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Dear Colleague

CORE MANDATORY UPDATE TRAINING FOR MIDWIVES AND OBSTETRICIANS

In June 2017, Healthcare Improvement Scotland published their report on the Review of Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran (Adverse Events). Recommendation 7 stated that: *NHS Scotland should develop and agree a list of mandatory skills and competencies for maternity services to support ongoing training programmes in NHS boards.*

Following this recommendation, NHS Education for Scotland facilitated a short life working group to identify a package of core mandatory update training for midwives and obstetricians. The group has reported to the Scottish Government and this letter outlines actions required of NHS Boards to ensure that all midwives and obstetricians undertake core mandatory update training as outlined at Annex 1.

Action required of NHS Boards:

- Boards should establish systems and processes to ensure that midwives and obstetricians undertake training in line with Annex 1 from 1 April 2019;
- Boards should monitor uptake of this training, submitting a report to The Scottish Government as required.

We will request progress updates in December 2019 and again towards the end of 2020.

Yours sincerely

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From

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Addresses

For action
Nurse Directors
Medical Directors
Heads of Midwifery

For information
Chief Executives
HR Directors

Further Enquiries

Core element of mandatory update training for midwives and obstetricians

1. Background

NES invited a group of relevant stakeholders to attend three meetings with the aim of:

- agreeing what core mandatory update training (CMT) for midwives and obstetricians should include;
- agreeing the scope of what was already available that could be utilised or adapted;
- identifying relevant gaps and learning resources that may need to be developed;
- and considering the workforce implications of the time required to complete the training.

Following a review of the evidence available from relevant reports and policy documents the working group agreed that core mandatory update training for midwives and obstetricians should be the same for both groups and should include learning and skills development in two crucial areas: fetal heart monitoring and obstetric emergencies. The Group recommended that:

- NHS Boards will ensure that midwives and obstetricians undertake mandatory training in fetal heart monitoring and management of obstetric emergencies in a multidisciplinary setting.

2. Content and delivery of CMT

The group recommended that this training should be delivered as follows.

2.1. *Fetal Heart Monitoring*

On an annual basis, all midwives and obstetricians will undertake clinical training in fetal heart monitoring in a multidisciplinary setting, such as regular CTG review meetings or local face-to-face bespoke unit training, in line with the Maternity and Children Quality Improvement Collaborative CTG package. This should be a minimum of two hours per year. It is important that aspects of intermittent and continuous monitoring are included in the clinical training where appropriate.

Additional to this, all midwives and obstetricians will complete either the K2 or the Royal College of Midwives (RCM)/RCOG eLearning package at least every two years. The agreement of which package will be suitable to meet the needs of individual practitioners should be a personal decision, however as K2 has a cost this may be determined by the employing organisation.

2.2. *Obstetric Emergencies*

On an annual basis, all midwives and obstetricians will undertake a recordable update session (equivalent to at least two hours of learning) relevant to their area of practice. This could include the use of PROMPT style team working sessions, or NHS Education for Scotland (NES) nationally developed team or individual based learning.

In addition to this, all midwives and obstetricians will complete an adapted SCOTTIE or PROMPT full day session at least every two years. Indicative content of SCOTTIE would include: Early assessment, communication and referral, human factors, situational

awareness, obstetric haemorrhage, eclampsia, maternal resuscitation, shoulder dystocia, twins, breech, cord prolapse, uterine inversion, sepsis.

2.3. Neonatal resuscitation

It is recognised that clinical midwives also require CMT in neonatal resuscitation. This should be 4 yearly attendance at a Scottish Neonatal Resuscitation Course (SNRC) or Neonatal Life Support Course (NLS). With yearly one-hour local updates.

These core elements are represented diagrammatically in Appendix 1.

3. Resource implications of introducing CMT

3.1. Workforce

NHS Boards and the RCOG curriculum currently outline a range of update training requirements for midwives and obstetricians. Fetal monitoring, obstetric emergencies and neonatal resuscitation already feature in this, although there is variation in application and method of delivery across Scotland. Over a four year period, the recommendation for CMT would mean a requirement of 4 hours for obstetricians and 5-5.5 hours for midwives in two of the years; one year 18.5-19.5 and 19.5-21 hours would be required respectively; and one year 18.5-19.5 hours would be required for obstetricians and 26-27 hours would be required for midwives.

Obstetricians have protected time for educational development. Midwives currently have a 2% predictable absence allowance for study built into the midwifery workload and workforce planning tool. This equates to 33 hours per annum for each full-time midwife for all statutory, mandatory and continuous professional development activity. As currently, where Boards have a percentage of part-time midwives, this should be factored into consideration of the local context within the common staffing methodology to determine local workforce requirements and to inform the development of learning and education plans. Additional time may also be required for trainers to deliver sessions/review meetings, which should also be taken into account when considering workforce requirements at a local level.

The Heads of Midwifery in Scotland undertook work to understand the corporate statutory and mandatory training for midwives in addition to that identified for CMT. They identified that this equated to between 9.45 and 15 hours per annum per midwife; there is variation across Scotland and the frequency of training requirement ranges from once, through to annually or every three years.

NHS Education for Scotland has confirmed that the training courses outlined above are available, with limited capacity to expand within current resources and NES will require to consider this in partnership with Boards and the CNO.

