**Application for recognition as a subspecialty training centre for Maternal and Fetal Medicine**

To be returned to [subspecialtytraining@rcog.org.uk](mailto:subspecialtytraining@rcog.org.uk)

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| **Name of centre(s):** |  |
| **Address:** |  |
| **Type of application:**  **(delete as appropriate)** | Application for new centre  Reapplication to renew recognition  Application for additional training post\* |
| **Joint applications**  NB. Both centres need to submit their applications for assessment at the same time | Please provide name of partner centre: |
| **Full or part time:**  **(delete as appropriate)** | Full time  Part time  Number sessions/% split clinical/academic: |
| **Funding of post:** |  |
| **No. of posts applying for:** |  |

\* If training opportunities are sufficient for an additional trainee (an additional 60% of caseload), please attach the original application form and updated centre checklists for both generic and subspecialty specific criteria.

If the training opportunities are not sufficient, please complete a new application form detailing the additional training opportunities that have become available since the initial application was submitted and attach updated centre checklists for both generic and subspecialty specific criteria. The criteria checklists can be downloaded from [Approval criteria and checklists](https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainers/delivering-postgraduate-training-in-og/curriculum-resources-for-trainers/subspecialty-training-centres/approval-criteria-and-checklists/).

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| **Subspecialty Training Programme Supervisor’s full name:** |  |
| **Years as substantive consultant:** |  |
| **Date last attended ARCP/centralised subspecialty assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Deputy Subspecialty Training Programme Supervisor’s full name:** |  |
| **Date last attended ARCP/centralised subspecialty assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Deputy Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Clinical Director’s full name:** |  |
| **Clinical Director’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Head of School’s full name:** |  |
| **Head of School’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Trainers within centre contributing to subspecialty training**  (e.g. Maternal and Fetal Medicine consultants, Fetal Medicine consultants, Obstetric Physicians, Obstetricians, named supervisors from other specialties). | | |
| **Name** | **Role/specialty** | **Sessions per week in subspecialty** |
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| **Accessory centres contributing to subspecialty training in Maternal And Fetal Medicine**   * Please list centres with the training unit where the trainee will undertake a formal placement to achieve specific training objectives which cannot be wholly delivered on site at the lead centre. * A confirmation letter/email from units contributing to delivery of specific training objectives is required, e.g. to ensure adequate caseload for less common procedures such as fetal therapy. * Written confirmation is not required where existing arrangements are in place for delivery of specific attachments not available on the site of the lead unit, e.g. clinical genetics, fetal cardiology.   \*Please specify the contribution other centres will make, e.g.:   * what aspect of training will be delivered * how time will be allocated and protected for this training * other trainees who may be impacted and mitigations for this * whether this post falls within the capacity of the numbers approved for subspecialty training programme in the accessory centre. | | | |
| **Institution and address** | **Clinical Supervisor** | **Specialty** | **Description\* (see above)** |
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| **Generic areas of subspecialty training**  Please explain how the centre ensures that the Stages one - three of the Core Curriculum 2024 CiPs required during subspecialty training are met (e.g. leadership, teaching, management). |
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| **Cross specialty requirements**  It is a GMC requirement that training must be undertaken in both aspects of the specialty. Please describe how the centre plans to meet the cross-specialty requirements for the clinical CiPs in the Stages one - three of the Core Curriculum 2024 provide cross-specialty supervision. Please include the name of the Educational Supervisor for the cross-specialty CiPs (e.g. emergency gynaecology). |
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| **On call commitments**  Please describe the out of hours commitment:   * number days per rota cycle lost due to on call or compensatory rest * whether on calls include daytime, evening or night-time activity * which specialty/subspecialty is covered * what the arrangements are for flexing the on call depending on individual training needs * have previous trainees had training extended due to impact of on call * confirm that RCOG requirements are met [On-call and OOH guidance v1.0](https://www.rcog.org.uk/media/ip0lomdt/on-call-and-ooh-guidance-v10.pdf). |
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| Please provide further information detailing other trainees working within the centre, including research fellows, post CCT fellows, overseas fellows, and describe how the subspecialty training post impacts on O&G specialty and SITM for Fetal Medicine or Maternal Medicine trainees. |
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| Please list a maximum of your last six subspecialty trainees and indicate:   * where they achieved a consultant post * what type of post they were appointed to on completion of their subspecialty training, i.e. a subspecialty, special interest or general post, including if they did not complete subspecialty training * how they obtained research exemption. | | | |
| **Name** | **Subspecialty research method (by SIPM/APM, MD/PhD, publication)** | **Type of post** | **Location** |
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| **Description of subspecialty training centre** (suggested word limit 500 words)  Please describe the unit, including:   * Sites where training/service is delivered, distance between sites, structure of timetable including if different sites would be attended on same day, where the on call is carried out, location of allied specialties. * Size of service, notable expertise. * Arrangements for modules and what is the expectation of input into the Maternal and Fetal Medicine service when trainee allocated to modules? * Number of clinics subspecialty trainee would attend per week and level of supervision. * Can all aspects of the curriculum be delivered? If not, what are the arrangements? |
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**Statistics for 20… (numbers have to be within two years of the application)**

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| Number of delivery suite beds: |  |
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| Number of delivery suite high dependency beds: |  |
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| Number of elective caesarean section lists per week: |  |
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| Number of antenatal clinics designated for subspecialty per week: |  |

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| **Maternal Medicine** | **Are patients with the following problems seen in specialist clinics? If yes, how many clinics per week. If no, how many general clinics per week. Indicate whether this is a joint clinic with a physician present.** | **Average number of new cases per clinic** | **Average number of follow-ups per clinic** |
| General |  |  |  |
| **or** |  |  |  |
| Diabetes |  |  |  |
| Pre-pregnancy counselling |  |  |  |
| Endocrine |  |  |  |
| Hypertension |  |  |  |
| Cardiac |  |  |  |
| Respiratory |  |  |  |
| Haematology |  |  |  |
| Neurology |  |  |  |
| Obesity/metabolic |  |  |  |
| Renal |  |  |  |
| Gastroenterology/liver |  |  |  |
| Anaesthetic |  |  |  |
| Infectious diseases |  |  |  |
| Please add rows to fill in individual local arrangements if necessary, e.g. maternal medicine clinic configurations, access to maternal medicine network referral pathway. |  |  |  |
| **Fetal medicine** | **Are patients with the following problems seen in specialist clinics? If yes, how many clinics per week. If no, please state how many general clinics per week.** | **Average number of new referrals per clinic** | **Average number of follow-ups per clinic** |
| General fetal medicine |  |  |  |
| Multiple pregnancy |  |  |  |
| Fetal anomaly |  |  |  |
| Growth restriction |  |  |  |
| Alloimmune |  |  |  |
| Fetal cardiology |  |  |  |
| Please add rows to fill in individual local arrangements if necessary, example preterm clinic  abnormally invasive placenta. |  |  |  |

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| Number of neonatal paediatricians: |  |
| Number of paediatric surgeons: |  |
| Type of level neonatal unit (i.e. one, two or three)? |  |
| Number of deliveries per annum: |  |

Diagnostic facilities

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| **Ultrasound** | |
| Where is the obstetric ultrasound service provided? | Department of Radiology/Obstetrics/both |
| **Number of routine scans per annum** |  |
| First trimester: |  |
| Anomaly screening/diagnosis: |  |
| Third trimester scans: |  |

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| **Fetal MRI** |  |  |
| Do you offer fetal MRI? | | Yes/No |
| If yes, is this provider in your Trust? | | Yes/No |
| If no, where is this service provided? | |  |
| Do trainees have access to observe MRI? | | Yes/No |
| How many MRIs are performed each year? | |  |

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| **Prenatal diagnosis** |  |
| Numbers of major fetal anomaly managed in the unit annually: |  |
| What screening test for Down’s Syndrome is offered?  NIPT offered? |  |
| Number of amniocentesis per annum: |  |
| Number of people performing amniocentesis: |  |
| Number of amniocentesis done by the last trainee during Maternal and Fetal Medicine training: |  |
| Loss rate from amniocentesis (please use figures from last available audit): |  |
| Number of transabdominal Chorionic Villus Sampling (CVS) per annum: |  |
| Number of people performing CVS: |  |
| Loss rate from CVS (please use figures from last available year’s audit): |  |
| Number of CVS done by the last trainee during Maternal and Fetal Medicine training: |  |

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| **Are other intrauterine procedures performed** | Yes/No |
| Laser ablation of twin anastomoses: | Number |
| In-utero blood transfusions: | Number |
| In-utero fetal shunts: | Number |
| Feticide: | Number |
| Multifetal Pregnancy Reduction: | Number |
| Others (e.g. radiofrequency ablation, laser treatment for TRAP twin etc. Please specify procedure and numbers): | Number |

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| **Other diagnostic facilities** |  |
| **Perinatal pathology**  Is there a specialist consultant(s) who will be involved in Maternal and Fetal Medicine training?  Are fetal post mortems done in the centre? If not, where?  Do trainees have access to observe? | Yes/No  Yes/No  Yes/No |
| **Genetics**  Is there a specialist consultant(s) who will be involved in Maternal and Fetal Medicine training?  Do trainees have access to observe? | Yes /No  Yes/No |
| **Cyto/molecular genetics**  Is there a genetic lab on site?  If not, where? | Yes/No |
| **Research laboratories**  Describe the laboratory facilities for research training of subspecialty trainee (if relevant). |  |

Teaching programme

Please describe educational opportunities available and specify how many sessions per month subspecialty trainees would generally attend, excluding general O&G specialty training and attending multi-disciplinary teams (MDTs)/teaching ward rounds/clinics.

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| Postgraduate lectures/seminars |
| Clinical meetings/journal club/case review sessions/mortality and morbidity |
| Courses (internal) |
| Other |

Research and audit programme

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| Named research supervisor: |
| Have all non-research exempt trainees on a three-year programme attained the research component of their subspecialty training? |
| Is the centre able to deliver the SIPM in Clinical Research? |
| Detail current research activity and departmental research projects related to Maternal and Fetal Medicine in principal and contributing institutions. |
| List current open research studies |
| List ongoing Maternal and Fetal Medicine audits |
| List research grants/chapters in books/Cochrane reviews/national and international presentations which have had Maternal and Fetal Medicine from the centre listed as authors, over the last three years – highlighting those where trainees were involved. |
| List of relevant publications from the Maternal and Fetal Medicine department in the last three years, including highlighting those which had trainees as authors. |

**Training requirements and learning guidelines**

1. Please submit detailed timetables for the training programme including sample weekly timetables to show clinic, MDT, theatre, ward round, research and other commitments, and planned timetabling for the allied specialty attachments including time allocated to these and any other responsibilities concurrent with them.
2. If the application is for two programmes it is necessary to submit detailed timetables for both, indicating how the two programmes dovetail providing evidence that the centre has sufficient workload and supervisory capacity to support two subspecialty trainees.
3. Please attach the Curriculum Vitae and weekly timetable of Subspecialty Training Programme Supervisor (STPS) and Deputy Subspecialty Training Programme Supervisor (DSTPS)

Version 1.0 approved by the Subspecialty Committee – May 2024How we use your information

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