

## DHB maternity facilities - Access Agreement Competencies

### *Dear Access Holder or new applicant*

This information is being provided to you as a self-employed LMC either wishing to have an access agreement with the District Health Board (DHB), or who already has an access agreement but for whom we require updated competency<sup>1</sup> information.

By way of background, the national access agreement document contains a section on specific clinical competencies related to the care of women during pregnancy, labour and birth (see section 14 (1) below). In part 2 of section 14, the access agreement holder is required to notify the DHB maternity facility if they have the appropriate clinical competencies, as listed.

The facility also has a responsibility to provide access agreement holders with access to any educational courses or forums at the DHB that include the four named clinical competencies (see section 23 below).

Each year every DHB maternity facility runs courses for midwives around the use of epidurals and RANZCOG Fetal Surveillance Education Programs (FSEP). Please contact the local midwifery educator in the DHB you wish to attend to check dates and availability for enrolment.

The DHB maternity facility collects information on clinical competency for all new access agreement holders on application for an agreement. The information will be required to be provided on an annual basis to coincide with renewal of the APC. The purpose of this document is not about checking for competence levels but from a safety perspective so we can ensure we have the right skill mix available to support you and the women in your care. There are some skills that midwives should have, through the process of their registration, however they may decide that they do not want to provide elements of care for example epidural, induction, augmentation etc.

LMCs with a current access agreement are required to notify the DHB of any changes to their competency status during the term of their agreement.

#### **Section 14: Clinical competencies**

**(1)** The practitioner is responsible for having the appropriate clinical competencies if the practitioner provides a woman with any one of the procedures listed below during labour and birth in consultation with a specialist:

- (a) management of women with epidurals;
- (b) management of women requiring induction and augmentation;
- (c) management of women requiring instrumental vaginal deliveries;
- (d) interpretation of CTGs.

**(2)** The practitioner must inform the facilities whether they have the appropriate clinical competencies to provide women in their care with any of the procedures listed in subclause (1) above.

#### **Section 23: Education forums**

Where a practitioner provides care that includes any one of the procedures listed below (and in clause 14 of this access agreement), where the facilities provide access to educational courses or forums to its employees, the facilities will make available to the practitioner these updates and refresher courses;

- (a) management of women with epidurals;
- (b) management of women requiring induction and augmentation;
- (c) management of women requiring instrumental vaginal deliveries; or
- (d) interpretation of CTGs.

## Instructions for Completion

Please complete this form and return it to the issuing manager in the DHB.

I, \_\_\_\_\_ (print full name), confirm that I have (or do not have) the appropriate clinical competencies (according to the Access Agreement) to provide a woman with the procedures listed below during labour and birth in consultation with a specialist.

Please circle Yes or No for each of the below, and provide any supporting comments e.g. any issues or updates relevant to your clinical competencies.

(a)	<b>Management of women with epidurals</b>	
<p><b>Yes</b> I will provide women with epidural cares            Comment: _____</p> <p><b>No</b> I will not provide women with epidural care            Comment: _____</p>		
(b)	<b>Management of women requiring induction and augmentation</b>	
<p><b>Yes</b> I will provide women with induction and augmentation            Comment: _____</p> <p><b>No</b> I will not provide women with induction and augmentation            Comment: _____</p>		
(c)	<b>Management of women requiring instrumental vaginal deliveries</b>	
<p><b>Yes</b> I will assist a woman under my care and the obstetric team when she requires instrumental vaginal delivery            Comment: _____</p> <p><b>No</b> I will not assist the woman under my care requiring instrumental vaginal delivery            Comment: _____</p>		
(d)	<b>Interpretation of CTGs</b>	
<p><b>Yes</b> I have the knowledge and skills to undertake this task and I understand that I can access education to support my practice</p> <p><b>No</b> I require further education to support my practice            Comment: _____</p>		

I understand that I am required to notify the DHB should there be any change to my competency status or contact details during the currency of this declaration.

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

**LMC contact details** Please complete annually to ensure we have the most up to date information

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ Pager Number \_\_\_\_\_

Home phone number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Practice partner contact name: \_\_\_\_\_

Healthlink EDI address (if you have one) \_\_\_\_\_

\_\_\_\_\_

<sup>i</sup> Competency in this document is the wording used in the Access Agreement, not MCNZ competency