

## **BMFMS bursary – 2014**

BMFMS travel grant was awarded to me in Jan 2014 for the purpose of establishing Joint Ultrasound training programme in a tertiary referral centre and a postgraduate training centre in India, JIPMER. I organised a pilot workshop for a day in April 2014, which was meant for faculty and postgraduate students in JIPMER. This was well attended and received. I utilised this workshop and the CME that followed to raise awareness about the evidence based obstetric ultrasound and fetal medicine practice, as it is carried out in the UK. I visited the sonography facilities and suggested changes and improvements. I was in touch with the faculty to develop this. Due to subsequent organisational changes and the leaving of the co-ordinating interested facility in the other end, it could not be proceeded further. Nonetheless, this workshop stimulated interest in the training of obstetric ultrasound among the faculty and trainees and set up the standards that need to be achieved for obtaining competency in obstetric ultrasound.

Following the success of this, I was invited by another postgraduate medical institution, Tirunelveli Medical College Hospital. I agreed to visit in June 2016. As an introduction, I gave a talk on “Frontiers of Fetal Medicine” conducted at Tirunelveli. This was not only attended by the faculty and trainees, also by the local practising obstetricians. This was an eye opening talk for them, who have traditionally relied upon radiologists to do most of their growth scans and anomaly scans, especially. There is no clear pathway for cases where fetus was diagnosed with abnormalities on scan. There is a large gap in the understanding by obstetricians about interpretation of scan findings. There is no structured first trimester screening programme that is in place. This CME was received well and generated lots of questions among the practising obstetricians about the interphase between obstetrics and fetal medicine. Also, I encouraged obstetricians to get trained in obstetric ultrasound and Doppler scans. A few radiologists also attended and shared their challenges in dealing with findings, with no invasive testing being offered in the town. A need for structured training programme to be available in the government teaching institutions was felt by the attendees.

This was followed by a ultrasound workshop in the local government teaching hospital. There was a medium grade ultrasound available in the government teaching hospital with postgraduate training, which was used by the local faculty for measuring basic biometry. However, there was no consistency or confidence among the faculty. Postgraduate trainees suffer from lack of exposure to ultrasound training during their obstetrics and gynaecology training. I organised a workshop on the 20<sup>th</sup> June 2016, which was originally planned for 2 days, but was reduced to one day, due to their local health regulatory quality visit, which was announced at a short notice after the workshop was confirmed. The workshop was arranged in the department and was attended by the faculty and postgraduate trainees. I demonstrated the scanning techniques, operating machine, scanning in different trimesters, communication of the results with the patients, writing a report. The faculty and trainees were very engaged, enthusiastic and asked relevant questions. Clearly, the need to learn further was evident. Following this, I have been in touch with an interested faculty, who is keen to moderate the training with external support from me. I have prepared a scoring system, which I introduce to them during the workshop. Using the scoring system, I intend to monitor their progress.

#### Success:

I have got invitation from another Government postgraduate institution in a remote North-Eastern state (Tripura) in India to organise a similar workshop in the future and to continue the work of establishing a training for their trainees.

#### Opportunities:

While in India, many private institutions have advanced obstetric ultrasound practice. Training is available in a very few private hospitals. Government hospitals get funding from government, but lack skilled hands to support training in obstetric ultrasound as part of obstetrics and gynaecology training. Radiology trainees and faculty get opportunity to do obstetric ultrasound, but do not have a clear protocol or pathway. There is very little collaboration between private and Government institutions. There is scope for collaborative work between institution such as British Maternal Fetal Medicine Society or Royal College liaise with Indian Radiology society and FOGSI (Federation of Obstetrics and Gynaecology society of India) to establish basic and advanced obstetric ultrasound training nationally. This will establish the role of RCOG/BMFMS as pioneers in obstetric ultrasound education and training abroad.

#### Challenges:

As an individual, difficulty in getting time off from my busy clinical work at times of staff shortage in fetal medicine delayed the start and reduced the amount of physical time I could spend in establishing the training in the institutions. Co-ordinating visits was a challenge, which I could overcome with perseverance and communication.

Finally, I would like to extend my sincere thanks to BMFMS for funding this invaluable opportunity, which has made me appreciate the high standards of obstetric ultrasound practice in the UK, which I had taken for granted during my training and work as a consultant in the NHS. This opportunity has made me more committed in facilitating to establish a similar practice in Government institutions in places, which lack even basic ultrasound practice.