Royal College of Obstetricians & Gynaecologists

Matrix of progression 2024-2025

Curriculum 2024

Maternal and Fetal Medicine Subspecialty Training Programme

July 2024 – V1.0

Maternal and Fetal Medicine training matrix

This matrix is meant as an aide to subspecialty trainees in Maternal and Fetal Medicine (MFM), Subspecialty Training Programme Supervisors and subspecialty assessors and sets out the minimum requirements for a satisfactory subspecialty assessment. Trainees are encouraged to exceed these requirements. This assessment will inform the subsequent ARCP. It is important to note that although this MFM-specific matrix has been modelled on the general matrix, and there is much overlap, they are not exactly the same. The subspecialty assessors will use this matrix as a guide to the minimum standards required and will give a recommendation to the subsequent general ARCP which will use the general matrix to ensure that any training requirements not assessed by the subspecialty assessors have also been considered and assessed. It will be possible therefore to achieve a satisfactory subspecialty assessment, but nevertheless receive a suboptimal outcome from the general ARCP.

The date of subspecialty assessments is dictated by the planned ARCP date of the trainee. Some subspecialty trainees will have completed only five to six months of subspecialty training at the time of their first assessment. In view of this, the targets required for the first assessment are not necessarily quite straightforward to achieve, and the expectations regarding accumulation of WBAs will be proportionate to the time spent so far in subspecialty training.

Subspecialty trainees who already hold a CCT, or who are overseas trainees, will only undergo subspecialty assessments, and will not have general ARCPs following the subspecialty assessment. They are expected to achieve the targets set out in the MFM specific matrix, but clearly will not need to consider the general matrix because these targets must have been met to be awarded a CCT, or will be considered in the training structures and general curricula of their home country.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	**Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty**
Maternal and Fetal Medicine CiP curriculum progression	The ePortfolio should show engagement with the curriculum and MFM CiP progress should have commenced and be commensurate with the amount of time spent in training so far. Evidence must be linked to support MFM CiP sign off. Satisfactory completion of MFM CiPs that were planned to be completed in the first year of the SST programme (appropriate entrustability for 50% of competencies achieved after first half of programme. If not achieved due to nature of training programme this needs to be justified in the SST ESR).	Progression should be commensurate with the time the trainee has left in training. MFM CiP progress appropriate to second year of subspecialty training. Satisfactory completion of MFM CiPs that were planned to be completed at this stage of training. Completion of all MFM CiPs at the end of training.
Formative OSATS	Optional but encouraged.	Optional but encouraged.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	**Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty**
Summative OSATS At least one OSATS confirming competence should be supervised by a consultant (can be achieved prior to the specified year)	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of first year of training. Fetal Care and Prenatal Diagnosis SITMs procedures: • Fetal biometry and liquor volume • Fetal Dopplers (umbilical artery, middle cerebral artery, ductus venosus) • uterine artery doppler • Multiple pregnancy assessment and chorionicity • Transvaginal placental localisation If the trainee has already has completed the SITMs in Fetal Care and Prenatal Diagnosis, there is no need to provide further summative OSATS for the above procedures. MFM SST procedures: • Anomaly scan • Cervical length scan	There should be at least three summative OSATs for the procedures below confirming competence by more than one assessor by the end of training: • Amniocentesis • CVS • Fetal ECHO • Feticide • Therapeutic amniodrainage.
Mini-CEX	✓	✓
CBD	✓	✓

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Reflective practice	✓	✓
NOTSS	✓	✓
Log of procedures	Documentation of a wide range of procedures and skills	Continued record of procedures and skill development
Recommended courses / recommended objectives		By the completion of training, it is expected that all trainees will have attended one Fetal medicine specific training course, one Maternal Medicine training course, and one MFM national or international conference e.g. BMFMS. Evidence of attendance at a leadership/management course, e.g. SIPM in Leadership and Management (see Leadership and management experience).
	The above competencies may be achieved by attending recommended courses or by demonstrating to the subspecialty assessment panel that content and learning outcomes have been achieved using alternative evidence.	
Generic areas of Maternal and Fetal Medicine		

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Team observation (TO) forms	Two separate sets of TO1's and TO2's.	Two separate sets of TO1's and TO2's.
Clinical governance (patient safety, audit, risk management and quality improvement)	Commencement of an MFM relevant audit or QIP with the aim to complete one project per year. Evidence at attendance at risk meeting or involvement in RCA at least once during training.	Completion of an MFM relevant audit or QIP with the aim to complete one project per year and evidence at attendance at risk meeting or involvement in RCA at least once during training and author of local guideline or update of existing guideline at least once during training.
Teaching	Evidence of MFM related teaching with feedback.	Evidence of MFM related teaching with feedback.
Research	Adequate progress in SST Research CiP Ensure up to date with GCP training.	Progression in SST Research CiP should be commensurate with the time the trainee has left in training. This must be signed off by the end of training. Continuing involvement with research.

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	First SST assessment (progress expected after completion of 12 months whole time equivalent clinical subspecialty training)	Second and subsequent assessments (progress expected after completion of 24 months whole time equivalent clinical subspecialty
Presentations and publications	As per annual review discussion. Ensure CV is competitive for consultant interviews. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.	As per previous annual review discussion. Ensure CV is competitive for consultant interviews. An up-to-date CV needs to be uploaded to the 'Other Evidence' section on the ePortfolio.
Leadership and management experience	Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence.	Evidence of department responsibility and working with consultants to organise (e.g. office work) including organising lists and dealing with correspondence. Evidence of attendance at a leadership/management course, e.g. SIPM in Leadership and Management (see Recommended courses/recommended objectives).

Further guidance on evidence required for CiPs in the Maternal and Fetal Medicine Curriculum

The philosophy of the curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace based assessments (WBAs) and the tick box approach and the training matrix above demonstrates this.

The MFM Curriculum Guide gives trainees and trainers information about what would be appropriate evidence during MFM subspecialty training.

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Rules for MFM CiPs:

1. There must be some evidence linked to each MFM CiP in each training year to show development in the MFM CiP and for the generic competencies and skills for the following areas relevant to MFM subspecialty: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.
2. At the end of subspecialty training the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical MFM CiPs. The generic competencies as outlined in the MFM subspecialty matrix must be completed to a level appropriate for a senior trainee.

Pre-CCT subspecialty trainees will need to provide sufficient evidence for their Educational Supervisor (ES) to sign off all the core generic CiPs at meeting expectations for 'ST6/7 level' by the time of completion of subspecialty training and general training. The generic evidence collected during subspecialty training to satisfy the subspecialty matrix will contribute significantly to the sign off of the core generic CiPs. It will be up to the trainee and their ES to decide if any additional generic evidence will be needed to sign off the core generic CiPs for the ARCP purposes.

Pre-CCT subspecialty trainees in readiness for their ARCP, which will usually follow the subspecialty training assessment a few weeks later, will need to provide evidence for the gynaecology core CiPs 9 and 11 to ensure that they will receive a CCT in O&G in addition to subspecialty accreditation at the end of training. Guidance and examples of appropriate experience, suggestions on how this experience can be obtained and what the required evidence might be to allow educational supervisors to sign off progress in these core CiPs is available on the cross specialty guidance for MFM document.

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