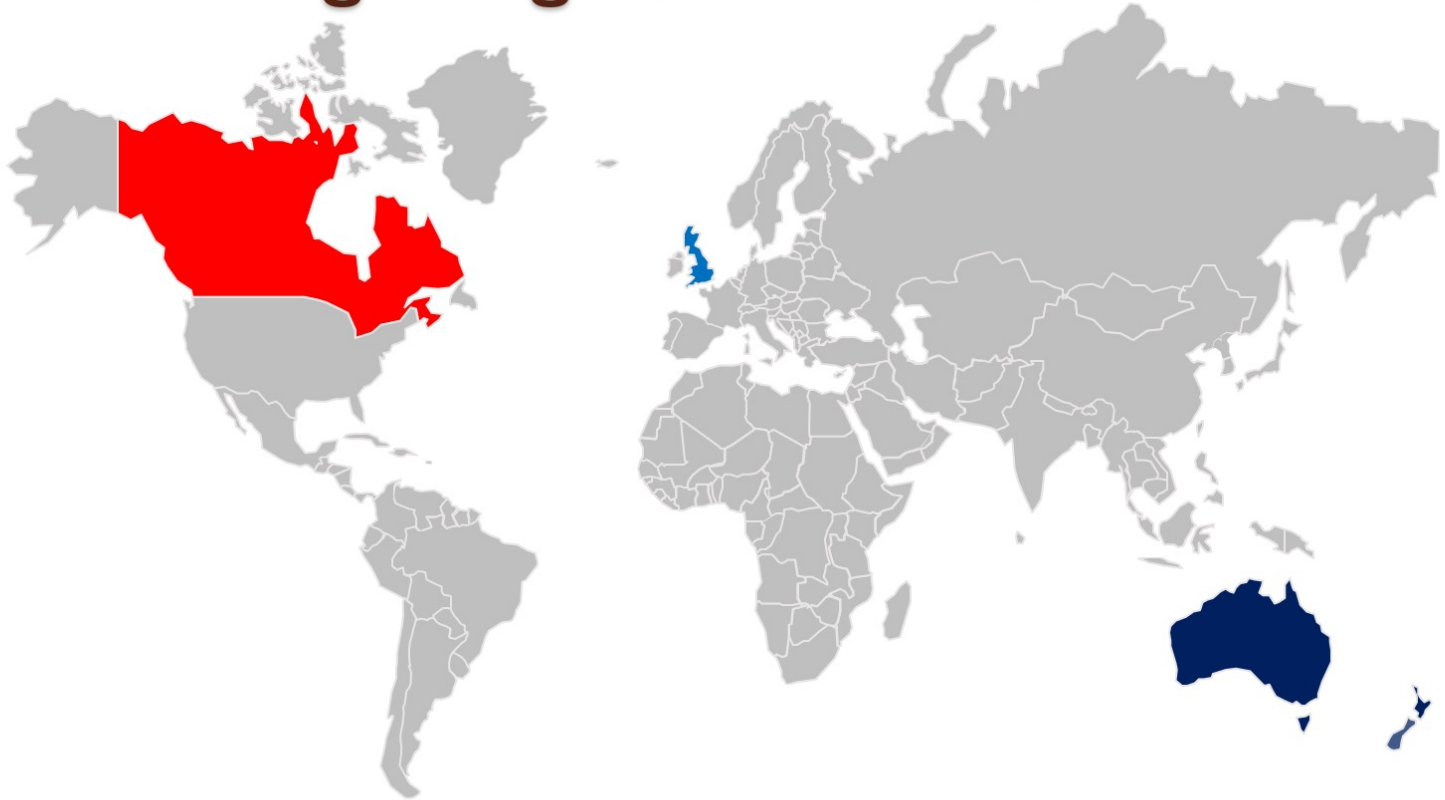


International approaches to recognising obstetric medicine



Dr Winnie Sia

Dr Anita Banerjee

Dr Rebekah Shakhovskoy

The UK approach to recognising obstetric medicine

Anita Banerjee

Obstetric Physician

Diabetes and Endocrinologist



@anitaobsmed

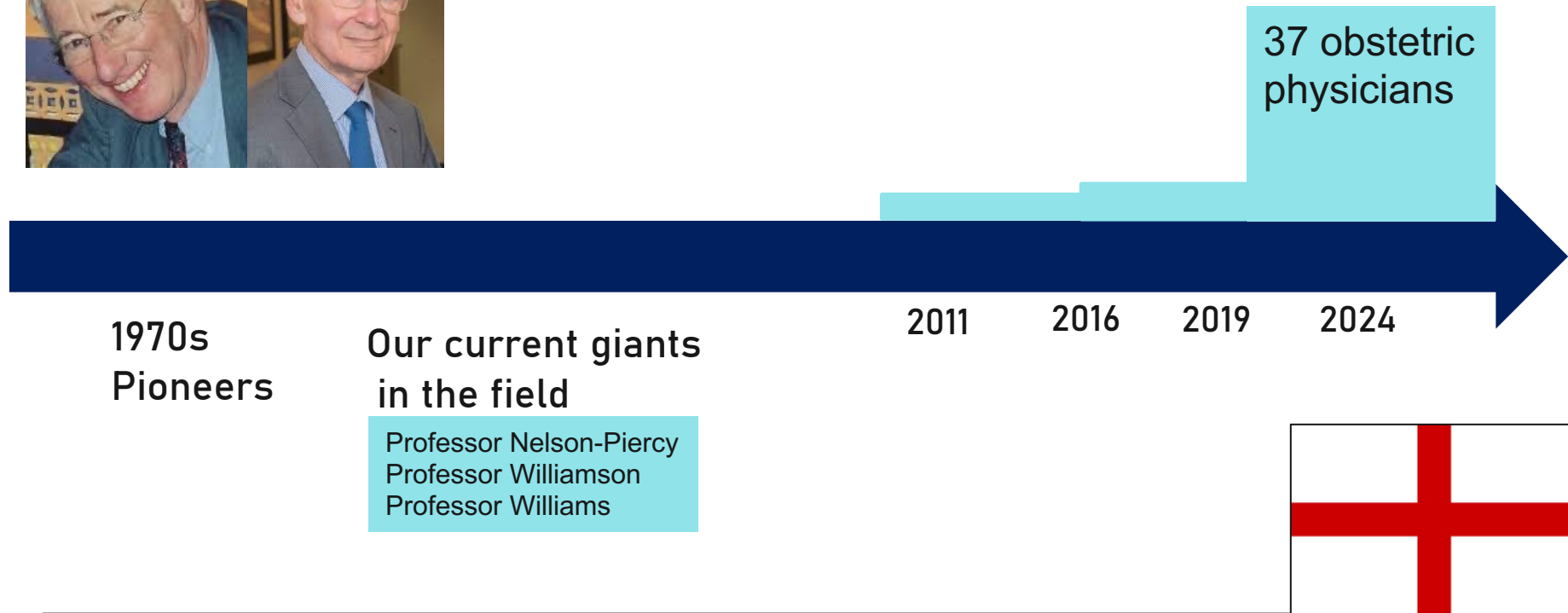
Pregnancy



Outline

1. Obstetric Medicine Physicians
2. Training, accreditation, recognition pathways, professional development programs
3. Curriculum
4. Employment and credentialling considerations
5. Working towards recognition as a distinct specialty

The journey of obstetric medicine in the UK



Obstetric medicine training: picking up where the licentiate in midwifery left off

Catherine Nelson-Piercy

ABSTRACT – Obstetric medicine for women with medical problems. Medical problems may predate pregnancy.

EDITORIAL

Meeting the increasing need for training in obstetric medicine

Karen Rosene-Montella, Sandra Lowe and Catherine Nelson-Piercy

As increasing numbers of women have a pregnancy with chronic medical problems, the need for obstetric medicine training is increasing.

Editorial > BMJ. 2011 Aug 9;343:d4993. doi: 10.1136/bmj.d4993.

Maternal mortality in the UK and the need for obstetric physicians

Catherine Nelson-Piercy, Lucy Mackillop, David J Williams, Catherine Williamson, Michael de Swiet, Christopher Redman



Original Article

Obstetric medical care and training in the United Kingdom

Adam D Jakes¹, Ingrid Watt-Coote², Matthew Coleman³ and Catherine Nelson-Piercy⁴



Obstetric Medicine
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Obstetric Medicine in the UK: the future and how to be part of it

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Tuesday 30th November 2021
Obstetric Medicine in the UK: the future and how to be part of it

Speakers:
Training opportunities for physicians: past, present and future
Prof Catherine Nelson-Piercy, Professor of Obstetric Medicine, Guys and St Thomas' Hospital

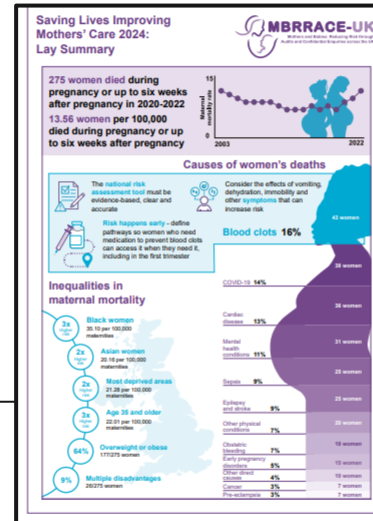
What were the political motivators for the change

Safer Maternity Care

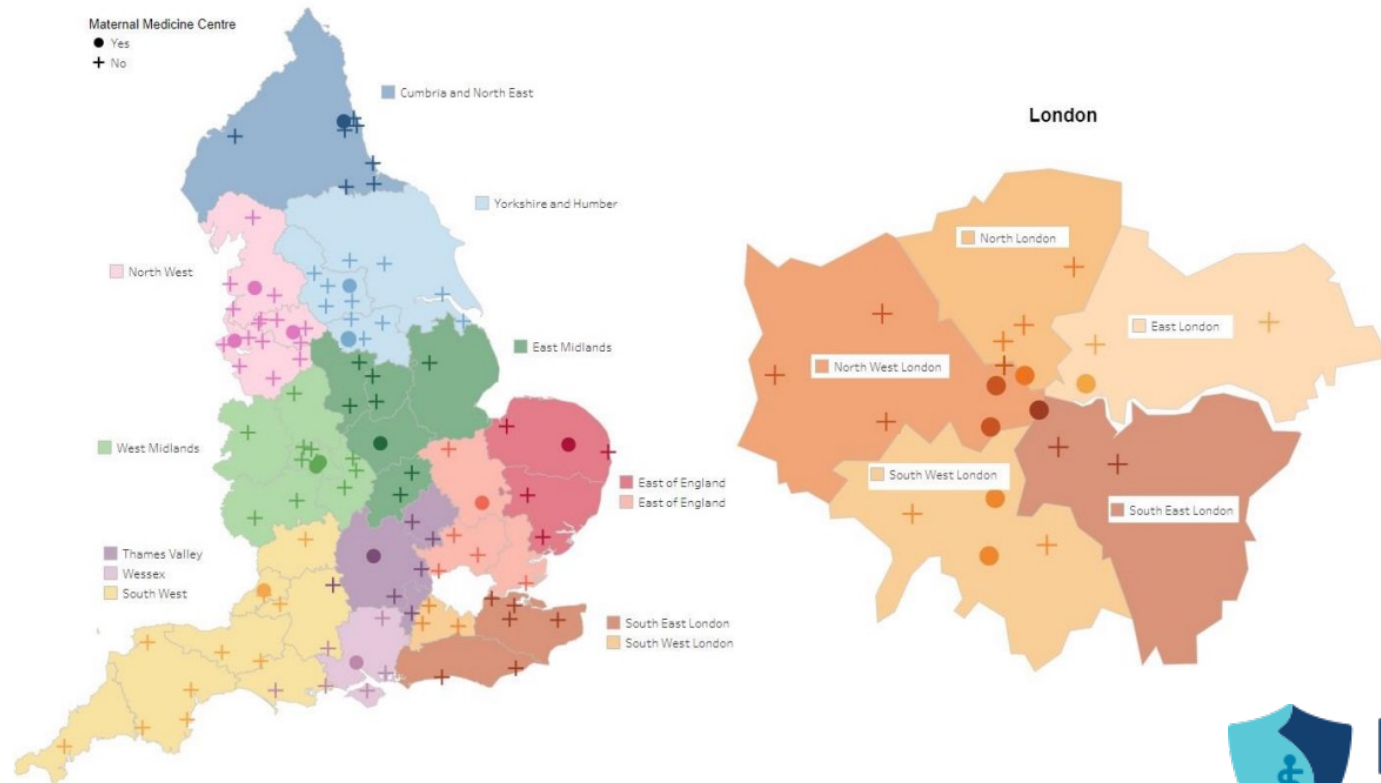
The National Maternity Safety Strategy - Progress and Next Steps

November 2017

- To support local providers and commissioners to meet this aim and to assist with implementation of Saving Babies Lives, new funding to train midwives to have the knowledge, skills and confidence to give very brief advice to women during antenatal appointments and upskilling practitioners (e.g. maternity support workers) to deliver evidence based smoking cessation interventions.
- New funding over three years to train 12 consultant physicians as 'Obstetric Physicians' to be able to establish networked maternal medicine across England. The Obstetric Physician together with an Obstetrician trained as a Sub-Specialist in Maternal Medicine will provide expert care for pregnant women with complex medical problems. They will also provide region-wide leadership and expertise across the whole network to help ensure there is early recognition of problems and access to best practice care.
- A new Atain e-learning programme to support healthcare professionals to improve outcomes for babies, mothers and families through the delivery of safer care with a focus on four clinical areas: respiratory conditions; hypoglycaemia; jaundice; and asphyxia (perinatal hypoxia-ischaemia). An additional module also raises awareness of the importance of keeping mother and baby together.



Maternal Medicine Networks in England



Courtesy of C Frise & L Mackillop

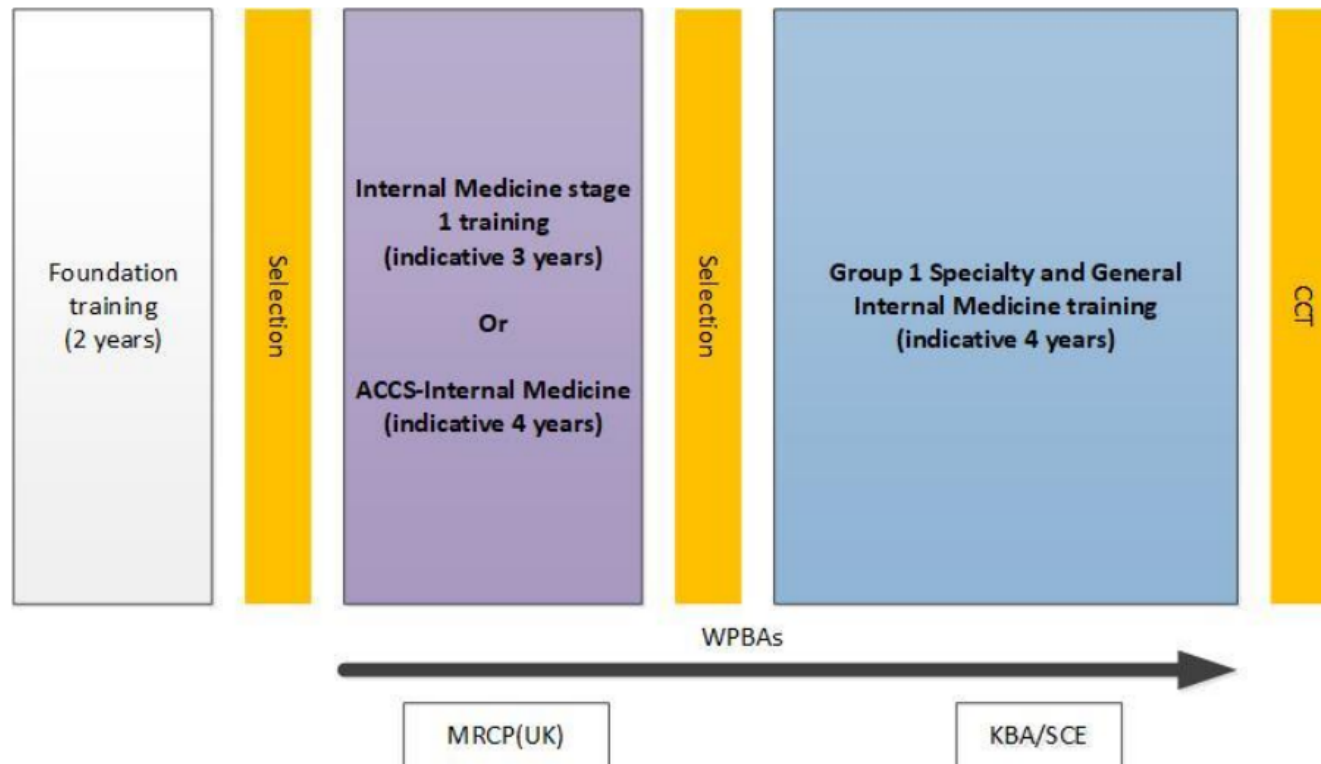


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Guy's and St Thomas' **NHS**
NHS Foundation Trust

Physician Training Pathway in the UK

Figure 1: Training pathway for dual training with group 1 specialties



How was this done?

The Royal College of Physicians, alongside leaders in the field of obstetric medicine developed a credential in obstetric medicine which leads to a Professional Diploma upon successful completion.

The credential can be undertaken by higher specialty trainees (ST5 level or above) in medical specialties, or by post-CCT doctors in physician specialties who are actively involved in delivering joint obstetric and specialist care.

Developing standardised training in obstetric medicine for physicians

Alderman BEP (education fellow),¹ Esma A (specialist trainee in rheumatology, Barts Health NHS Trust),² Banerjee A (consultant obstetric physician and consultant in diabetes and endocrinology),¹ Nelson-Piercy C (professor of obstetric medicine),¹ Parry D (deputy director of education)¹

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C. Department of Obstetric Medicine, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH

Introduction

Obstetric medicine is a branch of internal medicine concerned with the care of women with new onset or pre-existing medical disorders during pregnancy.

Historically, experience was often individually negotiated, eg by undertaking 'out-of-programme' training, by selecting obstetric medicine as the 'specialist skill' element of acute medicine training, or seeking outpatient experience alongside their parent specialty training.¹ There has previously been no nationally standardised career pathway or recognised certification in this field for physicians.

As part of the refreshed 2017 maternity safety strategy,² several initiatives were proposed to improve maternal outcomes. One was the training of additional obstetric physicians to establish networked maternal medicine across England, providing timely and expert care for women with complex medical problems and training for health care professions to manage complex pregnancies.

Methods

The Royal College of Physicians, alongside leaders in the field of obstetric medicine, have developed a credential in obstetric medicine which leads to a Professional Diploma upon successful completion. The credential can be undertaken by higher specialty trainees (ST5 level or above) in medical

specialties, or by post-CCT doctors in physician specialties who are actively involved in delivering joint obstetric and specialist care.

More information is available via the QR codes (Fig 1).



Fig 1 QR code links to further information about credentials in obstetric medicine.

Implications

To date, one trainee and one consultant have successfully completed the programme, with a further four trainees and two consultants enrolled or awaiting a start date. At present, physicians wishing to undertake the credential must do so at one of four approved centres (Guy's and St Thomas' NHS Foundation Trust, University College London Hospitals NHS Foundation Trust or Imperial College Healthcare NHS Trust), but as more physicians are trained, further centres will be established thus making it easier and more attractive for a wider range of physicians to undertake additional training in obstetric medicine. ■

References


1. Jakes AD, Watt-Coote I, Coleman M & Nelson-Piercy C (2017). Obstetric medical care and training in the United Kingdom. *Obstetric medicine*, 10(1), 40–42.
2. Department of Health. *Safer maternity care: the national maternity safety strategy – progress and next steps*. London: DH, 2017.



Physician Training Pathway in the UK

The physician training pathway – group 1 specialties (dual CCT)




 Home > Courses > Higher Specialty Trainee Obstetric Medicine Credential

Higher Specialty Trainee Obstetric Medicine Credential

The Royal College of Physicians (RCP) credential in obstetric medicine has been designed for higher specialty trainees with an interest in obstetric medicine, who wish to gain a credential in this specialist area.

This is a learner-led credential. You will need to plan your own learning and identify opportunities to gain the knowledge and expertise required to complete the credential. You will be supported by an educational supervisor in an obstetric medicine training centre who will provide guidance during your training period there, and advice on how the knowledge and skills developed during the credential might be used when you return to your usual clinical environments.


 Home > Courses > Post-CCT Obstetric Medicine Credential

Post-CCT Obstetric Medicine Credential

Welcome to the Royal College of Physicians (RCP) credential in obstetric medicine. It has been designed for post-CCT (or equivalent) physicians with an interest in obstetric medicine, who wish to gain a credential in this specialist area.

This is a learner-led credential. You will need to plan your own learning and identify opportunities to gain the knowledge and expertise required to complete the credential. You will be supported by an educational advisor in your obstetric medicine training centre who will provide guidance during your training period there, and advice on how the knowledge and skills developed during the credential might be used when you return to your usual clinical environments.

Curriculum

		1 st interim meeting	2 nd interim meeting	Completion
Obstetric Medicine Credential CiP <i>For pregnant women, postpartum women and where appropriate, for women with medical conditions/problems who are planning a pregnancy:</i>		Minimum Level	Minimum Level	Level
1. Manage acute referrals in maternity assessment unit/accident and emergency department/medical assessment unit		2	3	4
2. Provide continuity of care to medical in-patients		2	3	4
3. Manage outpatients with long term conditions		2	3	4
4. Manage medical problems across the range of specialties		2	3	4
5. Manage an MDT including discharge and forward planning		2	3	4
Level descriptors: Level 1: Entrusted to observe only – no provision of clinical care Level 2: Entrusted to act with direct supervision Level 3: Entrusted to act with indirect supervision Level 4: Entrusted to act unsupervised				

Expansion of obstetric medicine training centres

Established training centres**

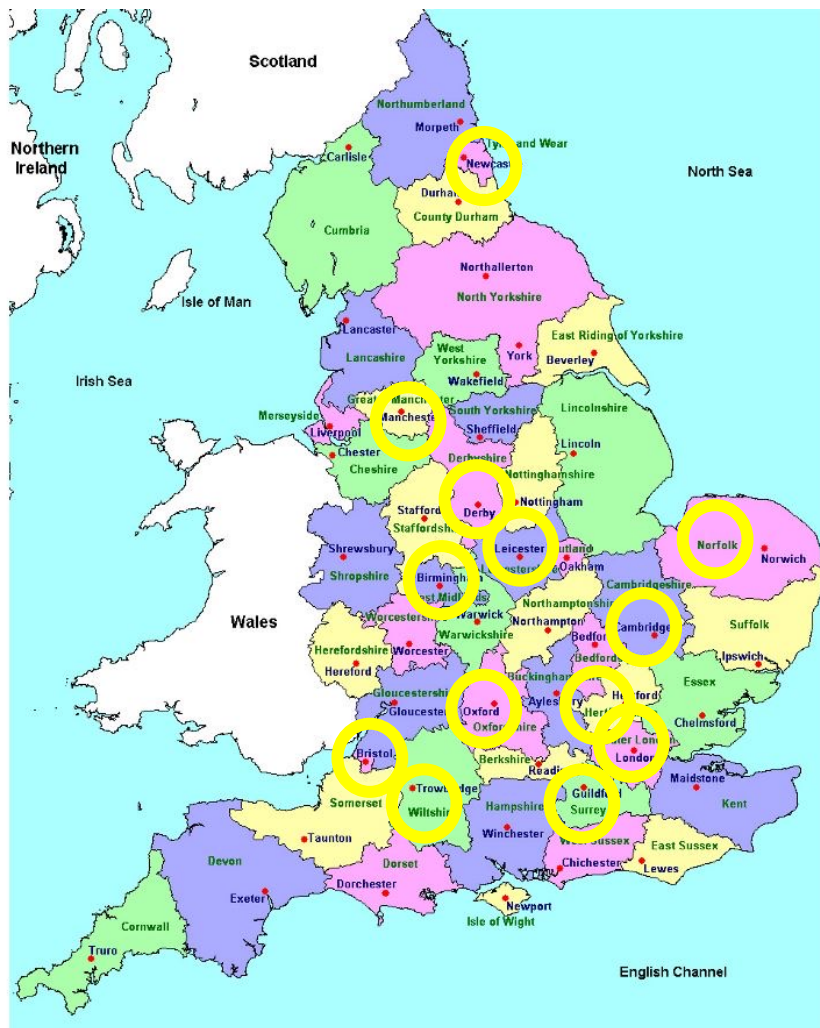
- A number of centres were invited to apply to be part of a pilot in 2023
- Expansion of the number of training centres is planned for 2025
 - the strategic aim is to get better national coverage

Training programs:

- *London 3 sites
- *Oxford
- Manchester
- Bristol
- Norwich



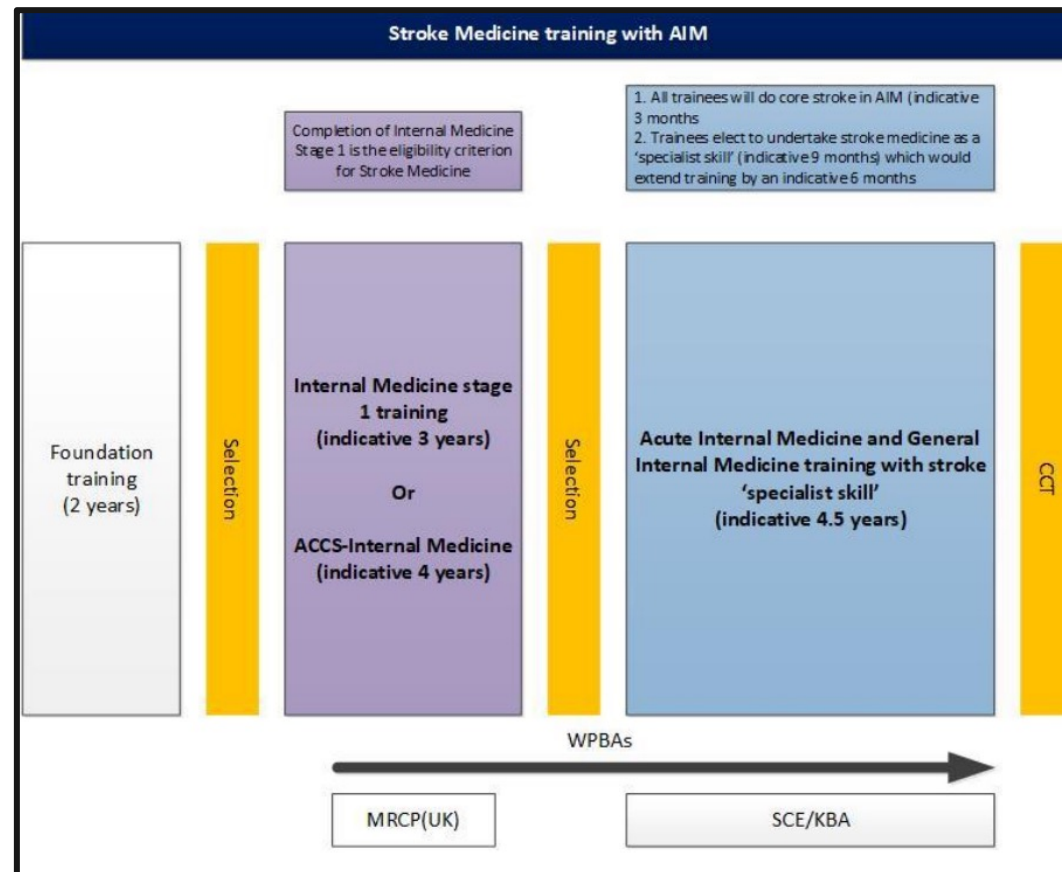
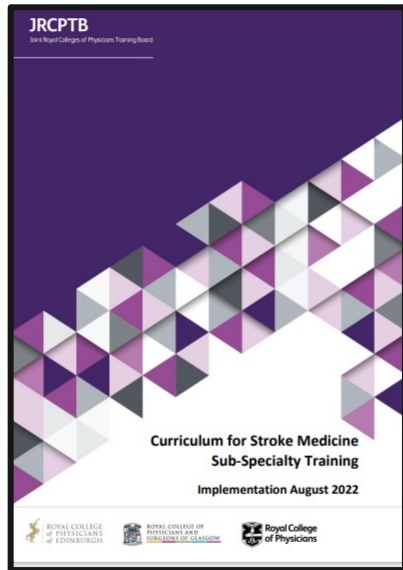
Current status



Locations
London
Norfolk and Norwich
Oxford
Birmingham
Manchester
Leicester
Luton
Newcastle
Royal Surrey
Bristol
Wolverhampton
Derby
Bath
Kent
Sheffield

Specialties
6 renal
2 cardiac
1 obs med
1 general
2 clin pharm
8 diabetes
2 critical care
3 rheum
12 acute medicine

Next steps to be recognised as a sub-speciality



Next steps.....



GMC to recognise obstetric medicine as a sub-speciality

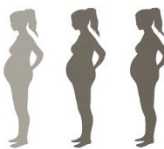
- Document is being prepared to the four nations making a case for obstetric medicine to be recognised
- No FEE to pay for the process
- Accreditation on hold since the GMC have paused credentialing

Thank you for listening

It's better to ask:

Let's work together to prevent maternal morbidity & mortality.

Direct Indirect

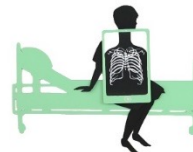


2/3 die from a medical or mental health condition

Maternal Mortality

32% Direct	Thrombosis Sepsis (blood infection) Haemorrhage Pre-eclampsia	Anesthetic fluid Embolism Sepsis (blood infection) Anaphylaxis
68% Indirect	Cardiac Disease Sepsis (blood infection) Neurological (fitting, stroke) Diabetes Cancer	

I'm breathless



Never make the assumption that symptoms are just caused by pregnancy.



We must listen and go in search of an explanation.

23% of maternal deaths are from a cardiac cause.



Appropriate assessment and treatment is key.



Search for cardiac causes of perinatal bradycardia or chest pain.



Don't stop medication.



Warning sign: epilepsy or first seizure in pregnancy is an urgent situation!



Phone referral to neurology is necessary.



Trusting is safe and should not be withheld.
Safe imaging includes:
- MRI
- CT head
- Prompt treatment with antibiotics/antivirals essential.



Be aware of any pre-existing medical conditions.



1% causes 10% of maternal deaths. It is important to reassess risk.



Pay special attention to women with complex social backgrounds.



...a history of substance abuse, or pre-existing mental health problems.



If communication is difficult, enlist the help of an interpreter.

By working as a team we can stop women from dying.



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