

NLS Regulations – October 2017

1 General

- 1.1 All Course Directors, Instructors and Instructor Candidates must abide by the Resuscitation Council (UK) Code of Conduct and the NLS regulations.
- 1.2 Any profit made from Newborn Life Support (NLS) Provider courses must be used only for purposes directly related to resuscitation.
- 1.3 A registration fee for each candidate is payable to the Resuscitation Council (UK), in addition to the cost of the manual. No refunds or credits are available on unused registrations.
- 1.4 The NLS Provider course must be run in accordance with the standard programme(s) available from the Resuscitation Council (UK) and last for a minimum of one day. Any variation should be discussed with the Resuscitation Council (UK) and wherever possible submitted at the time of seeking course approval. The changes and reasons for these must always be detailed in the Course Director's report.
- 1.5 The Resuscitation Council (UK) discourages the payment of honoraria and advises, in the interests of probity, that any such payment should be made through the trust's finance department. For further guidance please see the 'Payment of Honoraria to Resuscitation Council (UK) Instructors'¹ statement.
- 1.6 Course Directors' attention is drawn to the 'Disabled candidates attending Resuscitation Council (UK) courses'² statement for details on managing assessments for candidates with disabilities.
- 1.7 Course Directors' attention is drawn to the 'Guidance for Managing a Candidate whose performance raises serious concerns for patient safety'¹. This provides guidance on how to assist Medical Directors and faculty where there are concerns about a candidate's clinical safety.
- 1.8 A digital camera is required for ease of candidate recognition in the post-course faculty discussion. Photographs should be destroyed once the post-course paperwork is completed

2 Course Centres

2.1 General information

- 2.1.1 Only an approved course centre may run the NLS course.
- 2.1.2 A course centre is regarded as the administrative centre from which the NLS Provider course is organised, rather than the geographical location of where a course is delivered or the person organising it. For example, a Trust that has three hospital sites but organises courses centrally from one site need only register as one centre.
- 2.1.3 A course centre should organise courses only within its own locality unless invited to do so elsewhere and this is sanctioned by the NLS Subcommittee or Chair.
- 2.1.4 Where a course centre delivers a course at a new location, the course centre is responsible for ensuring that the facilities at the new venue are adequate.
- 2.1.5 Where concerns about individual course centres have come to light, these may be assessed and reviewed at any time at the discretion of the NLS Subcommittee.
- 2.1.6 The NLS Subcommittee reserves the right to revoke course centre validation.
- 2.1.7 If a course centre does not run a course for more than **2 years**, its approval will lapse and a new application must be made to the NLS Subcommittee.

2.2 New centres

- 2.2.1 Applications to become a course centre should be made in writing to the Resuscitation Council (UK) using the 'Course Centre Application form'², and will be reviewed by the NLS Subcommittee Chair.
- 2.2.2 Once approved the NLS Subcommittee will appoint a visiting assessor to assess the first course at a new centre. In order to ensure the process, dates of prospective first courses must be submitted to the Resuscitation Council three months in advance.
- 2.2.3 A visiting NLS course assessor is a member of the NLS Subcommittee or an experienced Course Director appointed by the subcommittee. An NLS course assessor is supernumerary. He or she should not be involved in teaching, mentoring candidates or airway assessment.
- 2.2.4 The Resuscitation Council (UK) will pay all reasonable expenses for NLS course assessors. The visiting NLS course assessor should claim these from the Council rather than the course centre



- 2.2.5 The first course run at a new centre should not run with more than **24 candidates** and it is recommended that at least **10 members** of faculty are in attendance.

2.3 Centre re-assessment

- 2.3.1 NLS course centres will be reassessed every four years as part of our governance and quality assurance strategy. The process of course centre review is normally a table-top exercise during which the subcommittee reviews a course using the documentation provided by the course centre (paper and electronic documentation).
- 2.3.2 The NLS Course Co-ordinator will notify course centres requiring reassessment. The course centre must inform the NLS Course Co-ordinator of their course dates at the beginning of each calendar year.
- 2.3.3 Once an NLS course assessment is completed, the centre will receive the outcome and a detailed report, including recommendations for future courses.
- 2.3.4 The course centre is expected to acknowledge receipt of the report and agree implementation of recommendations.
- 2.3.5 On occasion, a visiting NLS course assessor may be appointed for a face to face inspection.

3 Pre-course information

- 3.1 Each NLS Provider course must be approved by the Resuscitation Council (UK). A Course Approval must be submitted with all information on the LMS a minimum of **six weeks** before the course date. Courses may not be approved if these criteria are not met.
- 3.2 The manuals will be dispatched once the course has been approved.
- 3.3 The minimum number of candidates is 12 and the recommended maximum is 24. Courses can be run with up to 32 candidates provided there are sufficient Instructors, equipment and space. The Course Director needs to ensure that the learning experience is not compromised.
- 3.4 Candidates should be enrolled on the LMS and forwarded the manual at least **four weeks** before the course starts. Reasons for exceptions should appear in the Course Director's report.
- 3.4.1 Faculty should be enrolled on the LMS and Course Roles assigned on the Faculty List at least four weeks before the course starts. If a member of the faculty cannot be enrolled the course organiser must contact the NLS Course Co-ordinators immediately.
- 3.5 The Pre-course MCQ paper should be completed before the start of the course. The resulting mark does not contribute to the final course result however to complete the course, candidates must have completed the pre-course MCQ paper.
- 3.6 Evaluation forms must be completed on the LMS. Candidates have 120 days after the course to complete the evaluation.
- 3.7 If human umbilical cords are to be used it is the Course Director's responsibility to ensure that written consent for this has been obtained from the parent(s). For further guidance please see sample 'Parental Consent'¹ letter, 'Requirements for the use of umbilical cords document'¹ and 'Cord audit trail form'¹ (the latter is an optional aid).

4 Candidate eligibility and certification

- 4.1 The NLS Provider course is designed for healthcare workers involved in deliveries and care of the newborn. This includes both junior and senior medical and nursing staff, midwives, paramedics and resuscitation officers and other providers (e.g. maternity support workers, HCAs, student midwives and assistant midwifery practitioners).
- 4.2 Other healthcare workers may attend as observers but their presence must not detract from the teaching provided to those participating fully in the course. No guarantee is offered or implied in terms of skills teaching. Observers should receive a course manual. If a certificate of attendance is required this will be issued by the course centre.
- 4.3 Candidates cannot successfully complete the course unless they are present throughout. If, for a legitimate reason, a candidate misses an element of the course, then provided they successfully pass all the assessment components they may be permitted to complete the missed element on another course within three months. Their certificate must not be released until they have completed the missed element.
Alternatively, and at the Course Director's discretion, the missed element may be reasonably

covered on the existing course but this must not detract from the teaching provided to the other candidates.

- 4.4 Candidates who have successfully completed all the assessments and attended the entire course will receive a Resuscitation Council (UK) NLS Provider certificate valid for four years.

5 Faculty

5.1 Medical/Course Director Requirements

- 5.1.1 Each course must be led by a Course Director who has been approved by the Resuscitation Council (UK) to direct NLS courses. The Course Director does not need to be medically qualified. They are responsible for ensuring the smooth running of the course. The Course Director must ensure that records are kept during the course and is responsible for providing the Course Director's report at the end of the course.
- 5.1.2 The Course Director is responsible for ensuring that the course fully complies with the NLS course regulations. Where the regulations are not met, the Resuscitation Council (UK) may retrospectively withdraw course approval.
- 5.1.3 Each course must have a Medical Director (who may also act as the Course Director) who has been approved by the Resuscitation Council (UK). The Medical Director must be medically qualified and credible to fulfil the position of medical lead on an NLS course. Doctors must be five years post qualification, or above, to be eligible to fulfil the role of Medical Director.
- 5.1.4 The Medical Director (if not the Course Director) will work alongside the Course Director to ensure that the course is run in accordance with the regulations. The Medical Director has certain additional responsibilities as outlined in the 'Guidance for managing a candidate whose performance raises serious concerns for patient safety'¹ during Resuscitation Council (UK) courses.
- 5.1.5 Applications to become an approved Course Director or Medical Director should be made on the 'NLS Provider Course Director's application form'¹. In order to be eligible, Instructors must have taught on eight courses as a full Instructor, four of which should be NLS courses approved by the Resuscitation Council (UK). The remainder can be ALS, EPALS, GIC, ARNI, ATNC, ATLS or APLS courses. They must also have co-directed an NLS course. Two of the courses must have been in the last 12 months. He/she must have co-directed on at least one NLS Provider course at an established centre. References are required from a current Resuscitation Council (UK) approved NLS Course Director.
- 5.1.6 The Course Director and Medical Director must be present throughout the entire course.
- 5.1.7 If a Course Director has not directed a course for two years, their validity as a Course Director expires. Should they wish to direct a course, they must repeat the Course Director application process.

5.2 Instructor requirements

- 5.2.1 Each course must have a multidisciplinary faculty.
- 5.2.2 There is a minimum requirement of one Instructor for every three candidates and one full Instructor for every eight must be medically qualified. Every teaching station must have at least two Instructors (ideally full Instructors). On courses with more than 24 candidates there should be three Instructors (and three airway models) on each Airway station, and ideally three Instructors on all stations. Any exceptions must be discussed with the Resuscitation Council (UK).
- 5.2.3 All courses should have a midwife and neonatal nurse representative on the faculty. Exceptions can occasionally be made, but only on application to the Resuscitation Council (UK).
- 5.2.4 The number of Instructor Candidates on the faculty should not exceed 1/3 of the total faculty up to a maximum of **four**.
- 5.2.5 ERC NLS instructors are eligible to instruct on NLS courses.
- 5.2.6 NLS Instructors must teach on at least **two** NLS Provider courses each year in order to maintain Instructor status. It is recommended one of these is outside their home centre. One course in every **two** years may be a GIC.
- 5.2.7 Combined NLS and ARNI Instructors must teach on both courses to retain their Instructor status in each discipline. ARNI Instructors must teach on a mix of three courses in two years with at least one of each.

5.3 Instructor recertification

- 5.3.1 Instructors must recertify every four years.
- 5.3.2 Recertifying Instructors must have made a prior arrangement to be recertified on a course. They will be assessed by another member of the course faculty who is a full Instructor (ideally not involved in the station) or by the Course Director. They must attend the entire course and will be assessed as if they are an Instructor Candidate, delivering a skill station, a simulation station and the testing station. The assessor must complete the current appropriate assessment forms.
- 5.3.3 Each Instructor Candidate and recertifying Instructor must have a full non-recertifying Instructor as a mentor. Thus the total number of Instructor Candidates and recertifying Instructors must be matched by an equal number of full, non-recertifying Instructors.
- 5.3.4 It is recommended, but not mandatory, that an Instructor recertifies at a different centre to their own course centre. Instructors cannot recertify whilst instructing on a GIC.
- 5.3.5 Instructors who are either medical or non-medical Course Directors may not recertify whilst acting in this capacity, unless a course assessor assesses them.
- 5.3.6 If an Instructor fails recertification, it may be possible to undertake another course. In these circumstances, both the Resuscitation Council (UK) and the course centre must receive details of, and paperwork relating to the initial recertification prior to the second recertification attempt occurring.
- 5.3.7 Instructors should keep a 'professional development record (PDR)'¹.
- 5.3.8 Instructors who have not taught for over two years should complete the 'Lapsed Instructor form'² proforma and email it to NLS@resus.org.uk. Lapsed instructors will normally be advised to undertake teaching practices (2x IC) and once this has been successfully completed, their NLS Instructor status will be re-instated and is valid for four years from the date of completion of their second assessment or recertification.
- 5.3.9 It is recommended that all lapsed instructors ensure they have a current version of the manual for revision. Those lapsed instructors who have not taught for a significant length should also undertake the GIC e-learning modules as a reminder of current teaching modalities used and gives more updated information regarding assessment and feedback. This can be done quickly as preparation for ICs with no expense to the individual.

6 Course Programme

- 6.1 The standard programme is based on 24 candidates split into four groups of six.
- 6.2 In exceptional circumstances a programme based on 32 candidates can be run with four groups of eight candidates and five testing stations. The maximum number per course is 32. In 'remote and rural' locations where the costs of external candidate and faculty travel are high courses, may run with smaller groups of four candidates. The minimum course requirement in this circumstance is one group of four candidates.
- 6.3 **All exceptional circumstances must be discussed with and approved by the Resuscitation Council (UK) prior to going ahead.**
- 6.4 The programme running order must be adhered to and must not be changed without first applying to the subcommittee or Chair.
- 6.5 Skill Stations should be led by a full Instructor with appropriate experience. Instructor Candidates must not lead a station unsupervised.
- 6.6 Lectures should be delivered by an Instructor or Instructor Candidate with current, direct and practical experience of the lecture material. The physiology lecture is not suitable for an Instructor Candidate.
- 6.7 It is the responsibility of the Course Director to ensure suitable allocation of the lectures taking into account credibility, knowledge base and Instructor requirements.
- 6.8 The course centre must supply, as a minimum, the equipment detailed in the 'equipment list'¹.
- 6.9 The course materials are provided by the Resuscitation Council (UK) on the LMS. Course centres should produce the materials in whichever format is most appropriate for their equipment. Limited additional teaching material may be provided by course centres on the understanding that it is appropriate and clinically relevant.

7 Candidate Assessment

There are two assessment components on the NLS course:

- MCQ
- Airway Test

7.1 MCQ

- 7.1.1 A total of 30 min will be allowed for the MCQ.
- 7.1.2 MCQ papers must not be loaned or copied.
- 7.1.3 The Post-course MCQ paper must be undertaken under exam conditions with an invigilator present.
- 7.1.4 The pass mark is 80%. Answers must be confined to the answer sheet provided and all question papers must be handed in.
- 7.1.5 When course centres mark the Post-course MCQ answer sheet, **only a yellow highlighter pen must be used** if the actual answer sheet is to be marked, as this colour will not adversely affect the optical mark reader used.
- 7.1.6 If performance is satisfactory in the airway test but not in the MCQ, a certificate may be granted if the paper is passed under invigilated conditions within a period of three months. If the candidate fails to achieve the pass mark on this occasion they must retake an entire course.

7.2 Airway test

- 7.2.1 At least one NLS Instructor and one other member of faculty who is either a full Instructor or an Instructor Candidate must supervise the airway test.
- 7.2.2 Instructor Candidates can only lead an assessment under the supervision of a full Instructor.
- 7.2.3 Candidates will be entitled to a single immediate retest on the airway test. A different Instructor team should assess this retest. If performance remains unsatisfactory, a provider certificate will only be issued following successful completion of a further entire course. Any such candidates are included in the maximum 32 candidates allowed on a provider course.
- 7.2.4 Courses running with 32 candidates should have five assessment stations to ensure that testing is not prolonged.

8 Recertification as an NLS provider

- 8.1 The NLS provider certificate is valid for four years.
- 8.2 NLS providers can only recertify by attending a full NLS provider course.
- 8.3 In order to be considered for Instructor Potential on recertification the candidate must attend a full NLS provider course but cannot do so until at least **one** year has elapsed after their initial certification.

9 Instructor Potential (IP) regulations

9.1 Credibility

- 9.1.1 Candidates who show exceptional ability, aptitude and credibility may be considered for Instructor training.
- 9.1.2 Candidates who are considered for IP status must hold a professional registration (e.g. GMC, NMC). Those candidates who only have access to a voluntary register, whilst able to undertake the NLS course if appropriate to their role, are not eligible for IP nomination at this time.
- 9.1.3 Nominees should be a registered professional with regular exposure to and professional experience of resuscitation at birth. **Candidates in posts not directly involved with newborn babies on a regular basis require confirmation of credibility by the Course Director. This must be included on the 'Course Director's Report'¹ and on the 'IP Appraisal Summary Form'¹. Where it is unclear to the NLS Co-ordinator what experience the IP has he/she will be asked to complete an IP credibility form**
- 9.1.4 Medically qualified instructors will be expected to have their MRCPCH or to be providing second tier medical cover for the labour ward. Most such candidates should undertake their GIC only after achieving membership.

9.2 Process

- 9.2.1 Candidates are eligible for consideration for instructor training only after being nominated and seconded by Instructors at the final faculty meeting. The whole faculty should then discuss each nominated candidate's performance using the IP appraisal form and credibility examples.
- 9.2.2 Recommendations for IP should ideally be unanimous, but if one faculty member is opposed, the Course Director may make the final decision.
- 9.2.3 Those recommended as having IP should be informed immediately after the course and issued with the appropriate information.
- 9.2.4 All recommendations for IP must be marked clearly on the result sheet and individually named in the Course Director's report. Their names, contact email, registration number and confirmation of credibility must be emailed separately to GIC@resus.org.uk to ensure their details are added to the GIC LMS.
- 9.2.5 Those recommended as having IP and who have successfully completed an approved Generic Instructor course (or ATLS / ATNC) may proceed directly to Instructor Candidate status. Their names, contact email and registration number must be emailed separately to GIC@resus.org.uk to ensure their details are added to the GIC LMS.
- 9.2.6 All recommendations for IP status must be clearly marked on the results sheet and named individually in the course report.
- 9.2.7 The ACLS Instructor certificate is not valid for entry at Instructor Candidate level.
- 9.2.8 Where there are exceptional circumstances or difficulties achieving this, the IP should complete the 'Lapsed Instructor form'² proforma and email it to NLS@resus.org.uk.
- 9.2.9 It is **strongly recommended** that IPs who have not been involved in any other life support course should be faculty observers on at least one NLS provider course before undertaking the GIC.
- 9.2.10 Candidates attending the GIC must hold a valid provider certificate
- 9.2.11 Only in exceptional circumstances are more than three recommendations for IP expected from a course. The Course Director must justify in the written report a decision to recommend more than this number.

10 Instructor Candidates (IC) regulations

10.1 General

- 10.1.1 Achievement of Instructor status requires completion of **three elements**: Successfully complete a provider course and be selected for Instructor Potential. Attend and successfully complete a Generic Instructor Course (GIC) (or recognised equivalent) and successfully complete teaching practice(s).
- 10.1.2 After successful completion of the GIC, all Instructor Candidates will be required to successfully teach and be assessed on a minimum of two NLS provider courses before full Instructor status is granted and a certificate issued. If the Instructor Candidate has not reached the required standard after three courses they cannot be granted full Instructor status. Full documentation of the reasons for this must be included within the Course Director's report and discussed with the candidate.
- 10.1.3 The Instructor Candidate must attend the entire NLS provider course.
- 10.1.4 They may be required to give a lecture appropriate to their speciality and teach on both a skill and simulation station and be involved in the airway test. They should be assessed and receive feedback on each station using the 'IC assessment forms and matrixes'¹.
- 10.1.5 They must not lead a session unsupervised.
- 10.1.6 The relevant Instructor Candidate feedback forms in their instructor progress logs must be completed and discussed with the Instructor Candidate.
- 10.1.7 An Instructor Candidate should complete their teaching practice(s) within **two** years of the date of their Generic Instructor Course, unless exceptional circumstances prevent this. If a candidate is already an EPALS/ALS/ATLS/APLS/ATNC/ Instructor or Instructor Candidate, they should complete their teaching practice(s) within **two** years of either their NLS provider course or appropriate Instructor course, whichever is the most recent. Where there are exceptional circumstances or difficulties achieving this, the IC should complete the 'Lapsed Instructor form'² and email it to NLS@resus.org.uk requesting guidance on how to proceed.
- 10.1.8 Candidates are not permitted to undertake their provider, Generic Instructor Course and teaching practices at the same centre. **A maximum of two of the three elements may be completed at one centre.**

10.2 Named centres

- 10.2.1 In some instances, the GIC faculty may recommend Instructor Candidates complete one or both of their teaching practice(s) at a named centre(s). The GIC faculty decision is final and cannot be revoked by the teaching practice centre. For example, where Instructor Candidates have been given **two** named centres, the faculty of the first teaching practice is not permitted to recommend that the Instructor Candidate no longer needs to complete a second teaching practice at their designated named centre. The 'GIC and Instructor progress log'³ must be referred to for confirmation of these details.
- 10.2.2 Only the GIC faculty may direct an Instructor Candidate to teach on designated course(s).

11 Post-course organisation

- 11.1 The Course Director must complete the Course Director's report in the standard format. This should be submitted via the LMS within one week of the course.
- 11.2 The Course Director / Administrator must submit the NLS results sheet and update the final faculty list via the LMS within **one week** of the course date. All fields in the candidates results sheet must be completed before certificates will be issued.
- 11.3 The final faculty list and individual NLS Instructor status (e.g. Ins, IC, IP, Recert, etc.) must be submitted via the LMS within one week of the course date.
- 11.4 The course centre must submit, as soon as possible and **no later than one month** after the course all of the following:
- Final Programme including faculty allocations
 - Instructor re-certification results
 - Instructor Candidate assessment forms
 - Instructor Potential appraisal forms
 - Post-course MCQ answer sheets
- These documents may be submitted as hard copies or soft copies.
- 11.5 The course centre should retain copies of all the paperwork. The duration of long term storage of course records is a local decision.
- 11.6 All completed course documentation must be received within a period of one month after the course otherwise future courses may not be approved.

Appendix 1: Credibility examples

Resuscitation Officers

- Score 1 – would be a resuscitation officer with no clinical experience or on-going exposure to resuscitation at birth.
- Score 2 – would be a resuscitation officer with on-going exposure to resuscitation at birth by way of time spent on delivery suite, presence at planned or emergency sections or attending neonatal emergency calls.
- Score 3 – would be a perinatal resuscitation officer in maternity hospital with above exposure to newborn plus additional contact time with newborn (e.g. NICU/ward cover or bleep holder or additional neonatal teaching experience).

Doctors

- Score 1 – would be a doctor with no clinical experience or on-going exposure to resuscitation at birth. Also a foundation doctor or ST1 and ST2.
- Score 2 – would be a doctor with on-going exposure to resuscitation at birth by way of responsibilities to attend births but at ST3.
- Score 3 – would be a doctor in a maternity hospital with exposure to newborn resuscitation plus responsibility for leading resuscitation at ST4- consultant level.

Paramedics

- Score 1 – would be a paramedic with no clinical or on-going exposure to resuscitation at birth.
- Score 2 – would be a paramedic with on-going exposure to resuscitation at birth by way of regular attachments for example on the delivery suite or as part of the neonatal transport team.
- Score 3 – would be a paramedic with above exposure to newborn resuscitation plus teaches newborn resuscitation to paramedics for update.

Nurses

These will be for neonatal nurses who may not always attend delivery suite.

- Score 1 – would be a newly qualified, Band 5 with less than three years' experience and little or no exposure to resuscitation on delivery suite.
- Score 2 – would be a Band 5/6 with less than three years' experience with a qualification in speciality (e.g. ENB 405). Some exposure to resuscitation on delivery suite such as attending high risk deliveries as part of neonatal team. Senior nurses and clinical educators with occasional on-going exposure to resuscitation by their presence at planned or emergency sections.
- Score 3 – would be a Band 6 and above with qualification in speciality (e.g. ENB 405) and regular exposure to high risk deliveries. Would be on a delivery suite as part of the neonatal team.

Midwives

- Score 1 – would be a newly qualified Band 5, with less than three years' experience and little or no exposure to resuscitation on delivery suite.
- Score 2 – would be a Band 5/6 with more than three years' experience as a midwife with some exposure to resuscitation on delivery suite and/or in home birth settings. Senior midwives and clinical educators with occasional on-going exposure to resuscitation.
- Score 3 – would be midwives in a maternity hospital/birth centre with significant exposure to newborn resuscitation on delivery suite and/or in home birth settings. Senior midwives and midwife educators with on-going exposure to resuscitation. These midwives may have completed further education in resuscitation.

¹ Found on the Resuscitation Council (UK) LMS: <https://lms.resus.org.uk/>

² Found on the Resuscitation Council (UK) website: <https://www.resus.org.uk/information-on-courses>

³ Received on the General Instructor Course