

Maternity Training and Preceptorship Policy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate.

This guideline is for use by the following staff groups:

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate.

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This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
December 2022	New version of Maternity training guideline approved	MGM
August 2023	Amended to address the detail of CNST year 5 in order that all sessions align with the Core Competency Framework v2	MGM
February 2025	<ul style="list-style-type: none">Contents page addedPool Evacuation training addedMSW/ MCA Training Day addedAntenatal and Newborn training online training removed and replaced by face-to-face MMT slotPrompt and SBL training sessions increased from 15 to 16 per yearFetal Monitoring Study Day 15 to 18 per yearScanning midwives' requirements training addedBlood transfusion training aligned with blood track requirementsMedicines management added	MGM

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Introduction: Maternity Training

Worcestershire Acute Hospitals NHS Trust is required by law to ensure that staff undertake training specific to the nature of their working environment. The Maternity Services / Obstetric Directorate have mandatory maternity-specific training which is identified by the Training Needs Analysis Matrix (Appendix A) which encompasses trust Key Performance Indicators (KPIs). This is supported by the mapping of annual required delegates to meet required compliance (Appendix B)

A well-trained workforce is an essential element to risk management and quality governance agenda. Mandatory maternity-specific training is necessary to ensure that staff acquire the skills and knowledge to react appropriately during emergency situations and to deliver the highest standards of care to our mothers and babies.

Introduction: Preceptorship

The Nursing and Midwifery Council (NMC) state that all newly registered practitioners receive preceptorship in their first-year post-registration. Worcestershire Acute Hospitals NHS Trust (WAHT) recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert. WAHT-CG-636 is the trust policy that sets out the overarching guidance for the preceptorship procedure within the trust and is based on recommendations set out by the Department of Health and National Frameworks.

A robust preceptorship period with effective support, guidance and development for Newly Qualified Midwives (NQM) is essential to a more successful transition. The benefits of implementing a comprehensive programme are; development of confident and competent practitioners who feel valued and respected, allows the identification of individuals that require further support, leads to enhanced patient experience with high standards of practice and care at all times.

Scope of the Guideline: Maternity Training

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate. It also covers the bank/agency staff that book shifts to work within the maternity department. If bank/agency staff training is not compliant then shifts will not be able to be booked. *This policy does not include detailed information relating to Mandatory Trust Training. Information for this can be found in Mandatory Training Policy WAHT-HR-039.*

Intranet link - [Maternity Training & Development](#)

Scope of Guideline: Preceptorship

This policy is a maternity specific preceptorship framework which runs in conjunction with the trust preceptorship policy (WAHT-CG-636). It outlines the expectations for all NQM who are employed by the trust and are enrolled on the maternity specific preceptorship programme.

1. Definitions

1.1 Training Needs Analysis

The Training Needs Analysis (Appendix A & B) outlines the full list of agreed mandatory maternity-specific training. This is reviewed every 12 months by the Maternity Training team and presented at Maternity Governance. The TNA is created from National guidance and local developmental needs.

1.2 Mandatory Maternity Training

Mandatory maternity training encompasses any compulsory training that the maternity / obstetric/ anaesthetic service requires its employees to undertake in order to ensure a well skilled workforce.

This training is essential in order to:

- Comply with the law and requirements of regulatory bodies
- Carry out duties safely and efficiently
- Protect staff, women, babies and the public from harm
- Comply with Trust Policies
- Comply with CNST yearly requirements
- Improve the skills and knowledge of maternity service staff
- Comply with the future requirements for midwives and revalidation from the Nursing and Midwifery Council (NMC)

1.3 Mandatory Core Skills Trust Training

Training deemed mandatory for all staff employed by the Trust and outlined in the Mandatory Training Policy WAHT-HR-039. The Maternity Services / Obstetric Directorate TNA supports and compliments the Trust's training policy.

1.4 Communication Platforms

Within the Maternity department at WAHT there are several platforms in order to gain further information, training opportunities, live updates of training. These include the closed Facebook group (Worcestershire Maternity Staff), Effective handover, Email, Notice boards and Padlet (for Band 5's)

Access to the Preceptorship Padlet – Preceptee Information

<https://padlet.com/preceptorshipleadmidwife/2apg5q6ico6rx4jj>



2.0 Content of mandatory maternity specific training

In collaboration with national maternity and neonatal partner organisations including the Royal Colleges, Neonatal Critical Care CRG, HSIB, NMC and NHS Resolution, the Maternity Transformation Programme has led on the development of a Core Competency Framework (CCF) to address known variation in training and competency assessment and ensure that training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service.

In May 2023, Version Two of the CCF was released and so existing training plans have been updated in alignment with Version Two. <https://www.england.nhs.uk/publication/core-competency-framework-version-two/>

All 6 core modules in V2 of the Core Competency Framework (CCFv2) must be covered as detailed in the minimum standards. Trusts must be able to evidence the four key principles:

1. Service user involvement in developing and delivering training.
2. Training is based on learning from local findings from incidents, audit, service user feedback, and investigation reports. This should include reinforcing learning from what went well.
3. Promote learning as a multidisciplinary team.
4. Promote shared learning across a Local Maternity and Neonatal System.

	Core Module	Maternity Division planned sessions	Frequency
1	Saving Babies Lives (SBL) Care Bundle	SBL (M/W and Doctors) MSW/MCA Training Day	Annually
2	Fetal Surveillance in the antenatal and intrapartum period	SBL - Single slot only FMSD (Fetal Monitoring Study Day) - whole day	Annually Annually
3	Maternity Emergencies in Multi-professional training	PROMPT	Annually
4	Equality, equity and Personalised Care	Day 1 MMT	3 yearly
5	Care during labour and the immediate postnatal period	Day 2 MMT Day 3 MMT	3 yearly
6	Neonatal basic Life Support	PROMPT	Annually

Delivery of the training includes consideration of human factors, local transfer processes and guidelines (hospital and community settings), use of locally agreed safety language and communication with women/birthing people, families and staff, particularly where debrief is required as part of emergency scenario training. The training syllabus is delivered locally and based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and proformas.

The local training faculty is multi-professional so that they are representative of the current maternity and neonatal teams, and therefore, in addition to the midwifery educators, there is protected time for obstetricians and anaesthetists to be able to support our local training (See Appendix C).

2.1 Mandatory Maternity Training (MMT)

Duration	3-day programme	
	Day 1	Equality, Equity and Personalised care
	Day 2	Care during labour
	Day 3	Care during the immediate postnatal period
	See Appendix D for programme	
Compliance Framework	CNST– Safety Action 8 Core Competency Framework Version 2. Elements 4 & 5	
Renewable	3 yearly	
Delegates	Day 1,2,3 – All Midwives (hubs/ hospital/community/continuity) Day 1 - MCA's and MSW's; Equality, equity and Personalised Care day only	
Access	Dates allocated by Maternity Training team and added to e-roster	
Type of Training	In – house training	
Target Compliance	90%	
Faculty	Multi-disciplinary faculty	
Monitored	Maternity Dashboard/ Governance/ essential to role (ESR)	
Course Information	Programme sent out via NHS email accounts two weeks prior to session	
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts	

2.2 Saving Babies Lives: A Care Bundle for Reducing Perinatal Mortality (SBL)

Duration	1 day programme	
	See Appendix E for programme	
Compliance framework	CNST - Safety Action 8 Core Competency Framework Version 2 - Element 1 Saving babies lives care bundle version 3	
Renewable	Annually	
Delegates	All Midwives, Obstetricians (Yearly CNST required).	
Access	Dates allocated by Maternity Training Team and added to eroster	
Type of Training	In-house training	
Target Compliance	90%	
Faculty	Multi-disciplinary faculty	
Monitored	Maternity Dashboard/Governance/ Essential to role (ESR)	
Course Information	Programme sent out via NHS email accounts two weeks prior to session	
Other Comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts MSW's and MCA's receive bespoke SBL training on their MSW/MCA annual Training Day	

2.3 MSW/MCA Training Day

Duration	1 day programme See Appendix F for programme
Compliance framework	CNST - Safety Action 8 Core Competency Framework Version 2 - Element 1 Saving babies lives care bundle version 3
Renewable	Annually
Delegates	All Midwives, Obstetricians (Yearly CNST required).
Access	Dates allocated by Maternity Training Team and added to roster
Type of Training	In-house training
Target Compliance	90%
Faculty	Practice Development Midwives/ SBL Leads
Monitored	Maternity Dashboard/Governance/ Essential to role (ESR)
Course Information	Programme sent out via NHS email accounts two weeks prior to session
Other Comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts

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2.4 Practical Obstetric Multi-Professional Training (PROMPT)

Duration	1 day programme See APPENDIX G for programme
Compliance Framework	CNST - Safety Action 8 Core Competency Framework - Elements 3 & 6 Ockenden – IEA 7.1 / 7.2 / 7.4/ 7.5 / 7.9
Renewable	Annual
Delegates	Multi-disciplinary staff to attend (to include all Midwives, all support workers (MSW/MCA) obstetricians and essential anaesthetists (as described by CNST Action 8) Non-essential anaesthetists and representatives from critical care outreach team, obstetric theatre staff, the neonatal team and students may attend, but attendance not included in compliance data
Rotational Medical staff	See appendix H CNST requirement
Access	Dates allocated by Maternity Training team and added to e-roster
Type of Training	In – house training, based on the Maternity Unit (acuity allowing) and CHEC. At least one skills drill scenario will take place in the clinical area/point of care at the discretion of the Maternity Training Team. This provides assurance that operating procedures are safe and robust, and this gives staff confidence in the knowledge of their own clinical area.
Target Compliance	90%
Faculty	Multi-disciplinary faculty (Consultant Obstetrician/middle grade, Consultant Anaesthetist Maternity Training team and Faculty Midwives)
Monitored	Maternity Dashboard/ Governance/ essential to role/ Essential to role (ESR) Anaesthetists not included on ESR upload due to essential and non-essential roles
Course Information	Programme sent out via NHS email accounts two weeks prior to session
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts
Mandatory	Any team member non-compliant in this element of training will be referred to Matrons and above and you may be removed for that clinical area until compliant.
Rotating Medical Staff	Rotating medical staff names are provided by the clinical tutor to the Practice Development Midwife who will ensure training is booked and provided during induction.

2.5 Fetal Monitoring Study Day (FMSD)

Duration	1-day programme See APPENDIX I for programme
Compliance Framework	CNST– Safety Action 8 Core Competency Framework element 2 Saving Babies Lives Care Bundle version 3 Ockenden – IEA 7.5 / 7.6 / 7.8
Renewable	Annual
Delegates	All midwives and Obstetricians (as per CNST)
Access	Dates allocated by Fetal Surveillance Lead Midwife and added to E-roster
Type of Training	In – house face to face training
Target Compliance	90%
Faculty	Multi-disciplinary faculty (Fetal Surveillance Midwife/ Obstetric Fetal Surveillance consultant) Led by Fetal surveillance Midwife wah-tr.fetalsurveillance@nhs.net
Monitored	Maternity Dashboard/ Governance/ Essential to role (ESR)
Course Information	FMSD (Fetal Monitoring Study Day) Programme to be sent out via NHS email accounts two weeks prior to session.
Additional Learning	CTG meetings available weekly on Fetal Monitoring Intranet page. Past CTG meetings available https://nhs.sharepoint.com/sites/RWP_Maternity_Hub1/SitePages/Foetal-Surveillance.aspx?csf=1&web=1&e=wVgyJ&CID=a8349cfa-dd35-4222-b8fe-89fa90d27d28
Assessment	This includes an assessment with a pass rate of 85%
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts.
Mandatory	Any team member non-compliant in this element of training will be referred to Matrons and above and you may be removed for that clinical area until compliant.
Rotating Medical Staff	Rotating medical staff names are provided by the clinical tutor to the Fetal surveillance Midwife who will ensure training is booked and provided during induction.

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2.6 Pool Evacuation Training

Duration	15 Minutes
Compliance Framework	CQC / Manual Handling / Health and Safety at work
Renewable	3 yearly – Physical Evacuation drill Annual – Video recap during PROMPT training
Delegates	Midwives, MSW/MCA
Access	In house
Type of Training	Face to Face
Faculty	Maternity Manual Handling Instructors
Target Compliance	90%
Monitored	Maternity Dashboard/ Governance/ Essential to Role (ESR)
Course Information	This training cannot be completed through ESR – Locally held database updated and ESR manually updated by Maternity Training Administration team

2.7 Manual Handling

Duration	2 hours
Compliance Framework	Trust Mandatory Study – Health and Safety at Work
Renewable	2 yearly
Delegates	All Midwives, All Support Staff (MCA/MSW)
Access	Face to Face Training
Type of Training	In – house training
Target Compliance	90%
Faculty	Maternity Manual handling instructors
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR by Maternity training team from the attendance sheets provided
Course Information	Delegates are expected to stay after MMT for the two hours to complete Manual Handling if training is due. They can also self-book on any course following MMT by contacting Maternity Training Team

3. Additional training

Study leave request forms are required for additional training, these should be submitted to line manager, Matron and learning and development. Study leave will only be approved, and finance granted if all Trust and Maternity Mandatory training is fully compliant (ESR 100%). [Study Leave - Important Information \(worcsacute.nhs.uk\)](https://www.worcsacute.nhs.uk)

3.1 Neonatal Life Support Training (NLS) – Resus Council

- NLS Training is a recognised qualification from the Resuscitation Council UK
- External course provider (Resuscitation Council UK) therefore carries a fee (funded places agreed on TNA)
- Attendance is one full day (0800 - 1800) Pre-course reading and preparation is essential.
- The day carries and assessment of Pass or Fail (practical assessment and written assessment must both be passed)
- Valid for 4 years (at which point you can repeat the course to re-certificate)
- Midwives are advised to attend to maintain competence and practice development
- There are approx. 32 places per year allocated for midwives at WAHT.
- A waiting list is held and allocation from this is made by the Maternity Training team, based on the locally agreed criteria of: Anyone who volunteers/adds name to waiting list, Anyone identified by managers on clinical need, Band 5 midwives who are going directly in the CoC teams (sent by preceptorship lead midwife), Band 7 delivery suite co-ordinators & Meadow Birth Centre core midwives.
- Study leave forms are sent to the CHEC training team for approval and applications for the course are then sent to the Trust Resus Department.

3.2 Newborn and Infant Physical Examination (NIPE) course and annual updates.

Who can perform NIPE?

Only midwives who hold a relevant Newborn and Infant Physical Examination qualification or Neonatal Medical Staff that have received in-house training (by the neonatal team) are able to carry out the full physical examination of the Newborn.

Types of Midwifery Qualification accepted:

- Post-registration standalone module
- Module completion as per Pre-Registration training (now completed by many institutions. Students who completed their midwifery degree at Worcester University September 2022 onwards will be included)

The Newborn and Infant Physical Examination course:

A waiting list for the course is held by the Maternity Training Department, allocation is made from this list to allow for even distribution of staff taken from the clinical area to fulfil the taught and practical days for the course.

The current course utilized is the MACP4011 module (level 7 - 15 credits) at University of Worcester.

Once allocation has been decided and attendance at the taught dates agreed, the process involves a completed study leave form (funded places agreed on TNA) and an application to the University for the stand alone module.

Post-course training requirements for Band 5 Midwives: For Band 5's who have completed the qualification pre-registration, evidence to be forwarded to the Preceptorship Lead Midwife, the annual elfh package to be completed (evidence to be forwarded to the Maternity Training Department) one or two supernumerary shifts to be completed with a NIPE midwife and then NIPE can be performed independently. The recommendation is that at least one NIPE day per month is allocated on the roster for the initial month's post qualification, for the purpose of gaining experience and confidence.

Post-course training requirements for all NIPE trained midwives as per [NHS England » Newborn and infant physical examination: training requirements](#) (further guidance for International midwives (IEM's) and Return to Practice (RTP) midwives see named document)

NIPE Annual learning Framework guidance 2022 - [Annual learning framework guidance - GOV.UK \(www.gov.uk\)](#).

The following 3 elements of the framework are recommended to be completed annually:

- NIPE e-learning module (currently on elfh) Certificates to be emailed to the Maternity Training department for the compliance database and uploading onto ESR.
- Completion of a locally agreed competency assessment including a discussion of national standards, clinical pathways and referrals, training and education resources. This is to be conducted by a practising NIPE examiner.
- Attendance at a local NIPE update session

3.3 Suturing

- The expectation is that all Band 5 midwives complete the suturing training and gain full competence before becoming a Band 6.
- The RCM PEARLS online suturing package must be completed.
- Automatic enrolment via Band 5 Preceptorship programme will take place for the Three-hour practical session led by the Preceptorship Lead Midwife
- Any Staff wishing to book onto this training for personal development (e.g. a long time has lapsed since suturing undertaken) a place can be reserved by contacting the Preceptorship Lead Midwife

3.4 Blood transfusion training

Formed of two parts, theory and face to face training:

Theory

- This is accessed on ESR by going into my learning. Changing courses to learning certification then searching NPSA.
- NPSA 1 - Taking a Blood Sample
- NPSA 3 - Organizing, Receipt and Administration of Blood Products
- All unit and continuity midwives involved in taking samples and the administration of blood products (including Anti D) must complete both of these modules.
- MSWs, Students and Community Midwives only need to complete NPSA 1
- Agency midwives and students who do not have access to ESR need to access the above training through 'digital learning solutions' using a non NHS email.
- This training is repeated 2 yearly

Face to Face Training

- Once the theory has been completed, training on how to use the blood track equipment must then be undertaken.
- This is done by accessing any one of the link midwives on the unit who will complete a competency checklist. This takes approximately 20 minutes.
- New Starters
- Preceptorship Lead Midwives will complete this during the initial induction program.
- Students
- Practice Facilitators will provide student face-to-face training.
- Community Midwives
- Each team should have a dedicated link within their team that can provide this training.
- Continuity, Agency Midwives and MSWs
- Blood transfusion link midwives are available across the unit both during the day and night shifts. Any staff in need of training or support with blood track can access these midwives.

Note on Community midwives, although community midwives will have blood track barcodes, they will still be handwriting samples in the traditional way as it is not feasible to take blood track machines into the community environment.

The number on the code will become their new license number.

This face-to-face training does not need to be repeated. Link midwives will be happy to hold refresher training for anyone who would like it.

3.5 Band 7 Labour Ward Co-ordinator course

Band 7 shift co-ordinators will attend an in-house experience day in 2025 including discussions on topics such communication difficulties, challenging conversations, pace assertiveness and articulating expectations. Co-ordinators **may** also be sent on internal Trust led courses or external courses arranged at Matron level.

3.6 Infant Feeding Workshop (one full day) for new starters

- For all new starters to complete once only
- An in-house session facilitated by the Infant Feeding specialist midwives
- This will followed by a 30-minute skill review within 3 months of the training to ensure the training was effective by the Infant feeding specialist midwives.
- All other infant feeding updates completed by midwives on the 3 yearly MMT programme and by support workers yearly on their MSW/MCA day.

3.7 IV Therapy (IVT) / Venepuncture & Cannulation (V&C)

- It is expected that these Trust Led courses are undertaken in the Band 5 preceptorship period and full competency gained in both before becoming a Band 6.
- Courses are bookable via the Trust ESR system. [365 IV Therapy \(Full Study Day\)](#)
[365 Venepuncture & Cannulation \(Full Study Day\)](#)
- There is a Trust requirement to have a V&C / IVT update every 3 years which can be done via a trust led update or a session with a Maternity specific Train the Trainer [365 Venepuncture & Cannulation Update](#) [365 IV Therapy Update](#)
- To remain on the live ESR competency list, evidence of 1x cannulation, 1x venepuncture and 1x IVT should be completed via a competency document which should be sent to the Professional Development team via the Maternity Training team.
- Professional Development Team:
wah-tr.professional-development@nhs.net ext. 38683/44747/53891

3.8 Neonatal IV Therapy

- Once only training using a competency-based document
- The expectation is that all midwives providing inpatient care become neonatal IV therapy trained as part of their holistic care of the newborn.
- Competency document can only be commenced once *General IV therapy Trained* and competent
- On completion – competency document to be returned to Maternity Training Team
- Band 5 midwives complete the document as part of their preceptorship package
- Paper copies of the competency document are available on TCU and can be obtained from Lead Midwife Liz Wall.

3.9 Practice Assessor/Practice Supervisor training

- In accordance with the NMC standards: Practice Assessor/Practice Supervisor training is essential to role for all midwives.
- All qualified midwives must provide evidence of initial training. This may be the full day “Supervisor and assessor workshop” (currently held at Worcester University) or a previous course such as SLAiP (Standards to Support Learning and Assessment in Practice).
- A two hour update every two years is required, bookable on ESR (currently on the TEAMS platform). Compliance and monitoring undertaken by the Trust Practice Facilitator Team
- Generic email for team – wah-tr.midwiferypracticefacilitators@nhs.net

3.10 Scanning midwives post-course training requirements

- Additional training pathways exist for those midwives that are midwife sonographers.
- Data collected and managed by Midwifery scanning team lead.
- Package available on eLearning for health (elfh)
- Package contains learning on screening for Downs, Patau and Edwards, first trimester screening, ANNB screening, NIPT, 20 week scanning & FASP fetal cardiac.

3.11 Medicines Management for Midwives

- All midwives will complete the Trust Medicines Management eLearning package on the ESR system at the frequency dictated by the Trust
- All midwives will also receive an update on MMT every three years.

4. BAND 5 MATERNITY PRECEPTORSHIP PROGRAMME

4.1 Recruitment and allocation of preceptor

- A preceptorship programme is available for all Newly Qualified Midwives (NQM), and these individuals will be identified for enrolment onto this programme at interview and the preceptorship lead midwife will be made aware/involved in the recruitment process.
- The maternity preceptorship programme will run in conjunction with the trust preceptorship programme [WAHT-CG-636] alongside National Frameworks.
- The preceptorship lead midwife is the named preceptor for all midwife preceptees in the organisation. They work clinically alongside preceptees and undertake formal meetings to track progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period. This model of midwifery preceptorship support is recommended and outlined by the national preceptorship framework for midwifery (2023).
- The preceptorship lead midwife is supported by a team of buddy midwives to ensure an extra layer of support if the preceptorship lead midwife is not available. These buddy midwives will have specific training for NQM support which is different to mentorship preparation.

4.2 Preceptorship framework

- Please see Standard Operating Procedure (SOP) **Appendix J** to demonstrate the framework that structures the maternity preceptorship programme for a continuity and community model and unit-based rotation.
- The framework recommends a minimum of twelve months' preceptorship period with the option for sign-off at nine months. The period of preceptorship ends after the preceptee has successfully acquired all necessary clinical skills, competencies and performance requirements of their position and is assessed by the preceptorship lead midwife.
- A supernumerary period is allocated to all new starters and should be protected to allow orientation to all care settings in which midwives provide care. The National Framework states a minimum of 150 hours supernumerary across the year period. The definition of supernumerary according to the national framework states preceptees should be allocated a midwife to work with and will not be counted in the staffing numbers. Please see Appendix K which outlines the amount of supernumerary individuals should expect and definitions surrounding supernumerary for each maternity area. This policy also outlines an escalation flow chart to help facilitate protection of this supernumerary period.
- The unit-based preceptorship programme includes four clinical rotations as evidenced in Appendix L. The 4th rotation will be used for experience within a community/continuity model. If this cannot be facilitated, then this time will be used to return to previous ward allocations whereby gaps have been identified.
- Monitoring of competency and development will be achieved through progress meetings at 1, 3, 6, 9 and 12 months with the preceptorship lead midwife. These meetings should last about an hour to be able to review progress, facilitate reflective discussions, implement support plans if required and ensure pastoral support.
- An initial meeting will be conducted during the induction academy week and will result in an individualised, personalised development plan being jointly agreed by preceptee and preceptor.
- Outline of milestone/timescales are evidenced in Appendix M across the preceptorship period.
- Within the first 12 months, each NQM will meet the requirements of the identified training needs analysis and attend allocated preceptorship study days run by the trust.
- Drop-in sessions available for all NQM which are topic based and tailored to the needs of the band 5 midwife including upskilling workshops and teaching sessions.
- If the framework for preceptorship is not adhered to then this should be escalated to the Preceptorship Lead Midwife.

4.3 Preceptorship Audit

- As an identified specialist preceptorship programme for maternity, it is the responsibility of the preceptorship lead midwife to ensure the quality assurance and content review of the programme delivered to NQM.
- The preceptorship programme is evaluated on an annual basis and adjustments are made to take feedback into account
- Data is collected on the following aspects:
 - NQM recruited to the trust within 1 year of qualifying and eligible for the preceptorship programme
 - Number of NQM successfully completing the programme
 - Newly qualified staff leaving within 2 years of employment within WHAT

4.4 Continuity Specific Preceptorship

- Maximum of 3 NQM per continuity team whereby an effective senior buddy system will be in place to support these numbers.
- An appropriate buddy will be allocated by the continuity lead midwife and preceptorship lead midwife to ensure fairness. The role of the buddy will be defined from the outset to guide expectations.

- NQM will have access to the community manager on call rota and also the continuity team on call rota via the preceptee information Padlet, to ensure they have a senior support network available 24/7.
- Continuity NQM caseload expectations outlined below:
 - A reduced caseload total (pro rata) of 1:23 in the first year of qualification while on the preceptorship programme. This enables the NQM to have the first two months whereby no women are due, then 4 months whereby half the number of women/ birthing people are due. The NQM can then be supported to identify their needs and seek the skills and experiences they require.
 - All NQM should have a caseload from the onset of women on a continuity pathway and begin to book own caseload births as they progress.
 - Following the preceptorship programme completion, the NQM will be able to increase to a full caseload within the continuity model.
- Each NQM must work one of their on calls a week as a shift in the unit for a minimum of 6 months, to ensure adequate exposure to the inpatient setting and enable them to meet their preceptorship competencies. Extension beyond 6 months needs to be negotiated with the continuity lead midwife and the preceptorship lead midwife on an individual basis with a specific learning focus and regular review.
- The expectations of the unit day for continuity NQM are addressed below:
 - Unit day is team on call coverage for intrapartum care and the women on the NQM team need to be prioritised for care (ie DS, MBC or EL LSCS)
 - If there is a homebirth the NQM needs to be freed to attend this with suitably experienced continuity support
 - If no intrapartum care from team expected, the NQM can be allocated throughout the unit where they feel they need their experience. If a team continuity woman / birthing person then comes in at a later point, a discussion between the band 7 delivery suite co-ordinator and NQM should be had to determine if it is deemed appropriate to swap.
 - The remaining continuity team is not expected to cover an 'on call' if there is a NQM on a unit shift
- The Preceptorship Lead Midwife and Continuity Lead Midwife will conduct monthly meetings with the NQM to identify any concerns, discuss individual caseload and care plans as well as enable reflection from on call experiences.
- Continuity NQM's will have the opportunity to attend bespoke continuity forums run by the continuity lead and consultant midwife.

5. RESPONSIBILITY AND DUTIES

5.1. Identification of Training Needs

Identification of training needs by staff group is undertaken annually by the Divisional Director of Nursing and Midwifery (DDNM), Governance Lead and Practice Development Midwife.

The DDNM is responsible for developing the annual training plan in conjunction with the Trust Training and Development Manager.

Where necessary and with agreement of funding directives, the DDNM/PDM will negotiate and commission additional training in collaboration external providers.

5.2 Provision of Training

Mandatory maternity-specific training is co-ordinated and delivered through a multi-professional team of midwives, nurses, obstetricians and anaesthetists which includes the labour ward lead obstetric and anaesthetic consultants, maternity risk manager, clinical specialist midwife, midwifery training & audit midwives and specialist midwives.

Local maternity notice boards, effective handover, the Facebook closed staff group and [Learning & Development Hub - Home](#) provide information of further training opportunities for maternity staff

Individual trainers are responsible to ensure that training delivered supports national guidance and Trust policy based on best practice and essential actions. The Lead Assurance and Compliance Midwife will provide the guidance in relation to Maternity centred key documents.

External training course requests must be discussed with the Practice Development Midwife to ensure that any financial commitment can be met.

5.3 Responsibility for Attending Training

Individual staff members and line Managers have a responsibility to ensure they are aware of the directorate's TNA and ensure they undertake mandatory training as deemed appropriate for their role as outlined in the Trust's Training Policy.

As part of the annual Professional Development Review (PDR) process, the appraiser identifies the mandatory training requirements for the role from the directorate's and Trust's mandatory TNA and ensures the training has been completed or is completed in a timely manner. Within PDR's it is recommended that ESR is utilised to demonstrate compliance with training.

5.4 The Process for Attending Training

- **Trust Training**
Training provided by the Trust can be located on the Trust directory (Education and Training). This can be booked through Electronic Staff Records (ESR) or via wah-tr.CHEC-TrainingTeam@nhs.net. Staff are expected to instigate booking of their own training to maintain 100% compliance and then ensure that this is communicated to the person who does their E-rostering
- **Maternity-specific Training**
Bookings for mandatory maternity training will be made by the maternity training team; these will be notified via e-rostering and individual emails to delegates. Any booking enquires surrounding Maternity training should be directed to wah-tr.maternitytraining@nhs.net. The Maternity Training Team will confirm details of training courses for delegates with regards to maternity training programmes approximately 2 weeks prior via email. All instructions and programmes are also available on the Maternity Training intranet page.

5.5 Attendees guidance

- Attendees must arrive on time, it is at the discretion of the trainer whether late entry is permitted, if unable to attend a training course for any reason, the staff member must inform the training lead and line manager as soon as possible, if not it will be considered as unauthorised absence.
- Staff must ensure they sign the attendance register and that their details are legible, attendance for the whole session is required unless authorised.
- In the event of a programme being cancelled the staff member must inform their manager, they should then be available to work clinically.
- If a member of staff is pulled off a training day for staffing/acuity, then a DATIX should be completed in order to monitor this occurrence.

6. MONITORING AND COMPLIANCE

6.1 Attendance at Training

Records of attendance are kept by the maternity training team; these are entered onto the Trust training database, Oracle Learning Management (database of ESR) and held locally by the maternity training team. These are used to provide evidence of training.

6.2 Compliance with Training

Monthly training data is presented on the maternity dashboard and Governance reports. Any issues identified relating to rates of compliance, evaluation factors or concerns surrounding training will be discussed with the Divisional Management Team and actioned accordingly.

Monthly Individual Compliance figures for Maternity are generated from Human Resources via Electronic Staff records (ESR). These figures are presented at the Divisional Governance Meeting. All line managers are emailed their own staff compliance data. Line Managers are able to access their staff records at any time via their ESR access. Staff are able to monitor their individual compliance through their own ESR for training modules.

Records are kept to evidence non-attendees, reasons for cancellation of courses and/or staff withdrawn due to staffing short falls from study days to ensure safe service provision on the maternity units.

6.3 Incorporating Recommendations from Audits, Learning from Incidents, Claims, Complaints

Recommendations from audits and roundtable discussions following incidents, claims and complaints should be fed back to the audit & training midwives so that they may be incorporated into the training programme, where appropriate. Where possible a member of the audit and training team should be present at roundtable discussions.

Appendix A- Training Needs Analysis - Matrix

Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	Middle Tier	Junior Doctors	ANAESTHETISTS	THEATRES
Human Factors (classification, Escalation, Psychological safety, civility, Situational Awareness, SBAR, Behavioural Charter)	1 hour	CNST - Element 8 Core Competency 3/ Ockenden	90%	Face to Face/ Mixture of in clinical areas and education centre	ESR - class admin	Maternity Training Team	Annually	●	●	●	●	N/A	●	●	●	●	●
Rotational Emergencies (PPH, Pre-eclampsia, Sepsis, Breech, Cord Prolapse, Shoulder Dystocia, Impacted head, APH, Maternal collapse/Resus, Uterine Rupture, anaesthetic emergencies, home birth setting emergencies)	5.25 hours							●	●	●	●	N/A	●	●	●	●	●
Neonatal Resus update	1 hour	CNST - Element 8 Core Competency 6						●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
POOL EVACUATION TRAINING																	
Physical evacuation	30 minutes	CQC	90%	Face to face	ESR - class admin	Practice Development team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
Video evacuation	15 minutes					Practice Development team	Annually										
FETAL SURVEILLANCE TRAINING																	
EFM Study Day (Fetal Physiology, Antenatal CTG, Intrapartum CTG, Cord Blood Gas, Errors and Limitations, IA, use of local equipment, multiple pregnancies,	7.5 hours	CNST - Element 8 Core Competency 2 /Ockenden	90%	Face to Face	ESR - Class admin	Fetal Surveillance Lead Midwife	Annually	●	●	●	●	N/A	●	●	●	N/A	N/A
Saving Babies Lives (Multiprofessional Local Case history discussions - lessons learn't)	30 minutes			Face to Face			Annually										
EQUALITY, EQUITY AND PERSONALISED CARE DAY Total 7.5 hours (MMT Day 1)																	
Personalised Care and support planning : Informed decision making, consent, human rights and risk assessment	45 mins	CNST - Element 8 Core Competency 4	90%	Face to Face	ESR - class admin	Maternity Training Team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
Domestic Abuse	1 hour					Safeguarding Team/HIDVA											
Personalised Care : Equality, Diveristy, cultural awareness and learning disabilities	1.5 hour					Practice Development team											
Drug Abuse and Urine Toxicology	30 mins					Safeguarding Team											
Maternal Mental Health	1 hour					Mental health Team Lead											
Perinatal Mental Health	1 hour					Perinatal Mental Health team											
Safeguarding	1 hours					Safeguarding Team											

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Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	Middle Tier	Junior Doctors	ANAESTHETISTS	THEATRES
CARE DURING LABOUR Total 7.5 hours (MMT Day 2)																		
Care in Labour	1 hour	CNST - Element 8 Core Competency 5	90%	Face to Face	ESR - class admin	Practice Development team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VBAC and uterine rupture	30 mins					Practice Development team												
GBS	30 mins					Practice Development team												
Prevention of Pressure Ulcers (PUP) Training	30 mins					Tissue Viability Team												
Operative Birth	30 mins					Practice Development team												
Multiple Birth	30 mins					Practice Development team												
Medicines Management	30 mins					Practice Development team												
Bladder Care	1 hour					Practice Development team												
Management of Epidural Anaesthesia	45 mins					Anaesthetist												
Recovery care after General Anaesthetic	30 mins																	
Maternal Critical Care	30 mins																	
CARE DURING THE IMMEDIATE POSTNATAL PERIOD Total 7.5 hours (MMT Day 3)																		
Screening update	1 hour	CNST - Element 8 Core Competency 5	90%	Face to Face	ESR - class admin	Screening team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PMA	30 mins					PMA midwife												
Patient Experience update	30 mins					Patient Experience Midwife												
Bereavement Care	1 hour					Bereavement Midwife												
Perineal Trauma/OASI Prevention	1 hour					Pelvic Health Midwife (LMNS)												
Infant feeding	1.5 hour					Infant Feeding Co-ordinator												
Neonatal Care and Escalation	45 mins					Practice Development team												
ATAIN	30 mins					Practice Development team												

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Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	Middle Tier	Junior Doctors	ANAESTHETISTS	THEATRES
MSW/MCA Training Day Total 7.5 hours																		
Element 1- Reducing Smoking in Pregnancy	30 minutes	CNST - Element 6 Core Competency 5	90%	Face to Face	ESR - class admin	SBL lead midwife	Annually	N/A	N/A	N/A	N/A	●	N/A	N/A	N/A	N/A	N/A	N/A
Element 6 - Diabetes	45 minutes					Diabetes Specialist Midwife												
Element 2-5	45 minutes					Maternity Training Team												
Infant feeding	1 hour					Infant Feeding Co-ordinator												
Bereavement Care	30 minutes					Bereavement Midwife												
MSW/MCA update	2.25 hours	Local requirement				Governance/ Assurance M/W												
SAVING BABIES LIVES VERSION 3 (SBL) Total 7.5 hours																		
Element 1- Reducing Smoking in Pregnancy	1 hour	CNST - Element 6 & 8 Core Competency 1	90%	Face to Face	ESR - class admin	SBL lead midwife	Annually	●	●	●	●	N/A	N/A	●	●	Elearning on E-learning for Health	N/A	N/A
Life style (Blooming healthy and Alcohol use)	30 minutes					Public Health Midwife												
Element 2 - Fetal Growth: Risk assessment, surveillance and management.	1.5 hour					Maternity Training Team												
Element 3 - Raising awareness of reduced fetal movements	45 minutes					Maternity Training Team												
Element 4 - Effective fetal monitoring	15 mins					Fetal Surveillance Lead Midwife												
Element 5 - Reducing preterm birth	30 mins	Local requirement				Maternity Training Team		●	●	●	●	N/A	N/A	●	●		●	●
Element 6 - Management of pre-existing Diabetes	1 hour					Diabetes Link M/W												
Governance and COSMOS	1 hour	Local requirement				Governance/ Assurance M/W												
Digital Documentation update	45 minutes	Local requirement				Digital Lead Midwives												
Manual Handling (Level 2)	2 hours	Local Trust Policy		Face to Face	ESR - class admin	Maternity Training Team	2 yearly	●	●	●	●	●	N/A	●	●	●	●	●
Breast Feeding Management Day (New Starters)	7.5 hours	BFI requirement		Face to Face	ESR - class admin	Infant Feeding Co-ordinator	Once only	●	●	●	●	●	●	N/A	N/A	N/A	N/A	N/A
Neonatal IV Therapy	N/A	Local Quality Improvement Plan		Competency Document	Local Records	Maternity Training Team	Once only	●	N/A	N/A	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IV Therapy	Specific	Local Trust Policy		Face to Face	ESR - class admin	Practice Development team	Once only	●	N/A	N/A	●	N/A	N/A	N/A	N/A	N/A	●	●
IV Therapy (update)	Specific	Local Trust Policy		Face to Face	ESR - class admin	Practice Development team	3 yearly	●	N/A	N/A	●	N/A	N/A	N/A	N/A	N/A	●	●
Venepuncture and Cannulation	Specific	Local Trust Policy		Face to Face	ESR - class admin	Practice Development team	Once only	●	●	●	●	N/A	N/A	N/A	N/A	N/A	●	●
Venepuncture and Cannulation (update)	Specific	Local Trust Policy		Face to Face	ESR - class admin	Practice Development team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	●	●
Blood Transfusion Training (+ competency assessment)	4 hours	Blood Transfusion - Trust Policy		Online ESR	ESR	Blood Transfusion Team	2 yearly	●	●	●	●	●	N/A	●	●	●	●	N/A

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Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	Middle Tier	Junior Doctors	ANAESTHETISTS	THEATRES
ADDITIONAL TRAINING																		
Newly Qualified Midwives Only - Band 5 Preceptorship Programme	12-18 Months	Local Trust Policy	100%	Face to Face	Local Records	Preceptorship Midwife	Once only	●	●	N/A	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Additional Training : NLS (Neonatal Life Support)	10 hours	Upskilling workforce	N/A	External Face to Face	ESR - CHEC	Resus Council	4 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Additional Training : Suturing	7.5 hours	Upskilling workforce	N/A	Online/ face to face	ESR - class admin	Preceptorship Midwife	Once only	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Additional Training: Practice Assessor Course	1 days	NMC	N/A	Worcester University	Learning and Development	Practice Facilitator Team	Once only	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Additional Training: Practice Assessor/Supervisor update	2 hours	NMC	N/A	In house Virtual	Learning and Development	Practice Facilitator Team	2 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Additional Training: NIPE (Examination of the Newborn) + Annual Updates	1 semester	Upskilling workforce	N/A	University Course (level 7)	Local Records	NIPE lead	Once only	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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**Appendix B – Training Needs Analysis – Annual required Delegates to meet
required Compliance**

Course	Frequency	Delegates	Per Year	Sessions per year	Per session
SBLV3	Yearly	Midwives	@325	16 per year to meet 90% 325 divided by 16	20-21
		Obstetricians	@40	16 per year to meet 90% 40 divided by 16	2-3
MSW/MCA Training Day	Yearly	MSW/ MCA Band 2-3	@60	9 per year to meet 90% 60 divided by 9	6-7
Day 1 – MMT	3 yearly	Midwives	@325	11 per year 33 sessions to meet 90% 325 divided by 33	10
		MSW/MCA Band 2-3	@60	11 per year 33 sessions to meet 90% 60 divided by 33	2
Day 2 – MMT	3 yearly	Midwives	@325	11 per year 33 sessions to meet 90% 325 divided by 33	9-10
Day 3 - MMT	3 yearly	Midwives	@325	11 per year 33 sessions to meet 90% 325 divided by 33	9-10
PROMPT	Yearly	Midwives	@325	16 Sessions to meet 90% 325 divided by 16	20
		MSW Band 2-3	@60	16 Sessions to meet 90% 60 divided by 16	4
		Obstetricians	@40	16 Sessions to meet 90% 40 divided by 16	2-3
		Anaesthetists	@60	16 Sessions to meet 90% 60 divided by 16	4
		Total	485	485 divided by 16	30.3 staff per PROMPT
Fetal Surveillance Day	Yearly	Midwives	@325	18 Sessions to meet 90% 325 divided by 15	18
		Obstetricians	@40	18 Sessions to meet 90% 40 divided by 15	2-3
		Total	365	340 divided by 15	20.3 staff per Session

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Appendix C – Local Training Faculty requirements

Course	Frequency	Faculty	Per Session		Sessions per year
SBL Version 3	Annual	Midwives	PDM SBL Lead Public Health Midwife Trust Alcohol Dependency Nurse Diabetes Link Preterm Lead Midwife Digital Midwives Governance Midwife Assurance and Compliance M/W	1 x 2.25 hours 1 x 1 hours 15 minutes 15 minutes 1 x 1 hour 30 minutes 45 minutes 1 x 30 minutes 1x 30 minutes	16
MSW/MCA Training Day	Annual	Midwives	PDM Diabetes Midwife SBL Lead Midwife Infant Feeding Team Bereavement team	2 x 2.5 hours 1 x 45 minutes 1 x 1 hour 1 x 1 hour 1 x 30 minutes	9
Days 1 – 3 – MMT	3 yearly	Anaesthetists	Consultant/ Senior	1 x 2.45 hours	11
		Manual Handling Instructors	Manual Handling Team x 2	2 x 2 hours	11
		Midwives	PDM Safeguarding team/IDVA Maternal Mental Health Perinatal Mental Health Bereavement Midwife Pelvic Health Midwife Infant feeding specialist Screening Team Midwife Patient Experience Midwife PMA	1 x 6.75 hours 1 x 2 hours 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1.5 hour 1 x 1 hours 30 minutes 30 minutes	11
EFM Day	Annual	Midwife	Fetal Surveillance Lead	1 x 4 hour	18
		Obstetrician	Fetal Surveillance Lead Consultant	1 x 4 hour	18
PROMPT	Annual	Obstetricians	Consultant/Senior x 1	1 x 4 hours	16
		Midwives	PDM Faculty Midwife NLS instructor	1 x 8 hours 2 x 6 hours 1 x 1 hours	16
		Anaesthetists	Consultant/ Senior x 1	1 x 4 hours	16

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Appendix D – MMT Day 1 programme details
**Equality, Equity and Personalised Care Day
– Core Competency 4**
Equality, Equity and Personalised care - Training must cover:

- Local pathways and key contacts when supporting families
- Learning from local needs, audits, incidents and service user feedback
- Local guidance on referral procedures for 'red flags' such as maternal mental health
- Risk assessment and risk communication/personalised care and support planning
- Informed decision making, enabling choice, consent and human rights
- Equality, diversity and cultural competence.

Delegates – 90% of staff: All Midwives/All support staff (MSW/MCA)/NHSP Midwives
Student Midwives (optional)

Frequency – 3 yearly

Recording – Recorded on the Maternity Team database and ESR will be utilised to record compliance

Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		4
0845	Personalised Care & support planning: informed decision making, consent, human rights and risk assessment.	Practice Development Midwife	
1015	Domestic abuse	Safeguarding team/HIDVA	
1115	Comfort Break		
1130	Safeguarding update	Safeguarding Specialist Midwife	
1230	Drug abuse – Urine toxicology	Safeguarding Specialist Midwife	
1300	Lunch		
1330	Maternal Mental Health	Maternal Mental Health Lead	
1430	Perinatal Mental Health	Perinatal mental Health team	
1530	Comfort break		
1545	Personalised Care: Equality, diversity, cultural awareness and learning disabilities	Practice Development Midwife	
1630	Evaluation and Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix D – MMT Day 2 programme details
**Care During Labour Day –
Core Competency 5**
Care during Labour – Training must cover:

- Learning from National investigations, local incidents, audit reviews, investigations, service user feedback & local learning, including positive case
- Deviations from the norm and escalation

Delegates – 90% of staff: Midwives/NHSP Midwives

Student Midwives (optional)

Frequency – 3 yearly

Recording – Recorded on the Maternity Team database and ESR will be utilised to record compliance

Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		5
0845	Care in Labour	Practice Development Midwife	
0945	VBAC & Uterine rupture	Practice Development Midwife	
1015	GBS update	Practice Development Midwife	
1045	Comfort Break		
1100	Pressure ulcer prevention (PUP)	Practice Development Midwife	
1130	Medicines Management	Practice Development Midwife	
1130	Operative Birth	Practice Development Midwife	
1230	Multiple Birth	Practice Development Midwife	
1300	Lunch		
1330	Bladder care	Practice Development Midwife	
1430	Management of Epidural Anaesthesia	Anaesthetist	
1515	Recovery care after General Anaesthetic	Anaesthetist	
1545	Comfort Break		
1600	Critical care	Anaesthetist	
1630	Evaluations & Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix D – MMT Day 3 programme details
**Care During the Immediate Postnatal Period Day –
Core Competency 5**
Care during the immediate postnatal period – Training must cover:

- Learning from National investigations, local incidents, audit reviews, investigations, service user feedback & local learning, including positive case
- Deviations from the norm and escalation

Delegates – 90% of staff: Midwives/NHSP Midwives

Student Midwives (optional)

Frequency – 3 yearly

Recording – Recorded on the Maternity Team database and ESR will be utilised to record compliance

Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		5
0845	Screening Update	Screening Team Midwife	
0945	PMA Session	PMA Lead Midwife	
1015	Patient Experience Update	Patient Experience Midwife	
1045	Comfort Break		
1100	Bereavement Care	Bereavement Midwife	
1200	Perineal trauma/OASI Prevention	Pelvic Health Midwife (LMNS)	
1300	Lunch		
1330	Infant feeding	Infant feeding Specialist Midwife	
1500	Comfort Break		
1515	Neonatal care and escalation	Practice Development Midwife	
1600	ATAIN	Practice Development Midwife	
1630	Evaluations & Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix E – Saving Babies Lives programme details
Saving Babies Lives (version 3) day: A Care Bundle for Reducing Perinatal Mortality – Core Competency 1

Element One	Reducing smoking in pregnancy
Element Two	Fetal growth: risk assessment, surveillance and management
Element Three	Raising awareness of reduced fetal movements
Element Four	Effective fetal monitoring
Element five	Reducing pre-term birth
Element six	Management of pre-existing diabetes

Delegates – Maternity staff attendees should be 90% of each of the following groups: • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives).

Frequency – Annually

Recording – Compliance should be broken down by specific staff groups mentioned within the delegates section and recorded within the training team database and ESR.

Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/Welcome		1
0845	Element One: Reducing smoking in pregnancy	SBL Lead/ Public Health Midwife	
0945	Lifestyle (Blooming Healthy)	Public Health Midwife	
1000	Lifestyle (Alcohol use)	Trust Alcohol Dependency Nurse	
1015	Comfort break		
1030	Element Two: Fetal growth: risk assessment, surveillance and management	Practice Development Midwife/ SBL Midwife	
1130	Element Two assessment		
1200	Element Three: Raising awareness of RFM		
1230	Element Four: Effective fetal monitoring		
1245	Lunch		
1315	Element five: Reducing pre-term birth	Preterm Lead Midwife	
1345	Element six: Management of pre-existing diabetes	Diabetes Link Midwife	
1445	Digital Documentation Update	Digital Lead Midwife	
1530	Governance /COSMOS	Governance /Assurance and Compliance Midwife	
1630	Evaluation and Close		

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Appendix F – MSW/MCA Training Day programme details
MSW/MCA Training Day

- Element One Reducing smoking in pregnancy
- Element Two Fetal growth: risk assessment, surveillance and management
- Element Three Raising awareness of reduced fetal movements
- Element Four Effective fetal monitoring
- Element five Reducing pre-term birth
- Element six Management of pre-existing diabetes

MSW / MCA update will include PUP (Pressure ulcer Prevention), mobility, hygiene, care and comfort, bladder care, Catheter care, maternal and neonatal escalation, baby tagging and badgernet documentation.

Delegates – MSW/MCA Band 2 and Band 3
Frequency – Annually
Recording – Compliance will be recorded within the training team database and ESR.
Monitoring – Maternity Dashboard and to Divisional team for Assurance

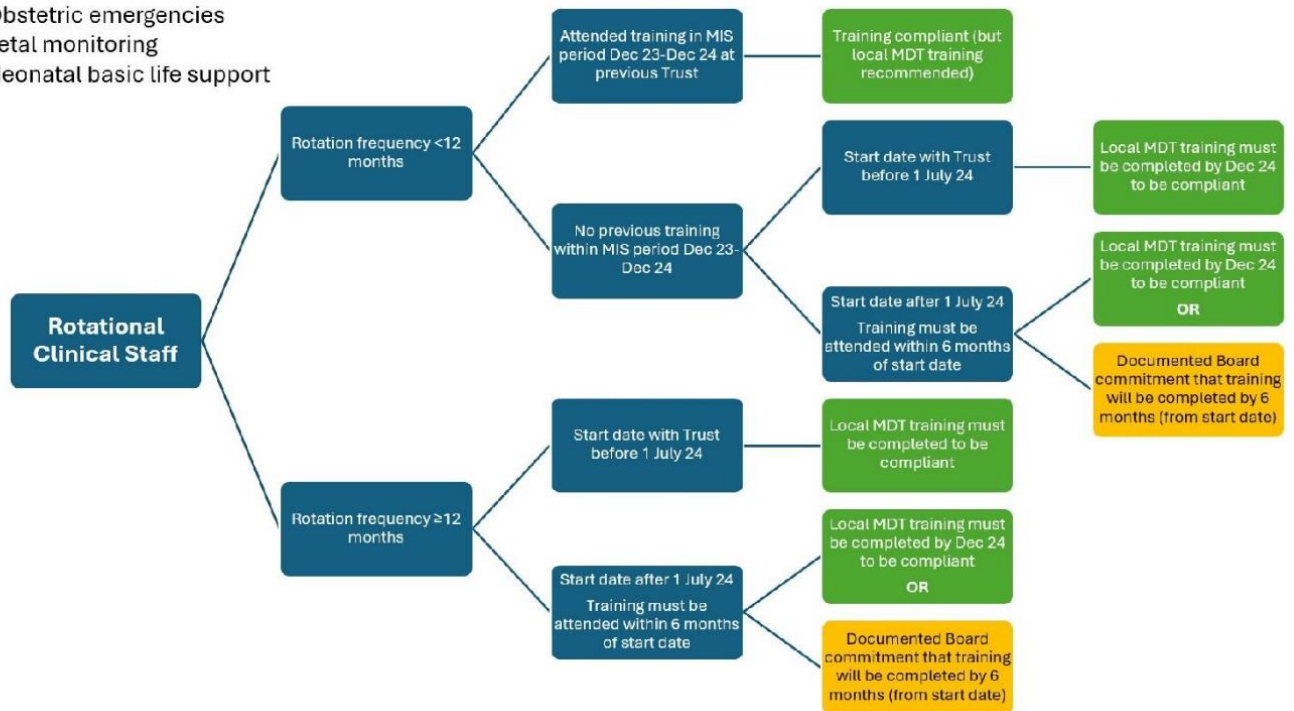
Time	Subject	Faculty	Core
0830	Registration/Welcome		1
0845	Diabetes Team	Diabetes midwife	
0930	SBL Element 1: Smoking	SBL lead midwife	
1030	Comfort break		
1045	SBL Elements 2-5	Practice Development Midwife/ SBL Midwife	
1130	MSW/MCA Update (1)	Practice Development Midwives	
1230	Lunch		
1300	Infant feeding	Infant feeding team	
1345	Bereavement	Bereavement team	
1430	Comfort break		
1445	MSW/MCA Update (2)	Practice Development Midwives	
1600	Quiz and Evaluation	Practice Development Midwives	
1630	Evaluation and Close		

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Appendix H – Rotational Medical Staff.**MIS Year 6 maternity Training for rotational medical staff**

Includes:

- Obstetric emergencies
- Fetal monitoring
- Neonatal basic life support



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Appendix G - PROMPT programme details
PROMPT – Detail of Training

One Day Face to Face Maternity Emergencies and multi-professional training must cover.

- A **minimum** of 4 emergencies per year with all scenarios covered in a 3-year period (as prescribed by the Core Competency Framework V2)
- Human Factors training
- Neonatal Basic Life Support

- There should be sharing of local maternal and neonatal outcomes, ideally benchmarked against other organisations with a similar profile.
- Learning should be from locally identified case studies/histories, serious incidents, local safety insights, near misses or HSIB cases, audits and thematic reviews, exemplars from National programmes e.g. National Maternity Perinatal Audit (NMPA), Getting It Right First Time (GIRFT), Healthcare Safety Investigation Branch (HSIB) and others.
- At least one scenario should include learning from an excellence case study.
- Scenarios should be tailored for the range of staff groups
- Service user feedback should be embedded into the day
- Evidence of shared Learning from across the LMNS (Forum with Wye Valley)
- Must include the identification of the deteriorating mother/baby and use of local recognition/deterioration charts as locally relevant.
- Deterioration, communication & escalation thresholds discussed for all
- Debrief, Datix & Documentation, recommendations explored
- At least one of the four emergency scenarios should be conducted in the clinical area, ensuring full attendance from the relevant wider multi-professional team. This will enable local system and environmental factors within the clinical setting to be considered, any risks and issues identified, and an action plan developed to address these.

Recording – Compliance (%) should be broken down by specific staff groups mentioned within the guidance. Communication of compliance data will be shared on maternity dashboards and to Divisional Team. ESR will be used as the database

Faculty – multi-professional. (NLS instructor as Faculty for teaching of basic neonatal resus.)

Delegates: Human factors and obstetric emergencies- Maternity staff attendees should include 90% of each of the following groups: • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives, (working in co-located and standalone birth centres and bank/agency midwives) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum) • Obstetric anaesthetic consultants • All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota

Delegates: Neonatal Basic Life Support – • All staff in attendance at births should attend a local neonatal life support training every year. • Attendance on separate certified NLS training for maternity staff should be locally decided but this would be the gold standard. • Those attending a NLS programme every 4 years will attend annual local neonatal life support training in between.

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• Staff to attend • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives, (working in co-located and standalone birth centres and bank/agency midwives) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum). * Neonatal consultants, Neonatal Junior doctors who attend births, Neonatal nurses (band 5 and above) Advanced Neonatal Nurse practitioner (ANNP) (**Neonatal staff may attend either the PROMPT session or bespoke in-house local updates, All data feeds into the same compliance figures)

PROMPT – Annual			
Human Factors	Emergencies (rotational basis)	Breakout Room	NLS
<ul style="list-style-type: none">• Classification• Escalation/SBAR• Psychological safety• Civility• Situational Awareness• Behavioural Charter• Team Working	<div>Obs Unit- PPH</div> <div>Obs Unit - Pre-eclampsia</div> <div>Obs Unit – Sepsis</div> <div>Obs Unit – APH</div> <div>Obs Unit – Uterine Rupture</div> <div>Obs Unit – Maternal Resus/Care of Critically ill patient</div>	<ul style="list-style-type: none">• <i>Inpatient Staff</i> – Anaesthetic Emergencies• <i>Outpatient/Continuity Staff</i> – Community related issues• Pool Evac Video• Clinical Escalation	<ul style="list-style-type: none">• Prepare• Identify• NLS Algorithm• Timings• How to escalate• SBAR• Recognition
Staff Cohorts to attend			
All Delegates	All Delegates	Midwives and MSW's	
Agenda Examples			
2024	Scheduling Sheet 2024 Plan.docx		
2025	PROMPT 2025 Programme.docx		

Neonatal Resus update – additional information

• Checking of equipment in all environments (i.e. resuscitaire's/homebirth set up)
• Identification of a baby requiring resuscitation after birth
• Knowledge and understanding of the NLS algorithm (theory and practice)
• Hands on scenario-based practice
• How to call for help/escalate
• Situation, Background, Assessment, Recommendation (SBAR) handover tool
• Recognition of the deteriorating newborn infant and actions to be taken
• Use of I Gel equipment
• Use of additional airway manoeuvres / equipment

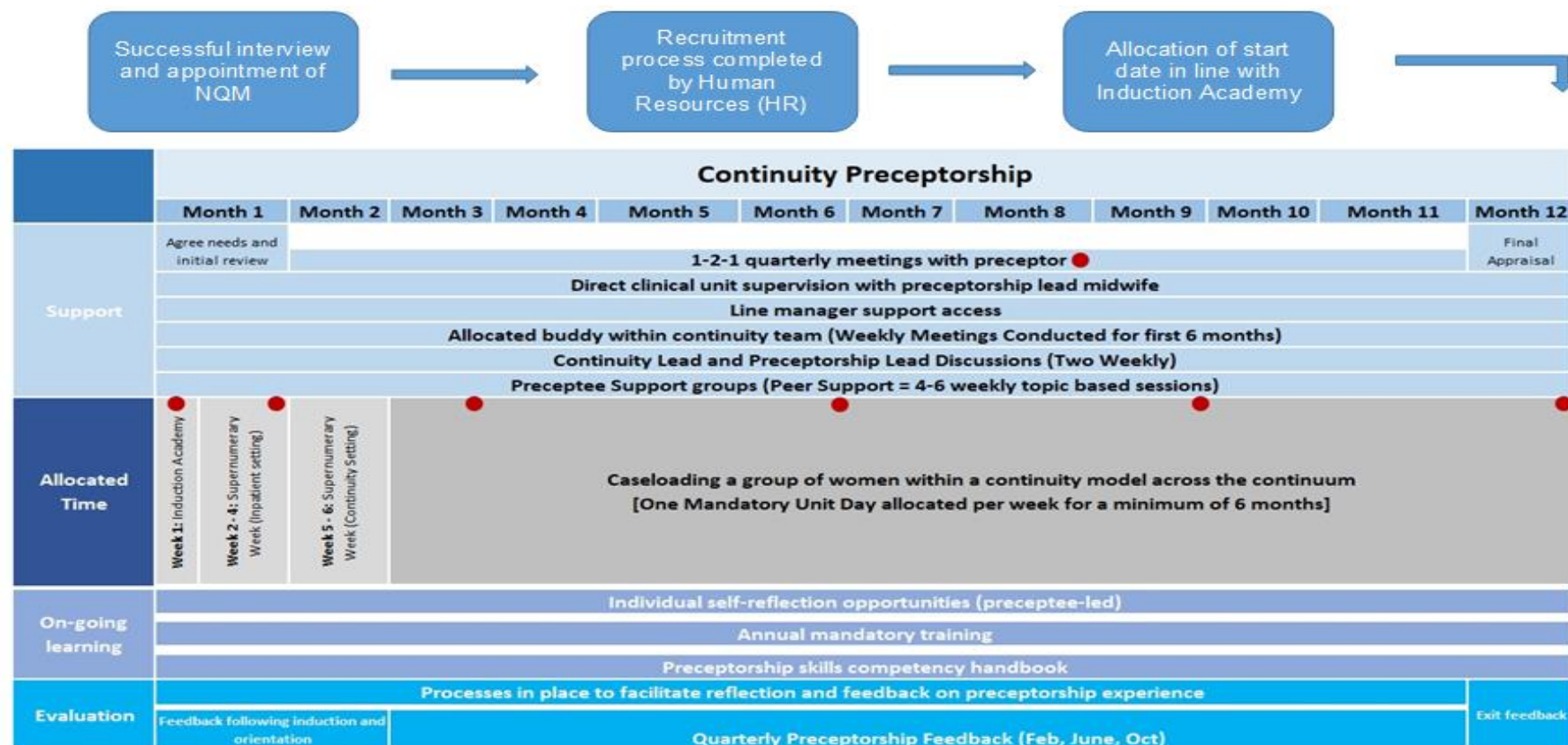
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Appendix I – Fetal Monitoring Study Day programme details

Fetal Surveillance Training – Core Competency 2		
<p>Delegates - Midwives (including midwifery managers and matrons, community midwives; birth centre midwives and bank/agency midwives). Staff who have an intrapartum obstetric responsibility (including antenatal and triage) such as Obstetric consultants and all other obstetric doctors contributing to the obstetric rota.</p> <p>Compliance: Maternity staff attendees must be 90% compliant for each of the above groups to meet the minimum standards.</p> <p>Frequency – Annually</p> <p>Recording –Recorded on the Maternity training database and ESR will be utilised to record compliance</p> <p>Monitoring – Maternity Dashboard and to Divisional team for Assurance</p>		
Fetal Monitoring study day topics covered:	Fetal Physiology Antenatal CTG Intrapartum CTG (including risk assessment) Intermittent Auscultation and IIA Use of local equipment Cord Blood Gas Errors and Limitations in Fetal Monitoring Fetal monitoring of multiple pregnancies Escalation pathways/SBAR Fresh eye reviews Multi-disciplinary local case history discussions – lessons learnt (including service user feedback) Tailored for specific staff groups (e.g. homebirth & birth centre teams) Local case presentations Human factors and civility Digital Documentation	Annual Competency based. 85% pass rate
SBL	Saving Babies Lives Audit/Documentation	Quarterly
CTG meetings	Multi-professional case history discussions	Weekly

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Appendix J - Preceptorship Framework: Continuity Based Model



Considerations:

Support is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs**.

Allocated Time allows for a NQM within a continuity model to have a reduced caseload to enable the allocation of a unit day per week. This unit day is in place for the first 6 months to ensure inpatient experience and help with the achievement of clinical skills such as cannulation and suturing. Extension beyond 6 months needs to be negotiated with the continuity lead midwife and preceptorship lead midwife on an individual basis with a specific learning focus and regular review.

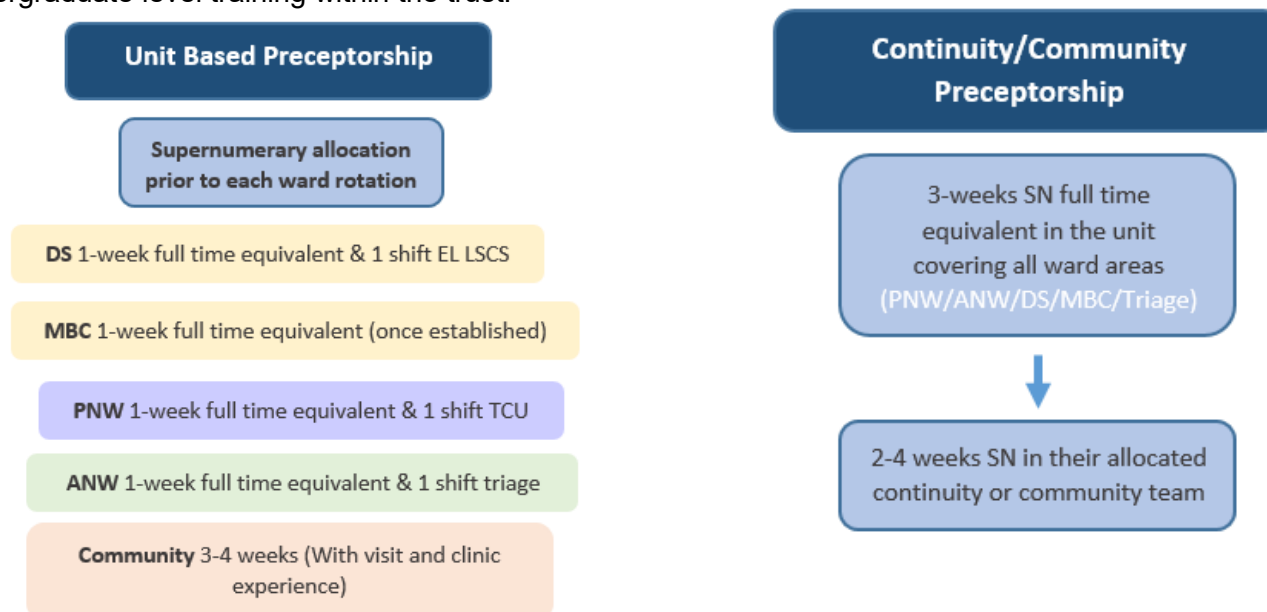
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Appendix K – Supernumerary (SN) Plan for Newly Qualified Midwives (NQM)

This Appendix covers supernumerary time for NQM across the 3 models in the preceptorship framework. National frameworks recognise the needs of a supportive comprehensive orientation within preceptorship and therefore recommended protected supernumerary time prior to each rotation. The supernumerary time should be in addition to induction requirements, however individual needs should also be recognised.

Allocation of the supernumerary period:

The Preceptorship Lead Midwife allocates the supernumerary period for all Band 5 New Starters and facilitates the rotation of preceptees across all ward areas if unit based. This is the agreed supernumerary period for all NQM within the WAHT. This may need to be longer and individualised if a NQM has not completed their undergraduate level training within the trust.



Definition of Supernumerary

Within the supernumerary period the NQM is the primary care giver and should be providing all essential care while practicing under their own NMC registration. The NQM is supported by a senior member of staff to provide a comprehensive orientation. The below definitions clarify the supernumerary term for all ward areas.

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Inpatient Ward Areas (Antenatal/Postnatal Ward)

“When a staff member works in the clinical area and is in addition to the staffing numbers for that shift, the staff member is indirectly supervised by an allocated core team member or midwife in charge to take a small caseload of women (4 women/babies) to ensure support and orientation but also aids skills surrounding prioritisation and case loading”

Intrapartum Care (Delivery Suite/MBC)

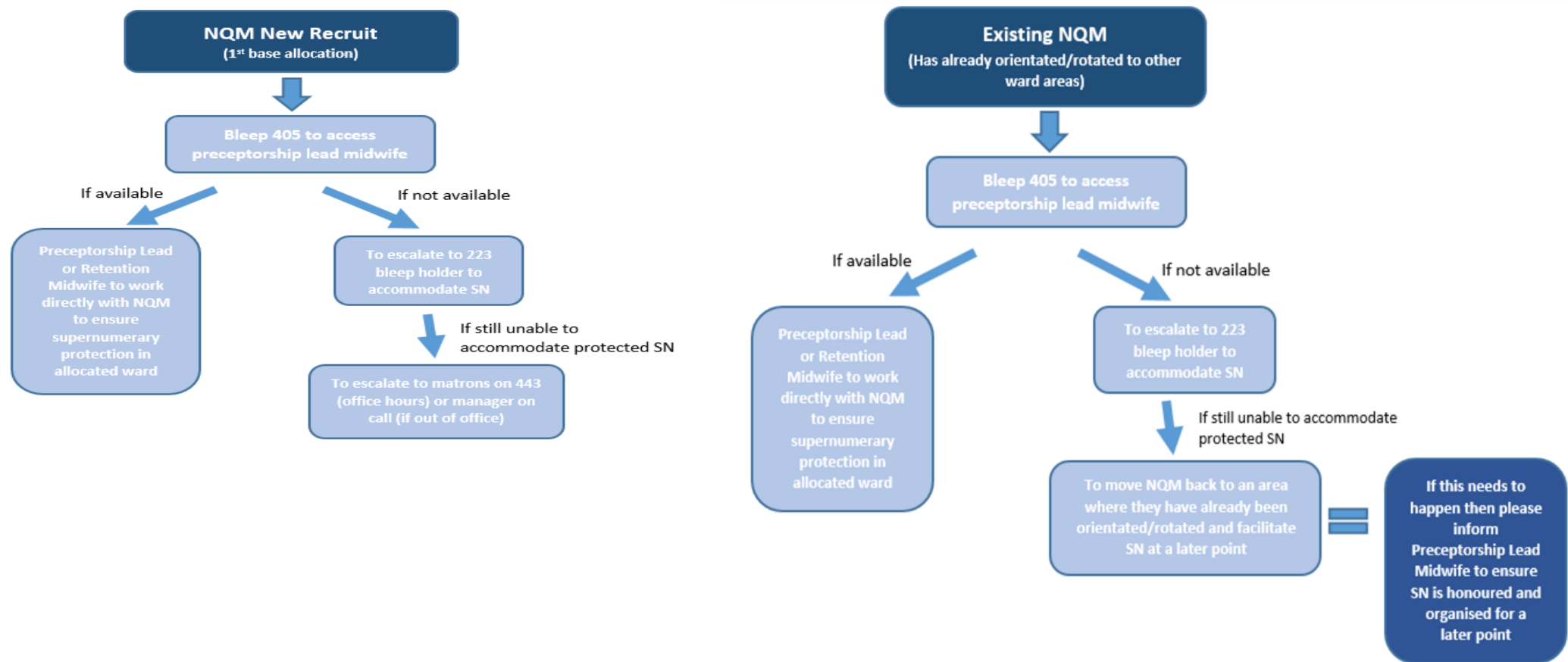
“When a staff member works in their clinical area and is in addition to the staffing number for that shift, the staff member is directly supervised by an allocated core team member to ensure appropriate support with labour care and theatre cases. This direct supervision can be tailored to more indirect supervision across the supernumerary period depending on the individual needs of the NQM”

Community

“When a staff member works in their clinical area and is in addition to the staffing numbers for that shift, the staff member is directly supervised by an allocated core team member to ensure appropriate support with community visits and antenatal clinics. This direct supervision should be an initial measure and then can be tailored to indirect supervision whereby the support on visits is accessed by a phone call with an allocated buddy or the buddy is outside the clinic room”

Escalation Process

The below flow chart outlines the escalation process if the trust is unable to facilitate protected supernumerary as set out by Ockenden, RCM and National Frameworks.



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Appendix L – Preceptorship Framework: Unit Based Model



	Unit Based Preceptorship																
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12					
Support	Agree needs and initial review	1-2-1 quarterly meetings with preceptor ●															Final Appraisal
	Direct clinical supervision with preceptorship lead midwife throughout the year period																
	Line manager support access																
	Allocated buddy assigned for each rotational area																
	Preceptee Support groups (Peer Support = 4-6 weekly topic based sessions)																
Allocated Time	● Week 1: Induction Academy	● Week 2: Supernumerary Week	● Rotation 1	● Rotation 1	● Rotation 1	● Rotation 1	● Supernumerary Week	● Rotation 2	● Rotation 2	● Rotation 2	● Supernumerary Week	● Rotation 3	● Rotation 3	● Rotation 3	● Supernumerary Week	● Rotation 4	● Rotation 4
3 monthly rotations across DS, ANW, PNW and considerations for the 4th rotation as discussed below. All must have a supernumerary week prior to the rotation																	
On-going learning	Individual self-reflection opportunities (preceptee-led)																
	Annual mandatory training																
	Preceptorship skills competency handbook																
Evaluation	Processes in place to facilitate reflection and feedback on preceptorship experience																Exit feedback
	Feedback following each supernumerary week																
	Quarterly Preceptorship Feedback (Feb, Jun, Oct)																

Considerations:

Support is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs**.

A minimum of three rotations are required as suggested above. The 4th rotation can be used to return to ward allocations whereby gaps have been identified. This will need to be individualised for each preceptee. This 4th rotation may also be used to facilitate a community/continuity rotation.

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Appendix M – Expected milestones and timescales across Preceptorship

Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 1	Month 1	<p>Orientation Period (Supernumerary clinical time and study time as outlined in orientation programme)</p> <p>Study/theory as detailed</p> <p>Professional development preceptorship meeting</p> <p>Feedback</p>	<p>As per maternity orientation checklist</p> <p>Completes medical devices training Completes IT/Allscripts PAS training Completed medicines management online modules and has discussion re: PGD and midwives exemptions Completed blood transfusion training (ESR Modules and NPSA Competencies) Other completed training: Mask Fit Testing Donning and Doffing Training Covid Swabbing Training</p> <p>Preceptorship 1-month meeting takes place</p> <p>Completes induction and orientation survey</p>
End of Month 3	Months 2 - 3	<p>Study/theory detailed</p> <p>Consolidation of clinical competencies</p> <p>Preceptorship meeting milestone point</p>	<p>Registers and begins K2 CTG Fetal Monitoring Package</p> <p>Begins ESR Online Learning Modules</p> <p>Book onto Venepuncture & Cannulation and IV Therapy training</p> <p>Self-assessment against competencies for 1st clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies</p> <p>3-month preceptorship meeting takes place</p>

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Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 6	Months 4 - 6	<p>Study/theory detailed</p> <p>Consolidation of clinical competencies</p> <p>Preceptorship meeting milestone point</p> <p>Feedback</p>	<p>Completed K2 CTG Fetal Monitoring Package</p> <p>Completes ESR Online Learning Modules (100% ESR Compliance)</p> <p>Attended IV Therapy and Venepuncture and Cannulation Training Days</p> <p>Attended suturing study day if rotated/near rotation to delivery suite</p> <p>Attended Infant Feeding Study Day</p> <p>Self-assessment against competencies for 2nd clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies</p> <p>6-month preceptorship meeting takes place</p> <p>Completes SN week feedback following rotation and participates in preceptorship quarterly audits</p>
End of month 9	Months 6-9	<p>Study/theory detailed</p> <p>Consolidation of clinical competencies</p> <p>Preceptorship meeting milestone point</p> <p>Feedback</p>	<p>Attended PROMPT – skills and drills study day</p> <p>Attended suturing workshop if rotated/near rotation to delivery suite</p> <p>Attended CTG Workshop</p> <p>Attended Maternity Mandatory Training</p> <p>Self-assessment against competencies for 3rd clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies</p> <p>9-month preceptorship meeting takes place</p> <p>Completes SN week feedback following rotation and participates in preceptorship quarterly audits</p>

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Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 12	Months 9 - 12	<p>Study/theory detailed</p> <p>Clinical Consolidation</p> <p>Personal Development Review</p> <p>Preceptorship meeting milestone point</p> <p>Feedback</p>	<p>Enrolled on practice assessor course</p> <p>Evidence of completion for all online training and attendance at all mandatory study days</p> <p>Reflections completed and evidenced</p> <p>All self-assessments from clinical areas experienced complete. All competencies signed and evidence including all clinical skills achieved and confident in these areas.</p> <p>PDR with line manager</p> <p>Successfully achieves Band 6 position and preceptorship completion evidenced in handbook</p> <p>Completes end of preceptorship feedback</p>

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Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non- compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Training compliance Stats	Training Report	Monthly	PDM	Maternity Governance	Monthly

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Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Obstetricians
Junior Doctors – O&G
Director of Midwifery
Maternity Governance Team
Maternity Training Team
Maternity Matrons
Senior Midwives
Team Leaders
Midwives
MSWs

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Governance Meeting

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.