIENTS*** 200 patients per fellow per year -Minimum of 2 managed in-patient/duty day/trainee		
	NUMBER OF OUT-PATIENTS* 500 patients per fellow per year -Minimum of 5 out-patient/clinic day/trainee leading to 10/ clinic day/ trainee		
	NOTE: **-No sharing of cases managed per duty day.** **-No sharing of cases managed per OPD day.** -Routine ultrasound cases not included -Service cases at least 10% -Completion of requirements may be done thru a rotation in another hospital. The minimum pre-requisite is a DOH Level III hospital with an accredited OB-GYN residency training program. There should be a common MFM consultant/faculty. -For cases done out of the country, including fetal invasive procedures, validation by the training officer of the home hospital or the chairman of the department of the foreign hospital is required. -No extension should be given to the fellow-in-training to complete the required cases/procedures		
CASE LOAD	**FETAL DISORDERS AND THERAPY** -Minimum of 2 cases per disorder per fellow per year		
	Non-immune hydrops		
	Multifetal gestation		
	DISORDERS AT THE MATERNAL-FETAL INTERFACE -Minimum of 2 cases per disorder per fellow per year		
	Preterm labor		

	Cervical insufficiency		
	Pre-labor rupture of membranes		
	Recurrent pregnancy loss		
	Stillbirth		
	Abnormalities in placentation		
	Fetal growth restriction		
	Fetal overgrowth		
	Pregnancy related hypertension		
	MEDICAL COMPLICATIONS OF PREGNANCY -Minimum of 2 cases per disorder per fellow per year		
	Chronic hypertension		
	Preeclampsia		
	Renal disease		
	Cardiac diseases		
	Liver disease		
	Hepatitis		
	Respiratory diseases		
	Gastrointestinal disease		
	Diabetes		
	Thyroid disease		
	Hematologic disease		
	Connective tissue disease		
	Thromboembolic disease		
	Obesity and metabolic diseases		
	Maternal and fetal infections		
	Critical Care		
	OPTIONAL Malignancies in general Skin disease Neurologic disease Depression and psychosis		
	NOTE: Details in the OBE curriculum modules		
	FETAL CONGENITAL ANOMALIES Minimum of 15 varied anomalies in 24 months		
SKILLS	**BY THE END OF THE FIRST YEAR:**		
	Electronic fetal monitoring: antepartum & intrapartum		
	First trimester ultrasound		
	First trimester screening		
	Anatomical assessment 11-13 6/7 weeks		
	Second and third trimester ultrasound		

	Cervical length screening		
	Biophysical profile scoring		
	Fetal doppler studies (UA, UMA, MCA)		
	NOTE: Evaluation forms should be accomplished AT LEAST quarterly		
	BY THE END OF THE SECOND YEAR:		
	Fetal doppler studies (arterial and venous)		
	Congenital anomaly scan		
	3D/4D ultrasound		
	Evaluation for placenta accreta syndrome		
	Gynecologic ultrasound:		
	-Normal reproductive anatomy		
	-Reproductive endocrinology		
	-Assessment of cervical lesions		
	-Assessment of uterine lesions using MUSA		
	-Assessment of endometrial lesions using IETA		
	-Assessment of ovarian tumors using IOTA		
	-Assessment of endometriosis using IDEA		
	-3D Ultrasound evaluation of the uterus		
	-Saline infusion sonography		
	-Hysterosalpingogram		
	OPTIONAL External cephalic version		
	NOTE: Evaluation forms should be accomplished AT LEAST quarterly		
	INVASIVE PROCEDURES Minimum of 2 procedures (assisted, observed or performed) per year		
	Amnioreduction/Amnioinfusion*		
	Cervical cerclage*		
	OPTIONAL: Fetal thoracentesis, cordocentesis, shunt insertions, vesicocentesis, thoracocentesis, fetal transfusion and laser ablation		
	NOTE: Evaluation forms should be accomplished for each case		
LEARNING AND ASSESSMENT TOOLS	**Required didactic activities:** -Minimum of 3-4 conferences per month		
	MFM section audit- Review of in-patient and out-patient cases and procedures with complete documentation		
	Multidisciplinary conference		
	Quarterly and annual OB-Pediatrics conference		
	PSMFM Fellows' forum		
	PSMFM Annual convention		

	Required evaluation tools (provided in the OBE curriculum): -Should be accomplished quarterly		
	Rating scales for clinical competence, attitude assessment, performance in a conference, surgical skills and ultrasound skills		
	Use of other evaluation tools: -Written examination -Oral examination -Practical examination -OSCE, simulation, Mini-CEX		
	NOTE: Attendance logbook should be ready for inspection		
SCIENTIFIC WORK	All fellows-in-training should have a valid GCP certificate		
	The interesting case report should be submitted and presented at the end of the first year.		
	The research protocol should be finished at the end of the first year		
	Research progress should be monitored with the use of a GANTT chart		
	The research paper should be submitted and presented at the end of the second year.		
	NOTE: The research paper is a REQUIREMENT for graduation.		
RECORD KEEPING	The fellow-in-training should have a logbook of in-patient and out-patient cases and procedures and a compilation of cardiotocogram tracings		
	NOTE: Logbooks should be ready for inspection and evaluation		

*In-patients and out-patients should be referred and with active management by the MFM fellow in training (for private or service patients) under the direct supervision of the MFM consultant.
May include referrals from other specialties and patients of the MFM consultant

NOTE: The hospital may allow foreign trainees to merely observe the management of high risk patients but not to train them unless there will be an endorsement from the Department of Health. A Certificate of observership may be issued upon completion of their rotation.

APPENDIX B

FORMAT OF TABULATION FOR INPATIENT CASES MANAGED

NUMBER DATE ADMITTED DATE DISCHARGED	AGE G/P	ADMITTING IMPRESSION	MANAGEMENT/ PROCEDURE DONE	FINAL DIAGNOSIS	MATERNAL AND FETAL OUTCOME (For delivered patients)
1 MM/DD/YY MM/DD/YY	24 G2P1 (0100)	PU, 28 weeks, cephalic, in preterm labor Consider urinary tract infection	Administration of magnesium sulfate and corticosteroids Tocolysis Biometry Urine C & S	PU, 28 3/7 weeks, cephalic, not in labor; Poor obstetric history for 1 preterm neonatal death Urinary tract infection If applicable, include histopathologic findings in this column	

NOTE: Indicate if the case was seen in the outside rotation

FORMAT OF TABULATION FOR OUTPATIENT CASES MANAGED

NUMBER DATE ADMITTED DATE DISCHARGED	AGE G/P	ADMITTING IMPRESSION	MANAGEMENT/ PROCEDURE DONE	FINAL DIAGNOSIS	MATERNAL AND FETAL OUTCOME (For delivered patients)
1 MM/DD/YY MM/DD/YY	24 G2P1 (0100)	PU, 28 weeks, cephalic, in preterm labor Consider urinary tract infection	Administration of magnesium sulfate and corticosteroids Tocolysis Biometry Urine C & S	PU, 28 3/7 weeks, cephalic, not in labor; Poor obstetric history for 1 preterm neonatal death Urinary tract infection If applicable, include histopathologic findings in this column	

NOTE: Indicate if the case was seen in the outside rotation

FORMAT OF TABULATION FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES

NUMBER DATE ADMITTED DATE DISCHARGED	AGE G/P	ADMITTING IMPRESSION	PROCEDURE DONE	FINAL DIAGNOSIS	MATERNAL AND FETAL OUTCOME (For delivered patients)
1 MM/DD/YY MM/DD/YY	24 G2P1 (0100)	PU, 16 weeks, cephalic, not in labor; poor obstetric history for 1 preterm neonatal death; Cervical insufficiency	Cervical cerclage under spinal anesthesia	PU, 16 2/7 weeks, cephalic, not in labor; poor obstetric history for 1 preterm neonatal death; Cervical insufficiency	

FORMAT OF TABULATION FOR ULTRASOUND PROCEDURES

NUMBER DATE OF ULTRASOUND	AGE G/P	CLINICAL IMPRESSION	PROCEDURE DONE	IMPRESSION
1 MM/DD/YY	39 G3P2 (2002)	Pregnancy uterine, 24 weeks, cephalic not in labor Elderly gravida	Congenital anomaly scan	SLIUP, 25 weeks composite aging, in cephalic presentation, with good somatic and cardiac activities Placenta anterior, grade I, high lying Adequate amniotic fluid volume SEFW (645 g) AGA Cleft lip and palate, bilateral

NOTE: Indicate if the procedure was done in the outside rotation

PLEASE TABULATE ACCORDING TO PROCEDURE.

FORMAT OF TABULATION FOR EFM TRACINGS

NUMBER DATE OF PROCEDURE	AGE G/P	CLINICAL IMPRESSION	PROCEDURE DONE	IMPRESSION
1 MM/DD/YY	19 G1	Pregnancy uterine, 39 weeks, cephalic in labor	Intrapartal trace	Normal tracing BFHR: 130 bpm, moderate variability, (+) accelerations, (-) decelerations Uterine contractions every 3 minutes, moderate intensity, lasting for 60 seconds

NOTE: Use the 2015 FIGO Interpretation guidelines on intrapartum fetal monitoring

APPENDIX C

CHECKLIST FOR THE PHYSICAL PLAN

FACILITIES	CRITERIA	CRITERION MET	
		YES	NO
HIGH RISK UNIT IN THE LABOR AND DELIVERY ROOM	**EQUIPMENT**		
	Maternal intensive care facility with ≥ 2 beds		
	Cardiotocogram- 1 machine:2 patients		
	Cardiac monitor- 1 machine:2 patients		
	Infusion pump- 1 machine:3 patients		
	Ultrasound machine with color doppler capability		
	"E"-cart and access to emergency care		
	OPTIONAL: Obstetric ICU with ≥ 2 beds		
	STAFFING		
	Fellow-in-training- 1 fellow:2 patients		
	Consultant on call		
	Nurse- 1 nurse:3 patients		
	RECORD KEEPING		
	Centralized hospital information system		
	Conventional computerized system		
NEONATAL INTENSIVE CARE UNIT	In-house NICU with ≥ 5 beds		
	In-house access to ALL these services: -Neonatology -Pediatric surgery -Pediatric cardiology -Pediatric neurology		
HIGH RISK CLINIC IN THE OUTPATIENT DEPARTMENT	Dedicated schedule for the high risk clinic		
	Available medical and surgical clinic for patient referrals		
	EQUIPMENT		
	Blood pressure apparatus		
	Glucometer		
	Handheld doppler		
	Access to cardiotocogram and ultrasound machine with color doppler capability		
	RECORD KEEPING		
	Patient's charts filed in the OPD		

ULTRASOUND UNIT	**EQUIPMENT**		
	Ultrasound machine with 3D/4D and color doppler capability		
	"E"-cart and access to emergency care		
	STAFFING		
	Fellow-in-training		
	Consultant on duty		
	RECORD KEEPING		
	Computerized generation of reports		
	Ultrasound images storage system		
ANCILLARY CENTERS	Access to ALL the following (in-house or outside):		
	Fetal 2D echocardiography		
	Magnetic resonance imaging		
	Cytogenetics, molecular genetics and clinical genetics sessions		
LIBRARY	Reliable internet access		
	Access to online medical resources e.g., UpToDate		
	Journal subscription- online or printed		
	REQUIRED TEXTBOOKS		
	Creasy and Resnik's Maternal Fetal Medicine: Principles and Practice		
	Sumpaico and Chua Ultrasound Book		
	Sumpaico and Rivera Doppler Book		
	PSMFM Clinical Practice Guidelines		
	POGS Clinical Practice Guidelines		
	PSMFM CTG Handbook		