

# NLS Regulations

## Jul 2021 Version 1.3

### 1. General

- 1.1 All Educators, Course Directors, Instructors and Instructor Candidates must abide by the [Resuscitation Council UK code of conduct](#).
- 1.2 Any profit made from Newborn Life Support (NLS) Provider courses must be used only for purposes directly related to resuscitation.
- 1.3 Instructors must be aware of and follow the recommendations in the statement [Equal opportunities policy](#).
- 1.4 Instructors must be aware of and follow the recommendations in [Guidance for managing a Candidate whose performance raises serious concerns for patient safety](#). This provides guidance on how to assist course Medical Directors and faculty where there are concerns about a Candidate's clinical safety, to the extent that they may be a danger to patients.
- 1.5 Resuscitation Council UK [RCUK] 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](#) statement.

### 2. NLS 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 course is organised, rather than the geographical location where a course is delivered or the person organising it. For example, an NHS Trust that has three hospital sites but organises courses centrally from one site need only register as one centre.
- 2.1.3 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.
- 2.1.4 If a Course Centre does not run a course for more than two years, its approval will lapse and a new application must be made to the NLS Subcommittee.
- 2.1.5 Where concerns about individual Course Centres have come to light, the centre may be re-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.

#### 2.2 Data Protection

- 2.2.1 All Course Centres **must** comply with Data Protection regulations and local policies with regards to the handling, storage and disposal of personal details (e.g. addresses, payment details and photographs etc). These should ideally be disposed of or securely stored as per local policy after the course returns have been completed.

## 2.3 **New centres**

- 2.3.1 Applications to become a Course Centre should be made in writing to RCUK using the 'Course Centre application form'.
- 2.3.2 Applications will be reviewed by the NLS Subcommittee
- 2.3.3 The first course run by any Course Centre must be assessed by a subcommittee appointed visiting assessor who will be present for the entire course. The assessor will be a member of the NLS.
- 2.3.4 Subcommittee or an experienced Course Director appointed by the Subcommittee.
- 2.3.5 The date of the centre's first course must be set in liaison with Resuscitation Council UK. A full faculty list (submitted via the LMS) and programme must be sent to the NLS Co-ordinator for this first course at least twelve weeks prior to the start date of the course.

## 2.4 **Centre reassessment**

- 2.4.1 A Course Centres must be reassessed **every four years**. The process of Course Centre review is a table-top exercise during which the subcommittee reviews a course using the documentation provided by the Course Centre (paper and electronic documentation).
- 2.4.2 If during the process serious issues are raised, the subcommittee may appoint an NLS course assessor for a face-to-face inspection.
- 2.4.3 If a Course Centre fails to have the required assessment by the end of its 4-year term, a new Course Centre application must be submitted to the NLS Subcommittee.
- 2.4.4 On completion of an NLS course assessment, the centre will receive the outcome and a detailed report, including recommendations for future courses. The Course Centre is expected to acknowledge receipt of the report and agree implementation of recommendations.
- 2.4.5 RCUK will pay all reasonable expenses for NLS course assessors. The NLS assessor should claim these from RCUK rather than the Course Centre.

## 3. **Course organisation**

### 3.1 **Pre-course organisation**

- 3.1.1 The maximum number of Candidates is up to 32 Candidates, provided there are sufficient Instructors, equipment and space, and the recommended minimum is 12.
- 3.1.2 Each NLS provider course date must be registered with RCUK. All Course Centres must upload and complete the course approval form on the LMS **at least six weeks** in advance of the proposed course date. Only courses with a fully completed course approval form will be processed (e.g. Medical/Course director/midwife/neonatal nurse/valid purchase order number). Courses will not be approved if these criteria are not met. Late applications will not be granted approval, except in exception circumstances.
- 3.1.3 The Course Administrator must complete the course notification form on the LMS thereby confirming and accepting responsibility that the centre will run the course in accordance with the criteria set out in these regulations. Manuals will be dispatched once the course has been approved.
- 3.1.4 A registration fee is payable for each Candidate in addition to the cost of the course materials.
- 3.1.5 RCUK will not provide refunds or credit on unused registrations. If a whole course is cancelled registrations may be transferred to a future course. Course Centres must notify RCUK of cancelled courses as soon as possible and make arrangements to use the registrations at the earliest possible juncture. Registrations are not transferrable between courses (e.g. EPALS to ALS).

- 3.1.6 Transferred registration can only be used once. Any registrations not used on subsequent courses cannot be carried forward.
- 3.1.7 Course fees are set locally. These should take into account costs of running the course but also the current financial climate within the health system and the availability of funding.
- 3.1.8 It is the Course Director's responsibility to ensure that all Instructors are registered with RCUK and have a valid NLS Instructor certificate.
- 3.1.9 Course Directors must ensure that faculty are enrolled prior to the commencement of the course and have access to the LMS and course materials.
- 3.1.10 If, on any occasion the course criteria are not met, future courses at that centre may have their registration withdrawn or future registrations may not be accepted.
- 3.1.11 Course Administrators should only enrol a Candidate on the LMS once they are confident that the Candidate will be attending that course and anticipate no changes. Course Administrators must only create new accounts after checking there are no existing profile for the Candidate. Course Administrators are also responsible for ensuring that all Candidate information is entered correctly when creating their accounts on the LMS. Candidates will receive instant access to the NLS pre-course MCQ once they are enrolled.
- 3.1.12 **At least four weeks** before the course start date Candidates must also be given :
- the NLS course manual
  - local centre information and provisional programme
- 3.1.13 Automatic notifications will be sent to Candidates one week before they attend the face-to-face course to remind them that they must complete the pre-course MCQ online before attending the face-to-face course.
- 3.1.14 Candidates should be made aware that RCUK and Course Administrators are able to track whether they have accessed and completed the materials.
- 3.1.15 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)/those with parental responsibility. For further guidance please see sample 'Parental Consent' letter, Requirements for the use of umbilical cords document and Cord audit trail form (the latter is an optional aid).
- 3.2 **Candidate eligibility**
- 3.2.1 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.
- 3.2.2 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.
- 3.2.3 Candidates must attend the entire face-to-face element of the NLS course in order to complete the course. If a Candidate misses an element of the course for a legitimate reason they may be permitted to complete the missed element on another course **within three months**, provided they have passed all the assessment components during the course. Alternatively, at the Course Director's discretion, a Candidate may be permitted to complete a missed element on the existing course but this must not detract from their engagement with other elements or from teaching provided to the other Candidates.

- 3.2.4 Candidates who have attended the entire course and completed all the assessments successfully will receive the RCUK NLS provider certificate. It is valid for **four years**.
- 3.2.5 Candidates with a disability are eligible to undertake the RCUK NLS course. Please refer to the [Equal Opportunities Policy](#) for further guidance.

## **4. Candidate preparation:**

- 4.1 **Course Centres must provide the following advice to Candidates concerning pre-course preparation:**
- 4.2 Candidates are expected to have prepared for the course by reading the manual and completing the pre-course MCQ.
- 4.3 Candidates have a professional responsibility to act with probity. For example, where Candidates are given study leave to attend an NLS course and/or have their costs paid by their employer or educational provider, employers and educational providers have a reasonable expectation that those Candidates will prepare adequately for attendance at the face-to-face element of the course by reading the manual, accessing the e-learning materials and completing the pre-course MCQ paper. However, centres **must not** refuse Candidates attendance at the course on the basis that they have failed to complete pre-course MCQ.
- 4.4 Candidates must be present throughout the face-to-face element of the course in order to complete it successfully.
- 4.5 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. To complete the course, Candidates **must** have a score for the pre-course MCQ paper.

## **5. Faculty**

### **5.1 Medical/Course Director Requirements**

- 5.1.1 Each course must be led by a Course Director and must have a Medical Director (who may also act as the Course Director). The director/s are responsible for ensuring the smooth running of the course.
- 5.1.2 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. The Course Director is responsible for ensuring that the course fully complies with the NLS course regulations. Where the regulations are not met, Resuscitation Council UK may retrospectively withdraw course approval.
- 5.1.3 The Course Director must ensure that the faculty are familiar with the current course regulations and course materials which will be available on the LMS.
- 5.1.4 The Course Director/Medical Director, who must have been approved by RCUK to direct NLS courses, must be present throughout the course. At least one other medical Instructor must also be present throughout the course.
- 5.1.5 Any incident or concerns should be initially dealt with locally and must be documented fully in the course director's report. Further guidance and support is available from RCUK.
- 5.1.6 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 to be eligible for the role of Medical Director.
- 5.1.7 The Medical Director (if he/she is not also the Course Director) should 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 [Guidance for managing a Candidate whose performance raises serious concerns for patient safety](#) during RCUK courses.

- 5.1.8 Applications to become an approved Course Director or Medical Director should be made on the **Course Director's application form**.
- 5.1.9 If a Course Director has not directed a course for two years, their status as a Course/Medical Director expires. Should they wish to direct a course, they must resubmit a Course Director application process.
- 5.2 Faculty**
- 5.2.1 Each course must have a multidisciplinary faculty.
- 5.2.2 There is a minimum requirement of one Instructor for every 3 Candidates and one full Instructor for every 8 Candidates must be medically qualified.
- 5.2.3 Every teaching station must have at least 2 Instructors (ideally full Instructors). On courses with more than 24 Candidates there should be 3 Instructors (and 3 airway models) on each Airway station. Any exceptions must be discussed with Resuscitation Council UK.
- 5.2.4 All courses must have a midwife and neonatal nurse representative on the faculty. Exceptions can occasionally be made, but only on application to Resuscitation Council UK.
- 5.2.5 The number of Instructor Candidates on the faculty should not exceed 1/3 of the total faculty up to a maximum of 4 ICs. 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.
- 5.2.6 European Resuscitation Council NLS Instructors are eligible to instruct on NLS courses.
- 5.2.7 NLS Instructors must teach on at least 2 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 2 years may be a GIC.
- 5.2.8 Combined ARNI and NLS Instructors must teach on six days over two years. This must include one ARNI and one NLS course over this period. The remaining three days may be a combination of NLS, ARNI and can include one GIC.
- 5.2.9 It is recommended that Instructors should attend at least one Instructor Day every four years.
- 5.3 Instructor recertification**
- 5.3.1 Instructors must recertify every 4 years. Recertifying Instructors should make a prior arrangement to be recertified on a course. Recertification involves being assessed as an Instructor Candidate during delivery of a skill station and a simulation and being involved in an assessment station.
- 5.3.2 The assessor must complete the current appropriate assessment forms.
- 5.3.3 If an Instructor fails recertification, it may be possible to undertake another course. In these circumstances, both Resuscitation Council UK and the Course Centre must receive details of paperwork relating to the initial recertification prior to the second recertification attempt occurring.
- 5.3.4 Instructors who have not maintained their instructor status by teaching on two courses a year must complete a **Lapsed Instructor form** and submit it to the NLS Co-ordinator at RCUK [NLS@resus.org.uk](mailto:NLS@resus.org.uk).
- 5.3.5 Once reviewed and agreed, the lapsed Instructor will revert to Instructor Candidate status. It is rare for lapsed Instructors to be asked to attend a GIC course, however, in preparation for their teaching practices they may be given access to the online GIC modules. Full Instructor status will normally be achieved after the successful completion of two teaching practices. Once this has been achieved, their NLS Instructor status will be re-instated and be valid for four years from the date of completion of their second assessment.
- 5.3.6 Instructors who have not recertified within one year of the expiry date of their Instructor certificate must complete the **Lapsed instructor form**

- 5.3.7 Instructors must be aware that their provider status is only valid as long as their Instructor certificate is in date. Once the Instructor certificate is out of date their provider status is no longer valid.
- 5.3.8 If the lapsed Instructor undertakes a provider course and is not nominated as Instructor Potential, they will not be able to proceed to Instructor Candidate/Instructor status
- 5.3.9 Instructors who are either medical or non-medical Course Directors may not recertify whilst acting in this capacity, unless assessed by a course assessor.

## **6. Programme**

- 6.1 The standard programme is based on 24 Candidates split into 4 groups of 6.
- 6.2 In exceptional circumstances a programme based on 32 Candidates can be run with 4 groups of 8 Candidates and 5 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 4 Candidates. The minimum course of one group of 4 Candidates.
- 6.3 The programme running order must be adhered to and the running order must not be changed. All exceptional circumstances must be discussed with and approved by Resuscitation Council UK prior to going ahead.
- 6.4 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.
- 6.5 It is the responsibility of the Course Director to ensure suitable allocation of the lectures taking into account credibility, knowledge base and Instructor requirements.
- 6.6 Skill Stations should be led by a full Instructor or a Recertifying Instructor with appropriate experience. Instructor Candidates must not lead a station unsupervised.
- 6.7 Simulations should be run sequentially.
- 6.8 The course materials are provided by Resuscitation Council UK on the LMS. Course Directors must ensure that the latest versions of materials are utilised Course Centres should produce the materials in whichever format is most appropriate for their equipment.
- 6.9 Limited additional teaching material may be provided by Course Centres on the understanding that it is appropriate and clinically relevant; this needs to be pre-authorised by Resuscitation Council UK and detailed within the Course Director's reports.
- 6.10 The Course Centre must supply as a minimum, the equipment detailed in the equipment list.

## **7. Assessment**

- 7.1 There are 2 assessment components on the NLS course:
- MCQ
  - Airway Test
- 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 Courses running with 32 Candidates should have 5 assessment stations to ensure that testing is not prolonged.



### 7.3 Retest

7.3.1 Candidates will be entitled to a single immediate retest on the airway test. These are conducted by a different Instructor team. If the Candidate fails to achieve the pass mark on this occasion they have failed the course

### 7.4 MCQ

7.4.1 MCQ papers must not be loaned or copied.

7.4.2 A total of 30 minutes will be allowed for the MCQ and the pass mark is 80%. The MCQ paper must be undertaken under exam conditions with an invigilator present.

7.4.3 Answers must be confined to the answer sheet provided and all question papers must be handed in.

7.4.4 Course Centres must mark the MCQ answer sheets.

7.4.5 Candidates must use a black or blue pen or an HB pencil when filling in the answer sheet.

7.4.6 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.

### 7.5 MCQ re-tests

7.5.1 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 3 months**. If the Candidate fails to achieve the pass mark on this occasion, they must retake an entire course.

### 7.6 Recertification as an NLS provider

7.6.1 The NLS provider certificate is valid for 4 years.

7.6.2 NLS providers can only recertify by attending a full NLS provider course.

7.6.3 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.

## 8. Instructor Potential (IP) regulations

### Credibility and nomination process

8.1 Candidates who show exceptional ability, aptitude and clinical experience may be considered for Instructor training ('IP appraisal form'). See [Instructor process](#) journey.

8.2 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 in the context of the clinical experience examples guidance.

8.3 Nominees must be a registered professional with regular exposure to and professional hands-on 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 and on the IP Appraisal Summary Form in the additional information section. Where it is unclear to the NLS Co-ordinator what experience the IP has, further evidence will be requested in the additional supporting evidence for selection.

8.4 For Candidates who have expressed an interest in becoming an Instructor, before or during the course, and are eligible for nomination an IP appraisal form should be completed and retained if the Candidate is unsuccessful. Often these Candidates write enquiring why they were not

selected, and completion of a form may make the reasoning clear. Information on Candidate progress should be collated during the course on the continuous assessment score sheet.

- 8.5 Recommendations for IP should ideally be unanimous, but if only one faculty member is opposed, the Course Director may make the final decision.
- 8.6 IPs should be encouraged to attend a Generic Instructor Course (GIC) as soon as practicable after nomination but are eligible to undertake the GIC as long as they have a valid provider certificate (i.e. within four years of the date of the course where they gained IP recommendation). It is strongly recommended that IPs gain experience by observing one NLS Provider course before undertaking the GIC.
- 8.7 Candidates who are considered for IP status must hold a professional registration (e.g. GMC, NMC, HCPC). 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 currently. All IP Appraisal Forms must state the Candidate's professional healthcare registration number.
- 8.8 Medically qualified Instructors will be expected to have their MRCPCH or to be providing second tier medical cover for the labour ward.
- 8.9 Those recommended as having IP should be informed immediately after the course and will be issued with guidance for progression to the GIC from RCUK.
- 8.10 All recommendations for IP must be marked clearly on the result sheet and named individually in the Course Director's report.
- 8.11 If a Candidate is IP'd on an NLS course and has previously successfully completed a GIC for a different provider course, but not gone on to become a full Instructor for that course, he/she does not need to repeat the GIC.
- 8.12 Those recommended as having IP and who have successfully completed an approved GIC (or ATLS / ATNC) may proceed directly to Instructor Candidate status. These Candidates must contact the GIC Co-ordinator directly.
- 8.13 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.
- 8.14 The AHA NRP Instructor certificate is not valid for entry at Instructor Candidate level.
- 8.15 The Scottish Resuscitation of the Newborn Course (SNRC) Instructor certificate is not valid for entry at Instructor Candidate Level.

## 9. Instructor Candidates (IC) regulations

- 9.1 **General IC regulations**
- 9.1.1 Achievement of Instructor status requires completion of **3 elements**:
- successfully complete a provider course and be selected for Instructor Potential.
  - complete a Generic Instructor Course (GIC) (or recognised equivalent)
  - complete teaching practice(s).
- 9.1.2 Candidates are not permitted to undertake their provider, GIC and teaching practices at the same centre. A maximum of two of the three elements may be completed at the same centre. Please note that teaching practice(s) count as one element. The Instructor Candidate must attend the entire NLS provider course.
- 9.1.3 After successful completion of the GIC, all ICs must register to attend as IC on a maximum of two RCUK accredited Provider courses and teach satisfactorily on both before full Instructor status is granted and a certificate issued. Instructor Candidates must bring their GIC logbooks to all teaching practices.
- 9.1.4 The Instructor Candidate must attend the entire NLS provider course.



- 9.1.5 They will be required to teach on both a skill and simulation station and be involved in the airway test; and may give a lecture appropriate to their speciality They must not lead a session unsupervised.
- 9.1.6 The IC assessment forms must be completed for the skill station and simulation station by NLS Instructors nominated by the Course Director as mentors. These assessments must be discussed with the IC and a copy of the forms forwarded with the course returns.
- 9.1.7 All ICs have two years after successful completion of the GIC within which to undertake their IC placements. If a Candidate is already an EPALS / ALS / ATLS / APLS / ATNC Instructor or IC, 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 that prevent this, the IC should complete the **Lapsed Instructor form** and email to [NLS@resus.org.uk](mailto:NLS@resus.org.uk)
- 9.1.8 In exceptional circumstances, if the Course Director and faculty recommend unanimously after the first teaching practice that a second assessment is unnecessary, full Instructor status will be approved by RCUK on receipt of the Course Director's report.
- 9.1.9 Candidates are not permitted to undertake their provider, Generic Instructor Course and teaching practices at the same centre. **A maximum of 2 of the 3 elements may be completed at 1 centre.**
- 9.1.10 If the faculty decide that a third teaching practice is required, this must be documented on the Course Directors report and discussed with the NLS course Co-ordinator. The decision to offer a third IC will only be granted in exceptional circumstances.
- 9.1.11 On successful completion of their IC teaching practices and review of the course paperwork, the IC's LMS account will be updated to reflect their Instructor status. All Instructors will be given RCUK Associate Membership valid whilst their instructorship is current.
- 9.2 **Named centres**
- 9.2.1 Only a GIC faculty may direct an IC to teach on course(s) at named centres. This decision cannot be revoked by the teaching practice centre.
- 9.2.2 The Instructor Candidate may be allocated one or two named centres which will usually be centres where members of the GIC faculty will be teaching and able to offer extra support for the IC.
- 9.2.3 The GIC and Instructor progress log must be referred to for confirmation of these details.
- 9.2.4 If an IC has been given one or two named centres the faculty on the first course is not permitted to allow the Instructor Candidate to become a full Instructor after only one teaching practice.

## 10. Post course Organisation

- 10.1 The 'Final faculty' list must be completed on the LMS within **one week** of the course date.
- 10.2 The Candidates' results must be uploaded to the LMS within **one week** of the course date. Delays in providing certificates to Candidates should be minimised.
- 10.3 The Course Director must complete the Course Director's report on the LMS within **one week** of the course date.
- 10.4 The Course Centre must submit to RCUK within **one week** after the course, all of the following:
- programme (including full details of Instructor and IC allocations for assessment stations)
  - Instructor Candidate forms and Instructor Recertification forms
  - IP appraisal forms for all those recommended with the appropriate professional registration number
  - post-course MCQ answer sheets.

- 10.5 It is the responsibility of the original Course Centre to enter any re-test results on the LMS and release the Candidates' certificate.
- 10.6 After the course, Candidates must complete their course evaluation form on the LMS. Their course certificate will be released once this has been completed. The Course Centre will be able to access and export anonymised analysis to keep for reference. If a Candidate has not completed their evaluation after 120 days their course certificate will be automatically released.
- 10.7 If the final faculty, course requirements and administration do not comply with the criteria set down in these regulations and no reasonable explanation is given, future course registrations and Course Centre status will be reviewed.
- 10.8 The Course Centre should retain copies of all the paperwork. The duration of long-term storage of course records is a local decision. As a guide RCUK retains course paperwork for a period of five years.
- 10.9 Instructors are strongly encouraged to download and review Candidate feedback from the course as part of their PDR.

## Appendix 1: Credibility examples

### Resuscitation Officers

- ✔ Score 1 – would be a resuscitation officer with no clinical experience or on-going hands-on practice of resuscitation at birth.
- ✔ Score 2 – would be a resuscitation officer with on-going active participation in resuscitation at birth. This would normally be in the context of time spent on delivery suite providing direct patient care, presence at planned or emergency sections and attending neonatal emergency calls in A&E or NICU/labour ward.
- ✔ Score 3 – In addition to score 2, would be a perinatal resuscitation officer in an acute or maternity hospital with active participation in the management of newborn emergencies plus additional contact time in NICU/post/ ante natal ward cover or bleep holder or additional neonatal teaching experience.

### Doctors

- ✔ Score 1 – would be a doctor with no clinical experience or on-going hands-on practice of resuscitation at birth. A foundation doctor or ST1 and ST2 would not have adequate exposure.
- ✔ Score 2 – would be a doctor with on-going active participation in resuscitation at birth by way of responsibilities to attend births at ST3 or above.
- ✔ Score 3 – would be a doctor in an acute or maternity hospital with on-going active participation in resuscitation at birth. They would also have responsibility for leading resuscitation at ST4 - consultant level.

### Paramedics

- ✔ Score 1 – would be a paramedic with no clinical experience or on-going hands-on practice of resuscitation at birth.
- ✔ Score 2 – would be a paramedic with on-going active participation in resuscitation at birth. This would normally be in the context of time spent on regular attachments to the delivery suite or NICU; providing direct patient care at planned or emergency sections NICU/labour ward; providing direct hands on patient care, as part of the neonatal transport team.
- ✔ Score 3 – In addition to score 2, would be a paramedic with above exposure and teaching newborn resuscitation updates to paramedics.

### Nurses and Advanced Neonatal Nurse Practitioners (ANNP)

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

- ✔ Score 1 – would be newly qualified, with no clinical experience or on-going hands-on practice of resuscitation at birth.  
Score 2 – would be a nurse with a qualification in speciality (e.g. neonatal intensive care course). Some exposure to resuscitation on delivery suite such as attending high risk deliveries as part of neonatal team. Senior nurses and clinical educators on the NICU with on-going active clinical participation in resuscitation, providing direct patient care, presence at planned or emergency sections and attending neonatal emergency calls in A&E or NICU/labour ward.  
Score 3 – would be a nurse with above qualification in speciality (e.g. neonatal intensive care course) and regular exposure to high risk deliveries. Would work regularly on a delivery suite as part of the neonatal team.

### Midwives

- Score 1 – would be newly registered midwife or practitioner, with no clinical experience or on-going hands-on practice of resuscitation at birth.
- Score 2 – would be a midwife or practitioner with some exposure to resuscitation on delivery suite and/or home birth settings.  
Senior midwives and clinical educators with on-going active clinical participation in resuscitation, providing direct patient care, presence at planned or emergency sections and attending neonatal emergency calls in A&E or NICU/labour ward.
- Score 3 – would be midwives in a maternity hospital/birth centre with significant on-going active participation in resuscitation at birth of the newborn on the delivery suite and/or in home-birth settings. Senior midwives and midwife educators with on-going active clinical participation in resuscitation, providing direct patient care, presence at planned or emergency sections. These midwives may also have completed further education in resuscitation (e.g. ARNI).