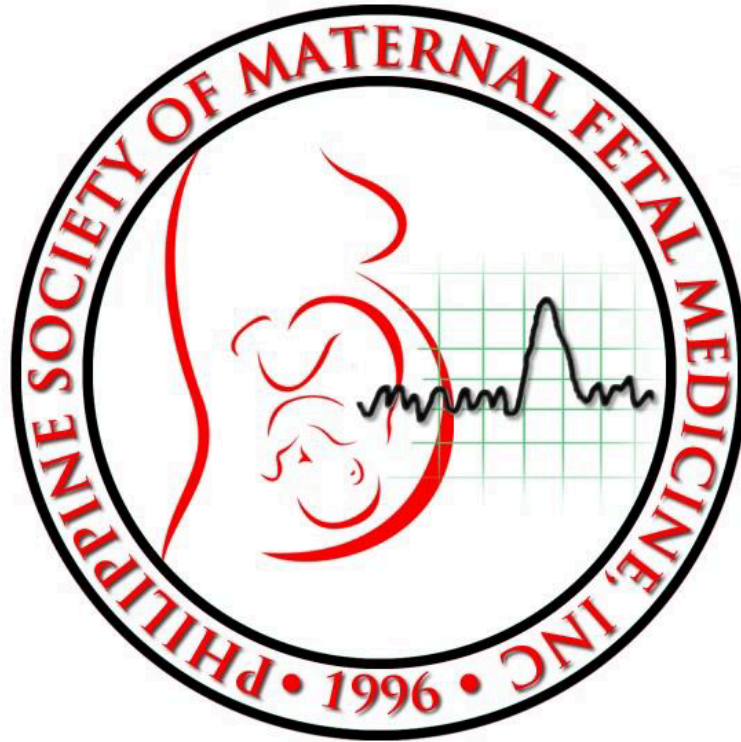




FELLOWSHIP TRAINING PROGRAM ACCREDITATION PROCESS

Revised January 2026

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 outcome-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 II hospital
- A PBOG accredited residency training program.

1. APPLICATION

The Section of Maternal-Fetal Medicine, through its Section Head, must submit a Letter of Intent addressed to the PBMFM Chair through the PBMFM Secretary to signify its request for accreditation, re-accreditation, or lifting of suspension.

For New Training Programs: A letter of Intent should be submitted on or before December 31 of the year preceding the intended accreditation period. A fellow should commence training by January 1 of the year for which accreditation is being sought.

For Previously Accredited Programs: 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.

For Lifting of Suspension Status: A letter of intent should be submitted at the end (on or before December 31) of the year prior to the year lifting of suspension is being sought for.

For Reinstatement of Revoked Programs: A letter of intent for reinstatement of accreditation should be submitted at the end (on or before December 31) of the year prior to the year evaluation for reinstatement is being sought for.

Upon receipt of the letter of intent, the PBMFM Secretary will acknowledge the application through 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 at least three (3) members.

2. HOSPITAL VISIT

The visit aims to evaluate the fellowship training program and its implementation of the Outcome-Based Education (OBE) curriculum in the format prescribed by the Curriculum Committee of the PSMFM. The instructional designs must be year-level specific. Evaluation of the learning and assessment tools utilized, the adequacy of training facilities and equipment, the trainee's patient and case load, knowledge, ultrasound proficiency, and research output, as well as the trainers' credentials and fulfillment of their teaching and supervisory responsibilities will be done.

The Maternal Fetal Medicine Section must be organized with at least four (4) PSMFM board-certified consultants with good-standing membership in the POGS and PSMFM. The Chairperson of the section must be an active fellow of POGS and PSMFM for at least eight (8) years with an 8-year experience as a trainer in an accredited OB-GYN/MFM training institution. The training officer of the section must be an active fellow of POGS and PSMFM for at least four (4) years with a 4-year experience as a trainer in an accredited OB-GYN/MFM training institution. All MFM consultants should have a valid Good Clinical Practice (GCP) certificate.

The consultant-to-fellow ratio should at least be 1:2. Policies for acceptance, promotion, retention, and graduation of trainees should be in place.

A scoring guide for evaluation will be used by the accreditors.

The Section of Maternal Fetal Medicine should prepare a high-risk pregnancy case for presentation and discussion, by the senior fellow-in-training, to assess the fellow's theoretical knowledge and critical thinking skills.

Fees for the hospital visits will be determined by the PBMFM and approved by the PSMFM Board of Trustees.

The results of the visit shall be presented and discussed in an en banc meeting of the PBMFM members. The report will include narrative information detailing the visiting team's observations and recommendations.

DOCUMENTS FOR APPLICATION

The official application form (Appendix A) together with the required documents for accreditation (Table 1) must be submitted on or before March 31 of the year of accreditation for first-time applicants, or March 31 of the last accredited year for re-accreditation, or March 31 of the year of reinstatement for applicants with revoked programs. All requirements must be arranged in the prescribed sequence, printed on letter-size paper, properly bound, and submitted in four (4) complete sets.

Only applications with complete requirements will be evaluated by the PBMFM. The accreditation fee is likewise required upon submission of the application.

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. A check list (Appendix B) is provided in this manual as a guide to ascertain the completeness of the training program.

2. The training institution shall inform the PBMFM in writing of any changes made to the training program in response to the recommendations of the accreditors, particularly those not presented or observed during the accreditation visit. It is the responsibility of the trainers to promptly implement and report these improvements as part of their commitment to program enhancement.
3. The training institution shall ensure that all eligible graduates are registered for and take the PBMFM certifying examination. It shall maintain accurate and up-to-date records of graduates' examination participation and outcomes for purposes of program monitoring, quality improvement, and accreditation. These records shall be made available to PBMFM as required.
4. The required institutional membership fee should be settled on or before March 31 of each year.

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 conducted from May to July. The training hospital shall be informed of the exact schedule at least one (1) month prior to the visit. The Section Head and

Training Officer must be present during the visit. The Training Officer shall present the fellowship training program, while the Senior Fellow shall present the clinical case. The visit shall include an assessment of the fellows' knowledge, clinical and ultrasound skills, as well as an inspection of the training facilities. The logbook of cases and procedures must be available for evaluation. The manner by which the section evaluates its fellows shall also be reviewed; hence, hard copies of relevant evaluation documents should be readily available.

3. The algorithms illustrating the possible outcomes of the hospital visit are hereby presented in Figures 1 to 3.

Figure 1

I. ACCREDITATION ALGORITHM FOR FIRST TIME APPLICANTS FOR FELLOWSHIP TRAINING PROGRAM (FTP)

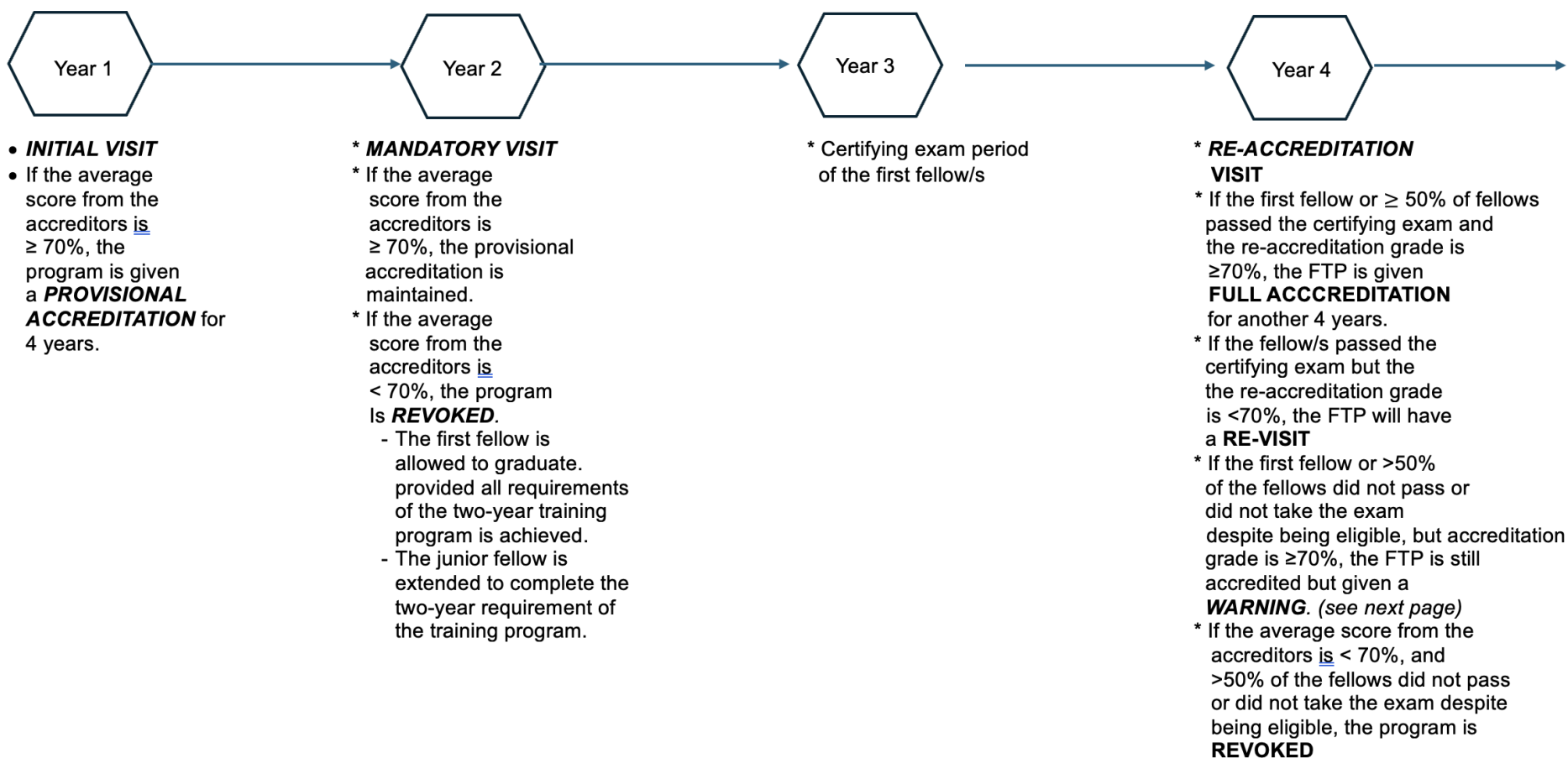
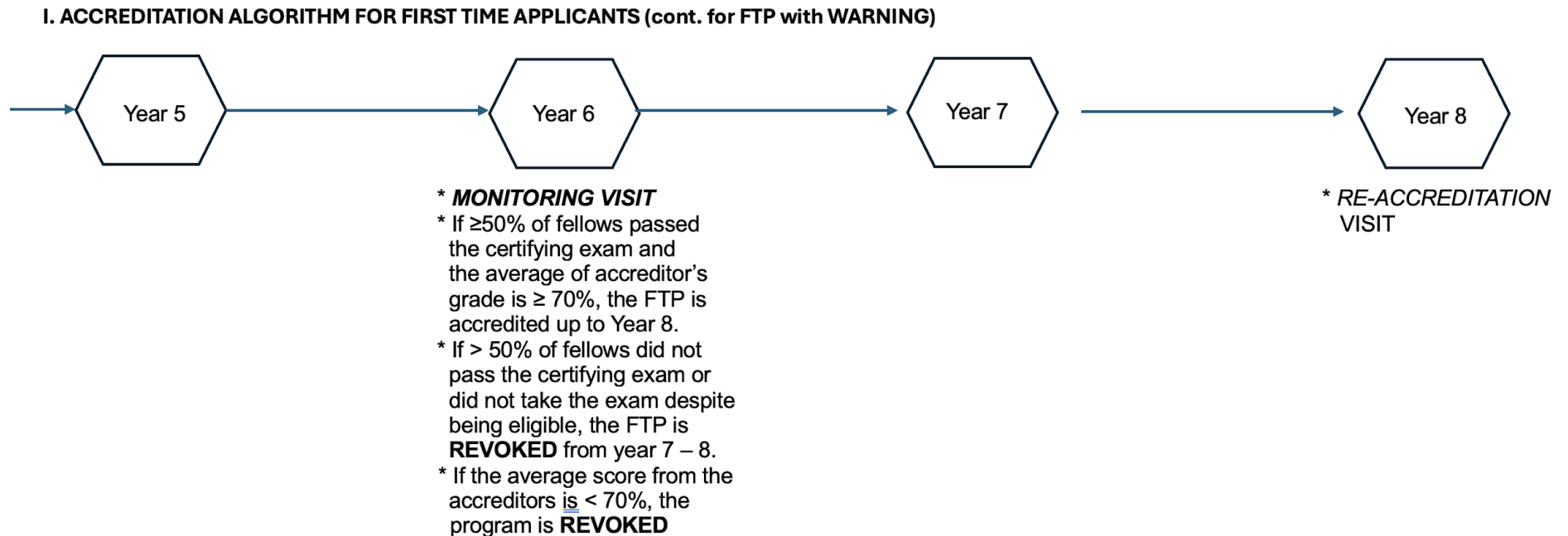


Figure 2



Note:

1. A fellow is eligible to take the exam if they are allowed to graduate from the training program at least three months before the deadline for submission of exam requirements and in the absence of valid reasons such as illness or death in the family that would prevent exam participation.
2. A fellow whose submitted requirements were not approved by the PBMBM is considered ineligible to take the exam.
3. A **WARNING** focuses on the % passing of fellows in the certifying exam.
4. A **RE-VISIT** focuses on program deficiencies.
5. In a revoked program, fellows are allowed to graduate prior to the expiration of accreditation provided the all the requirements of the two-year training program have been completed. All other junior fellows shall be extended to complete the requirements.

Figure 3

II. ACCREDITATION ALGORITHM FOR PREVIOUSLY ACCREDITED FELLOWSHIP TRAINING PROGRAM (FTP)



- **RE-ACCREDITATION VISIT**
- If $\geq 50\%$ of fellows passed the certifying exam and the average of accreditor's grade is $\geq 70\%$, the FTP is **RE-ACCREDITED** for another 4 years.
- If $> 50\%$ of fellows did not pass the certifying exam or did not take the exam despite being eligible, but re-accreditation grade is $\geq 70\%$, the FTP is still accredited but given a **WARNING**. (see algorithm for warning)
- If $\geq 50\%$ of fellows passed the certifying exam, but the average of accreditor's grade is $< 70\%$, the FTP will have a **REVISIT**.
- If the average score from the accreditors is $< 70\%$ and $> 50\%$ of eligible fellows did not pass the exam, or did not take the exam, the program is **REVOKED**.

III. ACCREDITATION ALGORITHM FOR FELLOWSHIP TRAINING PROGRAM (FTP) WITH A DECISION TO REVISIT



- Re-visit is done 3-4 months after the re-accreditation visit, but at least one (1) month before the PSMFM annual convention
 - If the re-visit grade is $\geq 70\%$, the FTP is given another **FULL ACCREDITATION** for 4 YEARS but with a **PROGRESS REVIEW VISIT** on the 2nd year of the next accreditation → → →
 - If the re-visit grade is $< 70\%$, the FTP is **REVOKED**.
- * **PROGRESS REVIEW VISIT**
 - * If the average grade in this visit is $\geq 70\%$, the FTP is accredited up to year 4 → → → RE- ACCREDITATION VISIT
 - * if the average grade is $< 70\%$, FTP is **REVOKED**.
 - * if $< 50\%$ of fellows did not pass the certifying exam or did not take the exam despite being eligible, program is **REVOKED**

DECISION ON ACCREDITATION OR RE-ACCREDITATION

The accreditation team submits the official accreditation report to the Chair of the PBMFM within two (2) weeks from the visit. At the end of each month (May-July), the PBMFM holds an en banc meeting to discuss the result of accreditation. The Chair of PBMFM then transmits the official recommendation to the board secretary of the PSMFM for BOT approval. The PBMFM secretary notifies the institution of the status of accreditation one (1) month from receipt of the PBMFM recommendation.

ALL successful 1st time applicants for accreditation will be issued a **PROVISIONAL ACCREDITATION** for 4 years. A mandatory visit in the second year will be done to evaluate the implementation of the program. A **FULL ACCREDITATION FOR ANOTHER 4 YEARS** shall only be given if the first fellow or $\geq 50\%$ of fellows passed the certifying exam and the re-accreditation grade is $\geq 70\%$.

Successful applicants for renewal of accreditation shall be granted **RE-ACCREDITATION** for a period of four (4) years, which shall take effect on the year following the accreditation visit.

OUTCOME OF THE HOSPITAL VISIT

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

A. ACCREDITATION

PROVISIONAL ACCREDITATION

- Shall be granted to first-time applicants whose initial accreditation visit obtains an average score of at least seventy percent ($\geq 70\%$) from the accreditors.

FULL ACCREDITATION

- Shall be granted to first-time applicants if at least fifty percent ($\geq 50\%$) of the fellows pass the certifying examination and the re-accreditation evaluation obtains an average score of at least seventy percent ($\geq 70\%$).
- Shall be granted to institutions undergoing re-accreditation if at least fifty percent ($\geq 50\%$) of their fellows pass the certifying examination and the institution obtains an average re-accreditation score of at least seventy percent ($\geq 70\%$).
- Shall be granted to institutions undergoing a re-visit if the re-visit evaluation obtains an average score of at least seventy percent ($\geq 70\%$), subject to a Progress Review Visit in the second year.

B. RE-VISIT

- Shall be granted to previously accredited institutions that obtain a grade of less than seventy percent ($< 70\%$).
- A re-visit is done 3 - 4 months after the re-accreditation visit but at least one (1) month before the PSMFM annual convention.
- The accreditation team for the re-visit consists of the previous accreditation team head, the chair of the PBMFM and the PSMFM Board Secretary.
- No extension shall be granted for the completion of requirements that have not been complied with on the date of the visit.
- A fee will be charged for the re-visit.
- If the re-visit evaluation obtains an average score of at least seventy percent ($\geq 70\%$), the Fellowship Training Program shall be granted a *FULL ACCREDITATION Status* for a period of four (4) years, subject to a Progress Review Visit on the second year of the next accreditation cycle.

- If the re-visit evaluation obtains an average score of less than seventy percent (<70%), the Fellowship Training Program shall be REVOKED.

C. REVOCATION

The training program shall be revoked for the following reasons:

1. *For hospitals with Provisional Accreditation*

- Obtaining an average score of less than seventy percent (<70%) during the MANDATORY VISIT.
- If more than fifty percent (>50%) of the fellows either fail the certifying examination or do not take the examination despite being eligible, and the average re-accreditation visit score is less than seventy percent (<70%).

2. *For hospitals on Monitoring Visit*

- If more than fifty percent (>50%) of the fellows either fail the certifying examination or do not take the examination despite being eligible, OR,
- The average re-accreditation score is below seventy percent (<70%).

4. *For hospitals on Re-visit*

- The average score of accreditors is less than seventy percent (<70%).

5. *For hospitals on Progress Review Visit*

- More than fifty percent (> 50%) of the fellows fail to pass the certifying examination or do not take the examination despite being eligible, OR,
- The average score of accreditors is less than seventy percent (<70%).

6. For hospitals on Re-accreditation Visit

- If the average score of accreditors is <70% and >50% of eligible fellows did not pass the exam or did not take the exam despite being eligible.

7. For hospitals on voluntary suspension

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

Fellowship training undertaken in a revoked program shall not be recognized as accredited during the period of revocation. Fellows in training must extend their training to complete the required twenty four (24) months in an accredited program. Re-application for accreditation shall be required after revocation and shall follow the same process and algorithm applicable to first-time applicants.

D. SUSPENSION

- In cases where the OB-Gyn residency training program has been revoked, the Fellowship Training Program (FTP) accreditation shall be allowed to expire and subsequently be placed under suspension until the PBOG accreditation is reinstated. The request shall be made in writing and addressed to the PBMFM Chair and thru the PBMFM Secretary.
- Programs with no fellows-in-training shall apply for voluntary suspension on or before March 31 of the last accredited year. The request shall be made in writing and addressed to the PBMFM Chair and thru the PBMFM Secretary.
- A suspended program shall be allowed for a maximum period of three (3) years. Beyond this period, the Fellowship Training Program shall be revoked.

APPENDIX A

**APPLICATION FORM FOR ACCREDITATION OF THE FELLOWSHIP
TRAINING PROGRAM IN MATERNAL FETAL MEDICINE**

APPLICATION		NEW		RENEWAL
NAME OF HOSPITAL				
ADDRESS				
HOSPITAL OWNERSHIP		GOVERNMENT		PRIVATE
HOSPITAL SCOPE OF SERVICES		GENERAL		SPECIALTY
BED CAPACITY TOTAL:		PRIVATE BEDS		SERVICE BEDS
POGS ACCREDITATION		TRAINING		SERVICE
VALID ACCREDITATION PERIOD Write the inclusive years	DATE OF FIRST ACCREDITATION:			
	DATE OF LAST RE-ACCREDITATION:			
CHAIRPERSON OF THE DEPARTMENT OF OB-GYN				
STAFFING		ACTIVE CONSULTANTS		VISITING CONSULTANTS
POGS MEMBERSHIP		FPOGS		DPOGS
HEAD OF THE SECTION OF MATERNAL FETAL MEDICINE				
NUMBER OF CONSULTANTS/FACULTY WITH PSMFM CERTIFICATION			ACTIVE: VISITING:	
NUMBER OF FELLOWS-IN-TRAINING	TOTAL		FIRST YEAR: SECOND YEAR:	

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HIGH RISK PATIENT LOAD PER MONTH	IN-PATIENT	OUT-PATIENT
HIGH RISK IN-PATIENT REFERRALS	PRIVATE	SERVICE
HIGH RISK OUT-PATIENT REFERRALS	PRIVATE	SERVICE

CHECKLIST OF REQUIREMENTS FOR SUBMISSION:

- _____ Duly accomplished application form

- _____ Photocopy of the valid certificate of PBOG Level II-A
accredited residency training program or valid POGS CHAS
for DOH Specialty hospitals

- _____ Photocopy of the latest certificate of PBMFM accreditation for
fellowship training

- _____ Training program manual which includes the organizational
structure, staffing, training program policies, statistics,
evaluation of the fellows-in-training, training and teaching
activities and physical plan.
PLEASE REFER TO THE REQUIREMENTS FOR ACCREDITATION

- _____ Accreditation Fee (amount as approved by PSMFM)

Accomplished by: _____
Head, Section of Maternal Fetal Medicine

NOTE: Please submit the checklist with the application form

APPENDIX B

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.		
	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 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.		

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	Performance of the ultrasound procedures intended for the year level. Correlation with the clinical presentation and management should be assessed.		
	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%		

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	-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	
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	

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	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		
SKILLS (same patient can be used with different procedures)	FETAL CONGENITAL ANOMALIES Minimum of 15 varied anomalies in 24 months		
	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		

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	BY THE END OF THE SECOND YEAR:		
	Fetal doppler studies (arterial and venous)		
	Congenital anomaly scan		
	3D/4D ultrasound		
	Evaluation for placenta accreta syndrome		
	<i>Gynecologic ultrasound:</i>		
	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, Cordocentesis or External Cephalic Version		
	Cerclage (2 done 1 assisted)		
	OPTIONAL: Fetal thoracentesis, shunt insertions, vesicocentesis, fetal transfusion and laser ablation		

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	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		
SCIENTIFIC WORK	Use of other evaluation tools:		
	• Written examination • Oral examination • Practical examination • OSCE, simulation, Mini-CEX		
	NOTE: Attendance logbook should be ready for inspection		
	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 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.

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 / 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		

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	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		

APPENDIX D

TABULATION OF CASES AND PROCEDURES

**TABLE FOR MANAGED IN-PATIENT CLINICAL CASES *and*
IN-PATIENT DIAGNOSTIC OR THERAPEUTIC PROCEDURE
(Cervical cerclage, Amnioreduction, Amniocentesis,
Amnioinfusion, Chorionic villous sampling, Fetal therapy)**

NUMBER DATE ADMITTED DATE DISCHARGED	AGE G/P	ADMITTING IMPRESSION	MANAGEMENT/ PROCEDURE DONE	FINAL DIAGNOSIS	MATERNAL AND FETAL OUTCOME
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**TABLE FOR MANAGED OUT-PATIENT CLINICAL CASES *and*
OUT-PATIENT DIAGNOSTIC OR THERAPEUTIC PROCEDURE
(Amniocentesis, Chorionic Villous Sampling, External cephalic version)**

NUMBER DATE SEEN	AGE G/P	PRESENT WORKING IMPRESSION	PLAN /MANAGEMENT
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TABLE FOR CTG TRACINGS

NUMBER DATE OF PROCEDURE	AGE G/P	CLINICAL IMPRESSION	INTERPRETATION	PLAN/OUTCOME
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TABLE FOR ULTRASOUND PROCEDURES

NUMBER DATE OF PROCEDURE	AGE G/P	CLINICAL IMPRESSION	PROCEDURE DONE	SONOLOGIC IMPRESSION
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TABLE 1**REQUIREMENTS FOR ACCREDITATION**

	NEW APPLICATION	RENEWAL OF ACCREDITATION	RE-INSTATEMENT OF ACCREDITATION
APPLICATION	Duly accomplished application form (Appendix A)		
	Photocopies of the following certificates (most recent): a. DOH Level II Hospital certificate b. PBOG accredited residency training program certificate c. PSMFM Accreditation for fellowship training certificate (for re-accreditation)		
	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 certificate.		
	Names of graduates with their corresponding PSMFM certification status and place of practice Specify if certifying exam was taken (include the year) or not Indicate the % passing of eligible fellows from last accreditation		
	Fellowship training recruitment, promotion, retention and graduation policies		

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STATISTICS	Summary of statistical reports for the past four (4) years: -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 D) NOTE: Should be available for inspection. Not for submission.
EVALUATION OF FELLOWS		Summary of assessment 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 Physical Plan (appendix C)	

TECHNICAL WORKING GROUP

Philippine Board of Maternal Fetal Medicine 2025

Revisions Approved: January 2026

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- This was officially approved and endorsed by the Philippine Society of Maternal Fetal Medicine (PSMFM) Board of Trustees during the PBMFM and PSMFM Joint meeting on January 22, 2026, for use in Fellowship Training Programs nationwide.