Maternal and Fetal Medicine training matrix (COVID-19) for pre-CCT SSTs on pre-2019 core curriculum

This matrix is meant as an aide to subspecialty trainees in 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 SST 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 SST assessment, but nevertheless receive a suboptimal outcome from the general ARCP.

The date of SST assessments is dictated by the planned ARCP date of the trainee. Some subspecialty trainees will have completed only 5-6 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 will only undergo SST assessments, and will not have general ARCPs following the SST 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.

Assessment Domain	First SST assessment (progress expected after completion of 12 months of whole time equivalent clinical subspecialty training)	Second and subsequent assessments (progress expected after completion of 24 months of whole time equivalent clinical subspecialty training)
AOCiP Curriculum Progression	The ePortfolio should show engagement with the curriculum and AOCiP progress appropriate to first year of subspecialty training. Evidence must be linked to support AOCiP sign off. Satisfactory completion of AOCiPs that were planned to be completed in the first year of the SST programme (rough guide: achieved 50% of entrustability levels for MFM, i.e. 30/60)	Progression should be commensurate with the time the trainee has left in training. AOCiP progress appropriate to second and subsequent year of subspecialty training Satisfactory completion of AOCiPs that were planned to be completed at this stage of training. Completion of all AOCiPs at the end of training
Formative OSATs	Amniocentesis Fetal ECHO	CVS
Summative OSATs (at least one OSAT confirming competence should be supervised by a consultant)		There should be at least three summative OSATs confirming competence by more than one assessor by the end of training: Amniocentesis CVS Fetal ECHO

NOTSS	At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty	At least one NOTSS in the subspecialty as evidence of training and assessment of the non-technical skills associated with the subspecialty
Mini-CEX[a]	From next rotation (August 2022), eight mini-CEX will be required per year distributed through the period of training: An average of one Fetal Medicine specific mini-CEX every three months, distributed across the training time being assessed (four per annum) PLUS An average of one Maternal Medicine specific mini-CEX every three months, distributed across the training time being assessed (four per annum) For assessments pre-August 2022, six will suffice unless significant concerns are raised: An average of one Fetal Medicine specific mini-CEX every four months, distributed across the training time being assessed (three per annum) PLUS An average of one Maternal Medicine specific mini-CEX every four months, distributed across the training time being assessed (three per annum)	From next rotation (August 2022), eight mini-CEX will be required per year distributed through the period of training: An average of one Fetal Medicine specific mini-CEX every three months, distributed across the training time being assessed (four per annum) PLUS An average of one Maternal Medicine specific mini-CEX every three months, distributed across the training time being assessed (four per annum) For assessments pre-August 2022, six will suffice unless significant concerns are raised: An average of one Fetal Medicine specific mini-CEX every four months, distributed across the training time being assessed (three per annum) PLUS An average of one Maternal Medicine specific mini-CEX every four months, distributed across the training time being assessed (three per annum)
CbDs[b]	From next rotation (August 2022), eight CbDs will be required per year distributed through the period of training: An average of one Fetal Medicine specific CbD every three months, distributed across the training time being assessed (four per annum) PLUS An average of one Maternal Medicine specific CbD every three months, distributed across the training time being assessed (four per annum) For assessments pre-August 2022, six will suffice unless significant concerns are raised: An average of one Fetal Medicine specific CbD every four months, distributed across the training time being assessed (three per annum) PLUS	From next rotation (August 2022), eight CbDs will be required per year distributed through the period of training: An average of one Fetal Medicine specific CbD every three months, distributed across the training time being assessed (four per annum) PLUS An average of one Maternal Medicine specific CbD every three months, distributed across the training time being assessed (four per annum) For assessments pre-August 2022, six will suffice unless significant concerns are raised: An average of one Fetal Medicine specific CbD every four months, distributed across the training time being assessed (three per annum) PLUS

	An average of one Maternal Medicine specific CbD every four months, distributed across the training time being assessed (three per annum)	An average of one Maternal Medicine specific CbD every four months, distributed across the training time being assessed (three per annum)
Reflections	From next rotation (August 2022), eight reflections will be required. For assessments pre-August 2022, six will suffice unless significant concerns are raised.	From next rotation (August 2022), eight reflections will be required. For assessments pre-August 2022, six will suffice unless significant concerns are raised.
Log of procedures	Documentation of a wide range of procedures and skills	Continued record of procedures and skill development
Required courses / required objectives [c]		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.
	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.	
Team observation (TO) forms	From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required. For assessments pre-August 2022, one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards), two separate TO1's and TO2's will be required. For assessments pre-August 2022, one will suffice unless significant concerns are raised.
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	Commencement 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	If not research exempt, evidence of research activity and have a plan for satisfying research component as per RCOG research criteria. Ensure up to date with GCP training.	Have satisfied criteria in accordance with RCOG research criteria.

Presentations and Publications	Ensure CV is competitive for consultant interviews and upload to the 'Other Evidence' section on the ePortfolio.	Ensure CV is competitive for consultant interviews and upload to the 'Other Evidence' section on the ePortfolio.
Leadership and Management experience [c]	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.
		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.

[a and b] The minimum number of mini CEX and CBDs required to satisfy the SST assessment panel is greater than that required by the general ARCP panel, as stipulated in the general matrix. Subspecialty trainees are not expected to accumulate an additional eight of each (as described in the general matrix). Furthermore, as per the advice on the general matrix, beyond ST5 the mini-CEX and CBDs can be specific to the attachments undertaken by the trainee i.e. pre-CCT trainees who have completed all their gynae competencies need not collect any gynae based mini-CEX or CBDs. MFM subspecialty trainees who still have gynae competencies to complete will need to collect gynae based WBAs to evidence the competency sign offs when they are achieved.

[c] All courses are no longer derogated and competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.

Further guidance on evidence required for AOCiPs in the MFM SST Curriculum

The MFM Curriculum Guide developed is available for trainers and trainees to give information about what would be appropriate evidence during MFM SST: MFM Curriculum Guide.

Rules for AOCiPs:

1. There must be some evidence linked to each AOCiP in each training year to show development in the AOCiP and for the generic competencies and skills for the following areas relevant to MFM SST: 'Clinical governance', 'Teaching experience', 'Research', 'Leadership and management experience' and 'Presentations and publications' as outlined in the matrix.

2. At the end of SST the expectation is that there should be a minimum of one piece of evidence linked to each key skill for all clinical AOCiPs. The generic competencies as outlined in the MFM matrix must be completed to a level appropriate for a senior trainee.