

Date: 23/12/2015

FREEDOM OF INFORMATION REQUEST 012543 – Maternity training

## **1 WITH RESPECT TO MANDATORY MATERNITY TRAINING**

### **1.1 Who manages training?**

Specialised Midwife Practice Development

### **1.2 Do you keep a database tracking training? If so, is this part of a trust-wide computer system?**

Yes and Yes

### **1.3 Which topics do you identify as requiring mandatory maternity training?**

Obstetric emergency Skills Drills, Fetal heart rate monitoring and CTG interpretation, Perineal suturing, supervision and revalidation, infant feeding, screening, Normality training, Anti D, Epidural and HDU care, mentorship, NIPE update, Public health, GAP training

### **1.4 What is the duration of your training? That is, what number of hours and/or sessions of training do you provide per topic?**

Skills drills 5.5 hours

CTG 2 hours

Suturing 2 hours

Normality 3hours

Infant feeding full day for new staff 7.5 hours

Infant feeding update 1 hour

Antenatal and new born screening 1hour

Anti D 30minutes

Epidural and HDU care 1.5 hours

Mentorship 1 hour

Public health 1 hour

GAP 2hrs (community midwives only)

Supervision and revalidation 1 hour

NIPE update 3hours

### **1.5 How frequently is the training provided per topic?**

Skills drills, anti D, epidural and HDU care 15 times a year

CTG, screening, infant feeding update, mentorship 11 times a year

NIPE update twice a year

Suturing and normality 6 times a year

Infant feeding full day for new staff x2 a year

GAP 5 times a year

Supervision and revalidation 16 times a year

### **1.6 How frequently do you mandate that individual staff should attend for re-training? By which method do you deliver this training?**

All annual except for Suturing and normality which is 3 yearly and Infant feeding full day for new staff which is once only. Delivered by face to face teaching in a classroom setting.

GAP training is face to face followed up with on line training

Skills drills, suturing and normality are interactive, hands on

**1.7 Is this training in-house or do you use external providers?**

All training is in house except for mentorship which is delivered by the university link tutors and public health which is delivered by colleagues in public health (smoking cessation and weight management)

**1.8 Do you use a course assessment form? Yes/No (if yes-please provide us with your course assessment form)**

Yes for Skills drills

**1.9 Do you offer a budget for mandatory training for attendance at external courses for:**

All training is in house therefore budget for external courses N/A

**1.10 Please confirm if you do not have access to data about Q1.9**

**2 WITH RESPECT TO NON-MANDATORY MATERNITY TRAINING**

**2.1 Do you have any specific non-mandatory training programmes?**

Bereavement training  
Vulnerable women's workshop

**2.2 Do you provide any non-mandatory training relevant to obstetrics within the Trust?**

As above

**2.3 If so, is this training provided in-house or do you use external providers?**

Provided in house

**2.4 Do you offer a budget for non-mandatory training for attendance at external courses :**

Attendance at external non-mandatory training is determined by individual personal development plans and professional registration requirements.

**2.5 Please confirm if you do not have access to data about Q2.4**

No

There is no specific budget for mandatory training for Obstetricians, but study leave budgets are available for external courses and training. Specific topics are updated annually (postpartum haemorrhage, shoulder dystocia, vaginal breech delivery and neonatal resuscitation) during one of our clinical governance sessions. All obstetricians have access to CTG training via the K2 training package. Records of training are kept with the midwifery training database and neonatal resuscitation is included in the Trust's mandatory training requirement as an annual update.