

Electronic Fetal Monitoring Competency Assessment Process - Standard Operating Procedure

Reference no.: UHDB/IP/11:23/F4

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1. Introduction

It is recommended that all staff that care for women in labour are required to undertake annual training and competency assessment in cardiotocograph (CTG) interpretation and intermittent auscultation (IA). Without evidence of training and competence within the last year, members of the maternity team should not provide care for women in a birth setting (SBLCBV2, 2019). New employees must endeavor to attend the Trusts local mandatory training at the earliest opportunity. Evidence of training and competence within the last year at their previous Trust will be acceptable in the interim if they are able to provide this.

This procedure will outline the processes for supporting and managing staff where the required level of competence is not demonstrated and places in context the prevailing drivers of the procedure.

2. Abbreviations

CTG	-	Cardiotocography
IA	-	Intermittent Auscultation
PDT	-	Practice Development Team
SBLCBV2	-	Saving babies Lives Care Bundle version 2

3. Key Responsibilities and Duties

The PDT and the fetal monitoring leads will be responsible for the provision of the study day and the provision and monitoring of the fetal monitoring assessments.

All midwives, obstetric consultants and obstetric junior/trainee doctors who work within maternity are expected to undergo mandatory, formal CTG training and assessment annually. The assessment will form part of the Fetal Monitoring study day.

Following the study day, staff will be required to obtain 85% or above in the written competency assessment. Staff will be informed of their results with 3 working days of assessment.

4. Method of achieving competency

All midwives and obstetric staff must complete the fetal monitoring study day and the fetal monitoring assessment. A pass mark of 85% must be achieved in order to be recorded as compliant. In the event that a staff member is non-compliant, supervision of practice and/or redeployment to a clinical area where there is no interpretation of CTGs is required. The study day and assessment will be organised by the PDT.

5. Method of achieving competency when initial assessment has resulted in non-achievement

Following 1st attempt

The result will be communicated to the staff member and their line manager/ obstetric fetal monitoring lead within 3 days. A referral will also be made for midwives to the PMA team for support. A meeting will then be arranged within 2 weeks of the initial test being taken for the staff member, fetal monitoring lead and PDT to provide further training needs.

The staff member will require to be supervised when completing CTG assessments from this point forwards until competency is achieved through re-sitting the assessment.

Following 2nd attempt

If the staff member does not achieve competency at the 1st re-sit, the staff member and line manager (midwives only) / fetal monitoring lead obstetrician and supervising consultant and CD (obstetric staff only) should be informed within 3 days of the re-sit.

The staff member will then need to be redeployed to an area excluding intrapartum care and antenatal care where CTG interpretation may be required. This will be in place until competency is achieved through re-sitting the assessment and achieving 85% or above.

A support meeting should be arranged for the staff member within 1 week of taking the re-sit and the meeting should include the staff member, their line manager, PMA (midwives only), supervising consultant and CD (obstetric staff only) and the fetal monitoring lead and PDT (all staff). This meeting should result in an action plan being created to address any issues and set out how the staff member will achieve competency with achievable deadlines. A subsequent re-sit should be arranged within 4 weeks of last attempted assessment.

Following 3rd attempt

If the staff member does not achieve competency at the 2nd re-sit, the staff member and line manager (midwives only) / fetal monitoring lead obstetrician and supervising consultant and CD (obstetric staff only) should be informed within 3 days of the re-sit.

The staff member will remain redeployed to an area excluding intrapartum care and antenatal care where CTG interpretation may be required. This will be in place until competency is achieved through re-sitting the assessment and achieving 85% or above.

A staff well-being support plan should be made and a referral to the line manager (midwives only) or RCOG tutor and CD (obstetric staff only) for a performance management plan.

6. Monitoring Compliance and Effectiveness

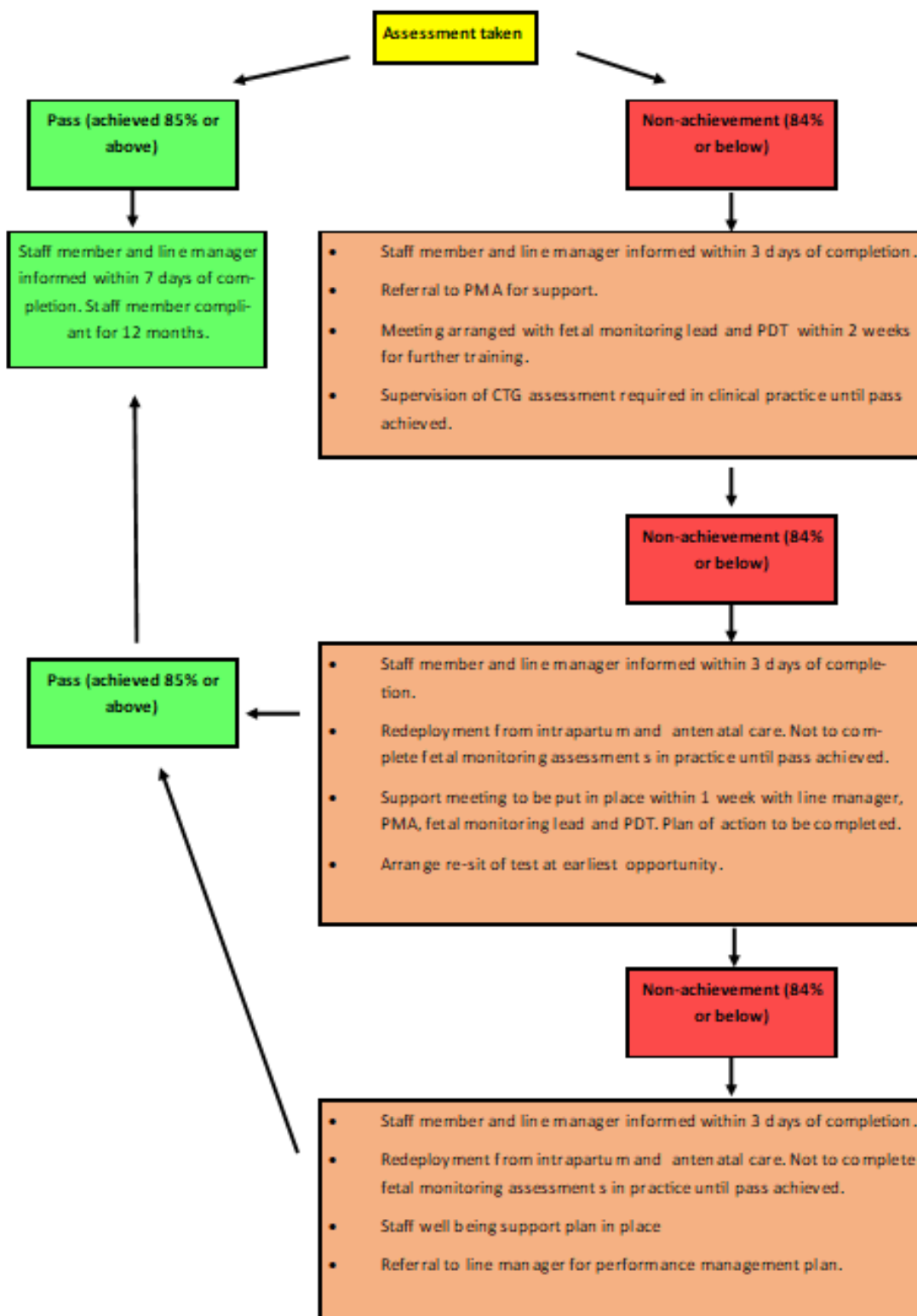
Monitoring via PDT team of staff numbers showing as competent.

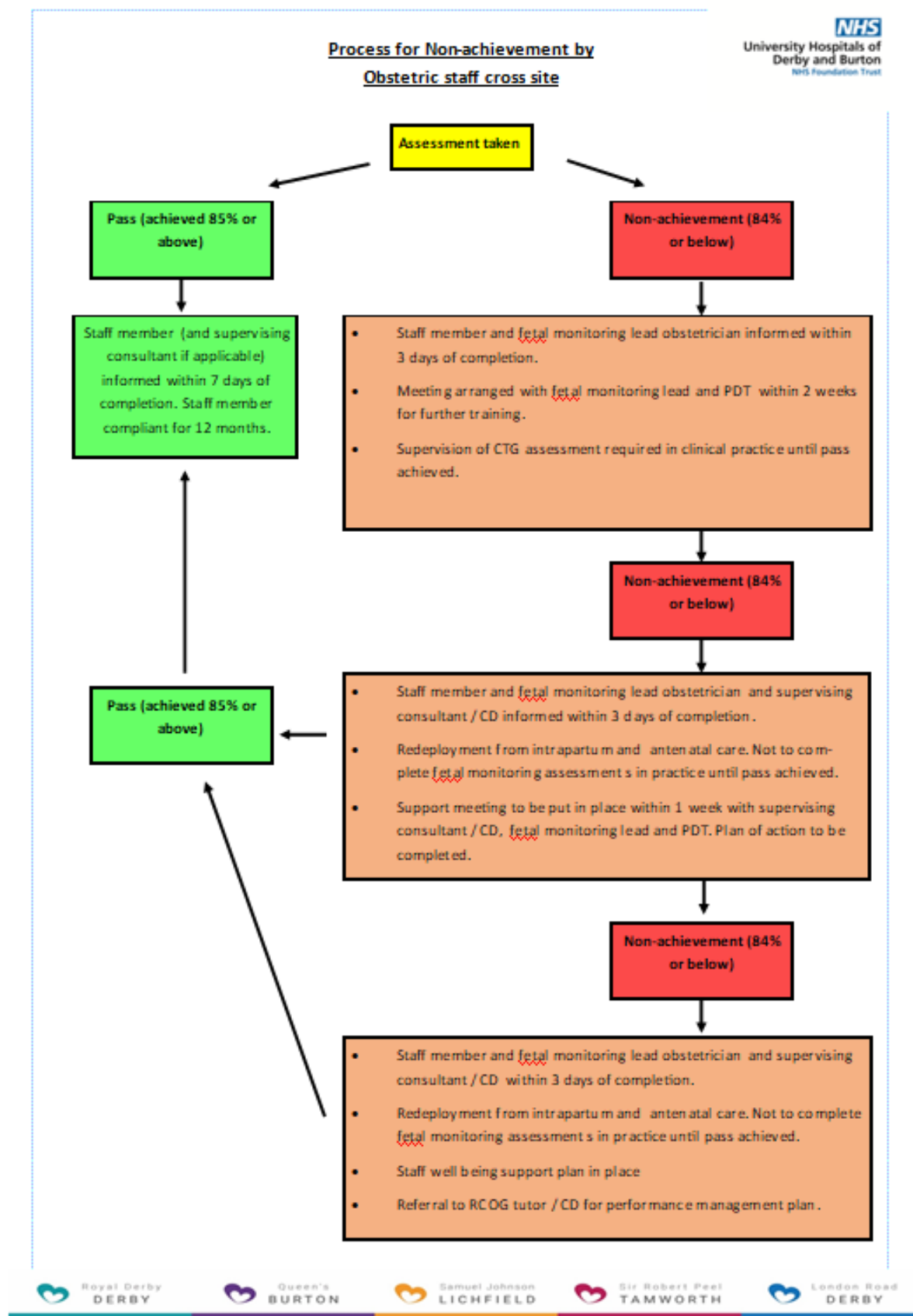
7. References

NHS England (2016). Saving Babies Lives Care Bundle: version 2 (updated 2020) The Ockendon Report (2020)

Midlands Maternity & PMH Clinical Network Electronic Fetal Monitoring Competency Document (2021)

**Process for Non-achievement by
Midwifery staff cross site**





Evidence of process followed for non-achievement of standard 84% and below

This document must be utilised in line with the relevant pathway.

The document must be completed and retained by the assessor.

Candidate Name:
 Role:
 Area of work:
 Date of initial assessment:/...../..... Mark achieved:%
 Target Deadline/...../.....

Communication/ Meeting Log

Date	Form of communication	People present/ involved	Reason for communication/ meeting	Details

Date re-sit completed:
/...../.....

Achieved 85% or above	
Not achieved (84% or below)	

Date of completion:/...../.....
 Assessor name & role:
 Assessor signature:
 Action (if applicable):

Documentation Control

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Business Unit sign off:	23/10/2023: Maternity Guidelines Group:- Anuja Joshi - Consultant Lead for guidelines Governance sign off - Exceptional ratification 03/11/23 R. Devaraj CD			
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