



CHECKLIST FOR THE ACCREDITATION OF THE FELLOWSHIP TRAINING PROGRAM

	CRITERIA	CRITERION MET	
		YES	NO
	At least a DOH Level II Hospital Certificate PBOG - accredited residency training program		
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.		
	<ul style="list-style-type: none"> ● 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.		
	<ul style="list-style-type: none"> ● He/She should have a four (4) year experience as a trainer in the accredited OB-GYN/MFM training Institution. 		
	All 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.		



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	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.		
	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 a diplomate or fellow of POGS		
	Be a POGS member in good standing		
	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.		



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	PERFORMANCE OF THE GRADUATES		
	At least fifty percent ($\geq 50\%$) of the graduates of an accredited hospital should pass the certifying examination from the time of the LAST RENEWAL OF 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 or Retention criteria in place and implemented		
	Graduation criteria in place and implemented; 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	NUMBER OF IN-PATIENTS		
	100 patients per fellow per year		
	NUMBER OF OUT-PATIENTS		
	100 patients per fellow per year		
	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 through a rotation in another hospital. The minimum pre-requisite is a DOH Level II hospital with an accredited OB-GYN residency training or MFM fellowship 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		



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CASE LOAD	FETAL DISORDERS AND THERAPY	
	<ul style="list-style-type: none"> Minimum of 2 cases per disorder per fellow per year 	
	Non-immune hydrops	
	Multifetal gestation	
	DISORDERS AT THE MATERNAL-FETAL INTERFACE	
	<ul style="list-style-type: none"> 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	
	<ul style="list-style-type: none"> 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		



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	NOTE: Details in the OBE curriculum modules		
	FETAL CONGENITAL ANOMALIES		
	Minimum of 15 varied anomalies in 24 months		
SKILLS (same patient can be used with different procedures)	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 – follicle monitoring		
	Assessment of cervical lesions		
	Assessment of uterine lesions using MUSA		
	Assessment of endometrial lesions using IETA		
	Assessment of ovarian tumors using IOTA		
	PCO, Endometriosis (ovarian and uterus)		
3D Ultrasound evaluation of the uterus			
Tubo-ovarian / tubal pathology			
Reproductive tract pathology during pregnancy (ovarian new growth or myomas)			
Saline infusion sonography			
Hysterosalpingogram			
	NOTE: Evaluation forms should be accomplished AT LEAST quarterly		
	INVASIVE PROCEDURES		
	Minimum of 3 procedures done: Amniocentesis, Amnioinfusion, Amnioreduction, Fetal therapy,		



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	Cordocentesis or External Cephalic Version		
	Cerclage (2 done 1 assisted)		
	OPTIONAL: Fetal thoracentesis, shunt insertions, vesicocentesis, 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/Perinatology-Pedia/Neonatology 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: <ul style="list-style-type: none"> ● 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.		



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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. Scanned copies are acceptable		
	NOTE: Logbooks should be ready for inspection and evaluation (follow format in Appendix D)		

*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.



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 / EMR		
Conventional record 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 -Medical / Surgical		
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		



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	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		