



## HONG KONG COLLEGE OF MIDWIVES (HKCMW)

### ACCREDITATION OF CLINICAL TRAINING SITES FOR FELLOW MEMBERSHIP TRAINING

#### APPLICATION FORM

NAME OF TRAINING SITE : \_\_\_\_\_

SUB-SPECIALTY TRAINING FOR : \_\_\_\_\_

Contact Person: \_\_\_\_\_

Rank / Position: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

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

Date of Application: \_\_\_\_\_

Has been accredited as clinical training site for Midwives Registration by the Council of Midwives Hong Kong (CMWHK): \*NO / YES, valid period \_\_\_\_\_

#### 1. Clinical Establishment

- |   |                                |                   |
|---|--------------------------------|-------------------|
| A | Ambulatory Care Center         | *YES / NO         |
| B | Clinic:                        |                   |
|   | Midwife Clinic                 | *YES / NO         |
|   | Obstetric Clinic               | *YES / NO         |
|   | Lactation Clinic               | *YES / NO         |
|   | Prenatal Diagnostic Clinic     | *YES / NO         |
| C | Antenatal Ward                 | No. of beds _____ |
| D | Delivery Suite                 | No. of beds _____ |
| E | Maternity High Dependency Care | No. of beds _____ |
| F | Postnatal Ward                 | No. of beds _____ |
| G | Neonatal Unit:                 |                   |
|   | NICU                           | *YES / NO         |
|   | SCBU                           | *YES / NO         |

(\*please circle as appropriate)

2. Staff Establishment

Registered midwives working in the training maternity unit:

Rank	Number
_____	_____
_____	_____
_____	_____
_____	_____

3. Training Resources

3.1 Personnel providing clinical training

A. No. of clinical mentors for general midwifery training:

\_\_\_\_\_  
(NA if not accredited training site By the MWCHK)

B. No. of HKCMW clinical mentor:

i) No. of HKCMW clinical members (advance midwifery practice)

i) \_\_\_\_\_

ii) No. of HKCMW specialist mentors

a) Lactation

ii a) \_\_\_\_\_

b) Midwife-led Care

ii b) \_\_\_\_\_

c) Midwifery Ultrasound (Prenatal Screening and Counselling

ii c) \_\_\_\_\_

d) High Dependency Midwifery Care

ii d) \_\_\_\_\_

e) Midwifery Education

ii e) \_\_\_\_\_

f) Perinatal Grief Counselling

ii f) \_\_\_\_\_

C No. of HKCMW Fellow Member

\_\_\_\_\_

3.2 Learning resources (the related documents shall be examined during the on-site visit)

A Clinical guidelines and protocols in various training areas

\*YES / NO

B Clinical log book

\*YES / NO

C Learning resource center / library

\*YES / NO

(\*please circle as appropriate)

4. Workload Statistics

4.1 Average daily attendance in clinic : \_\_\_\_\_

4.2 Total number of Maternity beds (excluding delivery suite): \_\_\_\_\_

4.3 Average occupancy rate: \_\_\_\_\_

4.4 Total no. of deliveries in the 12 months preceding the accreditation visit: \_\_\_\_\_

	Number	Percentage
a. Normal deliveries	_____	_____
b. Instrumental deliveries:	_____	_____
Vacuum extraction	_____	_____
Forceps deliveries	_____	_____
c. Caesarean section	_____	_____

5. Service Provision by the Unit

5.1 Lactation service / care \*YES / NO

(If yes, please list out the type of service / care provided)

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5.2 Midwife-led service / care \*YES / NO

(If yes, please list out the type of service / care provided)

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(\*please circle as appropriate)

5.3 Prenatal Screening & Counselling Midwife Service \*YES / NO

(If yes, please list out the type of service / care provided)

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5.4 High Dependency Maternity Care Service

\*YES / NO

(If yes, please list out the type of service / care provided)

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5.5 Midwifery Education

\*YES / NO

(If yes, please list out the type of service / care provided)

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5.6 Perinatal Grief Counselling

\*YES / NO

(If yes, please list out the type of service / care provided)

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**(\*please circle as appropriate)**

6. Professional Training & Development

6.1 Does the training unit require the staff to have Continuing Education in Midwifery (CEM)?

\*YES / NO

If yes, please indicate the average CEM points obtained per staff in the last 12 months

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6.2 Does the training unit provide continuing midwifery education / in-service training for staff?

\*YES / NO

If yes, please list the programs / courses provided:

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**(\*please circle as appropriate)**