**Maternal and Fetal Medicine specific centre criteria checklist (as approved by BMFMS) – Curriculum 2024**

These numbers should be considered along with the preceding proposal which explains how they will be applied when reviewing applications for recognition. Subspecialty centres must be able to deliver all aspects of the subspecialty curriculum. If there are some aspects of some modules that are to be delivered outside the centre in an alternative GMC approved training unit, they must be clearly described on the application form.

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| **Domain assessed** | **Criteria**1 | **Criterion met?** | **Please indicate page number on application form** |
| 1. **Workload and scope**2&3
 | Number of Maternal and Fetal Medicine (MFM) sessions (with external referrals) * Minimum number of Fetal Medicine sessions per week is six, **and** minimum number of Fetal Medicine consultants accepting referrals with is greater than or equal to two sessions per week is three4.
* Minimum number of Maternal Medicine sessions per week is four **and** minimum number of Maternal Medicine consultants undertaking subspecialist sessions is two4.
 | Yes / NoYes / No |  |
| Major fetal anomaly referrals should:* have the number greater than or equal to 150 per annum
* Come from at least two other referral units.
 | Yes / NoYes / No |  |
| Maternal Medicine clinic(s) 5 (or services if more appropriate), should cover **all** of the following disorders: * Maternal Medicine Network
* Endocrine (including greater than 20 pregnancies to pre-existing diabetics per annum)
* Hypertension
* Cardiac
* Respiratory
* Haematology
* Neurology
* Obesity/metabolic
* Renal
* Gastroenterology/ liver
* Anaesthetic
* Infectious diseases
 | Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No |  |
| Fetal invasive procedures* Minimum number of invasive procedures per annum is greater than or equal to 70 **and** greater than 25 average per practitioner.
* **and** minimum number of more complex fetal procedures (e.g. multifetal reduction, fetocide, shunt insertions, vesicocentesis, thoracocentesis, fetal transfusions, laser ablation) is greater than 25 per annum.

Minimum number of chorionic villus sampling (CVS) by trainee is greater than or equal to 25 per annum.* Minimum number of amniocentesis by trainee is greater than or equal to 35 per annum.
 | Yes / NoYes / NoYes / NoYes / No |  |
| The centre must have an annual delivery rate of greater than 5000 per annum. | Yes / No |  |
| 1. **Service Organisation**
 | Multidisciplinary MFM meetings with evidence of regular MFM consultant attendance.* Evidence of ready access to prenatal multidisciplinary counselling.
* Evidence of robust audit/MDT meeting with MFM learning outcomes.
 | Yes / NoYes / No |  |
| At least two accredited subspecialist consultants in MFM within unit. | Yes / No |  |
| **Onsite** regional neonatal intensive care facility with greater than 10 beds. | Yes / No |  |
| Ready access within a less than 50-mile radius to **all** of the following **regional** services:* Paediatric surgery
* Fetal echocardiography/paediatric cardiology
* Fetal MRI
* Genetics:  **all** cytogenetics, molecular genetics and clinical genetics sessions
* Abnormally invasive placenta service
 | Yes / NoYes / NoYes / NoYes / NoYes / No |  |
| On-call arrangements:* No scheduled obstetric or gynaecology day time on call interfering with elective Maternal and Fetal Medicine activities.
 | Yes / No |  |

1 For recognition of a centre for a second simultaneous trainee to ensure adequate training to both trainees, please provide number of procedure carried out by each of the previous 2 trainees.

2 Data should be for a 12 month period in the preceding two years.

3 If applying for two trainees, procedure numbers should be at least minimum for one trainee and an additional 60% of caseload. If applying for two trainees across two centres, each centre requires at least the minimum for one trainee.

4 To allow for adequate holiday cover and access from peripheral units to an opinion within two working days where necessary.

5 Defined as:

a) joint obstetrics/medical clinics run by obstetrician **and** physician **or**

b) dedicated pregnancy clinic run by consultant physician(s)/anaesthetist **or**

c) a dedicated clinic run by (sub)specialist in MFM with access to named relevant physician.

Version 1.0 approved by the Subspecialty Committee - May 2024