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Chair's Message

It is with great pleasure that I write this fourth Chair's message for the Scottish Multiprofessional Maternity Development Group.

NHS Scotland realises the absolute necessity to maintain a workforce that fully participates in Continuous Professional Development and education. The development of maternity services and its success is dependent on professionals developing new skills and new ways of working.

The SMMD Group is consolidating its educational links with trainee and career grade medical staff, midwives and nurses, allied health professionals and the Scottish Ambulance Service. The Continuous Professional Development of paramedics and ambulance personnel remains a priority.

The Courses held have been very successful and their increasing popularity 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. The uptake of the courses remains very high.

The SMMD Programme was externally evaluated in 2007 by The Robert Gordon University and the external assessment of the individual courses continues. The Scottish Neonatal Resuscitation Course was assessed by Dr Jonathan Wyllie from Middlesbrough. Both reports were very positive but with some challenging recommendations.

A new Course on Scottish Emergency Maternity Care for Non-Maternity Professionals was launched in Orkney and has since been run in Fife and Aberdeenshire.

It has been most gratifying to see all maternity professionals benefiting from the SMMD Programme of courses. The overriding principles are to ensure that the courses provided are fit for purpose, clinically based, cost effective and time efficient.

The rapid growth of the SMMD Programme has been remarkable and reflects a clear desire for Continuous Professional Development of all staff working in maternity services.

The SMMD Group and I are indebted to Eliz Mansion, Carol Curran, Hayley McDonald and Kate Silk for all their hard work and enthusiasm in 2007.

My personal thanks are to the SMMD Group and all those trainers who have freely given time and effort to pursue the objectives of the SMMD Programme.

John McClure
SMMD Group Chair

Director's Message

2007/8 is the final year of the initial funding period of the Scottish Multiprofessional Maternity Development Programme (SMMDP) and it has been dominated by evaluation and assessment.

The Robert Gordon University was commissioned to evaluate the multiprofessional model of training and the first three courses developed. The report was presented at the SMMDP Trainers Day in June and generated considerable debate and stimulating recommendations.

The whole organisation and quality measures incorporated by the SMMD Programme in the provision of its training were presented to the NHS Education Scotland Educational Governance Committee and we received a very favourable feedback report.

The individual course external assessment continues and in 2007 the Scottish Neonatal Resuscitation Course was assessed by Dr Jonathan Wyllie from Middlesburgh. Again his report was very positive but with some challenging recommendations.

In August the Scottish Emergency Maternity Care Course for Non-Maternity Care professionals was launched in Orkney and has since been run in Fife and Aberdeenshire with considerable enthusiasm.

The core staff and office of the SMMD Programme has seen significant changes too in 2007. In August Carol Curran, after almost four years of playing a crucial part of the development of the programme and its courses, left for greater challenges. Hayley McDonald joined us in October and although new to the Health Service and unfamiliar with the uniqueness of maternity service professionals (!) she is getting to grips with the job very well. Fortunately Kate Silk and I were able to hold the fort during this busy time along with some very skilled and tolerant agency temporary staff who bring their own character to the working of the office.

Whilst still providing core administrative services for the courses we moved to Rose Street with the closure of the NES Queen Street offices.

The highlight for me however was the atmosphere of camaraderie across the professions among the 60+ trainers who attended the SMMDP Trainers' Day in June 2007. This was both an opportunity to celebrate achievement and to debate the ongoing development of the SMMD Programme and its courses.

I'm still thrilled to witness the ever increasing uptake of the SMMDP courses by candidates and especially the growing band of committed trainers. Thank you all.

Thanks too to the staff who work hard to maintain the effective and high quality administrative support for the programme.

Financial Review

April 2007 – March 2008

Expenditure

Item	Cost (£)
Staff Salaries	90,000
Staff travel	10,676
Staff training/conference fees	1,500
Running costs (courier and IT software)	932
Stationery	8,000
Catering/Room Hire/Conference	12,000
Accommodation	2,000
Contribution towards costs	11,984
Lecture Fees	2,000
Non-NES staff travel	10,000
Total	139,092

Funding and Income

Item	(£)
Scottish Government Funding – staffing	90,000
NHS Education Scotland funding – running costs	36,000
Evaluation	4,000
Allocation for Malawi Expenses	9,092
Total	139,092

SMMDP Progress and Achievements

The Scottish Multiprofessional Maternity Development Programme (SMMDP) was established in 2003/4 to provide a programme of post-registration, skills based courses which were:

- clinically relevant
- evidence based
- multiprofessional
- low cost
- accessible
- delivered by trained trainers
- held in local centres across Scotland.

These objectives are now being met in full measure with five provider courses and two instructor training courses within the course suite. Three years since this programme started, 1441 candidates have now undertaken SMMDP courses and we have a total of 161 trained trainers who are indexed to support the programme. In 2007 we ran 55 courses in 20 different locations across Scotland - a 28% increase on 2006.

The following report provides more detailed information of these achievements in 2007.

Multiprofessional Involvement

Part of The Robert Gordon University (RGU) evaluation report was a systematic literature review on the benefits or otherwise of Multiprofessional training, but they found a lack of high quality evidence.

In the other studies reviewed, many of the benefits that were identified in the published reports, such as improved team working and changes in organisation and service delivery, were also perceived and reported by a range of the respondents that informed The RGU evaluation report.

The RGU report therefore recommended that *“Multiprofessional learning should continue to be promoted and facilitated but that appropriate research methods are required to identify its effectiveness”*.

The engagement of the clinical maternity service staff has been extremely gratifying and the candidate numbers continue to grow. This is evidenced in Tables 1 and Graph 1 which demonstrate that there is ‘buy in’ from all disciplines.

The SMMDP courses could not be run without the commitment of its trainers. Again, these come from all disciplines and the numbers continue to grow, as can be seen in Tables 2 and Graph 2.

Table 1: A Comparison of Course Candidates by Professional Discipline from 2006 to 2007

Professional Discipline	Total Number of new candidates indexed in 2006	Total Number of new candidates indexed in 2007	Increase/ (decrease) in number of candidates indexed	% Increase/ (decrease)
Advanced Neonatal Nurse Practitioners	5	2	(3)	(60%)
Anaesthetists	3	12	9	300%
Paediatricians	6	13	7	117%
Obstetricians	7	8	1	14%
Midwives	399	437	38	10%
General Practitioners	15	13	(2)	(13)%
Nurses	35	41	6	17%
Junior Medical	4	14	10	250%
Neonatal Transport Staff	5	2	(3)	(60)%
SAS	13	45	32	246%
Resuscitation Officers		4	4	400%
Others/Not Defined	14	22	8	57%
TOTAL	506	613	107	21%

Although the total numbers per discipline is still small the percentage increase is encouraging. We are beginning to see Foundation Year 2 doctors seeking out the SMMDP courses as part of their skills training. Again this is graphically represented on the next page.

**Graph 1 : A Comparison of Course Candidates by Professional Discipline
from 2006 to 2007**

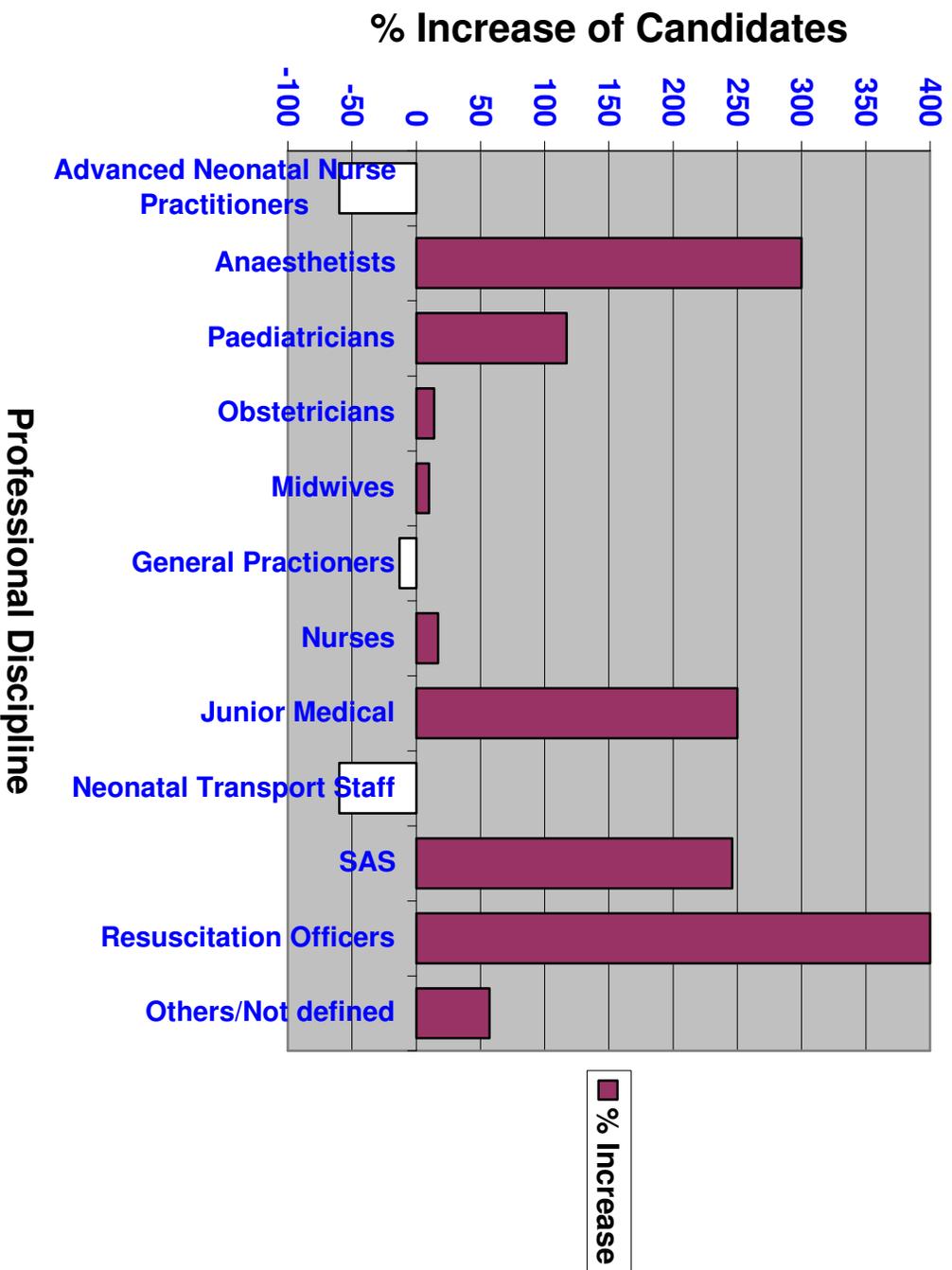
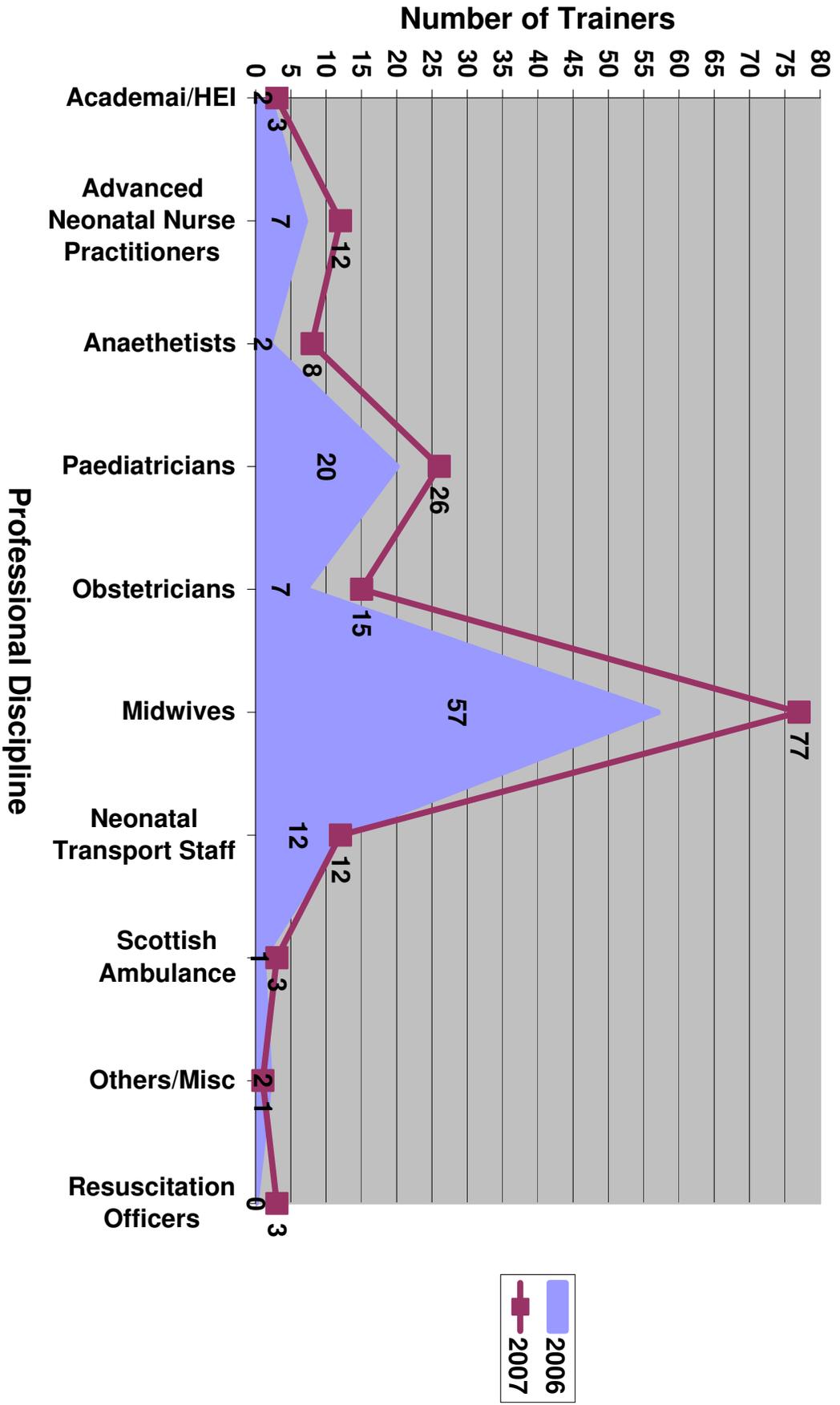


Table 2: Increase in Trainers by Professional Discipline from 2006-7

Professional Discipline of Trainers	Total Number of Trainers in 2006	Total Number of Trainers in 2007	Increase in Number of Trainers
Academia/HEI	2	3	1
Advanced Neonatal Nurse Practitioners	7	12	5
Anaesthetists	2	8	6
Paediatricians	20	26	6
Obstetricians	7	15	8
Midwives	57	77	20
Neonatal Transport Staff	12	12	-
SAS	1	3	2
Others/Miscellaneous	2	1	1
Resuscitation Officers	0	3	3
TOTAL	110	160	50

This increase across the professions has partly been in response to the increased uptake of the Scottish Core Obstetric Teaching and Training In Emergencies (SCOTTIE) course which benefits from the knowledge and expertise of a range of professional disciplines. This data is also represented graphically in Graph 2.

Graph 2: Increase in Trainers by Professional Discipline from 2006-7



Local Course Centres

At the inception of the SMMD Programme the aim was to have a national training programme that would be available to all maternity care professionals working in all parts of Scotland. However, as the SMMD Programme operates on the basis of centres booking the courses that they identify most suitable for their staff needs and priorities, then there is an obvious variable spread of uptake of the number and type of courses run in various Health Board areas.

Table 3 outlines the number of candidates that have attended courses in 2006 and 2007 from all Health Boards. This does not necessarily mean that all areas have hosted and organised these courses, as they may only send staff to other course centres.

The series of graphs on the following pages depicts the comparison of attendance of individual courses from 2006 to 2007. As in 2006, the uptake of the Scottish Core Obstetric Teaching and Training in Emergencies (SCOTTIE) has seen the biggest increase over the past year.

The role of the SMMDP is to provide training and it continues to disseminate the programme information as widely as possible through professional networks and conferences to try and ensure all maternity care professionals have the same opportunity for CPD using the SMMDP courses.

Although the RGU report recommended that “The Scottish Routine Examination of the Newborn Course should be accessed by more midwives in a range of settings, including tertiary level units, throughout Scotland”. It is not for the SMMDP to dictate this service development of midwives undertaking this course, where effective systems are in place.

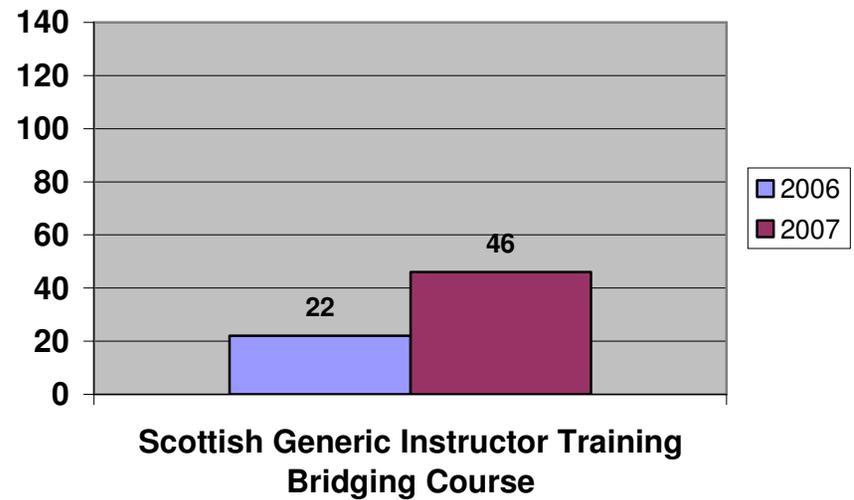
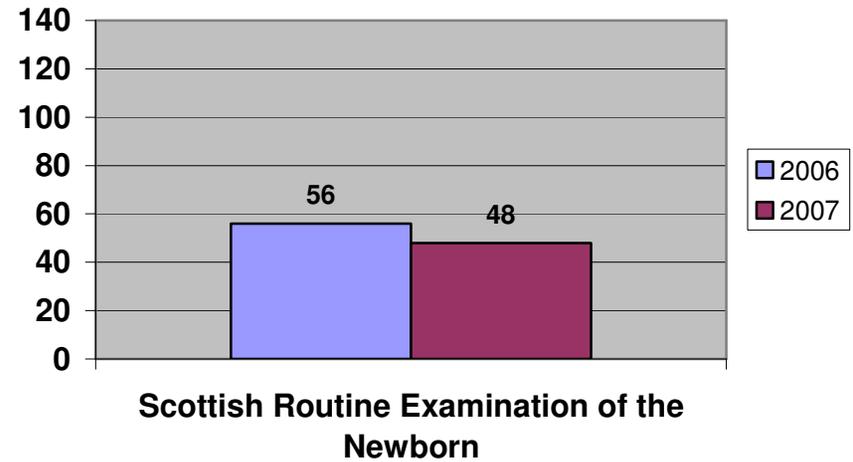
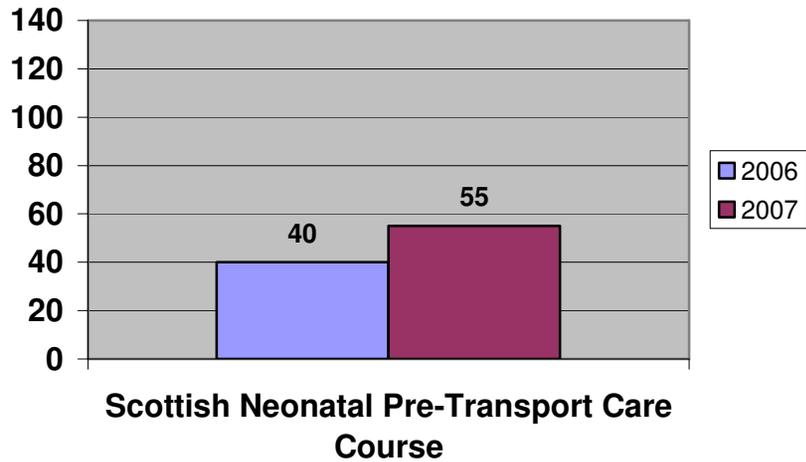
It is however the intention in 2008/9 to increase the advertising of courses in established course centers particularly to medical trainees and Scottish Ambulance personnel.

Table 3: A Comparison of Attendance per Course and per Health Board in 2006 and 2007

Health Board	Scottish Neonatal Resuscitation Course		Scottish Routine Examination of the Newborn Course		Scottish Generic Instructor Training Course		Scottish Bridging Generic Instructor Training Course		Scottish Neonatal Pre-Transport Care Course		Scottish Normal Labour and Birth Course		Scottish Core Obstetric Teaching and Training in Emergencies		Scottish Emergency Maternity Care Course		* Total SMMDP course attendance	
	06	07	06	07	06	07	06	07	06	07	06	07	06	07	06	07	06	07
Ayrshire and Arran	3	1	2			4		4		2	2						7	11
Borders	34	7	4	5		1				1			2				40	14
Dumfries & Galloway	43	37	6		1		4	3		12			3	16			57	68
Fife	3	3	10				2						3	1		5	18	9
Forth Valley	49	44	6	2		1	2	1					2	2			59	50
Grampian				4	1					14	9		3	1			13	19
Greater Glasgow and Clyde	34	90	8	13	10	8	12	10	1	2	4	2	20	35			89	160
Highland	19	6	4	4	3	1		8	18	6		17	11	3			55	45
Lanarkshire	3	2	10	13	1	4		10			9	11	3	20			26	60
Lothian	123	84		1	7	4	2	4			2		9	7			143	100
Orkney														24		6	0	30
Shetland		15		3						18			2	17			2	53
Tayside	2	1	6	3				3			2		1	1			11	8
Western Isles	18								20								38	0
Scottish Ambulance	6	31				1			1				5	7		4	12	43
Higher Education Institution								3			1						1	3
TOTAL	337	321	56	48	23	24	22	46	40	55	29	30	64	134	0	15	571	673

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

Graph 3: Comparison of Individual Course Attendance 2006/2007



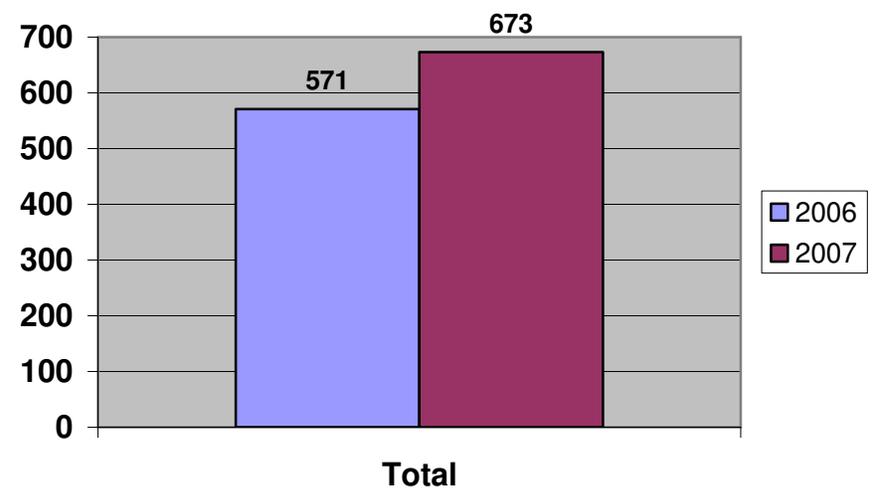
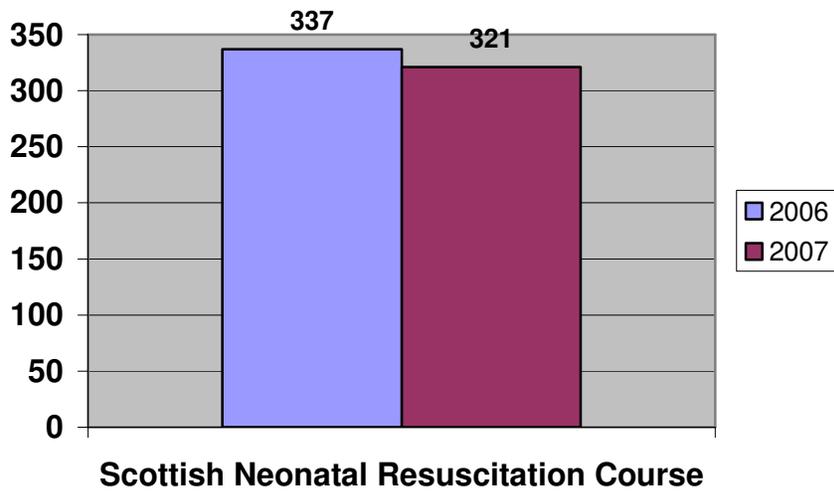
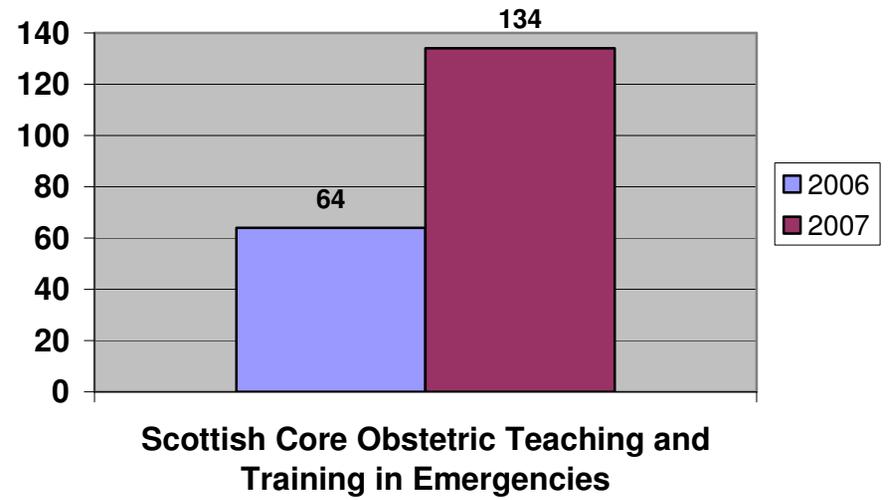
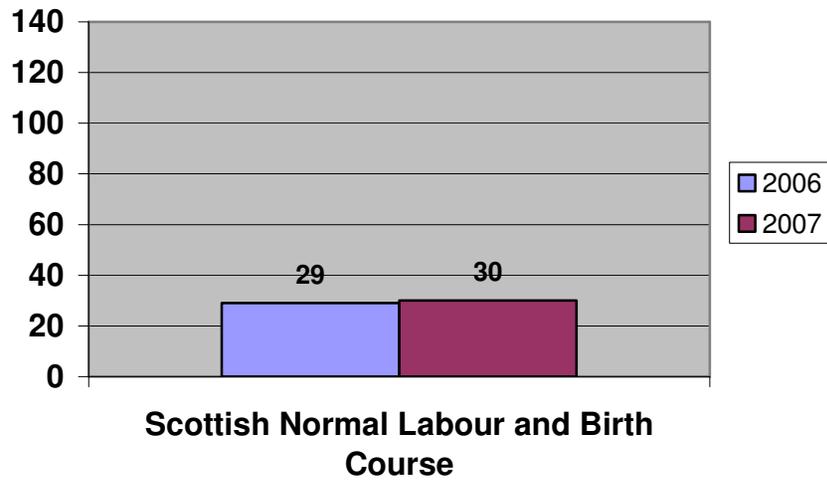


Table 4: Number of Courses Organised and Hosted per Health Board up to December 2007

Health Board	2006	2007	Increase
Ayrshire and Arran		2	2
Borders	2		(2)
Dumfries and Galloway	5	6	1
Fife	1	1	-
Forth Valley	3	4	1
Grampian	1	1	-
Greater Glasgow and Clyde	7	15	8
Highland	5	2	(3)
Lanarkshire	2	7	5
Lothian	16	11	(5)
Orkney		2	2
Shetland		3	3
Tayside		1	1
Western Isles	1		(1)
TOTAL	43	55	12

As can be seen in Table 4 (above), and Graph 4 (following page), SMMDP courses were run in 20 different locations across Scotland in 2007, from Dumfries to Shetland, with several centres running more than one of the courses or repeating one course over the year.

Although we have seen an overall increase in the number of course centres and activity, the uptake by health boards to run courses is not proportionate to their size or birth activity. Indeed it is many of the medium and smaller sized maternity units which have the greatest uptake. The reason for this has not been investigated, but it may be that the tertiary centres have more internal resources for Continuous Professional Development training.

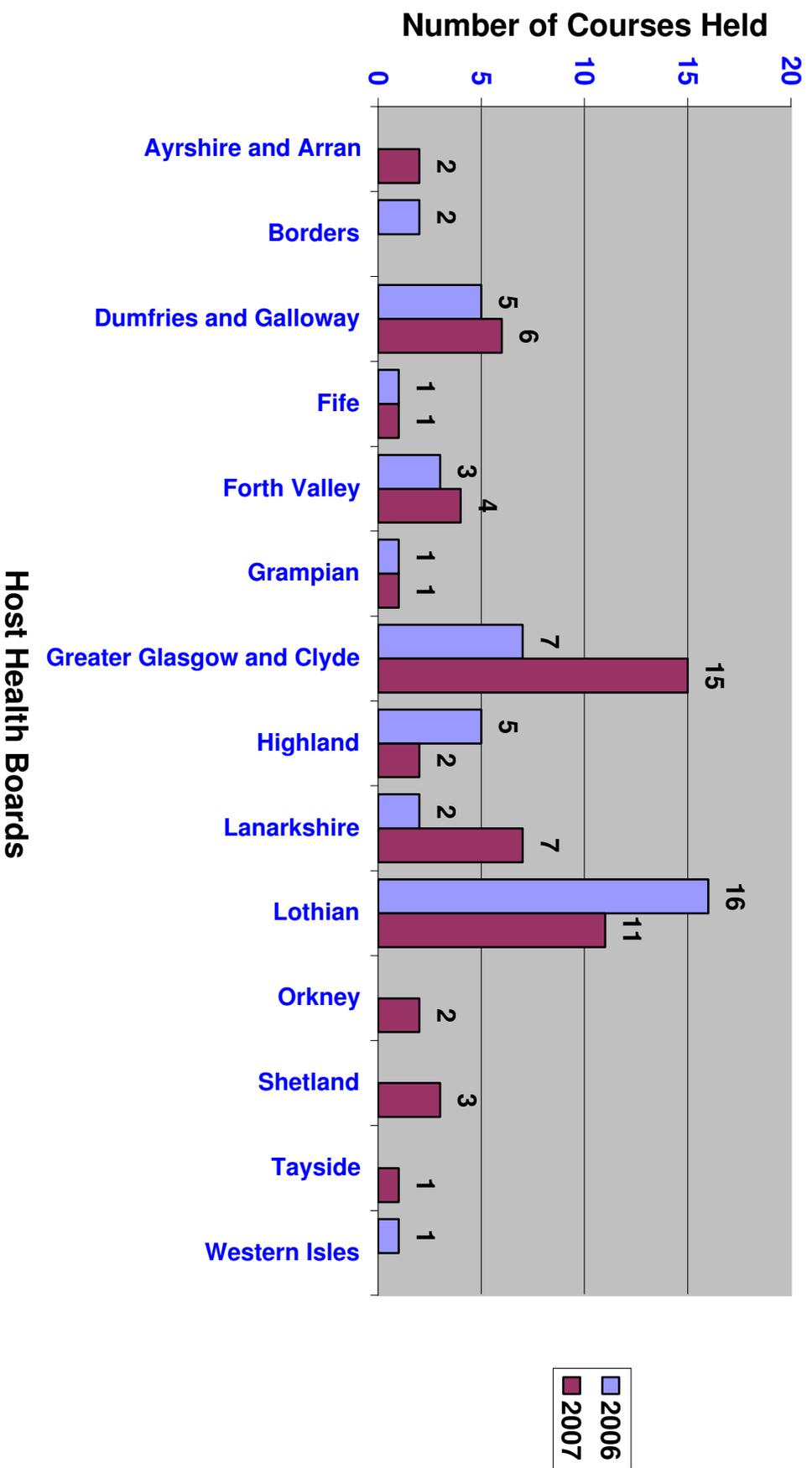
The main course centres which repeatedly run SMMDP courses have obviously also developed the greatest number of trainers, and in so doing have increased the training capacity of their workforce, which can be used for other purposes.

A few centres have hosted several different courses and the local trainers can transfer their training skills to several different topics, which again increases the capacity of the workforce.

In 2007 the Northern Island Boards have invested in two to three of the SMMDP courses, and for these a team of trainers travelled to the Northern Islands to deliver this much appreciated training along with local trainers. These courses were individualised in order to maximise the training in the time available between flights, so it was a demanding programme for both the candidates and the trainers.

For the SMMD Programme to have its maximum effect on the provision of Continuous Professional Development (CPD) of maternity care professionals in Scotland, it is an ongoing objective to try and engage all health boards and encourage them to take advantage of these subsidised, evidence based training courses.

Graph 4: A Comparison of the Number of Courses Organised and Hosted per Health Board up to December 2007



Quality Assurance

As well as increasing the number of courses delivered there is considerable effort made to ensure the quality of the training remains evidenced based and is delivered in accordance with the quality framework outlined in the programme from the outset.

As a direct training provider within NHS Education for Scotland, the SMMD Programme has to meet the Educational Governance requirements. We completed this process last May and received a 'commended' report from the Educational Governance Executive Group, as detailed below.

Their recommendations will form part of the development of the SMMD Programme in 2008/9.

Recommendations/observations made by the Education Governance Executive Group of the Scottish Multiprofessional Maternity Development Programme (SMMDP)

Recommendations

- 1) Develop a reporting template for External Examiners to clarify reporting requirements
- 2) Consider the contribution of e-Learning to the process

Observations

- 1) The range of external contributions was welcomed by the Executive Group.
- 2) The educational governance arrangements were commended

Noteworthy practice for wider dissemination

Members of the Executive Group commended the level of externality in the educational governance arrangements applied to the Programme.

The Executive Group also commended the involvement of trainers from other Health Boards at training events. This offered significant benefits in terms of consistency between centres, and assisted the credibility of the training.

The Executive Group welcomed the involvement of trainees from other Health Boards.

External scrutiny was also undertaken by The Robert Gordon University (RGU) when it was commissioned to evaluate the Model of the SMMD Programme and the multiprofessional nature of its training programme. This involved a literature review on multiprofessional training, questionnaires to SMMDP Group members as well as SMMDP candidates.

The RGU sampled SMMDP candidates who had undertaken the first three courses developed, Scottish Instructor Training Course, Scottish Neonatal Resuscitation Course and the Scottish Routine Examination of the Newborn Course. RGU were trying to establish if there had been a benefit to the candidate's professional practice as a result of attendance at the SMMDP courses.

The recommendations and the current action plan can be viewed in Appendix 1 and the full report can be made available on request from the SMMDP office.

The outcomes of the external assessment of the Scottish Neonatal Resuscitation Course were addressed by the reformed course specific working group, and action was agreed upon for the strengthening of this, our most popular SMMDP training course. The sequence of the course sessions was modified, for example the MCQ is now completed by candidates pre-course to allow more time for hands-on practice during the day. The objectivity and consistency of the course assessment has been improved with additional guidance being provided to trainer/assessors. The revised course has been run since September 2007 with positive comment on the improvement from trainers. Please refer to Appendix 2 for the report recommendations.

It is planned to have the Scottish Normal Labour and Birth Course and the Scottish Generic Instructor Training Course are assessed externally in 2008/9.

We continue to have at least one external trainer from another Health Board across the different course venues to encourage consistency of course material and presentation. The external trainers also receive two free gratis places for the course. This all adds to the mix of candidates and networking opportunities, which are always valuable features of the SMMDP courses. As this is a required quality measure, the SMMD Programme now meet the travel and accommodation costs for one external trainer per course.

SMMDP Trainer's Day

This event was organised to recognise and thank the SMMDP trainers for their support in the establishment and roll out of the suite of courses now being run by the SMMDP. The majority of the trained trainers are clinically based staff with numerous other commitments, yet again and again they respond to our call to participate in courses across Scotland. The SMMD Programme could not operate without the reciprocal working and quality training provided by its trainers.

The specific Aims and Objectives for the day were:

- To provide an opportunity to consolidate communication between SMMD Programme staff, Group and Trainers.
- To recognize trainer's support of the SMMD Programme.
- To provide an opportunity for networking and feedback potential – improvements to courses and how they are delivered.
- To disseminate external assessors' reports on the Scottish Routine Examination of the Newborn and Scottish Neonatal Resuscitation Course.
- To report on The Robert Gordon University's initial impact evaluation.
- Explore the future of the SMMD Programme and the way forward.

This event allowed us to involve the trainers in group discussion on ongoing and future developments of individual courses. Their input was valuable and many of the suggestions from the trainer's Day have now been incorporated.

The RGU evaluation report was presented and robustly discussed, which informed the arising action plan from the report.

It would be our intention to repeat this event every two years, or as new significant information arose.

The programme and attendee's evaluation from the Trainer's Day is included in Appendix 3.

Course Development and Review

Scottish Emergency Maternity Care Course

There are currently eight courses in the suite offered by the SMMD Programme, the latest of these to be added being the Scottish Emergency Maternity Care Course for Non-Maternity Care professionals.

Following the original course development and evaluation – lead by University of Paisley and reported in 2006 in the Group Annual Report - the course is now provided as a Distance Learning Workbook followed by a one day workshop by the SMMD Programme.

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. The Scottish Ambulance Service suggested that this course could supplement their technician's initial training.

Three groups of staff have undertaken this training in Orkney, Fife and Aberdeenshire with a variety of nursing staff and ambulance technicians. The candidates have been linked with local midwives while completing their pre-course activities and this contact has helped establish communication routes between maternity and other care providers, which has to be beneficial in any emergency.

During the pre-course work there are several activities and assessments that have to be completed before undertaking the workshop. In addition, there were initially Objective Structured Clinical Examination (OSCE) type assessments in the original training, but as the incidence of maternity emergencies for this group of staff is relatively rare, it was agreed that the simulated clinical assessment was disproportionate for this group of staff. This allows greater time for more hands-on practice during the workshop day which is appreciated by the candidates.

Scottish Core Obstetric Teaching and Training in Emergencies (SCOTTIE)

As recorded in previous Annual Reports, this key training course has been piloted in various forms. Following a wide consultation, culminating in a passionate discussion at the SMMDP Trainer's Day, it was agreed to run this course over 1½ days (12-13 hours). The course now only has three short key lectures and the bulk of the time is now spent with the candidates completing eight workshops.

Instead of a 1:1 simulated assessment, each candidate is assessed continually throughout the day and fed back to by an allocated mentor throughout the day. Five courses have now been run in this format and the bookings continue to increase for 2008.

Other Courses

Apart from the changes in response to external assessment which is reported elsewhere, and the continual updates in response to new evidence in all courses, there have been no major changes in the other courses run by the SMMD Programme.

Training in Maternity Emergencies for GPs and Associated Staff

Although a representative from the Royal College of General Practitioners participates in the Scottish Multiprofessional Maternity Development Group, only a few GPs from rural areas have participated in the SMMDP courses.

However, The British Association for Immediate Care, Scotland (BASICS) organisation has been developing an obstetric session for their Pre-Hospital Emergency Medicine Course 2, and the SMMDP were invited to assist with this work and the delivery of their first course. The SMMD Programme supplied some of their learning materials to ensure there was consistency with delivery to other maternity care professionals.

The pilot course was run over a weekend in January 2007 and at the time the majority of participants appeared to appreciate the new subject matter. There were only three hours available to deliver the basic information on maternity emergencies, which was a considerable compromise for the SMMDP trainers, and some of the candidates felt they needed more time and content.

The formal course evaluation of this new training provision is awaited but the SMMDP were grateful for this opportunity to work with BASICS GPs and their staff.

The Future

As the Scottish Government has confirmed funding for a further three years of the SMMD Programme, it is planned to investigate the various recommendations for improvement or development of the courses that have been made by various bodies in the past year.

Work is already underway to continue the quality measure of the external assessment of the individual courses.

Initial matching of the Scottish Routine Examination of the Newborn to the Scottish Qualifications Credit Framework is being undertaken.

The NHS Education Scotland web services are to review our website with the possibility of utilising some e-learning functions for part of the training.

A request has been received to investigate a further course in the Care of High Risk Pregnant Women and this would be in line with the recommendation from 'Saving Mothers' Lives' to utilise early warning charts to recognise and initiate intervention in women who are developing a critical illness.

As it is three to four years since the established courses were developed the first candidates are due for recall to refresh or renew their training. The course specific working groups will be contacted to confirm the nature of refreshment required for the individual courses.

In addition to the core work of organising and supporting course delivery across Scotland the above work will form the basis of the ongoing development of the SMMD Programme in 2008/9.

Appendices

Appendix 1:

The Robert Gordon University Evaluation Report Recommendations

Recommendation 1

Given that the SMMDP has key multiprofessional champions, and has engaged locally to develop and enable the provision of courses that are fit for their intended purpose, **It is recommended that any future development of the SMMDP nurtures and consolidates these networks in an inclusive and supportive way, and that the unique identity of the SMMDP and its leadership within NHS Education for Scotland is retained.**

Recommendation 2

Given that the SMMDP is vulnerable due to its infrastructure, which largely depends on goodwill, and in terms of its limited workforce and succession planning, **It is recommended that the model of SMMDP is reviewed.**

Recommendation 3

Given that the approach to updating and maintaining course material requires strengthening, **The course working groups should remain 'live', and led by a named individual and operate in a more formalised manner.**

Recommendation 4

Despite there being a lack of high quality evidence on the benefits of multiprofessional learning identified from the systematic literature review, many of the benefits that were identified, such as improved team working and changes in organisation and service delivery, were also **perceived and reported** by a range of evaluation respondents. Therefore, **Multiprofessional learning should continue to be promoted and facilitated and that appropriate research methods are used to identify its effectiveness.**

Recommendation 5

Given the reported improvements in the quality of care when midwives undertake routine examination of the newborn as part of their holistic care of the mother and baby, **The Scottish Routine Examination of the Newborn Course should be accessed by more midwives in a range of settings, including tertiary level units, throughout Scotland.** This should be undertaken in collaboration with paediatric staff, to ensure that the training needs of paediatric medical staff are not compromised.

Recommendation 6

Given that a proportion of those undertaking the Scottish Routine Examination of the Newborn Course find difficulty in achieving their post course experiences in neonatal examination,

Greater support to facilitate the required experiences to complete the Scottish Routine Examination of the Newborn Course should be offered.

Recommendation 7

Given the possible inconsistencies in the assessment of the Scottish Resuscitation of the Newborn Course,

The assessment strategy for this course should be reviewed

Recommendation 8

Although the Scottish Normal Labour and Birth course was not specifically part of this evaluation, there is evidence that the impact of this course, which is not so clearly skills-based, requires investigation, therefore,

The Scottish Normal Labour and Birth Course should be evaluated.

Recommendation 9

Given that there is a lack of clarity around the competencies relating to neonatal resuscitation and routine examination of the newborn, that health care practitioners working in different settings require to demonstrate,

The relevant knowledge, skills and competencies should be mapped against the Knowledge for Skills Framework and EGAMS levels.

Recommendation 10

Given that the skills required to facilitate multiprofessional learning are complex,

The Scottish Generic Instructors Training Course should address the knowledge and skills required to facilitate multiprofessional (interprofessional) learning.

Recommendation 11

Given the requirement for equity of access to courses, and the increasing use of e technologies by all learners,

All the course materials should be available in a range of media, including the possible use of pre and post course online assessment and discussion groups.

Recommendation 12

Given that there appear to be less opportunities for personnel from the Scottish Ambulance Service to engage with the SMMDP, and that those who do find it beneficial,

Steps are taken to facilitate more personnel from the Scottish Ambulance Service engaging with the SMMDP.

Recommendation 13

Given that there is a view held by some that the academic level of the courses is too low, and does not address the higher order decision making and analytical skills required for current health care requirements,

The academic level of the courses should be reviewed to ensure that they remain current and fit for contemporary maternity health care.

Recommendation 14

Given that there is limited evidence of the impact of SMMDP courses on actual practice,

A further stage evaluation should take place to investigate the impact of the courses on organisational practice and benefits to women and their babies.

This evaluation should also include the SMMDP courses that have not been evaluated.

Current Action Plan from RGU report to be completed in 2007/8

Recommendation	Action	Progress dates
1. SRENC to be promoted, especially in Tertiary centres	Letter to HOM and Consultant Paediatricians in tertiary centres Letter drafted 18/01/08	Letters drafted to be sent March 08
2. Greater support to Clinical Supervisors to encourage completion of SRENC practical training.	Letters changed to give more guidance to support Clinical Supervisors and direct correspondence during training period.	Completed 22/01/08
3. Establish 'live' group advisor for each course instead of relying on SMMDP Director to keep courses evidence based and evolving to meet service need.	Discuss the practicalities and possible costs of this with SMMDG	7/03/08
4. Assessment strategy for SNRC to be reviewed	Done September 07	Completed Sept 07
5. Mapping of SRENC competencies against SCQF and KSF	Initial mapping of SRENC to level of SQCF by EMM Seek matching of SCQF by external educationalist	18/01/08 05/02/08
6. Scoping of e-learning development for some of course material/assessment	Awaiting SMMDP website to be incorporated to NES site. ? MCQs to be online and also news page and ? course specific discussion board.	Estimated commencement August 2008
7. Support for SAS uptake of SMMDP courses	Initial meeting with SAS senior training managers to discuss proposal for SAS training Initial proposal with potential costs to SMMDG Exec for consultation. SMMDG and SAS seeking alternative plan, on agenda at SMMDG meeting	26/10/07 19/11/07 19/11/07 March 2008

Appendix 2:

External Assessment of the Scottish Neonatal Resuscitation
Course for the Scottish Multiprofessional Maternity
Development Programme.

Jonathan Wyllie

External Assessment of the Scottish Neonatal Resuscitation Course for the Scottish Multiprofessional Maternity Development Programme

Background

I was asked to undertake an external assessment of this course in the latter part of 2006 but due to my commitments was only able to finally observe a course in January 2007. The role of the external assessor is to ensure that the course is “fit for purpose”. I attended a course run at the New Royal Infirmary of Edinburgh on Thursday 25th January 2007. The course director was Margaret Howat.

I am Jonathan Wyllie MBChB, BSc (Hons), FRCPCH, FRCP and a consultant Neonatologist and Clinical Director of a tertiary Neonatal Intensive Care Unit at The James Cook University Hospital, Middlesbrough. I am also a UK and European representative on the neonatal working group of the International Liaison Committee on Resuscitation (ILCOR) which publishes international resuscitation guidelines on a 5 year cycle. I am a member of both the Newborn Life Support (NLS) working group of the resuscitation Council (UK) and the International Advanced Paediatric Life Support working group (ALSG). I have published papers on paediatric and neonatal resuscitation and the effects of such courses.

Pre-Course materials

Candidate Information: This was clear and informative.

MCQ: This is appropriate and as it is not a pass/fail assessment it certainly fulfils the role of ensuring the candidates read the course material and should be aware of any personal areas of confusion. Have you considered placing this on-line as has occurred at the ALSG for APLS and PLS. Instructors can then have the scores when they first meet candidates.

Directions: Everyone who was coming arrived on time without any difficulties.

Course Manual: This is clear and very similar in many parts to the Newborn Life Support (Resuscitation Council (UK)). It is sensible that there should be close agreement between the two courses as the latter is the standard course for the rest of the UK. There is a slightly different approach in the NRP (American Pediatric Association), which is used in the Republic of Ireland, and I understand in some of Scotland. It might be helpful to emphasise that the resilience to hypoxia noted in the section on physiology is a characteristic of term infants. The use of air or 100% oxygen is discussed in chapter 3, and it is suggested that saturation monitors are used to avoid hyperoxia. Unfortunately there is insufficient evidence delineating appropriate levels and this will need to be decided by individual units until the BOOST II trial reports.

The restrictions quoted for the two handed technique of chest compressions in chapter 5 relating to the size of baby are not evidenced. In fact the only evidence available suggests that this is superior to the one handed technique throughout infancy¹⁻⁵. It does however; potentially make access to the umbilical cord problematic as quoted.

The section on equipment is particularly useful and I am impressed with the ability to make rapid changes in line with local and Scottish national approaches to equipment and resuscitation. This is a well-written and illustrated section.

The further reading section is also very useful for the interested candidate, with up to date references as well as older established works. It would be perhaps appropriate to reference the European Resuscitation Council guidelines here as the Resuscitation Council (UK) subscribes to them and all UK courses are taught in line with them⁶. The Acknowledgements for illustrations now needs updating since the most recent equipment chapter has been added.

Venue

The venue in the education centre at the New Royal Infirmary of Edinburgh was very good with helpful and friendly centre staff. It was easy to find. Rooms could be locked during lunch to keep valuables secure. The lecture room could only be

entered from the front but this did not detract at all as all candidates who attended were on time.

The labelling/naming of the rooms confused some candidates who needed help to locate their various stations. The course director would normally have been available to do this but had to teach in this course due to one instructor candidate not attending. This is a small issue as the venue was compact.

The restaurant and food court was some way away, which meant that starting back on time was difficult. However, there was sufficient space for candidates and most of the group sat together and talked.

Course Leaders and trainers

Margaret Howat was course director and is obviously experienced and efficient in this role. An initial faculty meeting was held in order to introduce everyone including me. She went over recent changes and up dates for the entire faculty and made certain that everyone had copies of the new sections. One instructor candidate was not able to attend and the allocations were therefore adjusted to account for this.

Margaret emphasised the need to use the four-stage technique for skills teaching and also discussed the difference in the local practices, which candidates might raise. Therefore instructors were as prepared as possible.

All instructors had taught at the venue previously and knew their way around but Margaret still took the precaution of ensuring that everyone understood which were being used for the course.

As it was known that 2 candidates were not able to attend, Margaret Howat reorganised the candidate groups in order to place 5 candidates in each of 3 groups. Testing was not discussed.

All instructors were enthusiastic, approachable and able to use their own and candidates experience to enhance the teaching and make it relevant. This was a friendly cohesive group.

Course Materials

Slides: The slides are clear with good notes. Many are copied from the Newborn Life Support course and this is sensible as the two courses are both run in Scotland and there should be a unified approach. The concept of simplifying the physiology to colour, breathing and heart rate works well but it is important that the colour change is consistent across all the slides and this should be addressed. Thought might be given as to how to introduce tone.

The notes for SNRC 22 quote the ILCOR and NLS but it may help to quote the ERC guidelines 2005 “For the first few breaths maintain the initial inflation pressure for 2—3 s. This will help lung expansion”⁶. This is of course for term babies. The notes for SNRC 31 are perhaps more clearly in favour of the two handed technique than the text of the manual.

Given the target audience, are the slides on drug dosage and administration needed? As stated the outcome for babies who actually require drugs is poor. The course does not teach how to gain access for their use so this is an area to consider.

Scenarios: The birth scenarios are well written and relevant to newly born babies. Those written for paediatric nurses are less convincing. I understand why this has happened as I have read feedback from courses, which have been attended by paediatric nurses. However, I think that the working group need to decide exactly what remit the course is designed to fulfil. Paediatric nurses attending these courses may be confused when slightly different guidelines are in place for babies and infant once they have gone home. The breath to compression ratio changes⁶ as does the physiology and approach. These nurses may well have educational needs, which are likely to be filled, by Paediatric Life Support Courses (ALSG) or the European Paediatric Life Support Course (RC (UK)) but if this course is widened too far it will

lose credibility and may cause confusion. An example of this would be teaching that the same approach will work in a 7 day old baby in A&E when paramedics on the course will have been taught to deal with A, B and C in that order and not to assess the heart rate initially. They will also have been taught different breath and compression ratios as will A&E doctors.

This is not a criticism of the way the course is taught but there are risks of trying to be all things to all people. The remit of this course is presumably for the resuscitation of babies at birth.

Programme: The programme is detailed and leaves the candidates in no doubt as to what was to be covered. The copy which I had detailed instructor allocations but also detailed teaching as using the 4 stage technique. This was adequately dealt with at the faculty meeting and in detail, which may confuse candidates. If it were on the candidate's copy I would remove it.

Similarly the time allocation prescribed for teaching was not followed and I wonder how often it is. The time allocated is 75 minutes but this is given only 70 minutes on the programme. (see below).

Course on 25th January 2007

As previously mentioned, the course was well led and all candidates found it helpful and would have recommended it to colleagues. The paramedic attending certainly felt included even though all other candidates were nurses and midwives.

Lectures:

The physiology lecture was delivered well by an experienced lecturer. It was a clear and confident performance and enjoyed by the candidates. It is best, if possible to lecture without notes but this did not detract. The lecturer knew the slides and was able to co-ordinate delivery with the animation. It was however, evident that a number of students were concentrating on the animation rather than the dialogue. The animation does make the lecture predictable, especially with notes. Unless

highly skilled a lecturer could get caught out as the progression also dictates the speed of delivery and does not allow for easy interaction. Educationalists agree that movement will catch everyone's attention and the working group need to decide whether this may detract from the lecture. It may be appropriate to ask the opinion one of the Resuscitation Council educationalists. The newborn life support educationalist is Andrew Coleman. An instructor candidate gave the resuscitation lecture with her mentor present. Initially there were no other teachers present. The lecture went very well with good links to the physiology lecture and the use of humour was effective and appropriate. The lecture was also linked to the skill stations. There was a need for clarification about the meconium guidelines, which a candidate quoted incorrectly. Senior help will need to be present to ensure clarity on those issues and the course director dealt with it. I wonder if the section on drugs is necessary here as it is not dealt with in the scenarios and not tested.

Resuscitation Equipment: The whole candidate group attended this but there was only one instructor. The teaching was of a high standard with objectives set and achieved. It is important to be fully aware of the equipment and any failings before the session. The main area for the group to consider was the large candidate group size. It is accepted that for this type of group teaching, 8 is about the most which can be involved easily. The 15 candidates got a good experience but some had to struggle to see.

Skill Stations: I thought that the design of the skill stations was well planned in making sure that all candidates do the airway section first. The teachers were highly supportive and ensured a protected learning environment. The four-stage approach was performed for all initial skill teaching but not necessarily for later skills in the session. There was only time for one scenario in the first skill station and the session felt as though it was cut a little short. The second skill station was once again supportive and there was good adaptation of scenarios by the instructors. This was clearly enjoyed by even nervous candidates.

There needs to be care that several conversations do not break out and so the sessions need control and this is something which is easier with experience. I would suggest formalising what actually occurs and having the scenarios after the skill

station. It can be helpful to demonstrate what is expected. In NLS/APLS/ALS/EPLS this is done prior to the candidates "performing". Beating out the heart rate can be useful as it makes the candidates assess rate as they would down a stethoscope.

Testing:

The testing is an area, which needs some thought by the working group. At the course I observed there was no preparation of the candidates prior to testing. This meant that the candidates had no warning that manikins might be changed through the test and no warning that they would be asked to step outside at the end of the test. Neither was there a faculty discussion to ensure consistency. This therefore relied upon the experience of the teachers (who were excellent teachers) and the format of the test itself. There are 19 tick boxes on the three sheet testing sheet. As well as this chest compressions must be demonstrated and there is a very useful area for comments. This is actually more involved than the Newborn Life Support Test. If the purpose of the test is to assess, and then feedback to the candidate, then this is fit for purpose and very useful if filled in appropriately and given to the candidate. However, if this is meant to be a pass/retest/fail test ensuring a certain level has been attained then it is not fit for purpose as I saw it applied?

This is in part due to a non-standardised approach to the test. I observed hints to some candidates but not to others. Comments such as "that's right", "very good", "excellent", whilst absolutely appropriate to teaching, are pushing the candidate in the correct direction and are difficult to retract if the candidate then fails to perform later on in the test. Sometimes it appeared as if the candidate were running the test. At the end candidates were brought back in and all "passed" with no retests. However, 2 of the candidates I witnessed (I saw 5), should have had retests. Instead these candidates were told; "Apart from one bit it was OK ...", "That was well done but.... ", and one was asked to redo the double jaw thrust and the compressions. This latter example was effectively a retest.

This is not to suggest that the course was anything but educational and good for the candidates and this includes the testing. I do not think that anybody I saw was ultimately passed inappropriately. However, the figures overall for the course from April 2004 to January 2007 shows that of 522 candidates, there were 16 retests and

all eventually passed. It is possible that a 3% retest rate and 100% pass rate is due to the universally high standard of teaching in a motivated candidate group. However, there will come a time when the course will need to fail someone. From what I observed that candidate might have every justification in claiming that they have been picked on. Indeed when I raised this with the faculty of teachers I heard of a candidate who was “passed” but for whom extra tuition and input was arranged back at their home institute.

I asked the faculty at the course for their opinion of testing. They felt that it focused candidates and the candidates themselves had described it as a motivator for learning. They were unsure of how effective that would be if all knew there was a 100% pass rate.

The working group therefore need to decide what they require from testing, as I understand that not all courses run by the SMMDP have tests. Given the disclaimer about competency, it would be reasonable to run the assessment and then feedback to candidates on the present sheet. It would then be up to the candidates themselves to arrange any further practice necessary. If a pass/fail test is required then the test needs rethinking and reorganising. It will also require the course director to ensure that the testing is standardised and that any candidate will get virtually identical tests whichever room they enter. An educationalist may be able to help the working group in deciding the best approach.

Summary

All the candidates enjoyed this teaching experience, as can be seen from the feedback. However, only one had experienced this type of teaching before and therefore feedback will tend to be positive when enthusiastic and capable instructors lead the teaching as here. It is perhaps even more telling that 3 people e-mailed me still enthusiastic about the session which must show that it had made an impact. On the evidence of the one paramedic the course is available and relevant for midwives, nurses and paramedics. From conversations, access appears to be easier for nurses and midwives than for ambulance staff and this reflects the experience in the rest of the UK with NLS. The candidates would have recommended the course to others.

This course has obviously established itself and seems popular such that professionals will access it. Equally obviously it increases knowledge about resuscitation at birth in line with national and international guidelines and recommendations. It is consistent with the Newborn Life Support course.

As it is a course for resuscitation of the baby at birth I would suggest that this focus is maintained and other avenues sought to teach resuscitation to paediatric staff. Using this course may at present lead to confusion due to the differing guidelines and approach once a baby has gone home.

I would suggest that there is a need to standardise what happens in the skill station/scenario to ensure each group gets a similar experience. Also that the group for equipment teaching is split in two if possible such that there are no more than 8 people round a Resuscitaire.

There is certainly a need to decide exactly what is required for testing and the purpose it serves. At present, based on only one course but backed up by the retest figures and the 100% pass rate, the course could run into difficulties if failing someone. This is because a candidate could well show that different standards had been applied in similar cases and that the reason for failure therefore was a subjective judgement. At present it seems likely that this approach devalues the efforts of candidates and puts the credibility of the course at risk unnecessarily. Alternatively the working group may decide to feedback to candidates who should then access further training as part of their self-development within their own working environment.

I hope that this report and comments help you in strengthening the teaching provision for professionals involved in caring for babies at birth in Scotland.

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References

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Appendix 3:

**Scottish Multiprofessional Maternity Development Programme
Trainers' Day: 15 June 2007
Beardmore Conference Centre, Clydebank**

10.00–10.20	Registration and coffee
10.20–10.30	Introduction – John McClure
Chair	John McClure
10.30–10.50	SMMD Programme Update – Eliz Mansion
10.50–11.15	National Strategic Overview – Paul Martin
Chair	Eliz Mansion
11.15–11.30	Scottish Neonatal Resuscitation Course – Margaret Howat
11.30–11.45	Scottish Neonatal Pre-Transport Care Course – Peter Fowlie
11.45–12.00	Scottish Routine Examination of the Newborn Course – Robert Simpson
12.00–12.15	Scottish Normal Labour and Birth Course – Irene Gilbert
12.15–12.30	Scottish Core Obstetric Teaching and Training in Emergencies Course – Helene Marshall
12.30–13.30	Lunch
Chair	Laura Cassidy
13.30 - 14.30	Impact Evaluation Report and Discussion – Susan Gibb
14.30 - 15.25	Individual Course Workshops x 5
15.30 - 15.45	The Way Forward – John McClure
15.45 - 16.00	Coffee and closing remarks

SCOTTISH MULTIPROFESSIONAL MATERNITY DEVELOPMENT PROGRAMME
Trainers' Day, Beardmore Conference Centre
Friday 15 June 2007
Evaluation Form

Number of Attendees:

Number of Attendees Responding: **49** (At least one to follow by post)

1 Please indicate your overall impression of this event by marking the most appropriate category below:

Excellent	Good	Satisfactory	Poor
30.61%	67.35%	2.04%	0.00%
15	33	1	0

Comments:

- Good.
- Highly relevant content. Team working and cohesion within SMMDP at all levels evident.
- Good networking opportunity
- Excellent to meet all trainers from all the courses
- Very informative & great way of keeping up to date
- Most lectures informative & interesting
- Informative day – good to discuss where we are.
- Could have done with toilet/cakes break in morning.
- Long morning – benefit from an earlier start & coffee break (15 -20 min?)
- Great day – great opportunity to celebrate success of the program
- Great turnout – networking opportunity ++
- Very good way of networking with other trainers & courses.
- Thank you for inviting us.
- Very nice opportunity to see what has been going on in all courses.
- Great to meet other trainers & meet up with new colleagues.
- I really enjoyed the 15 minutes on each of the courses.
- Appreciated opportunity to have a say in course development and to network with other trainers.
- It would have been much appreciated if question had been allowed with talks
- Well organised a good update
- Venue excellent re transport, food, etc.
- An opportunity to inform, be informed and aid the evolution of SMMDP
- A bit too self-congratulatory. Apparent reluctance to take on board the negative comments from the impact evaluation report & discussion
- Good networking event with opportunity to update course plans for future.
- It was great to network with all SMMDP trainers

2 Did you find this event valuable?

Yes	No	No Answer
97.96%	0.00%	2.04%
48	0	1

Please comment on the highs and lows:

- Valuable to hear content & areas of each course. Susan Gibb report could have been shortened
- Highs – meeting up with facilitators from previous courses & discussing progress of the programmes. Low – The post lunch evaluation report session – too long! Just wanted the key-points, but interesting discussion.
- As I have mainly concentrated on Examination of the Newborn Course, it was particularly interesting to listen to the presentations around other courses.
- Great feedback. Low – need to evaluate course better.
- Great to have the overall update & be able to discuss the vision for the future. Not enough time to network
- Afternoon lecture a wee bit dry
- High – Workshop. Low – First lecture after lunch: Impact Evaluation Report
- Enjoyed update and evaluation on all SMMDP programmes.
- Good networking and learning from other's experience
- Worksop discussion most relevant. Impact Evaluation Report too long
- A/A Good to meet all trainers
- High – networking. Hearing about all the courses, as only involved in two. Food.
- More Time!
- Very good day – no highs or lows
- Discussions. Networking.
- Very valuable. First group of session tool long without a break. Context of all very good.
- Nice to see people. Good opportunity for discussion. Important to see information about the various courses.
- Great to hear what has been achieved Scotland wide.
- To meet the other instructors
- Interesting to hear about other courses that I haven't been involved in.
- Good to hear other trainees' experiences.
- Low – lecture on evaluation was very long with a lot of points made & not enough discussion.
- Update from Paul Martin & re courses useful. Post lunch session too long. ½ hour would have sufficed.
- Really good to hear feedback on each course.
- Great meeting and learning about other courses and what difficulties/good things they were facing.
- High – networking, discussions about courses. Paul Martin's strategic overview.
- Having different views on courses.
- Presentations on individual courses informative.
- Pre-lunch 'summary' of courses a bit repetitive. Very midwife focused – supposed to be multi-professional!

- Workshop. Good location/venue.
- Workshop excellent, more time required. Academic lecture poor quality, too long.
- Would suggest Annual “Trainer’s Day Out”

3 Do you have any comments on the plenary sessions at this event?

- Pitched at right level?
- Not enough time for everyone to raise or discuss issues.
- The evaluation presentation is too long. Very many complicated and unusual words.
- Good discussion generated around Susan Gibbs feedback of her evaluation report.
- No – all were valuable but I still have many questions – will write them in.
- Great interaction between disciplines.
- Session after lunch too long.
- Session after lunch too long.
- Useful – good understanding of each course
- Break would have been useful before them & not relevant to all. Pick sessions as in workshops.
- Informative
- Good mix
- Enjoyed them – thank you.
- Good presentations on the different courses. Provided insight into what was happening throughout Scotland with the SMMDP programme.
- Good presentations generally, although less impressed with RGU representative’s talk.
- Useful thing to do.
- Would have been interesting to have short feedback from all the groups but I appreciate feedback will be available later.
- Session fine – too long without a break though, (numb bum!)
- Too long without a break.
- Good information. Could have done with 10 minute comfort break in am.
- Morning too long without a break
- Longer time for group discussion
- National strategic overview very useful.
- Good day. Perhaps we now need one just for SCOTTIE to sort the snail out.
- Could have been longer.
- Good discussion on how to take SMMDP forward in 2008

4 What workshop did you attend in the afternoon session?

SNRC	SRENC	SNLBC	SCOTTIE	No Answer
30.61%	14.29%	12.24%	40.82%	2.04%
15	7	6	20	1

Overall Evaluation of Workshops

Excellent	Good	Satisfactory	Poor	No Answer
30.61%	51.02%	14.29%	0.00%	4.08%
15	25	7	0	2

Scottish Neonatal Resuscitation Course

Excellent	Good	Satisfactory	Poor
26.67%	53.33%	20.00%	0.00%
4	8	3	0

Comments:

- Good discussion; well planned workshop.
- Always great to hear other peoples comments
- Good to hear our thoughts and come to consensus
- A lot of points were aired & solutions offered.
- No structure & not very well chaired. We should be careful to keep SNRC as it is & not a 'mini' NALS
- Well run. Easy to contribute (not scary)
- Good interactive session.
- Short term focus on 2-3 specific issues only.
- Useful to get comment and feedback from peers.

Scottish Routine Examination of the Newborn Course

Excellent	Good	Satisfactory	Poor	No Answer
28.57%	57.17%	0.00%	0.00%	14.29%
2	4	0	0	1

Comments:

- Stimulated interesting discussion
- Good to network and discuss course.
- Great to hear others.
- Well organised; generated a lot of relevant debate. Generated many ideas for future courses.

Scottish Normal Labour and Birth Course

Excellent	Good	Satisfactory	Poor
16.67%	50.00%	33.33%	0.00%
1	3	2	0

Comments:

- Not enough time.
- Would have liked the opportunity to attend at least two workshops
- Good discussion; good contacts
- Question on previous book.
- Time went in a flash – good discussion.
- Interesting discussion – could easily have continued.

Scottish Core Obstetric Teaching and Training in Emergencies Course

Excellent	Good	Satisfactory	Poor
40.00%	50.00%	10.00%	0.00%
8	10	2	0

Comments:

- Not enough time to thrash out questions.
- Needed more time but difficult topic!
- Interesting to hear other ideas.
- Good facilitation of comments from the floor. Group a bit too large. Seating arrangement not the best (for interaction/discussion)
- Group too large to facilitate discussion. Venue not conducive to discussion.
- Valuable.
- Important opportunity to have round table discussion with dedicated, like minded professionals.
- Briefer discussion.
- Good discussion – hope it remains 1½ - 2 days.
- Informed, good discussion.
- Too short – why? When programme letter suggest programme lasts until 5 pm.
- Good.

If we were to repeat this event, how often would you want to attend?

Often as Possible	Semi-annually	Annually	Biannually	Tri-annually
4.08%	2.04%	69.39%	22.45%	2.04%
2	1	34	11	1

Comments:

- There was one response for every 1 – 2 years which was included in the “Annual” count and two responses for every 2 – 3 years which were included in the “Biannual” count.
- One response was “no more than annually,” which was included in the “Annual” count.
- One response for “Annually” included the stipulation that a social event should be included.

5 Are there any topics or activities that you like to see included in a future event?

- Assessment criteria for each course.
- Structured assessment process for each course.
- Question & Answer session at conclusion of day, if not included in plenary sessions.
- Workshop of scenarios of candidate issues.
- Update on new educational technologies.
- A talk or lecture from a professional on non-midwifery input into SCOTTIE course.
- Q&A session.
- Professional responsibility on maintaining skills and role in changing practice.
- Longer faculty meetings.
- Impact of course on clinical practice. How far have patient outcomes improved?
- I would have liked to attend more than one workshop.
- Practical workshop to support “practice” i.e. having bad news – if candidate fails. How to assess!!
- Teaching updates – i.e. “we now want you to assess/test the candidates like this”
- Infant resuscitation for parents.
- There was mention of specific factors regarding teaching multi-professional groups: a presentation about this would be interesting. If there are updates in skills, shouldn’t there be updates in teaching?
- Updated on changes to course; open forum for debate of any changes.
- Next time would like to go into a different workshop.
- Feedback from units.
- Comparison with other courses.

6 Are there any topics or activities that you like to see developed by the SMMD Programme?

- Newborn emergencies & infant feeding & wellbeing
- Something for maternity assistants.
- Basic neonatal skills, i.e. preparing for P/T delivery, incubation.
- As listed in last talk – baby resuscitation for parents, etc.
- Infant resuscitation for parents.
- Workshop on assessment of candidates.
- Caution until extent of ‘goodwill’ needed for current programme is acknowledged & supported more formally.
- High dependency care for women.
- More guidance on assessment/mentoring for SHREK
- Possibly mentorship/supervision to improve candidates experience in clinical areas.
- Pre-course faculty meeting, accessible/available and the day before. Should be compulsory for all instructors. All lectures on CD & distributed pre-course.
- A one-day course on antenatal education.
- Think we’ve got enough until we can build capacity.
- E-learning, use of blackboard, etc.
- Basic management of unwell person HDU-type general care.
- High dependency from us.
- High dependency.
- Courses for non-maternity professionals.

7 How helpful and efficient was the information and general administration of the event?

Excellent	Good	Satisfactory	Poor
55.10%	45.90%	0.00%	0.00%
27	22	0	0

8 Would you make use of an SMMD Programme’s Trainers’ online discussion board or forum?

Yes	No	Possibly	No Answer
79.60%	17.95%	2.04%	4.08%
39	7	1	2

Appendix 4:

Calendar of events and courses for 2007

January
11 Bridging Scottish Generic Instructor Training Course Venue: Wishaw General Hospital, Wishaw
15 Scottish Neonatal Pre-Transport Care Course Venue: Galloway Community Hospital, Stranraer
22–23 Scottish Generic Instructor Training Course Venue: Bell College, Hamilton
25 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh
26 Bridging Scottish Generic Instructor Training Course Venue: Ninewells Hospital, Dundee
February
8–9 Scottish Normal Labour and Birth Course Venue: Ronald Miller Conference Rooms, Wishaw General Hospital, Wishaw
15 Scottish Neonatal Resuscitation Course Venue: Inverclyde Hospital, Greenock
23 Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

March

1

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary, Edinburgh

8

Bridging Scottish Generic Instructor Training Course

Venue: Lochgilphead, Mid-Argyll

12

Scottish Neonatal Pre-Transport Care Course

Venue: MacGillvary Centre, Ground Floor, Aberdeen Maternity Hospital, Aberdeen

14–15

Scottish Core Obstetric Teaching and Training in Emergencies Course

Venue: King Street Church Hall, Kirkwall, Orkney

April

6

Scottish Neonatal Resuscitation Course

Venue: Cresswell Maternity Wing, Dumfries

18

Scottish Neonatal Pre-Transport Care Course

Venue: Ayrshire Maternity Unit, Crosshouse Hospital, Kilmarnock

19

Bridging Scottish Generic Instructor Training Course

Venue: Wishaw General Hospital, Wishaw

25

Bridging Scottish Generic Instructor Training Course

Venue: St John's Hospital, Livingston

26

Scottish Neonatal Resuscitation Course

Venue: Edinburgh Royal Infirmary, Edinburgh

30

Bridging Scottish Generic Instructor Training Course

Venue: Ayrshire Maternity Unit, Crosshouse Hospital, Kilmarnock

May
2 Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Glasgow Royal Infirmary, Glasgow
9–11 Scottish Routine Examination of the Newborn Course Venue: tbc, Glasgow
29 Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Ronald Miller Conference Rooms, Wishaw General Hospital, Wishaw
29–30 Scottish Normal Labour and Birth Course Venue: tbc, Inverness
31 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh

June
4 Scottish Neonatal Resuscitation Course Venue: Inverclyde Hospital, Greenock
11 Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Inverclyde Hospital, Greenock
28 Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh
29 Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

July
25 Bridging Scottish Generic Instructor Training Course Venue: PAL Centre, Crichton Hall, Dumfries
26 Bridging Scottish Generic Instructor Training Course Venue: University of Paisley, Paisley

***15–17 May 2007**
Scottish Executive Initiative – Scottish Generic Instructor Training Course
Venue: Malaria Alert Centre, Blantyre, Malawi

August	
3	Scottish Neonatal Resuscitation Course Venue: Cresswell Maternity Wing, Dumfries
16	Bridging Scottish Generic Instructor Training Course Venue: Royal Alexandria Hospital Parent Education Room, Paisley
20	Bridging Scottish Generic Instructor Training Course Venue: Royal Alexandria Hospital Parent Education Room, Paisley
27	Scottish Neonatal Resuscitation Course Venue: Brevik House, Lerwick, Shetland
28	Scottish Neonatal Pre-Transport Care Course Venue: Brevik House, Lerwick, Shetland
29–30	Scottish Emergency Maternity Care Course for Non-Maternity Professionals Workshop Venue: St Magnus Centre, Kirkwall, Orkney
30	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh

September	
3	Scottish Emergency Maternity Care Course for Non-Maternity Professionals Workshop Venue: Seminar Room, Forth Park Hospital, Kirkcaldy
5	Scottish Neonatal Resuscitation Course Venue: Glasgow Royal Infirmary, Glasgow
6	Scottish Neonatal Resuscitation Course Venue: Education Suite, Inverclyde Royal Hospital, Greenock
25-26	Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Cresswell Maternity Unit, Dumfries
27	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh
28	Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

October	
3	Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Glasgow Royal Infirmary, Glasgow
10	Scottish Neonatal Resuscitation Course Venue: Vale of Leven Hospital, Alexandria
10–12	Scottish Routine Examination of the Newborn Course Venue: Ronald Miller Conference Rooms, Wishaw General Hospital, Wishaw
12	Scottish Core Obstetric Teaching and Training in Emergencies Course – to be rescheduled Venue: Royal Alexandra Hospital, Paisley
25	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh
November	
5–6	Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: Brevick House, Lerwick, Shetland
7–9	Scottish Routine Examination of the Newborn Course Venue: Queen Mother's Hospital, Glasgow
13–14	Scottish Core Obstetric Teaching and Training in Emergencies Course Venue: St John's Hospital, Livingston
22-23	Scottish Core Obstetric Teaching and Training in Emergencies Course - CANCELLED Venue: Royal Alexandra Hospital, Paisley
29	Scottish Neonatal Resuscitation Course Venue: Edinburgh Royal Infirmary, Edinburgh
30	Scottish Neonatal Resuscitation Course Venue: Stirling Royal Infirmary, Stirling

December

4-5

Scottish Generic Instructor Training Course

Venue: Bell College, Hamilton

7

Scottish Neonatal Resuscitation Course

Venue: Cresswell Maternity Wing, Dumfries

12

Scottish Neonatal Resuscitation Course

Venue: Glasgow Royal Infirmary, Glasgow

20

Scottish Neonatal Resuscitation Course - Cancelled

Venue: Edinburgh Royal Infirmary, Edinburgh

Appendix 5:

Group Consitution and Membership - to be reviewed

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 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	John McClure (Chair)	Catriona Connolly
Royal College of Obstetricians and Gynaecologists	Laura Cassidy (Vice Chair)	Tahir Mahmood
Royal College of General Practitioners (Scotland)	Jenny Bennison	Rosie Haining
Royal College of Paediatrics and Child Health	Una MacFadyen	Ian Laing
Royal College of Midwives (UK Board for Scotland)	Gillian Smith (Acting Representative)	
Scottish Executive	Margaret McGuire	
Scottish Executive	Ian Bashford	
The Scottish Ambulance Service (Operations)	Robert Colburn	
The Scottish Ambulance Service (Training)	Gerry Kelly	David Currie
Allied Health Professional: Physiotherapy	Ann Gilchrist	
Allied Health Professional: Sonography	Catriona Jenkins	
Consumer Representative	Mathilde Peace	
National Childbirth Trust	Barbara Purdie	Lucy Kirkland
Scottish Neonatal Nurses' Group	Claire Greig	Liz Macrae
NHS Education Scotland	Stewart Irvine (ex officio)	
NHS Quality Improvement Scotland	Fiona Dagge-Bell (ex officio)	
NHS Education Scotland	Monica Thomson (ex officio)	Helen McKinnon
SMMD Programme Director	Elizabeth Mansion	
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 three years renewable for a further three years.

Secretariat

Administration for the Group is available 5 days per week. The Director and Manager 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 six members of the SMMD Group, of which two 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

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