

University of Alabama Family Medicine Obstetrics Fellowship: Results and Outcomes, 1986-2011

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Abstract

Background: The University of Alabama Family Medicine Obstetrics Fellowship was founded in 1986 by Dr. Paul Mozley in Tuscaloosa, Alabama. Family medicine obstetrics fellowship programs were designed to augment the obstetrical skills already attained during family medicine residency training. This program has been the model for other obstetrics fellowship programs in the United States and abroad.

Methods: Eighteen candidates were chosen as family medicine obstetrics fellows for the University of Alabama Family Medicine Obstetrics Fellowship. Information on each fellow was obtained from the University of Alabama Family Medicine Obstetrics Fellowship Program and OB/GYN Departmental Records.

Results: Seventeen physicians or ninety-four percent completed the program, and one hundred percent have practiced obstetrics. All but one of these, or ninety-four percent, have been able to achieve cesarean section privileges. Fourteen graduates, or seventy-eight percent, have practiced obstetrics in a rural area with a population less than 25,000 people.

Conclusions: This study reports the outcomes for twenty-five years of the oldest family medicine obstetrics fellowship in this country. Although the numbers are small, this study reports the highest success rate in the literature of placing family medicine obstetrics graduates in rural, underserved areas. Family medicine physicians trained in obstetrical and newborn care are the answer to reducing maternal and perinatal morbidity and mortality, not only in Alabama, but throughout the United States. The importance of training family physicians to provide obstetrics care has never been more important.

Introduction

The University of Alabama Family Medicine Obstetrics Fellowship was founded in 1986 by Dr. Paul Mozley, then professor and chair of obstetrics and gynecology in Tuscaloosa, Alabama. This program has been the model for other obstetrics fellowship programs in the United States and abroad¹. While family physicians have delivered babies long before there were obstetricians, the declining interest in obstetrics and gynecology and lack of maternity care in rural, underserved areas gave Dr. Mozley the idea of an obstetrics fellowship^{2,3}. The one year training program consisted of high risk and operative obstetrics and office gynecology². Fellows were personally trained by Dr. Mozley with the help of the other faculty. Dr. Mozley, now retired and Professor Emeritus of Obstetrics and Gynecology, remains active in the field serving on the Board of Certification of Family Medicine Obstetrics.

Family medicine obstetrics fellowship programs were designed to augment the obstetrical skills already attained during family medicine residency training⁴. The reports of outcomes of fellowship programs are few. The first and longest term analysis of graduates of family medicine obstetrics fellowships in Tennessee was reported by Rodney et al in 2010⁴. This report examined graduation, service location, hospital privileges, retention and career changes and had a one hundred percent response rate⁴. Pecci et al surveyed graduates of fellowship

programs in the United States with a response rate of sixty four percent⁵. Forty-four percent of graduates practice in a rural area⁵. Most graduates practice high risk obstetrics and have attained cesarean section privileges⁵. Family physicians trained in obstetric care are more likely to practice in rural, underserved areas. They practice longer with a lower attrition rate. Collaborative arrangements with obstetrician-gynecologists and other medical specialists and tertiary care centers allow transfer of patients needing a higher level of care³.

The number of obstetric providers and the number of family physicians providing maternity care in the United States continues to decline. A recent paper by Rayburn in *Obstetrics & Gynecology* stated that almost fifty percent of counties in the United States have no obstetrics provider affecting some 10,000,000 women⁶. Many of these women live in rural, underserved areas where the need for providers is already great⁶. The current attrition rate of retiring OB/GYN physicians approximately equals the number of new OB/GYN residency graduates⁷. More and more physicians have stopped delivering babies, which is concentrated in rural, underserved areas leaving family physicians often the only obstetrics providers rendering care in rural areas⁵. With the trend of decreasing shortage of both obstetrician-gynecologists and family physicians providing maternity care, rural areas are at risk of the greatest impact of lack of care¹⁴. A decrease in rural maternity care providers has been associated with poor perinatal outcomes¹⁶. As of 2012, only ten percent of family physicians in this country provide obstetric care¹⁷.

The importance of training family physicians to provide obstetrics care has never been more important. Often graduating family medicine residents lack the experience to practice in rural areas in part due to the lack of teaching material in residency programs¹⁰. Family medicine obstetrics fellowships offer family medicine graduates more training in maternity care, and the majority of fellowship graduates today obtain cesarean section privileges and care for high risk patients⁵. Some family physicians develop higher levels of care and more extensive experience¹⁹. Family physicians preparing for a career in rural, underserved areas including maternity care need to be able to perform cesarean sections³⁰. Some rural areas may not be able to support an OB/GYN but could support two perhaps three family physicians that could provide obstetrical care. Sometimes OB/GYNs settle in rural, underserved areas but typically do not stay there long term³¹.

Subjects and Methods

Eighteen candidates were chosen as family medicine obstetrics fellows for the University of Alabama Family Medicine Obstetrics Fellowship in Tuscaloosa, Alabama over the past twenty-five years. All applicants were required to have completed an accredited family medicine residency prior to matriculation and to hold a current, unrestricted license to practice medicine in Alabama. One resident was allowed to pursue and complete a fellowship year between his second and third years of residency. Two fellows were allowed to complete the fellowship over two years. One fellow was allowed to complete the fellowship full time and practice family medicine part time. He did not receive a stipend but did receive malpractice insurance coverage. One obstetrician/gynecologist who had been out of practice for a few years served as a family medicine obstetrics fellow for three months as a refresher course prior to reentry into OB/GYN practice.

The fellowship has been funded by the Alabama Family Practice Rural Health Board. Since 2001, fellows have been contractually obligated to practice family medicine obstetrics in a rural, underserved area of Alabama with a population less than 25,000 people. Graduates may also choose employment in family practice training

program teaching obstetrics to future family physicians. Fellows receive a teaching appointment in the University of Alabama School of Medicine at the rank of Instructor. Those that wish to continue to teach medical students, residents or fellows receive adjunct teaching appointments. Fellows are Family Medicine faculty and receive active staff family medicine privileges at the hospital. They also precept residents in the family medicine clinic one afternoon per week.

The obstetrics fellowship is advertised on the American Academy of Family Practice list of fellowships website. It is also listed on the recognized obstetrics fellowships for the Board of Certification in Family Medicine Obstetrics of the American Board of Physician Specialties. The curriculum, education and training follow the requirements for Accreditation of Training Programs and Certification of Fellows for the Board of Certification in Family Medicine Obstetrics of the American Board of Physician Specialties.

Information on each fellow was obtained from the University of Alabama Family Medicine Obstetrics Fellowship Program and OB/GYN Departmental Records. Records have been kept on each fellow since application, matriculation and graduation as The University of Alabama is the contracting body that makes sure that each fellow follows the contract and practices in a rural, underserved area.

Results

Eighteen physicians were accepted into the program over the past twenty-five years. Table 1 shows the outcomes of the graduates. Seventeen physicians or ninety-four percent completed the program. One fellow had academic difficulty and resigned mid-year. However, he matriculated in another program, completed training, obtained cesarean section privileges and has practiced obstetrics. All fellows or one hundred percent have practiced obstetrics. All but one of these or ninety-four percent have been able to achieve cesarean section privileges.

Fourteen graduates or seventy-eight percent have practiced obstetrics in a rural area with a population less than 25,000 people. Fifteen graduates or eighty-three percent are still practicing obstetrics. Seventy-nine percent are still in rural areas practicing obstetrics for at least four years. Ten graduates or fifty-six percent have become part time or full time faculty in a training program teaching obstetrics. One is an associate dean and another an assistant dean of a medical school. One full time faculty member has changed from one regional campus to another but is still practicing obstetrics. One graduate stayed as a full time faculty member in a medical school for a portion of her career.

Twelve of the graduates or sixty-seven percent have remained in practice in Alabama (Figure 1). Twelve graduates or sixty-seven percent have remained in their original site of practice. Eleven or fifty-one percent are still practicing rural family medicine. One graduate had his local rural hospital close obstetric services but has been able to continue obstetric care and delivery at a tertiary hospital thirty miles away. One graduate died in 2011. Currently graduating fellow had participated in integrated training in which he has spent half of the month in his place of postgraduate practice. He has been able to fine tune his skills and determine what training he may be deficient in *before* going into full time practice.

Table 2 shows the outcomes of graduates since 2001. One-hundred percent of all graduates have practiced obstetrics, have practiced obstetrics in a rural area less than 25,000 people, and are still practicing obstetrics. All

but one or eighty-eight percent have attained cesarean section privileges. All four graduates that have been in practice for four years or longer are still in a rural area practicing obstetrics.

Discussion

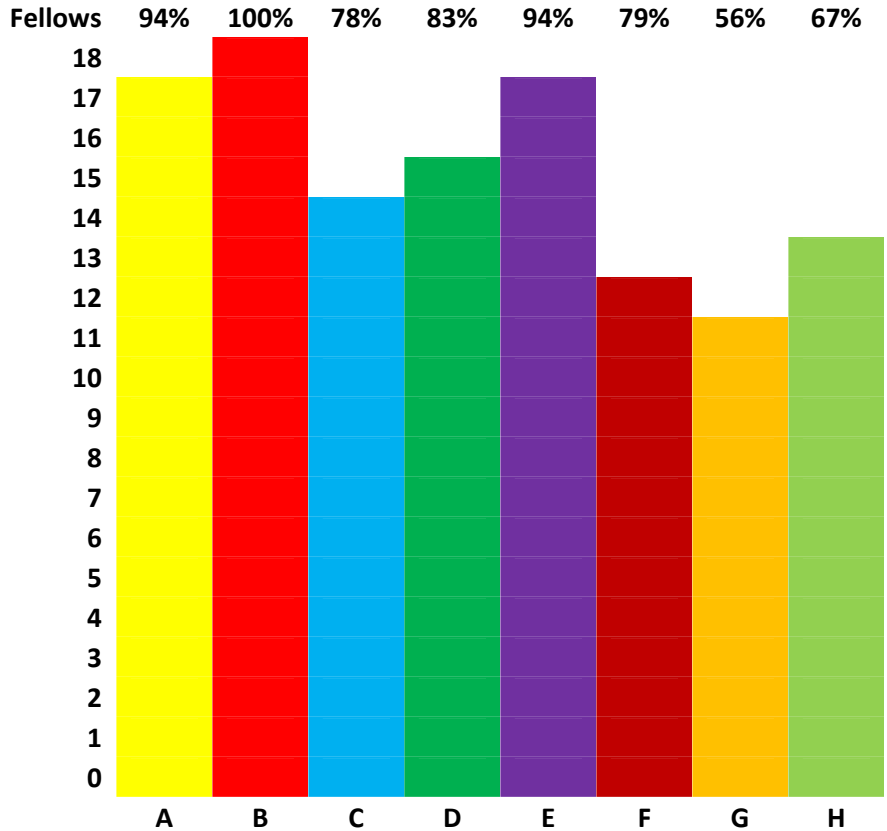
This study reports the outcomes for twenty-five years of the oldest family medicine obstetrics fellowship in this country. Although the numbers are small, this study reports the highest success rate in the literature of placing family medicine obstetrics graduates in rural, underserved areas. The last decade of placement is the most successful probably due to a contractual arrangement prior to matriculation to practice in a rural, underserved area of Alabama. The first and longest duration study of fellowship trained family physicians practicing obstetrics reported by Rodney et al evaluated eighty physicians over eighteen years⁴. In that study, ninety-three percent completed the fellowship, ninety-six percent obtained cesarean section privileges and sixty-four percent practiced in a rural area for at least two years⁴. In the study by Pecci et al of one hundred sixty five fellowship graduates, forty-four percent practiced in rural areas, eighty-eight percent practiced in community hospitals and sixty-six percent obtained cesarean section privileges⁵. Although the numbers are small, this study reports the highest success rate in the literature of placing family medicine obstetrics graduates in rural, underserved areas. Family medicine physicians providing obstetric care are the only hope of obstetric care to rural, underserved areas of this country. The importance of training family physicians to provide obstetrics care has never been more important. Family medicine physicians trained in obstetrical and newborn care is the answer to reducing maternal and perinatal morbidity and mortality, not only in Alabama, but throughout the United States.

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Table 1 Outcomes of Graduates of University of Alabama Obstetrics Fellowship Program



- A** Graduated from this fellowship program. One did not graduate but graduated from another program
- B** Practiced obstetrics after completing fellowship. One that graduated from another program did practice obstetrics
- C** Practiced obstetrics in a rural area less than population of 25,000 people
- D** Still practicing obstetrics
- E** Obtained cesarean section privileges after fellowship
- F** Practiced obstetrics in a rural area for greater than 4 years
- G** Full or part time faculty in a residency or fellowship program
- H** Has remained in Alabama since fellowship training. One graduate expired in 2011

Table 2 Outcomes of Graduates of University of Alabama Obstetrics Fellowship Since 2000

Fellow	Year	100%	100%	100%	100%	88%	100%
11	1999-01	A	B	C	D	E	F
12	2003-04						
13	2004-05						
14	2005-06						
16	2009-10						2
17	2010-11						1 year
18	2011-12						0 year

- A graduated from this fellowship program
- B practiced obstetrics following this fellowship
- C practiced obstetrics after fellowship in a rural area < 25,000
- D still practicing obstetrics
- E obtained cesarean section privileges following fellowship
- F practiced obstetrics in a rural area more than 4 years

Figure 1 – Location of Family Medicine/Obstetrics Fellow Graduates in Alabama Counties 12

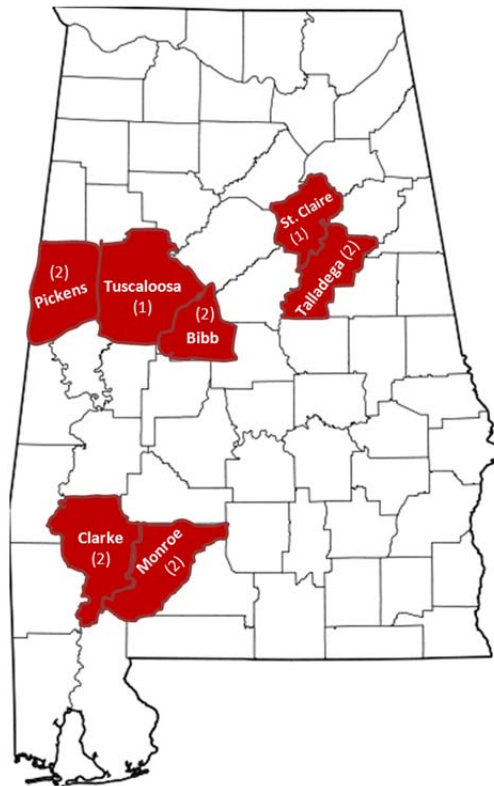


Figure 2 – Location of Family Medicine/Obstetrics Fellow Graduates in the United States (17)

