

CTA INTERIM POSTGRADUATE MIDWIFERY COMPLEX CARE TRAINING SPECIFICATION 1/B55

24 FEBRUARY 2009

1.0 PREAMBLE

- 1.1 Women referred to maternity secondary and tertiary level care may have complex care needs that require complex technical midwifery assessments and interventions. Midwives working in these settings require the post-basic training and support to equip them with the required clinical experience, knowledge and enhanced skills which will enable them to participate confidently and effectively as members of the secondary/tertiary multi-disciplinary team.
- 1.2 This interim specification outlines the requirements for postgraduate complex care midwifery **clinical** training which is funded by the CTA for midwives working in a secondary or tertiary setting.
- 1.3 The broad vision for midwifery complex care training is that individual midwives are supported to achieve the necessary level of proficiency in midwifery complex care. This training will ensure that there are sufficient numbers of midwives throughout New Zealand who have the knowledge, technical skills and clinical experience to provide effective care for women with complex conditions in order to improve their health outcomes.
- 1.4 To enable this vision, the CTA will provide a level of funding to enable DHBs to provide a clinical training programme in partnership with a tertiary education provider which is offering a course¹ on midwifery complex care. The clinical training programme will include clinical training hours; clinical placements; precepting; and assessment of the trainee's progress towards identified clinical learning objectives.
- 1.5 The funding for complex care clinical training will:
 - a. improve access to postgraduate training opportunities for midwives working in a secondary or tertiary setting
 - b. be aligned with national care requirements and Government strategies
 - c. provide funds for student tuition fees, clinical release and preceptorship for trainees and a contribution towards travel and accommodation costs (as appropriate), to attend postgraduate midwifery training programmes
 - d. enable registered midwives to enhance their midwifery practice and further develop midwifery roles and leadership in the sector;
 - e. increase the number and enhance the skills of midwives who work as members of the multi-disciplinary care team which cares for women and babies with complex care needs.

¹ "Course" in this document refers to the tertiary postgraduate education papers which comprise the midwifery PG Certificate -, of which the clinical training programme is an integrated component.

- 1.6 CTA training funds are used for formal postgraduate tertiary education courses on midwifery complex care which have been approved by the Midwifery Council.
- 1.7 Trainees attend complex care tertiary education courses which meet their training needs and which require the least amount of travel from their normal work setting.
- 1.8 Note that this is an Interim Specification and will be reviewed once the evaluation results of the pilot training are available and sector consultation has provided feedback.

2.0 PROGRAMME DESCRIPTION

- 2.1 The clinical training programme funded under this specification is an integrated component of the formal, tertiary education course on midwifery complex care. The clinical training will take place in a secondary or tertiary maternity service in a DHB. The maternity service must have an adequate number of suitable preceptors available, who have the necessary knowledge, skills and experience on the provision of complex care.
- 2.2 The education provider has the responsibility for the overall content of the complex care course and for liaison with the DHBs' preceptors and other key stakeholders.
- 2.3 The complex care training programme will:
 - a. lead to completion of a postgraduate certificate
 - b. be accredited by New Zealand Qualifications Authority (NZQA), the Committee on University Academic Programmes (CUAP) or Institutes of Technology and Polytechnics Quality (ITPQ)
 - c. integrate theory and clinical practice to enable postgraduate trainees to gain the required clinical experience and develop their knowledge and skills caring for women with complex care needs
 - d. acknowledge the cultural characteristics of New Zealand society that influence planning and delivery of midwifery services
 - e. have curricula developed in consultation with key stakeholders that describes the purpose, outcomes, content and process, assessment criteria and assessment methods. Assessment processes must be objective and equitable. Processes must be in place to identify trainees who require additional support, and appropriate action must be taken to provide that support
 - f. be approved by the Midwifery Council of New Zealand.
- 2.4 Training programmes must be consistent with the requirements of the Health Practitioners Competence Assurance Act (2003)

3.0 CLINICAL TRAINING PROGRAMME COMPONENTS

The CTA Postgraduate Midwifery Training funds must be spent on the following clinical training programme components:

3.1 Clinical Training Placements

- 3.1.1 A clinical placement refers to the particular clinical setting where the clinical training is provided. The clinical training programme refers to the complete programme of clinical training, including the clinical placements (there may be more than one clinical placement).
- 3.1.2 In some cases the clinical placement may be in settings other than the trainee's normal work setting (for example, the Emergency Department and the Intensive Care Unit). Where the required clinical training can be delivered in the trainee's own DHB then the expectation is that it should take place there.
- 3.1.3 Where the clinical training (or some elements of the clinical training) is only available in a DHB which does not employ the trainee - then the trainee's own DHB must ensure that the training can be applied safely when the trainee returns to her own DHB and work setting.
- 3.1.4 The location/s of the clinical placement will be organised by the education provider in partnership with the trainee; the trainee's employing DHB, the DHB programme coordinator and appropriate secondary and tertiary settings .
- 3.1.5 The clinical placement enables trainees to:
 - a. gain the necessary clinical experience so that they can develop competencies and clinical expertise which facilitate the provision of safe and effective secondary and tertiary care for consumers who require intensive and complex care
 - b. enhance their practice skills and develop their role as midwifery members of the secondary or tertiary care multidisciplinary team who care for women and babies with complex care needs.
- 3.1.6 The learning environments for the programme's clinical placements are secondary or tertiary care settings which provide appropriate opportunities for clinical experience and where the appropriate level of preceptorship is provided. It is expected that in the first instance, clinical placements should be within the trainee's own DHB where the opportunities for appropriate clinical experience exist.
- 3.1.7 A range of clinical settings may provide an optimal mix of learning environments. Clinical placements should be planned and coordinated with the trainee; the education provider; the facility where the clinical placement is set and the trainee's employer.

3.2 Clinical Release (for the trainee and for the preceptor)

- 3.2.1 Clinical release is funded so that DHBs provide staffing cover while the trainee attends the compulsory aspects of their course (the clinical placement/s and the hours of attendance at formal lectures and tutorials) during the trainee's normal working hours. The number of hours of clinical release which are funded by the CTA are specified in the service agreement. The clinical training programme may include hours of training which are not funded by the CTA.
- 3.2.2 The compulsory aspects of the course include attendance at formal lectures and tutorials and clinical training hours where the trainee is supernumerary. These costs do not include organisational overheads.
- 3.2.3 Clinical release is also funded for preceptor hours where the preceptor is supernumerary. A reduced hourly rate is paid for slowdown time where the service delivery of the preceptor is reduced as a result of her precepting duties.
- 3.2.4 Clinical release is not paid for the preceptor's hours of work where there is little impact from her precepting role on the preceptor's ability to carry out her normal duties.
- 3.2.5 Trainees and preceptors will record their training hours in the template provided by the CTA and the programme coordinator will collate these and send to the CTA at three monthly intervals.
- 3.2.6 Trainees will complete a portfolio of their learnings as part of the clinical training programme and this will be submitted to the evaluators at the end of the pilot clinical training programme.

3.3 Preceptorship

- 3.3.1 The DHB must designate a senior midwife who is responsible for ensuring that an adequate level of precepting and programme coordination occurs.
- 3.3.2 A preceptor is an experienced midwife who has been selected by her DHB as having the necessary expertise and experience in the provision of midwifery complex care and as being appropriate for the precepting role. Preceptors must have had at least one day's formal preceptor training. A maximum of 2 days formal preceptor training will be funded.
- 3.3.3 The preceptor training will ensure that preceptors gain knowledge and understanding of the concepts and application of preceptorship, can apply adult teaching and learning principles, and are competent in assessment practice relevant to midwifery.
- 3.3.4 A preceptor may precept more than one trainee at the same point in time – i.e. the preceptor to trainee ratio may be 1-1; 1-2; 1-3; etcetera. However, the

decision on the appropriate preceptor to trainee ratio at any time will involve judgement on the preceptor's part.

3.3.5 Working collaboratively with the education provider, the preceptor will ensure that:

- a. a set of written learning objectives are identified in the trainee's Learning Plan, which have been based on the trainee's learning needs and which are both general to the course and specific to the individual. Each clinical placement will have specific learning objectives
- b. there is a suitable learning environment for the trainee, in order that their training objectives for the clinical training can be met
- c. there are a wide range of opportunities for clinical skill development available to the trainee – and that learning opportunities for trainees are maximised.
- d. trainees are supported to apply their learnings from other settings to the maternity setting.
- e. the level of preceptorship is appropriate to the skill level of the trainee
- f. the preceptor liaises with the education provider regarding the clinical training programme and assessment of the trainee's progress.
- g. evaluations are based on the learning objectives in the Learning Plan
- h. processes are in place to identify and take appropriate action for trainees who require additional support.
- i. there are clear lines of accountability for the care of women and babies at all times, with back-up available appropriate to the level of experience of the trainee.
- j. the preceptor keeps accurate and complete documentation, and records the number of hours of precepting provided for this programme in the CTA template.
- k. the preceptor completes all required training programme documentation and participates in the evaluation of the pilot, including the provision of any information which is requested

3.4 DHB Programme Coordination

3.4.1 The DHB programme coordination role shares some key tasks with the academic coordination role and both parties must work effectively together in a coordinated approach.

3.4.2 DHB Programme coordination will include the following:

- a. ensuring that the DHB has robust trainee and preceptor selection processes as described in sections 3.3 and 6
- b. ensuring that arrangements are in place with the trainee's line manager so that the trainee is released for all formal academic teaching and clinical precepting sessions
- c. provision of coordinated clinical placements which provide the trainee with the required range of clinical experience and level of preceptorship

- d. ensuring that precepting arrangements are robust with clear lines of accountability for client care at all times and with backup available appropriate to the level of experience of the trainee
- e. ensuring that accurate and complete training records are kept and are available to the CTA and evaluators. It is also the programme coordinator's responsibility to collect trainees' and preceptors' recordings of their training hours (inputs) and send to the CTA at three monthly intervals.
- f. ensuring that the DHB's monthly reporting and invoicing accurately reflects the clinical training programme delivery
- g. disbursement of funds to trainees, education providers and any other appropriate parties
- h. completion of all CTA reporting requirements.
- i. ensuring that the trainee provides the programme coordinator with receipts for the travel and accommodation and that any unused CTA travel and accommodation funding is returned to the CTA

3.5 Academic Coordination

3.5.1 The academic coordination role shares some key tasks with the DHB programme coordinator and both parties must work collaboratively to effectively deliver the clinical training programme.

3.5.2 Academic coordination will include the following components:

- a. setting the standards and criteria for the academic and clinical assessments. This will include assessing whether or not the trainee has successfully completed the clinical training programme.
- b. the integration of the clinical training programme with the academic course
- c. ensuring that trainees are assigned preceptors for the duration of the training programme and that regular and adequate contact and communication between the education provider; the preceptor and the trainee occurs
- d. providing assurance that the clinical placements are effectively coordinated and provide the trainee with the required range of clinical experience and level of preceptorship
- e. ensuring that precepting arrangements are robust with clear lines of accountability for client care at all times and with backup available appropriate to the level of experience of the trainee

- f. participation in the evaluation of the pilot, including the provision of any information which is requested

3.6 Assessment

- 3.6.1 An individual trainee learning plan will be developed at the beginning of the clinical training programme and programme documentation will be kept as part of the clinical training and assessment process.
- 3.6.2 The education provider; preceptor/s and the trainee will work together to monitor and assess the trainee's progress on an ongoing basis in order to determine whether or not the trainee has satisfactorily achieved all of her learning objectives by the end of her training programme.

3.7 Tuition Fees

- 3.7.1 Student tuition fees are charged by the tertiary education provider to trainees for the cost of the trainee attending the education course. Student tuition fees do not include the education costs which are covered by the Tertiary Education Commission funding that the tertiary education provider receives. The service agreement includes a level of funding for the cost of the student tuition fees.

3.8 Travel and Accommodation funding contribution

- 3.8.1 The travel and accommodation funding contribution partially reimburses the trainee for reasonable travel and accommodation costs which the trainee incurs in order to attend the agreed clinical placement where this is different from her usual place of work.
- 3.8.2 Travel costs are partially reimbursed for actual travel costs for trainees who are required to travel further than 100 kms by road one way from the trainee's usual place of work to the agreed clinical placement location.
- 3.8.3 The maximum funding contribution per trainee which will be paid by the CTA for travel and accommodations costs is specified in the service agreement. Any additional support for the reimbursement of travel and accommodation costs may be negotiated between the trainee and their employing DHB.

4.0 EXPECTED OUTCOMES

4.1 Midwifery Outcomes

Expected outcomes are:

- a. the conferring of a midwifery postgraduate certificate which includes a complex care clinical training programme
- b. application of evidence-based practice in a range of treatment/care models relevant to the health care service setting
- c. demonstration of meeting organisational midwifery workforce requirements
- d. provision of clinical leadership, clinical management and mentoring skills

- e. further development of a core of midwives with experience and expertise in the care of women and babies with complex care midwifery needs

4.2 Client / Service Outcomes

Trainees will contribute to improved client and/or service outcomes by providing:

- a. accessible, skilful and timely midwifery assessment, management, and co-ordination of client care needs in secondary and tertiary care settings
- b. interdisciplinary approaches to care including developing an appropriate plan of care and ongoing management
- c. culturally competent clinical care and whanau support
- d. the benefits from applied, evidence-based midwifery practice in secondary and tertiary care settings.

5.0 EVALUATION

- 5.1 Trainees, preceptors, key DHB staff and relevant staff of the tertiary education provider must participate fully in the evaluation processes, including provision of information where requested.
- 5.2 As a minimum, key staff (trainees, preceptors, service managers, education provider staff) will be required to participate in an interview/s or focus group/s and complete an online or postal survey/s.

6.0 ELIGIBILITY

- 6.1 Identified District Health Boards select those trainees who are to be supported to access complex care training. In the pilot years of this training, the number of midwives who are supported to access complex care training will be low and the priority for funding will be midwives who are working in tertiary maternity care services or the larger secondary maternity care services.
- 6.2 DHBs must have a transparent, written, equitable, DHB wide application and selection process.
- 6.3 To be eligible for CTA Postgraduate Midwifery Training funding each trainee must:
 - a. be registered in New Zealand as a midwife within the Midwifery Scope of Practice
 - b. have a current annual practising certificate
 - c. be a New Zealand citizen or hold permanent New Zealand residency as conferred by the New Zealand Immigration Service
 - d. have practised as a registered midwife for at least the equivalent of one year's full time practice
 - e. be nominated by her DHB to attend the complex care course
 - f. be currently employed in a tertiary or secondary setting at a minimum of 0.8 FTE
 - g. meet the entry criteria required by the education provider

h. work in a DHB which provides an adequate level of precepting..

7.0 REPORTING REQUIREMENTS – PROGRAMME SPECIFIC

- 7.1 This section should be read in conjunction with the CTA Head Agreement and the Service Agreement, which specify reporting requirements for all programmes provided under the contract.
- 7.2 Given that this is a pilot training programme - ongoing liaison and good communication are key between the DHB maternity care service staff; the education provider and the CTA.
- 7.3 Therefore both the DHB programme coordinator and the education provider **must inform the CTA Contract Manager by email of any issues; problems and risks which midwife trainees and preceptors are experiencing - or if the training programme is adversely impacting on maternity care service delivery – or if there is a risk that maternity service delivery could be adversely affected.**
- 7.4 Trainees and preceptors will individually record their training hours in the template provided by the CTA and the programme coordinator will collate these and send to the CTA at three monthly intervals.

8.0 QUALITY REQUIREMENTS – PROGRAMME SPECIFIC

- 8.1 Please read this section in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies generic quality standards for all programmes provided under the contract.

9.0 PURCHASE UNIT AND REPORTING UNIT

9.1 Purchase Unit

A midwife who meets the eligibility criteria set out in section 8.3 and who is formally enrolled and participating in a postgraduate midwifery complex care programme

9.2 Reporting Unit

A midwife who meets the eligibility criteria set out in section 8.3 and who is formally enrolled and participating in a postgraduate midwifery complex care programme

10.0 ASSOCIATED LINKAGES

- 10.1 The education provider and the DHB programme coordinator will ensure that there are established links with key stakeholders, including:
- a. the Midwifery Council of New Zealand
 - b. the New Zealand College of Midwives
 - c. other DHBs which provide a clinical placement
 - d. other relevant organisations.