

# Virtual Multi-Disciplinary Faecal Microbiota Transplant (FMT) Multi-Disciplinary Team and Steering Group.

## **Terms of Reference:**

Faecal microbiota transplant (FMT; sometimes known as Intestinal Microbiota Transplant (IMT)) is an established treatment option for recurrent/ refractory *C. difficile* infection (CDI). FMT also has a 'compassionate use' role in non-CDI cases. Since 2014, ICHNT has operated a virtual multi-disciplinary team to discuss each patient that is considered for FMT. These updated terms of reference outline the roles and responsibilities of the group.

## **1. Roles and responsibilities:**

The team will decide suitability for FMT (along with other relevant clinical details, such as preferred route of administration) based on factors including safety, rationale, likely effectiveness and availability of alternative treatment options.

## **The FMT team will:**

- Consider each case referred to the group for suitability for FMT.
- Oversee the application of FMT +/- other microbiome therapeutics in patients both based within and outside of the Trust.
- Review the outcomes of all cases referred to the group annually, and report on acceptance, outcomes, duration of therapy and associated cost.
- Contribute to ICHNT guidelines where FMT is mentioned as a potential treatment based on national and international guidance.
- Review ICHNT DATIX incidents that relate to FMT and implement necessary action points.
- Assist with education and training (where appropriate) of Trust staff regarding the role of FMT in clinical practice.
- Collaborate, support and assist with research related to FMT +/- microbiome therapeutics.

## **Members will:**

- Respond to all considered cases within 72 hours of referral (suggesting a suitable deputy where they feel they cannot comment because of lack of knowledge/ experience, conflict of interest, or other reason).

- Actively contribute to discussions and facilitate delivery of practical aspects of the Trust FMT service, including issues related to designated laboratory space and equipment, donor screening approaches, and service regulation.
- Actively contribute to any discussions regarding governance of FMT +/- other microbiome therapeutics within the Trust setting.

## 2. Operational aspects of the service:

- Following referral, a summary of the patient's case (including pertinent history, examination findings and investigation findings) will be emailed (via: [imperial.FMTvirtualgroup@nhs.net](mailto:imperial.FMTvirtualgroup@nhs.net)) to all members of the virtual group; a deadline for response will be given. If further clinical details are required, the referrer will be asked for these. A case/reference number will be assigned.
- Indications for FMT (particularly related to non-CDI) cases will be agreed by the virtual group team and ARG, and kept under review by both bodies based upon available evidence.
- It is also expected that any proposed updated indications will be approved by the Directorate within ICHNT which principally cares for this disease type/ patient group. In consistency with current BSG/ HIS UK FMT guidelines and an expert consensus document, the following conditions will not usually be considered as indications for FMT:
  - Irritable bowel syndrome (IBS)/ functional gastrointestinal disease.
  - Hepatic encephalopathy.
  - Metabolic syndrome and obesity.
  - Attempted decontamination of an intestinal organism detected by intestinal PCR/ gut microbiome sequencing technologies alone, without supporting evidence of culture, and evidence of invasive infection.
- Where more clinical information is considered pertinent by the virtual group to enable MDT decision making, the referring clinician will be contacted to ask for this.
- Approval by three of the virtual group (agnostic of their clinical specialty) will be accepted as approval for FMT, based on the available information.
- The final virtual group MDT outcome will be documented on Cerner.
- If the MDT is unable to reach a consensus decision, then the referrer should contact a second UK FMT centre (either Guy's and St Thomas' FMT Service, or University of Birmingham Microbiome Treatment Centre) for their opinion; based upon this second centre's decision, the Imperial MDT will then decide if they will offer FMT themselves, or advise provision from the second centre.

- If the referring clinician disagrees with the conclusion of the virtual group, they will be advised to directly contact a second UK FMT (as per last paragraph) to enquire regarding provision of FMT from them.
- Where the capsulised medicinal product EBX-102-02 is the preferred route of FMT, and is available, the Infection Pharmacy team will be emailed (via: [imperial.pharmacistteam\\_infection@nhs.net](mailto:imperial.pharmacistteam_infection@nhs.net)) and the product will be prescribed on Cerner by the requesting clinician.

N.B. Where a clinician wishes to prescribe FMT to a private patient in the Trust, they will also be encouraged to proceed via the route recommended above, but they are able to use their own clinical autonomy to decide the best course of treatment, with FMT prescription by them without virtual group input at their own risk.

### **3. Governance and reporting:**

- A meeting of the FMT team as a steering group will be performed at least quarterly, for review of all operational aspects of the service. This will include review of the current indications for FMT, including any new clinical evidence which may inform modification of the indications.
- The IMT service will report to the Antimicrobial Review Group quarterly.
- An annual report will be produced noting acceptance, outcomes, duration of therapy and associated cost and will be submitted to ARG and the New Drugs Panel (if requested).

### **4. Membership:**

The Virtual Group shall have the following membership:

- Three Consultants in Gastroenterology and Hepatology
- Four Consultants from the infection service (including one from each of Infectious Disease/ Microbiology/ Pharmacy)

### **5. Frequency of meetings:**

- Discussion of cases in the MDT will be *ad hoc*, with the virtual group convened over email following every referral.
- Steering group meeting will be at least quarterly.

### **6. Terms of reference review:**

- To be reviewed on an *ad hoc* basis.

**Authors: BHM/ HRTW/ MG/ FMT MDT members January 2025**

## References:

- Mullish, B. H., B. Merrick, M. N. Quraishi, A. Bak, C. A. Green, D. J. Moore, R. J. Porter, *et al.* "The Use of Faecal Microbiota Transplant as Treatment for Recurrent or Refractory *Clostridioides Difficile* Infection and Other Potential Indications: Second Edition of Joint British Society of Gastroenterology (Bsg) and Healthcare Infection Society (His) Guidelines." *Gut* 73, no. 7 (Jun 6 2024): 1052-75.  
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- NICE. *Faecal Microbiota Transplant for Recurrent Clostridioides Difficile Infection - Medical Technologies Guidance - Reference Number:Mtg71*. National Institute of Health and Care Excellence (2022). <https://www.nice.org.uk/guidance/mtg71>.
- S, Porcari, Mullish BH, Asnicar F, Ng SC, Zhao L, Hansen R, O'Toole PW, *et al.* "International Consensus Statement on Microbiome Testing in Clinical Practice - Pubmed." *The lancet. Gastroenterology & hepatology* 10, no. 2 (2025 Feb).  
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