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| **Key Points**   * Supervisor – a midwife or medical officer who is currently competent in perineal suturing. * It is recommended that the initial perineal suturing competency is completed within a 12 month period.   **Documentation**   * Initial requirements and record of competency * Supervised practice record * Ongoing record * Performance criteria |

**Competency group** (to be determined by LBS Clinical Midwife Consultant or Clinical Development Midwife)

⃝ Initial competency (Group 1)

⃝ Previous experience (Group 2)

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| **Competency requirements** | | |
| **Group 1 – initial competency** *(supervisor to initial)* | **Date** | **Initial** |
| * Moodle pre-reading |  |  |
| * Workshop attendance |  |  |
| Required to complete a MINIMUM of 5 supervised perineal repairs documented on supervised practice record  *At completion of the 5th perineal repair the supervisor will be required to recommend whether the midwife has met the standards for perineal suturing competence and sign this form if applicable.* | | |
| **Group 2 – previous perineal suturing experience and/or competency in external HSP** | **Date** | **Initial** |
| * Moodle pre-reading – recommended but NOT compulsory. |  |  |
| * Workshop attendance – not required. |  |  |
| Required to complete a MINIMUM of 2 supervised perineal repairs documented on supervised practice record  *At completion of the 2nd perineal repair the supervisor will be required to recommend whether the midwife has met the standards for perineal suturing competency* *and sign this form if applicable.* | | |
| **Ongoing competency** | | |
| * Confirmation on annual PDR document |  |  |

**Recommendation** (to be completed by Supervisor)

⃝ Competency achieved ⃝ Competency NOT achieved

If the midwife has not met the standard for perineal suturing competence please indicate what further evidence is required:

⃝ Completion of pre-reading/e-learning package

⃝ Completion of perineal suturing workshop

⃝ Additional supervised repairs, recommended number required

⃝ Other (please specify)

Supervisor Name: Date:

Supervisor Signature: