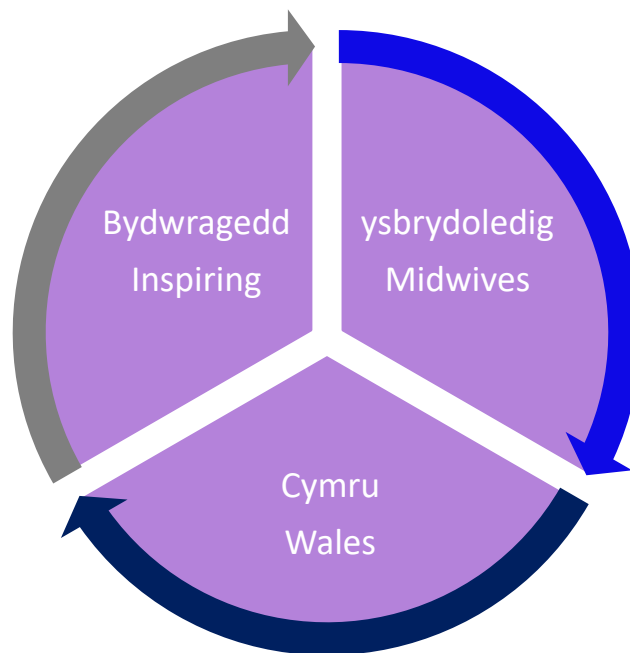




## Once for Wales

### *Preceptorship Framework*



### Part One



Name
Health Board

# Contents

Acknowledgements.....	1
Introduction .....	2
Preceptorship support framework .....	2
Preceptorship portfolio.....	3
Philosophy.....	3
Induction period.....	3
Mandatory training .....	4
Rotation .....	4
Personal Appraisal and Development Review (PADR).....	4
Student midwife supervision and assessment.....	4
Values of the preceptorship programme.....	5
Diversity, equality, and inclusion .....	5
Minimum principles expected within the preceptorship framework.....	6
How to use this Portfolio .....	8
Induction Period, Self- assessment.....	9
Introduction meeting.....	11
Personal Appraisal Development Review (PADR).....	11
Scope of the preceptorship framework.....	12
Clinical Supervision .....	13
Once for Wales competencies .....	14
Prioritise People.....	15
Care and Compassion in practice.....	15
Communicate with women and colleagues.....	16
Acting in the best interest of people at all times.....	17
Practice Effectively.....	18
Record Keeping and Documentation .....	18
Safeguarding .....	19
Risk Management .....	20
Management/Organisation of Care .....	22
Preserve Safety .....	23
Perineal Suturing.....	24
Preparing and administering an IV fluid infusion .....	27

Epidural Top-up competency.....	29
Cannulation Competency.....	31
Mandatory Training.....	36
Student Supervision and Assessment (SSSA).....	36
Clinical Skills Competency.....	37
Promote Professionalism and Trust.....	39
Compassionate Leadership behaviours.....	41
Reflective Clinical Supervision.....	42
Final Assessment of Competence.....	46
Band 6 and Beyond.....Aspiring Leaders!!.....	47
Compassionate Leadership.....	47
References.....	49
Appendix.....	51
Action Plan for Ongoing Achievement of Band 5 Competencies.....	54
Part 2.....	57
Health Board induction Programme.....	57

# Acknowledgements

Special thanks to Sarah Norris for her dedication and involvement in the initial developments of this OFWPF.

Thank you to Cardiff and Vale Learning, Education & Development (LED) Team, HEIW and midwifery colleagues for sharing ideas and resources.

## **Framework leads**

Vicky Richards

RCM National Officer

[Vicky.Richards@rcm.org.uk](mailto:Vicky.Richards@rcm.org.uk)

Nerys Kirtley

Midwifery Lecturer (Cardiff University)

[Kirtleyn@cardiff.ac.uk](mailto:Kirtleyn@cardiff.ac.uk)

Karen Phillips-New

Clinical Supervisor for Midwives (ABUHB)

[Karen.Phillipsnew@wales.nhs.uk](mailto:Karen.Phillipsnew@wales.nhs.uk)

## **Framework contributors**

Sarah Norris

Leslie Owens

Sue Jose

Rachel Evans

Becky Fernehough

Dawn Davies

Kim Jenkins

Shelley Higgins

Heads of Midwifery

Leads for Midwifery Education

## **Introduction**

Congratulations on becoming a registered midwife with the Nursing and Midwifery Council (NMC). You have worked hard to achieve this success and now you begin your journey as a qualified midwife. It is widely recognised that this period of transition is challenging, as you leave the security of the university behind and set out on your own as an accountable and professional practitioner. However, you are not alone, you have become part of the midwifery community and you are encouraged to engage with your work family, sharing experiences and apprehensions and reflecting together on practice and different situations that you may face.

### **Preceptorship support framework**

The Once for Wales preceptorship support framework ensures that all newly qualified midwives in Wales are supported in the same way and according to the same principles. There will be some local variation according to the policies of each Health Board which will be included in this document in part two.

This framework has been supported by all Heads Of Midwifery (HOMs') across Wales and will provide guidance to deliver a standardised approach to preceptorship across Wales.

This framework aims to support you through the first year of your practice and beyond. During this time, you will be supported by the Clinical Supervisors for Midwives (CSfM), Practice Facilitators/ PDM, managers and all colleagues.

CSfM and the wider midwifery team will support you to complete the programme in a minimum of one year or maximum of two years. You will also be allocated a Preceptor midwife or buddy midwife for day-to-day support.

On completion of the pre- registration midwifery programme you demonstrated your competence through assessment of the skills and competencies required by the NMC. This preceptorship programme is designed to support you to build on your knowledge and skills so that you are able to demonstrate the skilled and professional practice essential to develop confidence and competence. This programme has been developed to support your progression to become a band 6 midwife and provide opportunities to learn and gain experiences that you may not have had the opportunity to undertake as a student midwife.

*"The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant." (International Confederation of Midwives 2017)*

## **Preceptorship portfolio**

The Preceptorship portfolio is intended to support you to further develop and consolidate the competencies and skills for which you have already been successful in completing the requirements needed to join the NMC register. This preceptorship framework will also enable you to become proficient in new skills that were not possible prior to registration such as IV drug administration and cannulation. This portfolio will comprise of two parts:

Part One. Once for Wales Preceptorship framework

Part Two. Health Board Induction, specific mandatory requirements and skills document (as per Health Board).

On a day-to-day basis you will be supported by your midwifery colleagues who will be able to sign off certain competencies required when you have demonstrated proficiency and independent practice. Your final completion of the preceptorship framework will be assessed and agreed by your CSfM's, your line manager and the Senior midwife/Matron /Operational lead in the area/unit in which you are working.

## **Philosophy**

The philosophy of this preceptorship framework sits within the NMC Code (2018) and the Five-Year Vision for the Future (2019-24) (Welsh Government 2019).

*“Pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.” (Welsh Government 2019 p2)*

Respect and compassion for all are at the core of this philosophy where women and their families are supported to make decisions about their care, based on information given in an unbiased way by named care providers. Continuity of care will be provided, and women will be able to make informed choices about their place of birth.

Professional behaviour at all times is integral to the philosophy of the framework. Respect for all colleagues, a strong work ethic within the multi-disciplinary team and the use of evidence-based practice ensure a positive and healthy culture for work.

## **Induction period**

You will be provided with an employment induction period where administration for your new role will be undertaken, including payroll arrangements etc. Details of the induction programme particular to your employing Health Board can be found in part two of this document. You will be introduced to key personnel in your Health Board and to the requirements of the preceptorship programme set out in this portfolio. You will be entitled to a minimum of two weeks supernumerary status from your start date of employment.

### **Mandatory training**

You will be supported to attend relevant training as required by your employer and set out in part two.

### **Rotation**

During your first year of practice, you will undertake rotation to ensure you further develop your experience in all aspects of your midwifery role. This will include both hospital and community settings. You will be required to undertake on-calls as specified within your role.

### **Personal Appraisal and Development Review (PADR).**

Your initial objective setting for your PADR will be during your induction period. It is anticipated all newly qualified midwives will have one objective in year one which will be completion of the preceptorship programme. Individual objectives can be included with the support of your CSfM.

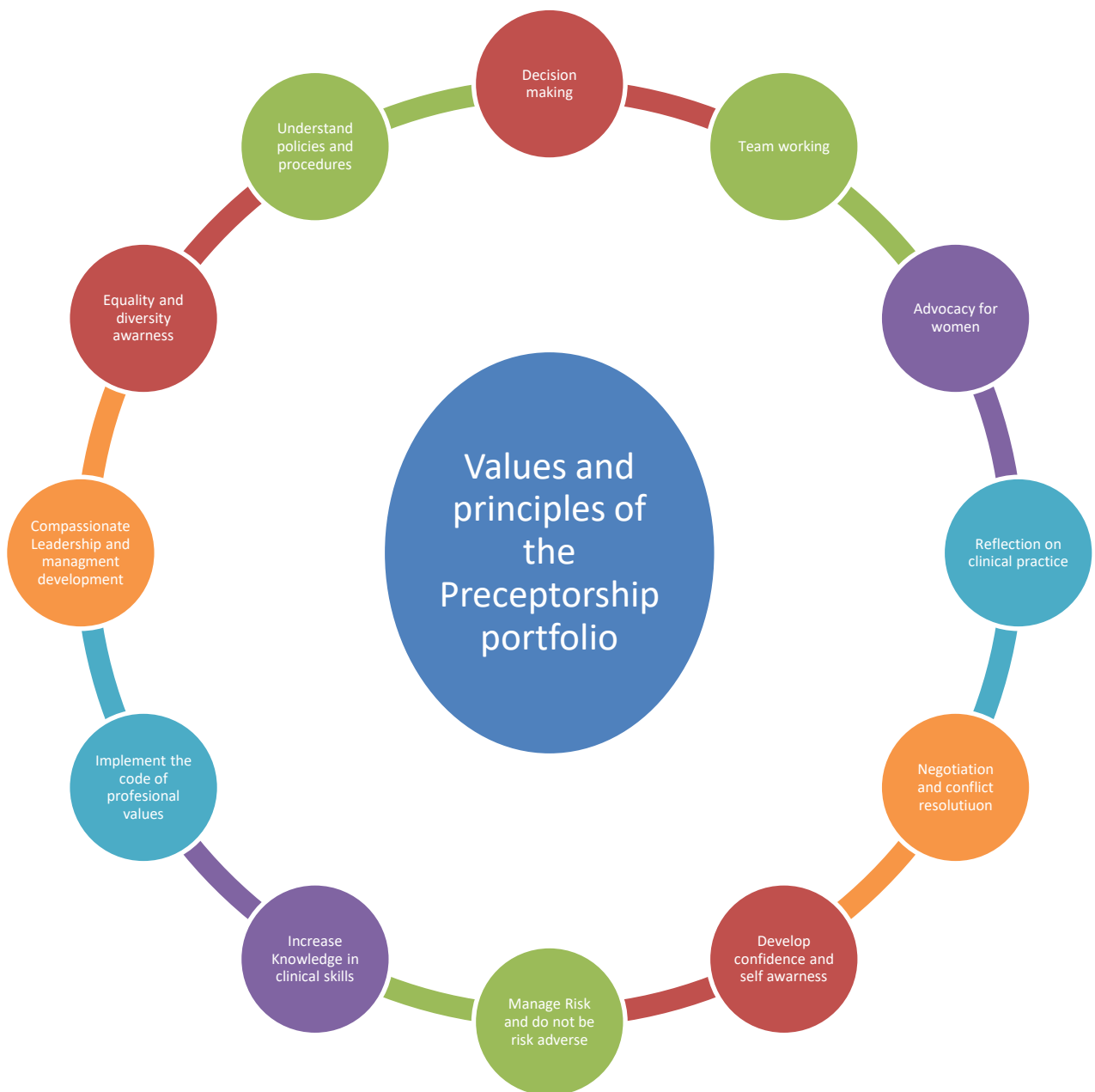
You will be undertaking your PADR within six months and one year of taking up employment to address any competencies that you may need support in completing.

### **Student midwife supervision and assessment**

Preparation to be a “designated Practice Supervisor (PS)” will be provided in the preceptorship period along with preparation to be a Practice Assessor (PA) (as per HB preparation programme) (NMC 2018).

<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>

## Values of the preceptorship programme



### Diversity, equality, and inclusion

“The terms ‘pregnant woman’ and ‘pregnant person’ are used interchangeably throughout this document. Neither term is intended to exclude the other. When referring to pregnant people, we recognise that the experience and needs of pregnant women may be distinct to that of trans or non-binary pregnant people; the needs and experiences of both are considered in this document.”

Once for Wales Preceptorship Working Group August 2022. Version Two  
(Due to be updated July 2023)



## Minimum principles expected within the preceptorship framework

1. To meet with Clinical Supervisor for Midwives (CSfM), Preceptorship team, Practice facilitators or operational leads for welcome discussion and to set objectives (Within first month).
2. To participate in the induction programme of your employing Health Board. This will be held at the beginning of your employment.
3. To complete a minimum of two weeks supernumerary practice.
4. To undertake relevant face to face/ mandatory training within the first six months (Health Board specific).
5. To meet with your named CSfM a minimum of three times per year, including attending group supervision meetings as arranged by the CSfM (Three, six and twelve months).
6. To attend regular face to face/ virtual wellbeing catch ups.
7. Have the opportunity to form methods of communication for continuing support (i.e., what's app group, Health board Facebook groups etc).
8. To be identified as a preceptee midwife (Badges)
9. To be allocated a preceptor/ buddy during your preceptorship period.
10. Demonstrate your competence and independent practice in the required skills set out in the All Wales Preceptorship portfolio and any additional skills required by your employer Health Board as set out in the Part Two.
11. Demonstrate competence through development of a portfolio of evidence that is aligned to the NMC Revalidation process. This will develop lifelong learning and continuing professional development. The competencies and skills in the portfolio can be assessed and signed by a senior midwife or Practice Development Midwife/Practice Education Facilitator (depending on your employing HB) who is able to verify you have achieved the required level of competence.
12. Complete a PADR at six and twelve months.
13. To attend regular Once for Wales Preceptorship support forums (offered quarterly- minimum requirement to attend two forums). These sessions can be counted towards supervision requirements.

Monday 7<sup>th</sup> November 2022 1000-1200

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NThmNWI4MWEtYjQxZi00MDJlTkwn2EtZTA4YWE2YWViMDRI%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NThmNWI4MWEtYjQxZi00MDJlTkwn2EtZTA4YWE2YWViMDRI%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d)

Monday 23<sup>rd</sup> January 2023 1000-1200

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZGJiMzI5MTItODJmMC00ZDk0LWFmZTEtM2ZmNjViZDYyN2Mx%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGJiMzI5MTItODJmMC00ZDk0LWFmZTEtM2ZmNjViZDYyN2Mx%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d)

Monday 27<sup>th</sup> March 2023 1000-1200

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZmI4MzlkMGMtNWMyZi00Mzg4LTk3NjYtMmlyZGRhNjBmZTNj%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZmI4MzlkMGMtNWMyZi00Mzg4LTk3NjYtMmlyZGRhNjBmZTNj%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d)

Monday 3<sup>rd</sup> July 2023 1000-1200

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NGQzMmZlYzktNjY1ZS00YTU0LWlwYjMtZmU5MGQ2ZTVmNmUx%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGQzMmZlYzktNjY1ZS00YTU0LWlwYjMtZmU5MGQ2ZTVmNmUx%40thread.v2/0?context=%7b%22Tid%22%3a%22bb5628b8-e328-4082-a856-433c9edc8fae%22%2c%22Oid%22%3a%22e80bdfb4-4702-4a1d-af5d-f9f870fcc6ef%22%7d)

The portfolio will include

- Your self -assessment and objectives
- Three reflective accounts in which you demonstrate your development of competence, confidence, clinical judgement, and clinical decision making.
- Evidence of having completed your employing health boards mandatory training.
- Completed and signed skills.
- Final statement on completion of the programme reflecting your status as an accountable and professional midwife.

The programme will take a minimum of one year and a maximum of two years in which time you are expected to have achieved the skill and independent practice required of a band 5 competent midwife.

You are responsible to raise with your CSfM or line manager if you are experiencing difficulty in achieving the requirement of the preceptor programme at the earliest possible time. This will ensure the relevant support is provided toward your achievement within the stated timeframe.

You will attend a meeting with the senior midwifery manager, CSfM and CPD lead midwife when you have finalised your preceptorship framework who will make the decision of your progress to band 6 midwife with the appropriate documented decision.

## How to use this Portfolio

**You should undertake the self- assessment and devise your personal objectives.  
Introduction meeting.  
Meet with your Clinical Supervisor for Midwives Operational Lead Midwife/ Matron/ CSfM, CPD team, PDM's and PEF's (Health Board dependant)**



**At the start of every rotation/ three months, you should meet your CSfM, Operational Lead Midwife to identify which competencies/skills are likely to be achieved during the rotation and review your progress so far.**



**Midwives and CPD midwives within the clinical area, together with the named CSfM will support you to achieve the identified competencies.**



**You will be responsible for bringing together and providing the evidence in your portfolio to demonstrate your development and competence in line with NMC requirements for Revalidation and your employer Health Board's appraisal (PADR).**



**You will be responsible for ensuring that the initial, mid and final reviews with your named CSfM take place as evidence of completion of the All-Wales preceptorship portfolio.**

**A final review of your ability will be undertaken by your CSfM, your Line Manager/ Senior Midwife/Operational Lead in your employer Health Board, to approve your completion of the preceptorship framework and your promotion to Band 6.**

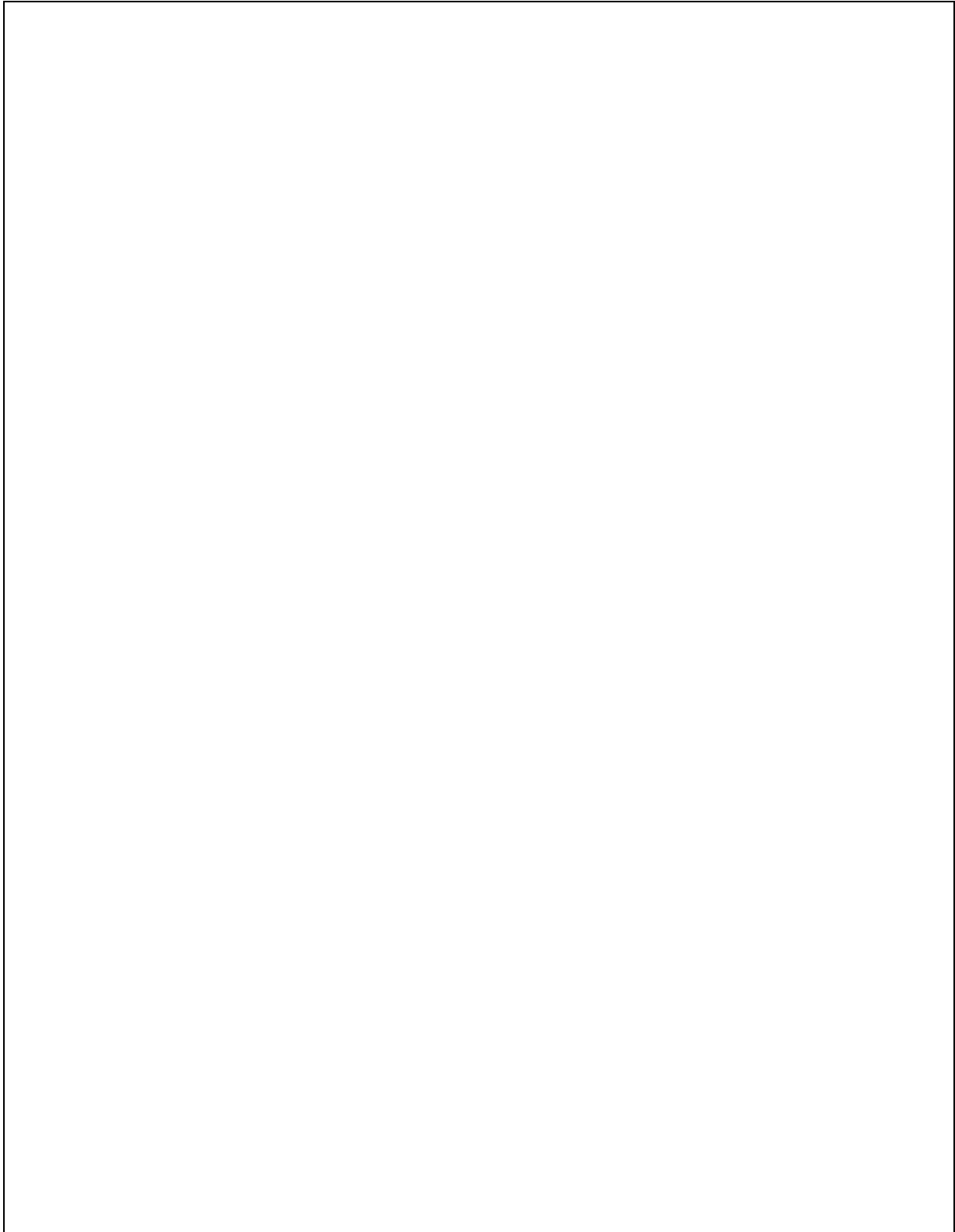
## **Induction Period, Self- assessment**

In this section write down what you consider to be your strengths and where you see there is room for developing your confidence and ability.

**What am I good at?**

**What do I need to improve?**

**Objectives. Identify aspects of your practice where additional experience and support is needed.**

A large, empty rectangular box with a thin black border, intended for the user to write their objectives. It occupies the central portion of the page.

## Introduction meeting

You will have an introduction meeting at the beginning of your employment and discuss your induction.

<b>Introduction meeting</b>			
<u>Designation</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Line Manager/ Senior Midwife			
CSfM			
CPD/ PDM Midwife			
Preceptor/ Buddy Midwife			

## Personal Appraisal Development Review (PADR).

You will be required to attend your Personal Appraisal Development Review (PADR) by six and twelve months. The reviewer will be either an Operational Lead or Practice Development midwife. Your PADR will identify any areas that need development, or you wish to develop.

To prepare for the PADR discussion you should take the following steps:

- Agree time, date and location for the discussion.
- Ensure both parties have the following documentation according to your HB (This documentation may vary across HB's).

### Review 1

Date. \_\_\_\_\_

PADR reviewer signature:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Midwife signature:

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Review 2

Date. \_\_\_\_\_

PADR reviewer signature:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Midwife signature:

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Scope of the preceptorship framework**

In order to progress from Band 5 to Band 6, it is essential that you are able to demonstrate the required level of competency as set out by Agenda for Change.

You must therefore be able to provide evidence that you meet the required level of competency, demonstrate your professional behaviour, as well as your ability to perform as an effective member of the multi-disciplinary team. It is your responsibility to ensure that your progress is documented and signed, and that you attend the meetings with your CSfM for clinical supervision.

If you are not able to meet the standards required at the end of the first year of qualification then an action plan will be agreed between you, your CSfM and your Line manager to support your development.

### **Agenda for Change Handbook**

**Band 5 (preceptorship period): no less than 12 months and up to 24 months.**

[NHS \(nhsemployers.org\)](http://www.nhsemployers.org)

#### [Agenda for Change Terms and conditions of service handbook](#)

Contents Section 14 Sickness absence Section 15 Maternity leave and pay Section 16  
Redundancy pay Section 17 Mileage allowances Section 18 Subsistence allowances

[www.nhsemployers.org](http://www.nhsemployers.org)

## Clinical Supervision

You will be required to meet with your Clinical Supervisor for Midwives (CSfM) a minimum of three times in your first year including attendance in group supervision sessions with your peers. Evidence of your learning, development and reflective practice will be demonstrated through a portfolio of evidence. The meeting will enable you and your Supervisor to review your objectives and monitor your progress. You will be asked to submit your reflective account to the CSfM prior to the meetings and further discussion will take place within each meeting. A record of your reflective discussion can be found within the end section of this portfolio.

Group Supervision Session 1.			
Date	Reflective account submitted (title)	Midwife signature	CSfM signature

Group Supervision Session 2.			
Date	Reflective account submitted (title)	Midwife signature	CSfM signature

Group Supervision Session 3.			
Date	Reflective account submitted (title)	Midwife signature	CSfM signature



## Once for Wales competencies

This part of the portfolio sets out the competencies that are required to demonstrate your professional practice as a registered midwife within the NMC Code (2018).

### *PRIORITISE PEOPLE*

*IN THIS SECTION:*

- **Care and compassion in practice**
- **Communication with women and colleagues**
- **Acting in the best interest of people at all times**
- 

### *PRACTISE EFFECTIVELY*

*IN THIS SECTION:*

- **Record Keeping and Documentation**
- **Safeguarding**
- **Risk Management**
- **Management and Organisation of Care**

### *PRESERVE SAFETY*

*IN THIS SECTION:*

- **The NMC Code (2018)**
- **Practising and a midwife in the UK (NMC 2017)**
- **Evidence Based Practice**
- **Skills**

### *PROMOTE PROFESSIONALISM & TRUST*

*IN THIS SECTION:*

- **Uphold the reputation of the profession**
- **Role model and leadership**
- **Trust and confidence**
- **Human rights**

## Prioritise People

### Care and Compassion in practice

Ensure that women and families are respected and listened to, ensuring their dignity is upheld and their individual needs are assessed and responded to at all times.

Competency	Desired Outcome	Evidence/Examples/Signpost
<p>To communicate and share information in ways which are easy to understand</p> <p>To give compassionate care to women, babies and their families taking into consideration any barriers to effective communication such as: culture, language.</p> <p>To demonstrate working in partnership with women and their families, ensuring equal and inclusive care to all diverse groups, and taking into consideration individual preferences.</p> <p>To demonstrate a duty of confidentiality to women whilst protecting their privacy and dignity.</p>	<p>To ensure that Midwives are competent and confident to provide women with the opportunity to participate in decisions surrounding their own health, well-being and care throughout the antenatal, intrapartum and postnatal period.</p> <p>To ensure that Midwives are enabling women to make an informed choice and are empowered to participate in their own care.</p> <p>To ensure that Midwives understand their responsibility and accountability increasing public confidence.</p>	
<p>Midwife Signature</p> <p>_____</p> <p>Date Achieved_____</p>	<p>Assessor Signature</p> <p>_____</p> <p>Date Achieved_____</p>	
<p>Comments/Action Plan</p>		

## Communicate with women and colleagues

**Communicate effectively and work in partnership with members of the multi-disciplinary team and other agencies throughout the pre-conception, antenatal, intrapartum and postnatal periods.**

Competency	Desired Outcome	Evidence/Examples/Signpost
<p>To demonstrate effective communication with colleagues in the multi - disciplinary team and other agencies, which takes into consideration the woman, baby and family.</p> <p>To demonstrate confident decision making in identifying deviation from the normal and make referral to provide appropriate intervention to women, babies and their families.</p> <p>To participate in multidisciplinary meetings and case reviews to enhance understanding of other professional roles and priorities.</p> <p>To demonstrate ability to lead in safety briefings, handovers and plans of care.</p> <p>To attend multidisciplinary PROMPT training to enhance communication.</p>	<p>To ensure equal and effective working within the multidisciplinary team across professional boundaries and with different agencies, with the well- being of the woman, baby and family at the centre.</p>	
<p>Midwife Signature</p> <p>Date Achieved _____</p>	<p>Assessor Signature</p> <p>Date Achieved _____</p>	
<p>Comments/Action Plan</p>		

## Acting in the best interest of people at all times

To ensure that care given to all women and their families is consistent with the Human Rights Act (1998) and the Equality Act (2010) in relation to unbiased, evidence based information and fully informed consent in every aspect of midwifery care.

Competency	Desired Outcome	Evidence/Examples/Signpost
<p>Demonstrate an ability to share unbiased, evidence based information in all circumstances.</p> <p>Respect women’s rights in relation to birth plans and decisions about their care, even if declining care.</p> <p>To treat people from all diverse groups as individuals and uphold their privacy and dignity.</p> <p>Listen to people and respond to their preferences even if choices sit outside current guidelines and protocols.</p>	<p>Women receive the highest standard of care appropriate to their needs.</p> <p>All women and their birth partners feel they have been treated with dignity and respect appropriate to their needs.</p> <p>Women feel respected and empowered, working in partnership in the provision of their care.</p> <p>Women are treated as individuals and personal choice respected and acted upon.</p>	
<p>Midwife Signature</p> <p>Date Achieved _____</p>	<p>Assessor Signature</p> <p>Date Achieved _____</p>	
<p>Comments/Action Plan</p>		

## Practice Effectively

### Record Keeping and Documentation

To ensure that clear and accurate records relevant to practice are kept in line with the NMC Code (2018)

Competency	Desired outcome	Evidence/Examples/Signpost
<p>Act in accordance with The Code (NMC 2018) and six principles of Record Keeping relevant to practice. Evidence should include:-</p> <ul style="list-style-type: none"> <li>• All records completed on time or as soon as possible after an event.</li> <li>• Any risks identified or problems that have arisen and the steps taken to deal with them.</li> <li>• Records completed accurately and without falsifications.</li> <li>• Ensuring that records are clearly written, dates and timed without abbreviations, jargon or speculation.</li> <li>• Records are stored securely.</li> <li>• Data is collected, treated and stored appropriately.</li> <li>• Attend/ complete a documentation audit.</li> </ul>	<p>Completed documentation should be in accordance with Heath Board local policy and use of appropriate partogram etc.</p> <p>Standard of record keeping should reflect the accuracy, accountability and professionalism required of the registered midwife.</p> <p>Self-development of good practice regarding record keeping.</p>	
<p>Midwife signature _____ Date achieved _____</p>	<p>Assessor signature _____ Date achieved _____</p>	
<p>Comments/Action Plan</p>		

## Safeguarding

**The Registered Midwife demonstrates the knowledge to take the appropriate action to care for vulnerable women and where there are concerns regarding child protection.**

Competency/Assessment Criteria	Evidence/Examples/Signpost
<p>Complete the Health Boards Child Protection study requirements (Levels II and III).</p> <p>Communicate effectively with all agencies to ensure the appropriate care and support is given to both the mother and the newborn.</p> <p>Work within policies and guidelines relating to vulnerable adults and children.</p> <p>Undertake specific HB mandatory requirements.</p>	
Midwife Signature Date Achieved _____	Assessor Signature Date Achieved _____
Comments/Action Plan	

## Risk Management

**The Registered Midwife demonstrates an understanding of their role and responsibility in risk management, contributing to the management of untoward reporting and serious incident reporting.**

Competency/Assessment Criteria	Evidence/Examples/Signpost
<p>Actively demonstrates and ability to maintain a safe environment for patients/clients, relatives and staff within the clinical setting.</p> <p>Ensure that all mothers are given information regarding the Baby security measures within the unit:</p> <ul style="list-style-type: none"> <li>i) Baby security procedure</li> <li>ii) Baby identification policy</li> </ul> <p>All Midwives must be aware of their responsibility and procedures if suspected baby abduction.</p> <p>Be able to minimise risk to women and babies and self in accordance with risk management procedures.</p> <p>Demonstrate the appropriate use of Health Board risk assessment forms such as manual handling, pressure sore assessment etc.</p> <p>Demonstrate an awareness and appropriate use of Health Board incident reporting mechanisms, complete them as appropriate and escalate any concerns accordingly.</p> <p>Practice in accordance with local Health Board policies and standards.</p> <p>All midwives must be aware of their responsibility of the escalation and jump call procedure/policy.</p>	
<p>Midwives Signature</p> <p>Date Achieved _____</p>	<p>Assessor Signature</p> <p>Date Achieved _____</p>

Comments/Action Plan



## Management/Organisation of Care

**The Registered Midwife will be able to manage the care of a group of women for the shift, liaising as necessary with other members of the team and/ or: In the community setting, the RM will be able to manage a caseload of women, liaising as necessary with others members of the MDT.**

Competency/Assessment Criteria	Evidence/Examples/Signpost
<p>Manage the care of a group of women for the shift or caseload of women - demonstrating planning and time management skills and the ability to manage own workload.</p> <p>Demonstrate the ability to organise and liaise with other members of the care team.</p> <p>Demonstrates the ability to work in collaboration with women and the multi-disciplinary team.</p> <p>Demonstrate the ability to delegate tasks appropriate to other members of the team.</p> <p>Manage the shift on the maternity ward with appropriate support where required.</p> <p>Induction and orientation to the community setting (where applicable for those on rotational contracts) to include agreed buddy shifts.</p>	
<p>Midwives Signature _____</p> <p>Date Achieved _____</p>	<p>Assessor Signature _____</p> <p>Date Achieved _____</p>
<p>Comments/Action Plan</p>	

## Preserve Safety

**The Registered Midwife will ensure that better and safer care is promoted at all times.**

Competency/Assessment Criteria	Evidence/Examples/Signpost
<p>Recognise and work within the limits of your competence.</p> <p>Demonstrate an understanding to be open and candid with all service users about all aspects of care and treatment, including when mistakes have taken place.</p> <p>Evidence of offering help when an emergency arises in your practice area within your knowledge and competence.</p> <p>Demonstrate an understanding on how to act if there is a risk to patient safety or public protection.</p> <p>Demonstrate how to raise concerns immediately if a person is at risk or requires additional support and protection.</p> <p>Demonstrate being proficient at providing holistic care to women, babies and their families during all aspects of maternity care. Consideration is needed towards the whole clinical picture.</p> <p>Demonstrate awareness of falls prevention strategies to keep mothers and babies safe within all maternity settings.</p>	
<p>Midwives Signature</p>  <p>Date Achieved _____</p>	<p>Assessor Signature</p>  <p>Date Achieved _____</p>
<p>Comments/Action Plan</p>    	

## Perineal Suturing

### Skill assessment and achievement of competence on completion of Perineal Suturing workshop/training (Guidance from Perineal Assessment Repair Longitudinal Study (PEARLS)).

Skill on completion of Perineal suturing workshop. Competent in the skill in simulation	Achieved Assessor sign	Date
Is able to handle the instruments holder. Open and close the needle holder, mount the needle correctly. Demonstrate safe practice related to avoidance of needle stick injury		
Is able to tie the standards surgical knot at the apex of the wound confidently and effectively		
Demonstrate competence in continuous and interrupted suturing techniques		
Is able to tie Aberdeen knot to complete the procedure confidently and effectively		
Is able to discuss safe practice, based on the evidence, related to the assessment and repair of perineal trauma		

#### Key points for best practice and achievement of competence

- Ensure comfort and privacy of mother, continuation of skin to skin wherever possible.
- Thorough assessment of extent of trauma to perineum and involvement of anal sphincter including per rectum examination.
- Aseptic technique – surgical hand wash, drapes, gowns and gloves, sterile set of instruments.
- Ensure good visibility – light, position, control of blood flow, comfortable sitting position.
- Ensure accurate count of instruments, swabs, tampons and needles before and after procedure.
- Administrate adequate pain relief.
- Use recommended suture material.
- Use recommended suturing technique safely & accurately – continuous to vaginal wall, perineal muscle and finishing with continuous subcuticular technique.
- Following the procedure ensure haemostasis and inspect the wound for accuracy of repair, repeat per rectum examination.
- Ensure adequate pain relief administered following the procedure.
- Reflect on your practice and self-check – Accurate assessment  
Skilful suturing technique  
Satisfied with the finished article.

## Achievement of competence in clinical practice.

### Observation of suturing procedures.

You are required to observe from 1 -5 suturing procedures until you feel able to perform one yourself, and then undertake 1 – 5 suturing procedures until the midwife assesses you to be competent. Observed suturing as a senior Student Midwife can be counted (must show evidence).

Suturing Observed	Name of practitioner suturing	Sign & date

Competencies to be achieved in practice	Yes	No
1.) Ensures comfort and privacy of mother, continuation of skin to skin of baby if possible		
2.) Makes a thorough assessment of extent of trauma to perineum and any involvement of anal sphincter including a rectal examination with consent		
3.) Demonstrates an aseptic technique – surgical hand wash, drapes, gowns and gloves, sterile instruments		
4.) Ensures there is good visibility- light, position, control of blood flow, comfortable sitting position		
5.) Ensures there is an accurate count of instruments, swabs, tampons and needles before and after procedure		
6.) Administers adequate pain relief		
7.) Uses recommended suture material.		
8.) Uses the recommended suturing technique and with a continuous sub-cuticular suture		
9.) Following the procedure ensures haemostasis and inspects the wound for accuracy of repair and satisfaction with result		

10.) Repeat a rectal examination with consent		
11.) Ensures adequate pain relief following the procedure		
12.) Provides feedback and evidence based perineal care advice to mother and ensures she is comfortable		
13.) Completes all relevant documentation including a designated suturing proforma if appropriate		

Suturing Undertaken	Name of supervisor	Sign & date

**Achievement of competence      YES      NO      (please circle)**

**Comments of Supervising Midwife:**

**Signed..... Date.....**

**Comments of Midwife:**

**Signed..... Date.....**

## Preparing and administering an IV fluid infusion

### Step - by step guide

As an assessing midwife, in assessing the midwives' competence in preparing and administering intravenous fluid infusions, please use the competence descriptors below and 'sign it off' when you decide that the midwife is competent when carrying out this procedure.

### Competence descriptors

Prior to attempting the skill	Achieving competence in the skill
<p>The Midwife will be able to <b>discuss</b> the following:</p> <ol style="list-style-type: none"> <li>1) Fluid balance and its importance in midwifery/obstetrics.</li> <li>2) The use of fluid prescription and fluid balance charts in midwifery.</li> <li>3) The importance of appropriate asepsis when preparing IV infusions.</li> <li>4) The different types of IV fluids that are used in midwifery settings.</li> <li>5) The different types of IV fluids that are used in midwifery settings.</li> <li>6) How to check the IV infusion prior to administration e.g. fluid, expiry date, clarity.</li> <li>7) How to check the IV site for health and suitability for infusion.</li> </ol>	<p>The Midwife will be able to <b>do</b> the following:</p> <ol style="list-style-type: none"> <li>1) Check infusion prescription and check the fluid and IV infusion site appropriately and rigorously.</li> <li>2) Undertake universal precautions / hand hygiene</li> <li>3) Run the fluid through the giving set appropriately and safely.</li> <li>4) Inform the woman about the infusion and seek her consent as appropriate.</li> <li>5) Attach the giving set to the venflon (or similar) appropriately and safely.</li> <li>6) Set the drip rate appropriately.</li> <li>7) Set the fluid pump appropriately</li> <li>8) Complete documentation appropriately.</li> </ol>

(Preceptee Midwife) I confirm that I have attended the HB's IV training course on .....(evidence must be provided)

I confirm that ..... has demonstrated competence in this skill

As set out in the competence descriptors above.

Signed.....

Name  
(printed).....Date.....

## Intravenous Drug Administration.

As an assessing midwife, in assessing this midwives' competence in adding drugs to intravenous fluid infusions, please use the competence descriptors below and 'sign it off' when the midwife has completed the **Health Board's Training** and has achieved competence in this skill.

### Competence descriptors

Prior to attempting the skill	Achieving competence in the skill
<p>The Midwife will be able to <i>discuss</i> the following:</p> <ol style="list-style-type: none"> <li>1) The 'five rights' of medicines administration.</li> <li>2) The action and side-effects of commonly used intravenous medication in childbearing e.g. syntocinon.</li> <li>3) Infection control and intravenous fluid therapy.</li> <li>4) Caring for an infusion site.</li> </ol>	<p>The Midwife will be able to <i>do</i> the following:</p> <ol style="list-style-type: none"> <li>1) Check the prescription of an intravenous drug with two registrants.</li> <li>2) Undertake universal precautions / hand hygiene.</li> <li>3) Draw up the drug and add it to an appropriate intravenous fluid container.</li> <li>4) Use appropriate techniques to ensure infection control in preparing an intravenous infusion.</li> <li>5) Complete and attach appropriate label(s) to the intravenous fluid containers [to be signed by the two registrants].</li> <li>6) Set and utilise commonly used fluid pumps as per health board.</li> <li>7) Complete documentation appropriately.</li> </ol>

I confirm that ..... has demonstrated competence in this skill

As set out in the competence descriptors above.

Signed.....

Name

(printed).....Date.....

## Epidural Top-up competency.

Guidelines for midwife to top-up epidural of women in labour *(if applicable to HB, these guidance will vary)*.

Objective 1	Brief Description of evidence	Assessment by relevant person	Comments
To be familiar with the scope of practice. Appreciate its implications for practice	Band 7 Delivery Suite midwife/ CSfM/ Practice Facilitator: Signature	Midwife signature  Band 7 Delivery Suite midwife/ CSfM//Practice Facilitator: Signature:	
Objective 2			
To undertake the procedure with due regard to all aspects of health and safety	Band 7 Delivery Suite midwife/Practice Facilitator: Signature	Midwife signature  Band 7 Delivery Suite midwife/CSfM/ Practice Facilitator: Signature:	
Objective 3			
To attend relevant seminar/ study session on	Seminar includes:-  Advantages of this method of pain relief  Anatomy of the spinal column and cord	Midwife signature:	



topping up epidurals for women in labour	<p>Relevant physiology</p> <p>Drugs used for epidural “top-ups”</p> <p>Common side effects/complications and their treatment</p> <p>Assessing level of block</p> <p>Monitoring of women</p> <p>Documentation</p> <p>Date attended</p>	Anaesthetist Signature:	
Objective 4			
To conduct the procedure according to agreed local policy for “topping up” for women in labour (if applicable)	<p>The midwife should be assessed in carrying out the procedure until the midwife and the assessor are satisfied that the required standard has been met</p> <p>The number of witnessed top-ups will vary with everyone</p>	<p>Anaesthetist Signature:</p> <p>Anaesthetist Signature:</p> <p>Anaesthetist Signature:</p> <p>Anaesthetist Signature:</p> <p>Anaesthetist Signature:</p> <p>Midwife signature:</p>	

## **Cannulation Competency**

**Cannulation can only be supported within some Health boards during 2022-2023 (please follow HB guidance).**

RM who undertake cannulation must update their practice according to **local guidance**. Cannulation assessments are to be completed by cannulation assessors (specific requirements for each HB). During the preceptorship period each NQM will be supported to achieve cannulation competency by undertaking the following.

1. Undertake specific HB cannulation training package.
2. Completing Aseptic Non-touch Technique (ANTT) e-learning programme or attending an ANTT training session (HB specific).
3. Completing this practice based knowledge and skills assessment with a cannulation assessor. Level three to be achieved on a minimum of three assessments (can be simulated).

Level 1: Guidance and assessor intervention required further training and supervision needed

Level 2: Minimal prompts required, requires further practice

Level 3: Performs competently and independently.

### Practice Learning Outcomes. Knowledge Assessment:

Underpinning Knowledge: the practitioner will be able to:		Assessor initials	Please date when achieved
1.1	Explain the key principles of professional accountability and how this relates to peripheral venous cannula (PVC) insertion		
1.2	Discuss which National and UHB policies, procedures and guidelines are related to PVC insertion and how they will ensure that their practice is compliant with these.		
1.3	Outline what is meant by 'informed consent' and how this is obtained prior to PVC insertion		
1.4	Explain the correct process for confirming patient ID before commencing the process		
1.5	a. Identify the position of accessible veins on an arm (real / manikin) b. Explain the rationale for use for each vein identified and any potential disadvantages of using these veins		
1.6	State at least 6 occasions when you would assess a limb as being unsuitable for cannulation, giving a rationale for your assessment in each case.		
1.7	Discuss how to prepare the patient prior to the procedure		
1.8	Summarise the equipment necessary for the procedure		
1.9	Describe 5 methods for improving venous access and how each method improves access		
1.10	Explain the key principles of Aseptic Non-touch Technique		

1.11	Discuss the signs and symptoms of phlebitis		
1.12	Discuss the following risks associated with PVC insertion, the signs that each have occurred and the actions required: <ul style="list-style-type: none"> <li>▪ Puncture / cannulation of an artery</li> <li>▪ A nerve has been hit</li> <li>▪ Haematoma</li> </ul>		
1.13	Explain the key principles of PVC care post insertion		
1.14	Explain the terms infiltration and extravasation, the signs that each have occurred and the actions required		
Date	Outcome of Assessment	Assessor signature	Midwives Signature
	Assessor feedback		

**The RM must be assessed as level 3 (Performs competently and independently) to be able to continue to practice independently. If level 3 is not achieved support is needed form the PDM or cannulation assessors.**

<b>Date of Assessment</b>									
Correctly assesses that PVC is required									
Confirms patient ID, explains procedure to patient and seeks their consent									
Prepares required equipment correctly (decontaminates, checks packaging and dates)									
Prepares patient correctly (comfortable position)									
Chooses correct PVC size for cannula use									
Chooses appropriate vein and uses tourniquet correctly to choose and prepare vein									
Cleans site with 2% chlorhexidine in 70% alcohol using correct technique									
Inserts PVC using correct technique									
Checks for flashback and abandon's cannulation appropriately if cannula is incorrectly placed									
Adheres to Aseptic Non-touch Technique principles throughout process									

Flushes cannula correctly and observes for signs of infiltration									
Correctly secures cannula with Tegaderm IV									
Communicates well with patient during procedure									
Documents insertion/attempted insertion in patient's notes using PVC pack sticker/PVC bundle									
Responds appropriately to any adverse reaction e.g. patient faints									
<b>Outcome of Assessment: level achieved (1-3)</b>									
<b>Assessor signature</b>									

**I can confirm that the above practitioner has demonstrated the knowledge and skills necessary for competent peripheral venous cannulation in accordance with the identified assessment criteria. It remains the Midwives responsibility to adhere to HB's requirements for updating.**

<b><u>Assessors Name (Please Print)</u></b>	
<b><u>Signature</u></b>	
<b><u>Date</u></b>	

### Mandatory Training.

<p><b>Mandatory training must be completed within six months of employment. Mandatory training requirements will be specific for each Health Board (found in part two).</b></p>	<p><b>Evidence (E-Learning).</b></p>
<p>Midwives Signature _____</p> <p>Date Achieved_____</p>	<p>Assessor Signature _____</p> <p>Date Achieved_____</p>
<p>Comments/Action Plan</p>	

### Student Supervision and Assessment (SSSA)

<p><b>Preparation to be a “designated Practice Supervisor (PS)” will be provided in the preceptorship period along with preparation to be a Practice Assessor (PA) (as per HB preparation programme).</b></p>	<p><b>Evidence (E-Learning).</b></p>
<p>Midwives Signature _____</p> <p>Date Achieved_____</p>	<p>Assessor Midwife Signature _____</p> <p>Date Achieved_____</p>
<p>Comments/Action Plan</p>	

### **Clinical Skills Competency.**

**The Midwife will be able to achieve the following skills and competence in accordance with local Health Board policy and requirements (further documentation for skills can be found in part two as per HB).**

<p>This list is not exhaustive of all skills required as per HB.</p> <p>Cannulation</p> <p>IV Additives</p> <p>Epidural Top ups.</p> <p>Management of Intrapartum Care:</p> <ul style="list-style-type: none"><li>• Universal care</li><li>• Water birth</li><li>• Women with additional care needs</li></ul> <p>Obstetric Emergencies</p> <p>Theatre pre- and Post-operative care</p> <p>High Dependency Care</p> <p>IIA/ CTG/Fetal Monitoring/STAN (where appropriate).</p> <p>Gap and Grow.</p> <p>Still Birth/Intrauterine Death</p> <p>Blood Transfusion</p> <p>Glucose Monitoring</p> <p>POCT</p> <p>ANTT</p> <p>Perineal Suturing</p> <p>Care of the Neonate</p> <p>NiPE (if already completed appropriate training within undergraduate midwifery programme; evidence required).</p>	<p>Evidence.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------





## Promote Professionalism and Trust

**Demonstrate professionalism and Trust in accordance with the NMC (2018) Code and professional standards.**

Competency/Assessment Criteria	Evidence/Signpost
<p>To uphold the reputation of the profession at all times by displaying commitment to the standards of practice and behaviour set out in the Code (NMC 2018).</p> <p>Evidence, understanding and awareness of your registration requirements in relation to practice hours and CPD requirements.</p> <p>Evidence your understanding and participation in the audit process e.g., notes audit.</p> <p>Demonstrate being a role model of integrity.</p> <p>Demonstrate the principles of compassionate leadership in action through your work and interaction with all people you care for and work alongside.</p> <p>Demonstrate that you have achieved trust and confidence in the profession from patients, people receiving care, other health care professionals and members of the public.</p> <p>Demonstrate being open and honest with colleagues and families in your care.  <a href="https://www.england.nhs.uk/patient-safety/a-just-culture-guide/">https://www.england.nhs.uk/patient-safety/a-just-culture-guide/</a> )</p> <p>Demonstrate being mindful of language used amongst colleagues and women and their families at all times.</p> <p>Demonstrate confidence in being able to provide advocacy for women in your care.</p>	
<p>Midwives Signature</p> <p>_____</p>	<p>Assessor Signature</p> <p>_____</p>

Date Achieved \_\_\_\_\_

Date Achieved \_\_\_\_\_

Comments/Action Plan

## Compassionate Leadership behaviours

Compassionate leadership is an integral component within midwifery. It is important that with you encompass these behaviours within your practice.

### What do we expect of a band 5.

*“The four behaviours of compassion are described below in the form of a compass, helping to navigate how we interact and engage with colleagues and citizens, whilst aligning with Health and Social Care values and beliefs” (Addysga Gwella Lechyd Cymru (AaGIC) and Health Education and Improvement Wales (HEIW) 2021).*

#### ATTENDING

to those we lead means being present with them. It requires that we ‘listen with fascination’ to those we lead.

#### HELPING

to ensure there’s a good path for those we lead to achieve their goals by removing the obstacles or providing the resources and support to help them deliver high quality care.



#### UNDERSTANDING

is dependent on listening deeply. It requires that we take the time to listen in order to understand the challenges that those we lead face in their work.

#### EMPATHISING

Feeling the strains, pains, anxieties and frustrations of those we lead without being overwhelmed by those feelings. This then gives leaders the motivation to help or serve those we lead.

<https://nhs.wales/leadershipportal.heiw.wales/what-are-compassionate-behaviours>

## **Reflective Clinical Supervision**

**You are required to write three reflective accounts to discuss with your CSfM at your clinical supervision sessions which should take place at 4 months, eight months and twelve months.**

*IN THIS SECTION:*

- **Record of reflective discussions**
- **Final review of competence and Sign Off**

The reflective discussion will review current developmental objectives and progress.  
The discussion will also explore any issues raised in the reflective account.

**Reflective Discussion. 1.**

What is going well?

What could be improved?

Any actions to be taken

CSfM sign \_\_\_\_\_ Date \_\_\_\_\_

Midwife sign. \_\_\_\_\_ Date \_\_\_\_\_

**Reflective Discussion. 2.**

What is going well?

What could be improved?

Any actions to be taken

CSfM sign \_\_\_\_\_ Date \_\_\_\_\_

Midwife sign. \_\_\_\_\_ Date \_\_\_\_\_

**Reflective Discussion. 3.**

What is going well?

What could be improved?

Any actions to be taken

CSfM sign \_\_\_\_\_ Date \_\_\_\_\_

Midwife sign. \_\_\_\_\_ Date \_\_\_\_\_

**Reflective Accounts.**

Please use the reflection template provided by the NMC (NMC 2018). When formulating your reflection, please ensure that anonymity and confidentiality are maintained.

The reflective template can be found following the link below;

<http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html>



## Final Assessment of Competence

**The final assessment of competence must be made by those who have been involved in supporting the newly qualified midwife through the programme.**

Midwife:

Has completed the preceptorship programme and has achieved competence at the required level to progress to the role of Band 6 midwife.

Comments on the quality of the portfolio and level of competence in clinical practice.

Name	Designation	Signature	Date
	CPD/ PDM		
	CSfM		
	Line manager/ senior manager		

Midwife:

Has not achieved completion of the preceptorship programme in required timeframe (< two years). The Senior Manager (with the appropriate support) will prepare an action plan using the All Wales capability policy as a framework.

Comments on the quality of the portfolio and rationale for failure to complete the preceptorship programme

# Band 6 and Beyond.....Aspiring Leaders!!

## Compassionate Leadership

*“The Compassionate Leadership Principles point the way to leading and working compassionately together across health and social care which is the most powerful way we can nurture the health and happiness of the staff who offer care in Wales. It is also the most powerful way we can promote the health and happiness of the people and communities of Wales now and in the future”.*

**Professor Michael West, 2021**

<b>Effective Leadership</b> <ul style="list-style-type: none"><li>• <i>Direction:</i> A clear shared inspiring purpose or vision</li><li>• <i>Alignment:</i> Clear goals for people and teams aligned and springing from the vision</li><li>• <i>Commitment:</i> Developing Trust and motivation</li></ul>	<b>Inclusive Leadership</b> <ul style="list-style-type: none"><li>• Clear, shared inspiring purpose or vision</li><li>• Positively valuing difference</li><li>• Frequent face to face contact</li><li>• Continuous commitment to equality and inclusion</li><li>• Clear roles and strong team</li></ul>
<b>Collective Leadership</b> <ul style="list-style-type: none"><li>• Everyone has leadership responsibility</li><li>• Shared leadership in teams</li><li>• Interdependent leadership across boundaries</li><li>• Consistent leadership styles across the organisation</li></ul>	<b>Systems Leadership</b> <ul style="list-style-type: none"><li>• Shared vision and values</li><li>• Long term objectives</li><li>• Frequent face to face contact</li><li>• Constructive and ethical conflict management</li><li>• Mutual support and altruism across boundaries</li></ul>

(Addysgya Gwella Lechyd Cymru (AaGIC) and Health Education and Improvement Wales (HEIW) 2021)

<https://nhs.wales/leadershipportal.heiw.wales/the-four-pillars-of-compassionate-leadership>

As you develop through your midwifery journey, your leadership skills develop within your preceptorship year will support your future development into aspiring leaders.

Using the four pillars of compassionate leadership to guide you, you will to demonstrate your leadership qualities and support/ implement a quality improvement initiative within your band 6 role.

### **Learning Outcomes**

- To demonstrate an awareness of theories of leadership and team-working, driving a common goal of achieving excellence in evidence-based midwifery practice
- To inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice
- To demonstrate confidence and competence in leadership in innovation, team-working and improvement of maternity care using the best available, up to date evidence to advance practice, accomplishing excellence in evidence-based midwifery practice
- To be able to use simple tools to foster a strategy for change
- To appreciate the need for practice to evolve and promote 'best practice' in midwifery care delivery and quality and driving results

### **What will be achieved**

1. Lead within a group or individually on a quality improvement initiative
2. Develop the improvement within your band 6 role
3. Evidence of the improvement (presentation, poster etc)

### **Who will support you**

- Your progress will be reviewed during your yearly PADR
- Support will be offered by HOM's, CSfM's, PDM's, Clinical managers and colleagues

**Successfully completed** Yes  No

**Name of initiative**

**Evidence**

**Date**

## References

Addysga Gwella Lechyd Cymru (AaGIC) and Health Education and Improvement Wales (HEIW) 2021 Leadership Portal. [Online]. Available at :

<https://nhs.wales/leadershipportal.heiw.wales/what-are-compassionate-behaviours> & <https://nhs.wales/leadershipportal.heiw.wales/the-four-pillars-of-compassionate-leadership>

Health Education and Improvement Wales (HEIW). 2019. Annual report. [Online]. Available at: <https://heiw.nhs.wales/files/key-documents/heiw-annual-report-2018-19/>.

Legislation.gov.uk. 2010. Equality Act. [Online]. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents>.

Montgomery and informed consent. 2021. [Online]. Available at: <https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent?Region=Wales>

Nursing and Midwifery Council. 2018. Realising professionalism: Standards for education and training Part 2: Standards for student supervision and assessment. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>.

Nursing and Midwifery Council. 2018. The Code. Professional Standards of Practise and Behaviour for Nurses and Midwives. London.

Nursing and Midwifery Council. 2019. Revalidation. Requirements for revalidation. [Online]. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf> & <http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html>

Public Health Wales (PHW). 2019. Improvement Cymru. [Online]. Available at: <https://phw.nhs.wales/services-and-teams/improvement-cymru/>.

The Kings fund. 2017. Quality Improvement. [Online]. Available at: <https://www.kingsfund.org.uk/topics/quality-improvement>.

NHS England. 2021. A Just Culture Guide. [Online]. Available at: <https://www.england.nhs.uk/patient-safety/a-just-culture-guide/>

Welsh Government. 2017. Clinical Supervision for Midwives in Wales. [Online]. Available at: <https://gov.wales/sites/default/files/publications/2019-03/clinical-supervision-for-midwives-in-wales.pdf>.

Once for Wales Preceptorship Working Group August 2022. Version Two  
(Due to be updated July 2023)

West, M. Bailey, S. Williams, E. 2020. *The courage of compassion Supporting nurses and midwives to deliver high-quality care*. [Online]. Available at:  
[https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report\\_0.pdf](https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf)

## **Appendix**

(Additional pages if required)

Comments and Action Plan.

Comments/Action Plan

Suturing competency

<b>Competencies to be achieved in practice</b>	<b>Yes</b>	<b>No</b>
1.) Ensures comfort and privacy of mother, continuation of skin to skin of baby if possible		
2.) Makes a thorough assessment of extent of trauma to perineum and any involvement of anal sphincter including a rectal examination with consent		
3.) Demonstrates an aseptic technique – surgical hand wash, drapes, gowns and gloves, sterile instruments		
4.) Ensures there is good visibility- light, position, control of blood flow, comfortable sitting position		
5.) Ensures there is an accurate count of instruments, swabs, tampons and needles before and after procedure		
6.) Administers adequate pain relief		
7.) Uses recommended suture material.		
8.) Uses the recommended suturing technique and with a continuous sub-cuticular suture		
9.) Following the procedure ensures haemostasis and inspects the wound for accuracy of repair and satisfaction with result		
10.) Repeat a rectal examination with consent		
11.) Ensures adequate pain relief following the procedure		
12.) Provides feedback and evidence based perineal care advice to mother and ensures she is comfortable		
13.) Completes all relevant documentation including a designated suturing proforma if appropriate		

## REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.

### Reflective account:

**What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?**

**What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?**

**How did you change or improve your practice as a result?**

### How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust



## Action Plan for Ongoing Achievement of Band 5 Competencies

<b>Name of midwife</b>		<b>Staff no.</b>	
<b>Practice setting</b>		<b>Date of start of employment</b>	
<b>CSFM</b>		<b>PEF/ PDM/ Line Manager</b>	
<b>Other key personnel involved</b>			
<b>Date of initial discussion</b>		<b>Review Dates</b>	
<b>Summary of current issues identified</b>			
<b>Midwives comments</b>			
<i>To be completed at initial meeting:</i>			
<b>Related competencies</b>	<b>Situation</b>		
	<b>Background</b> (including identification of Midwives' strengths)		

	<b>Agreed Actions</b>				
	<b>Recommendations</b> (including support measures & timescale)				
<i>To be completed at midpoint review</i>					
<b>Midpoint Progress review</b>					
<b>Midwives comments on midpoint progress</b>					
<b>Complete at end point. Please reassess and complete the Band 5 competencies (Within this portfolio and HB specific requirements).</b>					
<b>Achievement of Band 5 competencies:</b>	<i>(Please tick)</i> <b>Yes [ ]</b>	<b>Midwives' signature</b>		<b>Date:</b>	
	<b>No [ ]</b>	<b>CSFM signature</b>		<b>Date:</b>	
		<b>PEF/PDM/ Line manager signature</b>		<b>Date:</b>	

### Action Plan Considerations:

	Tick as appropriate ✓
Has there been consideration of the Midwives' ability to reflect on their own performance?	
Has an action plan been completed that captures the specific detail of concerns?	
Is the Midwives' sense of vulnerability and belongingness being addressed?	
Is the Action plan being used?	
What assurance is there that the Midwife has understood the nature of the concerns fed back by the CSFM's?	
Is there agreement between all key personal involved about the way in which the assessment decisions have been reached?	

## **Part 2**

### **Health Board induction Programme**