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Chair's Message

It is with great pleasure that I write my fifth Chair's message for the Scottish Multiprofessional Maternity Development (SMMD) Group.

The SMMD Group has continued its educational activity with trainee and career grade medical staff, midwives and nurses, allied health professionals and the Scottish Ambulance Service. The Group was delighted to learn from the Scottish Government Health Department that funding is secure until March 2011. The Group's integration into NHS Education for Scotland (NES) has proved to be very beneficial in terms of organisational and professional support and indeed operational funding.

The Courses have again increased in number and have been very successful. The popularity of the courses is due to the support the Programme receives from the many professionals who contribute as advisers and trainers. Their work is voluntary and reflects the high level of motivation of those who contribute to the Programme, which benefits the maternity service in Scotland. The SMMD Group remains dependent on the cooperation of the service managers to release the trainers and those to be trained from service commitments.

I am personally delighted that a number of Midwifery Lecturers from Higher Education Institutions have also joined as instructors and their additional contribution is very welcome. The Group is now looking forward to full participation within the NES Programme Boards for Clinical Skills and the opportunities which this will present in teaching clinical skills.

I shall also be standing down as Chair of the SMMD Group this year due to impending retirement. The support from the Group as a whole and its Executive has been immense, as the Group has moved from its early days as an idea, to its affiliation and support within the Royal College of Midwives, to its full integration within NES. The motivation and enthusiasm from all the trainers and advisers has been an inspiration and a credit to the Maternity Services in Scotland.

I am personally indebted to Eliz Mansion for all her hard work over the last five years; she has been a superb Director and leaves the SMMD Programme in an extremely healthy state. On behalf of the Group I also wish to thank Hayley McDonald and Kate Silk for all their hard work and enthusiasm in 2008.

I wish Helene Marshall, the new Director, and Una MacFadyen, the new Chair, every success as they take the SMMD Programme forward.

John McClure
SMMD Group Chair

Director's Message

The Scottish Multiprofessional Maternity Development Programme (SMMDP) in 2008 has consolidated and strengthened its position as a training provider for maternity care professionals in Scotland. With the vision to provide training which is clinically relevant, evidence based, and suitable for all professions, the repeated positive feedback from course candidates and instructors suggests we are meeting this maxim on most occasions.

This feeling of growing maturity was consolidated by the guarantee of ongoing funding from the Scottish Government Health Department until March 2011. NHS Education for Scotland continues to contribute to the operational funding of the SMMDP in addition to organisational and professional support. A total of 53 courses have been run in 25 different locations across the length and breadth of Scotland in 2008, an increase from previous years.

The following report demonstrates that every Health Board in Scotland has now invested in the training of local instructors to be able to host SMMDP courses. The majority of instructors are clinically based staff and from all professional disciplines, but a few Midwifery Lecturers from Higher Education Institutions have also joined as instructors and their additional contribution is very welcome. It is hoped this increased collaboration on clinical skills teaching will strengthen the uniformity of pre-and post-registration training in clinical skills.

Over the last four years the development and subsequent roll out of the SMMDP has been led and supported by the SMMD Group. This vital multiprofessional group is charged to ensure the training provided is

“fit for purpose and ensuring the quality assurance of all aspects of delivery of the Scottish Multiprofessional Maternity Development Programme”.

In addition, as Director, I continue to benefit from the advice given by the SMMD Group as a whole and questions to individual SMMD Group members. Since moving into NES there have also been benefits from being part of this large multifaceted organisation, for example, the SMMDP was assessed against the NES Educational Governance standards in 2007 which strengthens the integrity and quality of the programme. Discussions are underway towards the SMMDP being performance managed by the NES Programme Board for Clinical Skills and closer collaboration with other clinical skills providers. This could be an exciting development but details are still to be agreed. It is envisaged that the SMMD Group will continue to provide specialty specific advice.

This is my fifth and last SMMDP Director's report as I will be retiring in March. This post has been the culmination of my midwifery career which has brought much of my previous experience together into a multiprofessional arena. Travelling round the country providing training I have had a unique opportunity to meet many professionals providing direct care in maternity and neonatal services and am impressed at their enthusiasm, quality of care and evident professional commitment.

It has been an honour and wonderful opportunity to be part of the SMMDP and to all those involved I thank you for your contribution and your friendship. I wish Helene Marshall all success as the new Director; she brings her own enthusiasm, energy and experience to take the SMMDP into what hopefully will be a sustainable future.

Elizabeth Mansion
SMMDP Director

Financial Review

April 2008 – January 2009

Expenditure

Item	Cost (£)
Staff Salaries	84,023
Travel and Subsistence	7,917
Staff training/conference fees	534
Catering	43
Equipment	953
Printing and Stationery	3,930
Professional Fees	5,950
Total	103,350

Funding and Income

Item	(£)
Scottish Government Funding – staffing	83,333
NHS Education Scotland funding – running costs	16,666
Uplift	900
Sub-total	100,899
Operating Income (generated from courses)	27,577
Total	128,476

SMMDP Performance

Multiprofessional Uptake of the SMMDP Courses.

As seen in previous Annual Reports, the increase in the range of maternity care professionals attending the SMMDP courses continues to grow (see Table and Graph 1). Although the numbers are small it is encouraging to see so many GPs seeking out this additional skills training. Most of them have been from remote and island communities where they get less experience of maternity cases, but where the resources in an emergency are likewise less, therefore the onus on them to provide effective and timely responses can be a challenge. Foundation Year 2 junior medical staff, as well as a few Specialty Training doctors have also started signing up for training on an individual basis, usually in response to word of mouth or having seen flyers in their place of work.

It is mostly the Scottish Obstetric Teaching and Training in Emergencies (SCOTTIE) course and the Scottish Neonatal Resuscitation course (SNRC) that medical staff have attended, with good feedback from both courses.

In addition, a few GPs in the remoter services have attended the Neonatal Pre-transport Care Course (SNPTCC) for Community Maternity Units and this training has been well received. (see Table and Graph 2).

We continue to encourage all course centres to inform all professional groups about the courses they are running, and as reported by Robert Gordon's University evaluation in 2007, the feedback frequently commends the multiprofessional mix of candidates as an added positive experience of the training as in following quote.

"Being given the opportunity to meet and understand different health care professionals' roles and responsibilities"
SCOTTIE Dumfries

Scottish Ambulance Service

The SMMDP office staff, in their communications with course co-ordinators, aim to offer 2 candidate places for local Scottish Ambulance staff and again, although the numbers are low in comparison to the workforce, the increase in these candidates in 2008 represents a 51% enhancement. We have been working closely with the Air Wing Service Management as they are seeking to get all the aircrew through both SCOTTIE and the SNRC as soon as the service allows.

Scottish Ambulance Service hosted a SNRC in November to facilitate this objective but unfortunately only 6 paramedics were able to attend due to staffing constraints.

It is hoped to be able to run both an SNRC and a Bridging Instructors course for existing SAS trainers in the near future and increase the training capacity in SMMDP courses for the service.

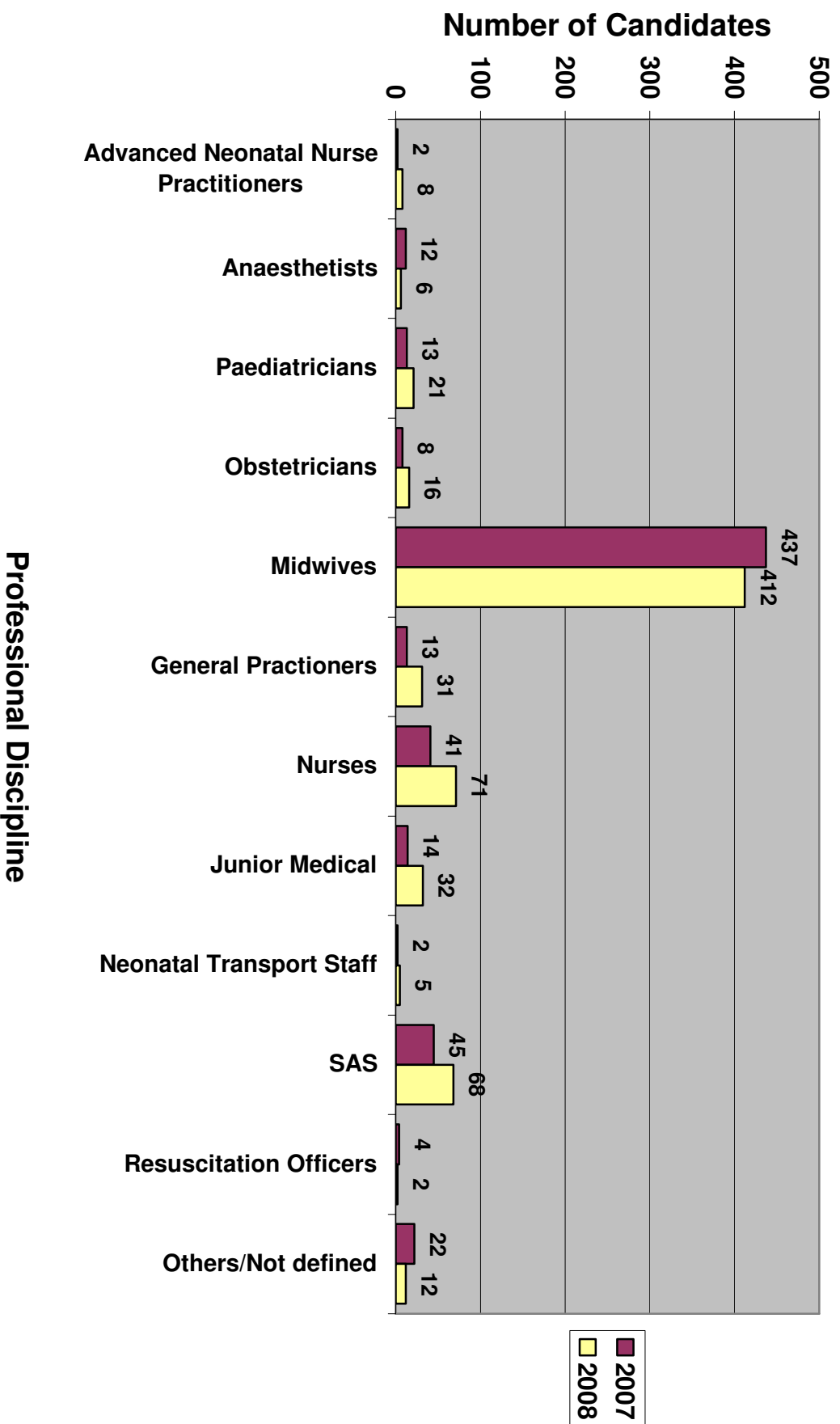
Table 1: A Comparison of Course Candidates by Professional Discipline from 2007 to 2008

Professional Discipline	Total Number of candidates indexed in 2007	Additional Number of candidates indexed in 2008	Increase/ (decrease) in number of new candidates indexed
Advanced Neonatal Nurse Practitioners	2	8	6
Anaesthetists	12	6	(6)
Paediatricians	13	21	8
Obstetricians	8	16	8
Midwives	437	412	(25)
General Practitioners	13	31	18
Nurses	41	71	30
Junior Medical	14	32	18
Neonatal Transport Staff	2	5	3
SAS	45	68	23
Resuscitation Officers	4	2	(2)
Others/Not Defined	22	12	(10)
TOTAL	613	684	71

Table and Graph 1 demonstrate the detailed increase in uptake of the SMMDP courses per professional discipline as discussed above. The bulk of candidates are still midwives as the professional group with the greatest number in maternity services but fewer midwives have been able to attend courses in the past year. It is proving increasingly difficult for midwives and neonatal nurses to be released for training due to increased workload in the service. Even if they attend on days off, they don't always get the time back as intended, again due to workforce pressures. Many midwives are due to recertify the first courses they attended 4 years ago so the training demand will not reduce.

We need to strive to maintain this level of multiprofessional participation, and increase efforts to inform junior medical staff from the various disciplines of this training opportunity.

Graph 1 : A Comparison of Course Candidates by Professional Discipline from 2007 to 2008

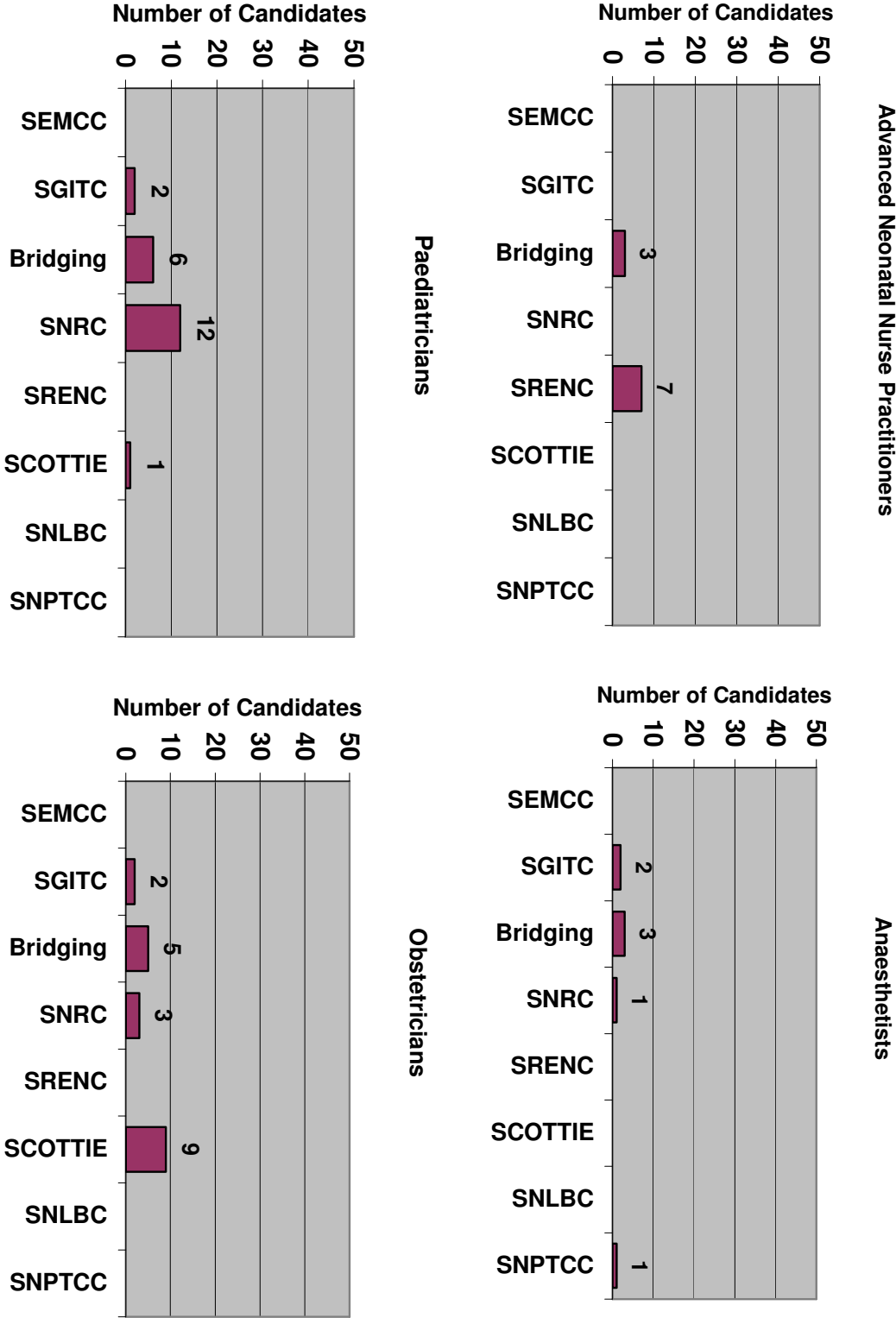


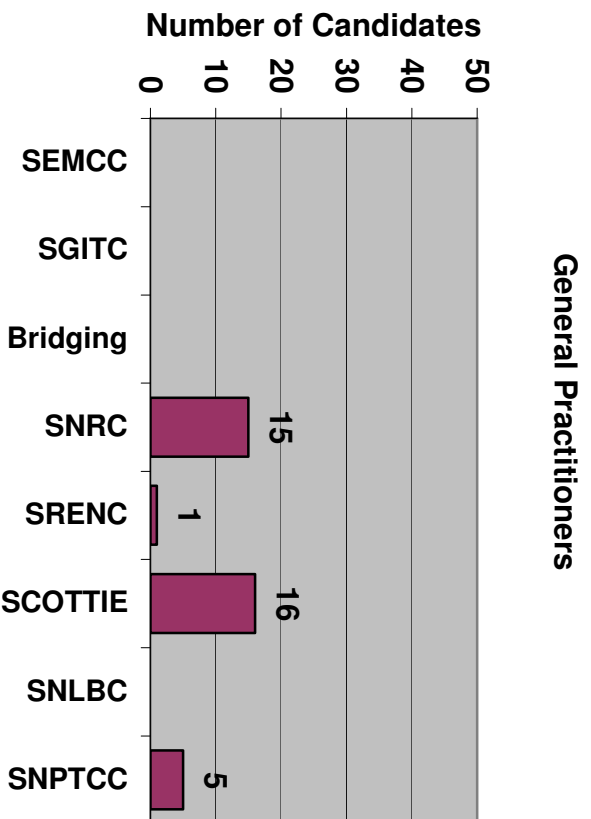
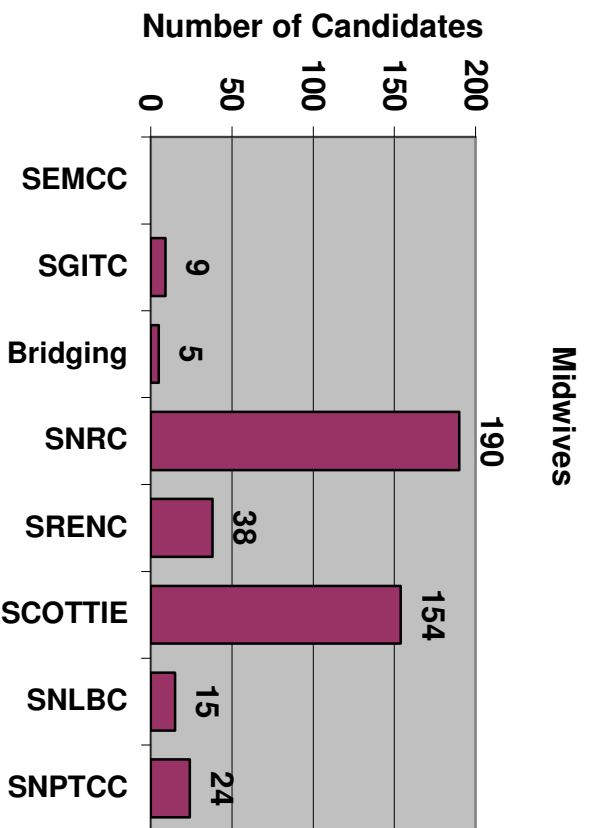
The Graphs on the following pages (2) show the individual courses attended by the different professional disciplines and it may be worth considering targeting individual courses to the different professional groups, rather than the SMMDP as a whole.

Many of the medical staff, who have joined the programme as instructors, either doing the full 2 day instructor training or the 'bridging' instructor training courses, are consultant grade and this gives increased endorsement of the SMMDP and its various training courses.

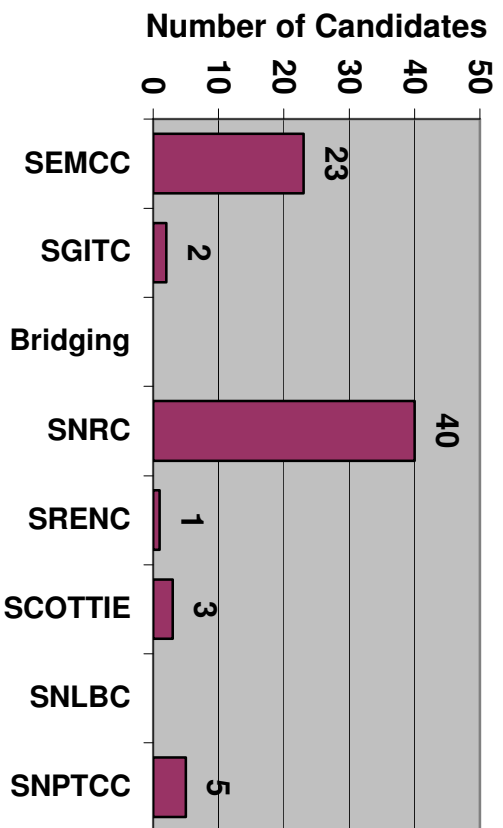
There is considerable work to do to make this training more easily available to Foundation Year 2 medical staff and Scottish Ambulance personnel.

Graph 2: A Comparison of Course Candidates by Professional Discipline by Course for 2008

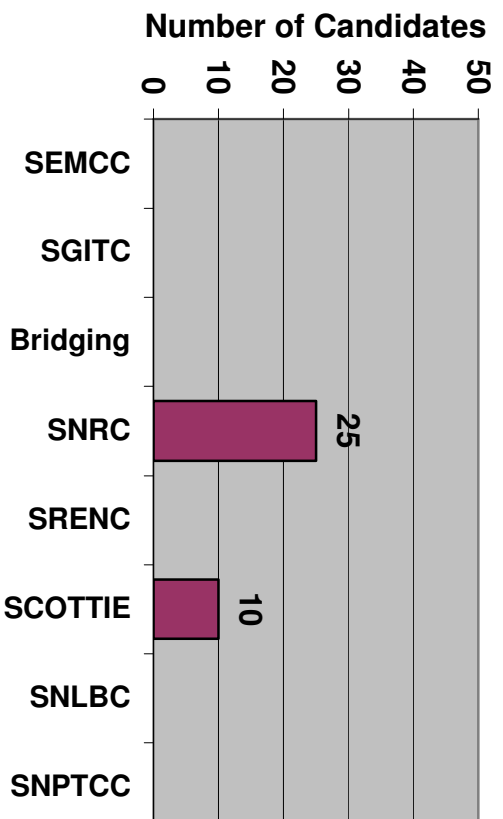




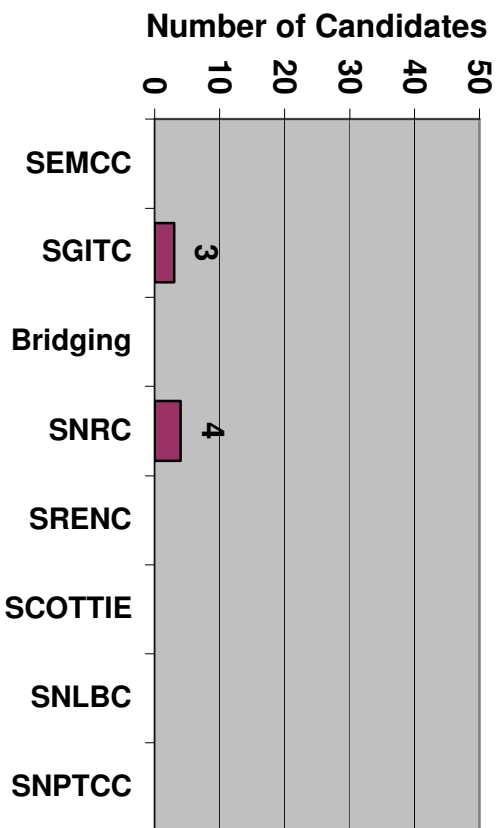
Nurses



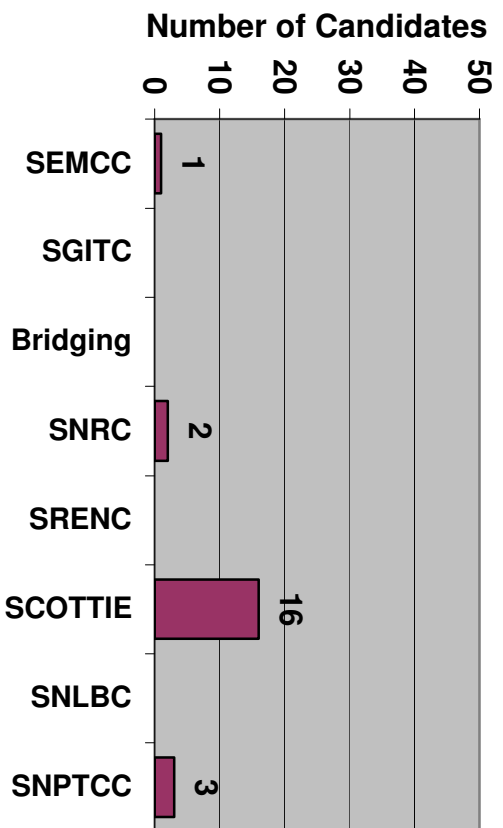
Junior Medical



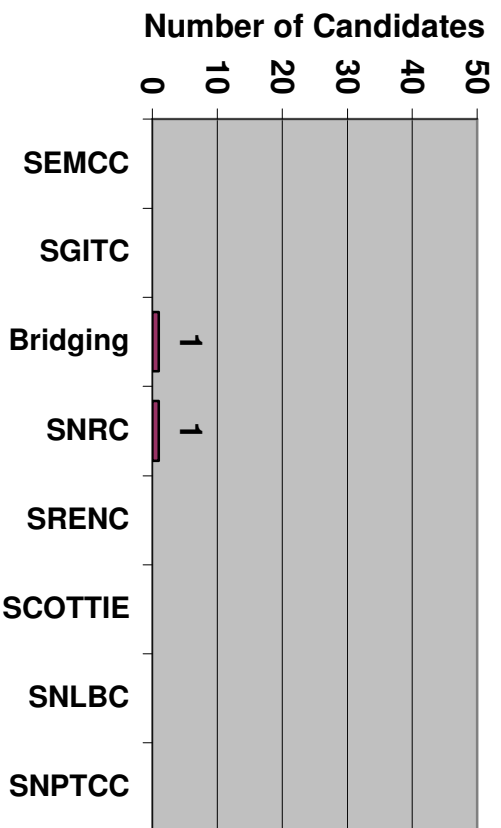
Neonatal Transport Staff



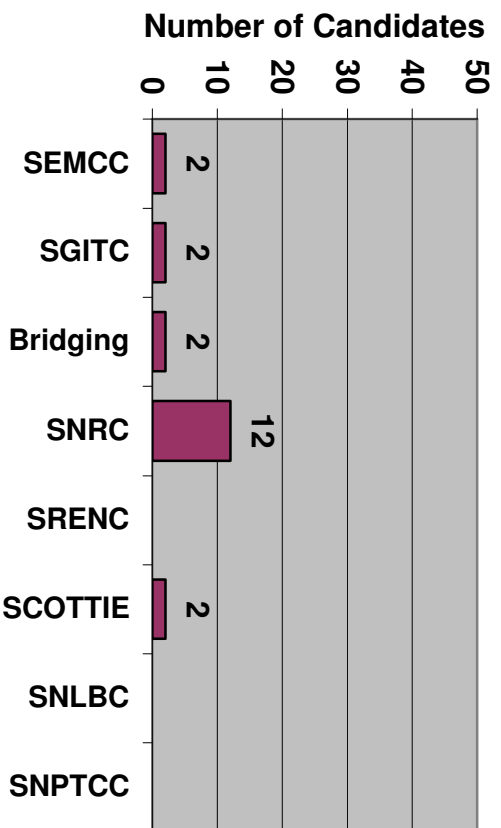
Scottish Ambulance Service



Resuscitation Officers



Others/Not Defined



Geographical Spread of SMMDP courses

Unlike many training organisations, the SMMDP only organise provider courses when specifically requested by a Health Board or maternity service. The geographical spread of the courses is therefore dependant on the training priorities of the services in specific areas. Some Health Boards in the past have released staff to attend a few courses when they have been unable to host a course themselves.

Graph 3 demonstrates the number of courses hosted by Health Boards in Scotland, and it is pleasing to report that every Health Board has now integrated the SMMDP into their training programme and run a SMMDP course. Only Shetland has not hosted a course in 2008 but with three being run in 2007 their staff are up to date in these areas.

The benefit of an NHS Board hosting a course is that they get the majority share of the candidate places, but it does require a suitable venue and sufficient local instructors to support the course.

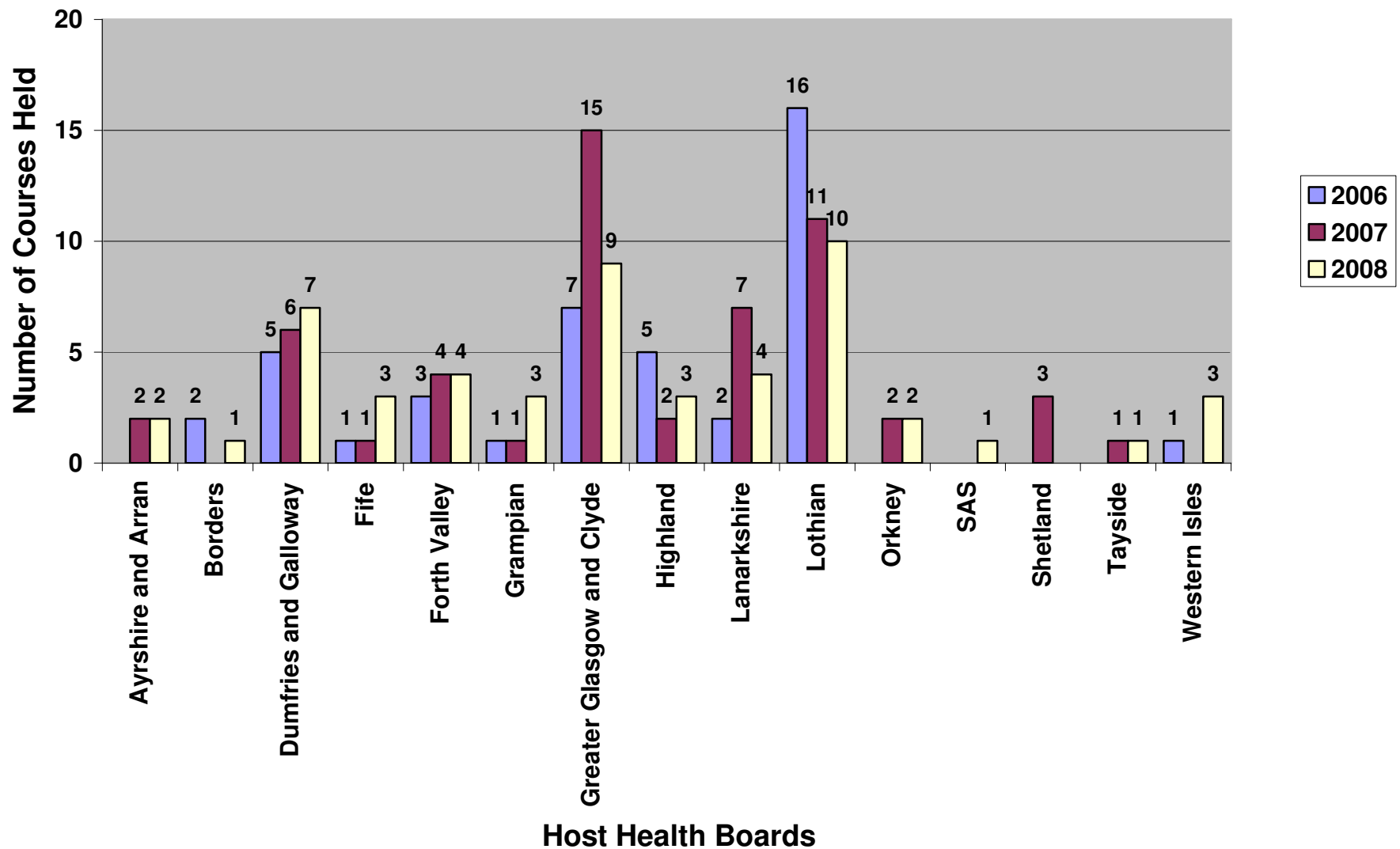
As seen in Graph 4 Greater Glasgow and Clyde health board area have the greatest number of candidates but the biggest proportion of these are from Clyde where SNRC and SCOTTIE are regularly run in Greenock, Vale of Leven and Paisley. Glasgow itself have had difficulty securing venues but this is being addressed for 2009.

Lothian too have a high number of candidates but this is only for the SNRC which is run 10 times per year and many candidates are starting to re-certify. It is hoped to be able to run a SCOTTIE in Lothian later in 2009 but again work force pressures have been a limiting factor for all staff groups.

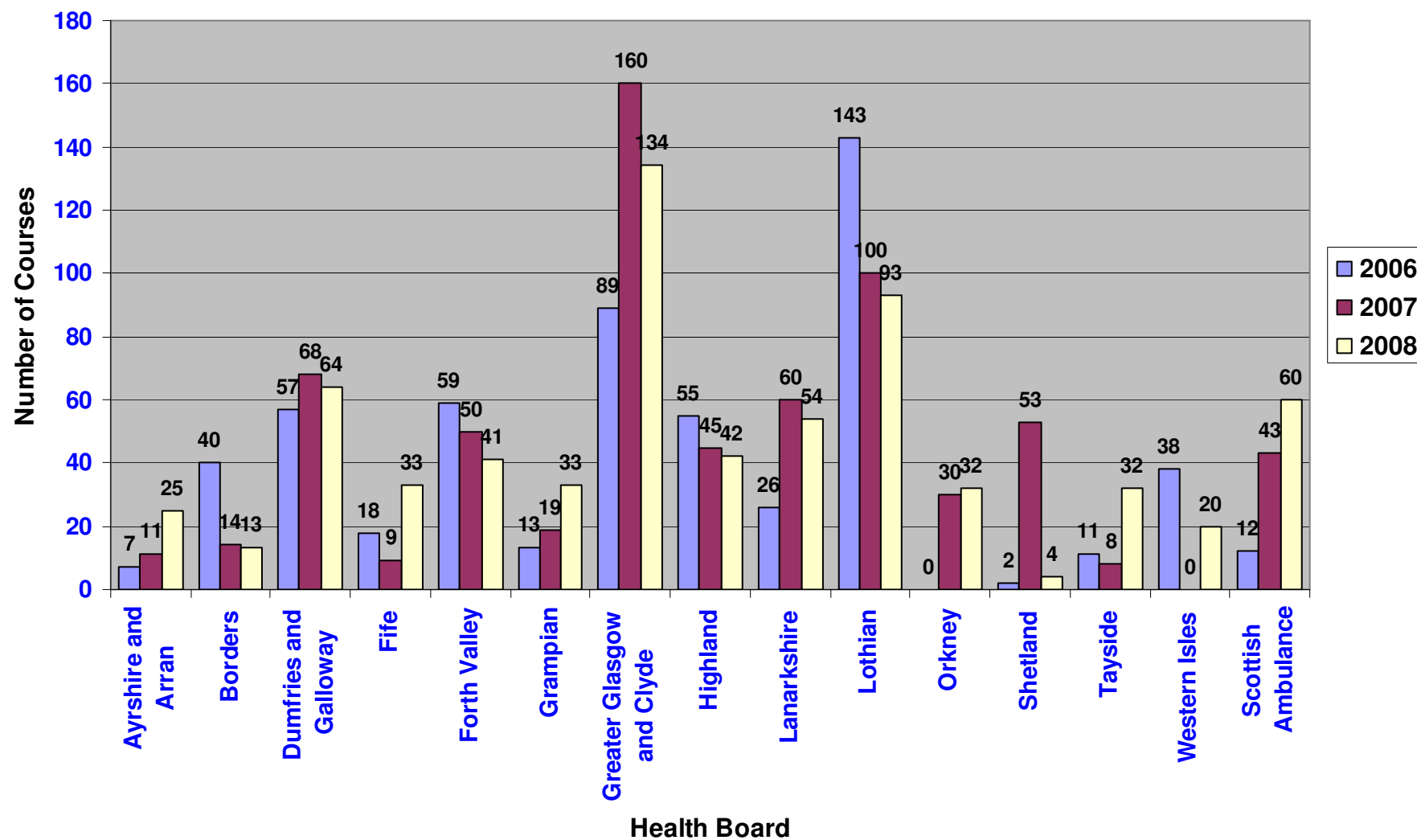
Although NHS Borders ran a SNRC early in 2008 they have now had to reduce their training budget and are not intending running anymore SMMDP for three years. They have sought places for a few midwives requiring training in Examination of the newborn but are unable to undertake any other SMMDP training meantime.

Forth Valley, Dumfries and Galloway, Lanarkshire and Clyde Division are the health boards who have a rolling programme of SMMDP courses every year but for the first time **ALL** health boards are now engaged with the SMMDP training at some level which is a credit to the those who have put themselves forward for instructor training and the ongoing work of the local co-ordinators.

Graph 3: A Comparison of the Number of Courses Organised and Hosted per Health Board up to December 2008



Graph 4: A Comparison of Attendance per Health Board 2006 – 2008



* These are course places not individuals, as several professionals have attended more than one course.

Course Review and Development

Scottish Emergency Maternity Care Course (SEMCC)

The target candidates for this course are nurses working in any situation where they may have to respond to either an unplanned delivery or maternity emergency when there are no maternity professionals on site or immediately available. The Scottish Ambulance Service suggested that this course could supplement their technician's initial training.

In the past year the SEMCC was run in Aberdeen, where many nurses, from locations where maternity services had been re-designed in Grampian, were anxious about having to respond to a maternity emergency. Many operational issues were discussed during this training and these were reported back to the senior nursing managers.

Later in the year Orkney hosted a SEMCC for nurses working remotely, particularly in lone situation on islands in both Orkney and Shetland, and this was a challenge for the instructors to envisage how resourceful they have to be. An example of the feedback indicates the perceived value of this training

"The trainer's ability to teach a mixed skill group of people. Meeting the professionals from the maternity unit and putting faces to names. The calm attitude of the trainers – even when discussing severe emergencies. It instilled confidence in me."

The SMMDP have always been receptive to comments and potential improvements in their courses, and as a result the SEMCC pre-course workbook has been reviewed accordingly, as some candidates reported they had difficulty with the number of abbreviations.

Scottish Core Obstetric Teaching and Training in Emergencies (SCOTTIE) Course

Eleven SCOTTIE courses were run in 2008 in 10 different locations in Scotland, receiving both positive and challenging feedback from some of the candidates.

The positive first:

"Sessions were delivered in a relaxed but professional manner which allowed the group to enjoy the days. Great update from ALSO nearly five years ago. Good mix of different staff from different working environments – again a good learning experience".

The evolution of this course, the different formats, and the assessment strategies employed has been discussed in previous annual reports and currently there is no pass or fail element. There is, however, a formative pre-course questionnaire and

continuous assessment during the work stations. These assessments are shared between the faculty, and candidates get individual feedback according to the collective view of their performance. The majority of the candidates (84%) reported that they considered the continuous assessment to be appropriate, and 77% reported that their learning objectives had been met overall. However, some individual candidates have resented this level of scrutiny:

"I don't think this course needs an assessment element –there is not enough time. You should concentrate on personal formative feedback and building confidence".

Likewise, some instructors have expressed concern that the time for the workstations does not allow time for a true assessment of all candidates, and that the whole process is open to subjectivity. This will be discussed at the next meeting of the Scottish Multiprofessional Maternity Development Group and an improvement sought. The SCOTTIE will be due for external assessment in 2009 in line with our Educational Governance standards and it is planned to approach the Royal College of Obstetrics and Gynaecology, and possibly the Royal College of Anaesthetists, to nominate an assessor who has had no involvement with the programme.

In response to the report from the Confidential Enquiry into Maternal and Child Health 2003–2005, published in December 2007, the workshop on the Recognition of the Ill Woman has been expanded to include a full ABCDE assessment. Early Warning Score Sheets are also used in this session and in the scenarios in the SBAR communication session.

There still needs to be a review of existing High Dependency care in obstetrics training in Scotland, and this will be started in 2009.

Scottish Neonatal Resuscitation Course (SNRC)

This is still our most popular course, with 27 courses being run in 12 different centres, and the majority having booked courses again for 2009. As it was the first to be developed, some candidates are due for re-certification. This is in line with the UK Resuscitation Council recertification, by repeating the whole course on a 4 yearly basis. Reminders are sent out from the SMMDP office to inform candidates of their need to re-certify.

Scottish Neonatal Pre-transport Care Course (SNPTCC)

This programme, designed to support Community Maternity Unit staff, is always very popular. Two courses were held early in 2008, but due to changes in the Neonatal Transport staffing and other training commitments, they were unable to run any later in the year. As there is no candidate assessment in this course, it may be possible to reduce the number of instructors required, which may ease the training provision demand on the team. There is a provisional course plan for the next 2 years to bring this vital training to as many remote areas as possible.

Typical comments in the candidate feedback include:

“Pertinent to our needs; interactive; place in the correct context to our situation; very ‘empowering’ and supportive”.

Scottish Routine Examination of the Newborn Course (SRENC)

Midwives undertaking the Routine Examination of the Newborn are a small part of the solution to some of the neonatal and maternity workforce problems, and therefore this training course is valuable in regard to addressing these problems, as well as expanding the role of midwives. Three courses were run in 2008, with Aberdeen running their first course and having another planned for 2009.

The training is based on the Best Practice Statement produced by NHS Quality Improvement Scotland (NHS QIS). On behalf of NHS QIS, Elizabeth Mansion led the working group to review and update this document early in 2008, and the SMMMP distributed the new version to all those on their database who had either undertaken the training or supported it as Clinical Supervisors and Instructors.

Elizabeth Mansion has represented Scotland on a group led by the Royal College of Midwives to produce a CD Rom to support the training of midwives in these skills. The final prototype has now been issued for consultation, and it is hoped to be completed within the next few months. There is no information on distribution or cost at present but the SMMDP will alert all its candidates when it becomes available.

As well as midwives and neonatal nurses, 7 Advanced Neonatal Nurse Practitioner students and one junior doctor participated in the courses in 2008. Although there has been renewed discussion on how this training programme could be regularly used for Specialty Training of medical staff in years 1 and 2, this work has not reached a solution. Work is, however, progressing to produce a DVD based on the cardiology lecture and workshops from the course, including new heart sound recordings, and this could be valuable as an additional training resource for all professions.

Key Instructors and Clinical Supervisors who are involved with the SRENC were consulted on the most appropriate route to re-certification. This issue is complicated by the variable experience available and practiced by midwives across Scotland, but the following measures have been agreed.

Those midwives and nurses who regularly carry out the Routine Examination of the Newborn are requested to complete one examination with a senior professional who is already a mentor for the SRENC training (Paediatric Consultant, ST 4 upwards, ANNP or senior SRENC trained midwife). The examination should be in accordance with the NHS Quality Improvement Best Practice Statement (2008). The same SMMDP competency sheet will be used to record this assessment.

For those midwives and nurses who have not had the opportunity to continue with Routine Examination of the Newborn or have had interrupted practice, it is recommended that they arrange a consolidated session of examining several babies,

for example, one morning under supervision and followed by the assessment by a senior professional as detailed above.

Recertification is required on a 4 yearly basis and guidance will be sent out by the SMMDP office to candidates due to recertify from April 2009.

At present the SRENC is a 3 day face to face training programme with pre and post course requirements, but with more flexible learning approaches and the use of additional resources it may possibly be reduced in the future.

Scottish Generic Instructor Training Course (SGITC)

It was hoped to have this course assessed externally in compliance with our Educational Governance standards and an assessor had agreed to undertake this work in 2008. Unfortunately he was unable to attend either of the 2 courses run and has now intimated that due to other commitments he no longer has the capacity for this additional work. It is hoped to identify an assessor to complete this work in 2009.

Professionals who have undertaken instructor training with another organisation continue to bridge into the SMMDP, and are assessed on their first course to ensure compliance with the SMMDP standards and approach.

Those instructors who undertook training when the SGITC was first piloted in 2004 are now due recertification. It is likely that this will be done by re-assessment during a provider course as is done by the UK Resuscitation Council Courses but this is yet to be confirmed by the SMMD Group.

Scottish Normal Labour and Birth Course (SNLBC)

This course was planned to run in Fort William earlier in the year to support a service redesign in Highland Maternity Services. The eventual candidates came from the islands, along with several from the central belt, with a shared aim of focusing on how to support women to experience labour with the minimum of intervention.

This quote from the candidate evaluations reflects the majority of the reports:

“The informal teaching environment – very conducive to individual learning and discussion. The contents and quality of the course was excellent and I went away with a wealth of information on what my colleagues in other units experience and some new ideas to reflect upon”.

This positive report is credit to the individual instructors who participated but unfortunately 23% of the candidates felt their learning objectives were not fully met, but no further information given to the deficits was given but this similar to other evaluations in previous years.

The SNLBC is the least requested course, partly due to its 2 day duration, making it difficult for midwives to be released along with all the other mandatory training. The pre-course manual that was developed for the training course is too valuable not to be shared with a greater number of maternity care professionals, therefore it was proposed that the manual be updated using the literature review undertaken as part of the Keeping Childbirth Natural and Dynamic Programme (KCND), as well as other evidence sources. This updated resource would then be supplied to all maternity units in Scotland to stimulate and motivate a greater number and range of maternity care professionals to strive to achieve a 'normal' labour and birth for a greater number of women.

The SMMDP is indebted to Dr Lindsay Reid for undertaking this considerable update, and the resource has now been distributed to all maternity units in Scotland, with additional copies per 500 births being given to the larger centres. It is hoped that this will be a more effective way of disseminating this evidence based information to motivate change in individual practice and possibly the service.

It is hoped to have an electronic version of the resource available via the website later in the year, and feedback on how the resource has been received and used in the service will be sought later in 2009.

The Future

In four short years the Scottish Multiprofessional Maternity Development Programme has developed and rolled out 5 provider courses and 2 instructor training courses which are:

- clinically relevant
- evidence based
- suitable for all professionals
- low cost for candidates (£40)
- delivered by trained multiprofessional instructors
- held in local centres across Scotland.

As discussed earlier in this report, these skills based courses have now been adopted and integrated into continuous professional development programmes across the whole of Scotland. Although there is always room for improvement, the levels of candidate satisfaction and repeat course bookings suggest this training is valued by professionals who are providing direct clinical care.

Although the whole of the SMMDP has not been exposed to a full evaluation, there is anecdotal evidence reported by midwifery service managers and medical consultants, that there is an increased level of confidence as well as competence in staff who have attended the SMMDP courses. Although it is extremely difficult to identify one factor as a causal agent it is hoped that this increased level of professional ability, especially in maternity and neonatal emergencies, will improve the care and experience of woman and their babies.

Two factors have direct influence on the continuation of the SMMD. Ongoing funding by the Scottish Government and NHS Education for Scotland (NES), and the willingness of our instructors to organise their clinical commitments to free themselves to continue instructing on the courses.

These 2 factors themselves are dependant on the quality of the training materials, both in terms of evidence based and accuracy, and in the effectiveness of how these are delivered. This can only be evaluated by an independent study which needs to be commissioned early in 2009 to be able to inform the long term future and funding of the SMMDP.

Many service personnel are already asking what will happen after the current 2011 funding package, and only when this is established can some of the potential ongoing developments for the SMMDP be explored, for example e-learning, additional learning resources, academic accreditation, and closer liaison with other clinical skills providers. Establishing a longer term future will also secure longer term employment for the dedicated staff that is the vital core of the administrative organisation of the programme.

The SMMD Group, together with NES and the Scottish Government, need to work to secure a longer term future for the SMMDP if the full potential of this training programme is to really impact on improving maternity care in Scotland.

Appendices

Appendix 1:

Calendar of events and courses for 2008

January

28

Scottish Emergency Maternity Care Course – workshop

Venue: McGillvary Centre, Aberdeen Maternity Hospital

30 – 31 - **Postponed**

Scottish Core Obstetric Teaching and Training In Emergencies

Venue: St John's Hospital, Livingston

31

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary

February

19

Scottish Neonatal Resuscitation Course

Venue: Glasgow Royal Infirmary, Glasgow

20

Scottish Neonatal Resuscitation Course

Venue: Borders General Hospital, Melrose

26

Scottish Generic Instructor Training Course - Bridging

Venue: Ayrshire Maternity Unit, Crosshouse Hospital

27

Scottish Neonatal Pre-transport Care Course

Venue: Montrose Infirmary Maternity Unit

28

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary

March
3 Scottish Generic Instructor Training Course - Bridging Venue: Kirkcaldy
12 -13 Scottish Neonatal Resuscitation Course / Neonatal Pre-transport Care Course Venue: Orkney
13 - 14 Scottish Core Obstetric Teaching and Training In Emergencies Venue: The Vine Venue, 131 Garvock Hill, Dunfermline, KY11 4JU
20 Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling
27 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary

April
4 Scottish Neonatal Resuscitation Course Venue: Cresswell Maternity Wing, Dumfries
9 - 10 Scottish Core Obstetric Teaching and Training In Emergencies Venue: PAL Centre, Crichton Hall, Dumfries
21 Scottish Neonatal Resuscitation Course Venue: Education Suite, Inverclyde Royal Hospital, Greenock
23 - 24 Scottish Normal Labour and Birth Course Venue: Fort William Health Centre, Camaghael
24 - 25 Scottish Generic Instructor Training Course Venue: Ronald Millar Suite, Wishaw General Hospital
24 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary

May
1 Scottish Generic Instructor Training Course - Bridging Venue: Royal Alexandra Hospital, Paisley
2 Scottish Neonatal Resuscitation Course Venue: Children's Services Centre, Park School, Stranraer
19 - 20 Scottish Core Obstetric Teaching and Training In Emergencies Venue: Oban - Contact Jaki Lambert
27 Scottish Neonatal Resuscitation Course Venue: Training Rooms, Vale of Leven Hospital, Alexandria
27 – 28 Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Ronald Millar Suite, Wishaw General Hospital
28 - 30 Scottish Routine Examination of the Newborn Course Venue: Queen Mother's Hospital, Glasgow
29 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary

June
10-11 Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Training Rooms, Vale of Leven Hospital, Alexandria
26 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary
27 Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

July

August	
7	Scottish Generic Instructor Training Bridging Course Venue: Seminar Room, Maternity Unit, Perth Royal Infirmary
8	Scottish Neonatal Resuscitation Course Venue: Cresswell Maternity Wing, Dumfries
26 - 27	Cancelled by Host Scottish Core Obstetric Teaching and Training In Emergencies Venue: St John's Hospital, Livingston
27	Scottish Neonatal Resuscitation Course Venue: Ronald Millar Suite, Wishaw General Hospital
28	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary

September	
12	Scottish Generic Instructor Training Bridging Course Venue: MacGillivray Centre, Aberdeen Maternity Hospital
16 - 17	Scottish Core Obstetric Teaching and Training In Emergencies Venue: Mid Argyll Community Hospital, Lochgilphead – Jaki Lambert
23-25	Scottish Routine Examination of the Newborn Venue: MacGillivray Centre, Aberdeen Maternity Hospital
25	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary
26	Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

October

2 - 3

Scottish Core Obstetric Teaching and Training In Emergencies

Venue: Western Isles – contact Mary McElligott

20

Scottish Neonatal Resuscitation Course

Venue: Education Suite, Inverclyde Royal Hospital, Greenock

22 - 24

Scottish Routine Examination of the Newborn Course

Venue: Ronald Millar Suite, Wishaw General Hospital

30

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary

November

11

Scottish Neonatal Resuscitation Course

Venue: Training & Development Centre, Royal Alexandra Hospital, Paisley

13 - 14

Scottish Core Obstetric Teaching and Training In Emergencies

Venue: The Vine Venue, 131 Garvock Hill, Dunfermline, KY11 4JU

17

Scottish Neonatal Resuscitation Course

Venue: The Beardmore Conference Centre, Clydebank

19-20

Scottish Core Obstetric Teaching and Training In Emergencies

Venue: Crosshouse Hospital, Kilmarnock

26 - 27

Scottish Core Obstetric Teaching and Training In Emergencies

Venue: PAL Centre, Crichton Hall, Dumfries

27

Scottish Generic Instructor Training Bridging Course

Venue: PAL Centre, Crichton Hall, Dumfries

26 - 28

Cancelled by host

Scottish Routine Examination of the Newborn Course

Venue: Queen Mother's Hospital, Glasgow

27

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary

28

Scottish Neonatal Resuscitation Course

Venue: Stirling Royal Infirmary, Stirling

December	
5	Scottish Neonatal Resuscitation Course Venue: Cresswell Maternity Wing, Dumfries
8-9	Scottish Emergency Maternity Care Course Venue: Orkney
11-12	Scottish Generic Instructor Training Course Venue: University of the West of Scotland, Hamilton Campus
15-16	Scottish Core Obstetric Teaching and Training In Emergencies Venue: Education Suite, Inverclyde Royal Hospital, Greenock
17-18	Scottish Core Obstetric Teaching and Training In Emergencies Venue: Ninewells Hospital, Dundee

Appendix 2:

Group Constitution and Membership

The Scottish Multiprofessional Maternity Development (SMMD) Group is responsible for:

- Ensuring that the Scottish Multiprofessional Maternity Development Programme continues to be **fit for purpose** by acting upon advice and evidence from maternity care professionals, NHS Quality Improvement Scotland, NHS Education for Scotland and the Academy of Royal Colleges in Scotland.
- Ensuring the quality assurance of all aspects of delivery of the Scottish Multiprofessional Maternity Development Programme.
- Receiving working group reports, monitoring course statistics and reports.
- Participating in the preparation of an annual report for National Health Service Education for Scotland and the Scottish Government.
- Promoting the multiprofessional approach to curriculum planning, accreditation and course delivery of maternity courses in Scotland.
- Advising Scottish Government on educational priorities required to support future maternity services in Scotland

Each SMMD Group member is responsible for disseminating all related information to their respective organisations.

SMMD Group Membership

Professional Body	Representative	Deputy
Royal College of Anaesthetists	Catriona Connolly > 03/09	
Royal College of Obstetricians and Gynaecologists	Brian Macgowan	?Tahir Mahmood
Royal College of General Practitioners (Scotland)	Morag Martindale	
Royal College of Paediatrics and Child Health	Una MacFadyen (Chair > 03/09)	Ian Laing
Royal College of Midwives (UK Board for Scotland)	Gillian Smith	
Scottish Government	Margaret McGuire	
Scottish Government	Louise Smith	
The Scottish Ambulance Service (Training)	Gerry Kelly	David Currie
Allied Health Professional: Physiotherapy	Ann Gilchrist	Non-attending member – information only
Allied Health Professional: Sonography	Catriona Jenkins	Non-attending member – information only
Consumer Representative	Mathilde Peace	
National Childbirth Trust	Barbara Purdie	Lucy Kirkland
Scottish Neonatal Nurses' Group	Liz Macrae	Anne Hoyle
Lead Midwives Scotland Group – service	Yvonne Bronsky	
Lead Midwives Scotland Group – education	Jean Rankine	
NHS Education Scotland Post Graduate Dean's representative	Vacant	
NHS Quality Improvement Scotland	Fiona Dagge-Bell	
NHS Education Scotland	Monica Thomson	
SMMD Programme Director	Helene Marshall >03/09	
SMMD Programme Manager	Hayley McDonald	

Other professional personnel may attend on an ad hoc basis for advice and assistance to the Group.

Term of Office

The term of office for the Chair, Vice-chair and Members of SMMD Group is 3 years, renewable for a further 3 years.

Secretariat

Administration for the Group is available 5 days per week. The Director, Manager and Administrator are based in the Scottish Multiprofessional Maternity Development Programme Office, NHS Education for Scotland, 2nd Floor, Hanover Buildings, 66 Rose Street, Edinburgh EH2 2NN.

Meetings

SMMD Group meetings will take place at least annually, but more often if necessary.

A quorum will be 6 members of the SMMD Group, of which 3 must be from the SMMD Executive.

Executive Group

There will be an agreed Executive Group that will meet to discuss SMMD Programme issues more frequently than the full Group, and will act on behalf of the Group until such times as the Group next reconvene. All minutes from Executive Group meetings will be available for information by members of the Group. The Executive of the SMMD Group will consist of:

- The Chair of SMMD Group
- The Vice Chair of the SMMD Group
- The Nursing Officer for Women and Children's Health, Scottish Executive
- The SMMD Programme Director
- The SMMD Programme Manager.

SMMD Programme Staff and Contact Details

Name: Helene Marshall
Position: **Director**
Address: Scottish Multiprofessional Maternity Development Programme
NHS Education for Scotland
2nd Floor, Hanover Buildings
66 Rose Street
Edinburgh
EH2 2NN
Telephone: 0131 225 8642
E-mail: helene.marshall@nes.scot.nhs.uk

Name: Hayley McDonald
Position: **Programme Manager**
Address: Scottish Multiprofessional Maternity Development Programme
NHS Education for Scotland
2nd Floor, Hanover Buildings
66 Rose Street
Edinburgh
EH2 2NN
Telephone: 0131 225 8613
E-mail: hayley.mcdonald@nes.scot.nhs.uk

Name: Kate Silk
Position: **Programme Administrator**
Address: Scottish Multiprofessional Maternity Development Programme
NHS Education for Scotland
2nd Floor, Hanover Buildings
66 Rose Street
Edinburgh
EH2 2NN
Telephone: 0131 225 8673
E-mail: kate.silk@nes.scot.nhs.uk