



# **The Hong Kong College of Midwives**

## **Handbook for Accreditation of Clinical Training Sites**

The first version in Oct 2019

The 2<sup>nd</sup> review in May 2021

The 3<sup>rd</sup> review in July 2024

The last review in Nov 2024

	<b><u>Contents</u></b>	<b><u>Page</u></b>
1.	Preamble	3
2.	Process of Accreditation	3
	2.1 Clinical Training Sites	3
	2.2 Initiation of Accreditation / Reaccreditation	3
	2.3 Review Panel	4
	2.4 Inspection Team	4
	2.5 Accreditation Visit	4
	2.6 Outcomes of Accreditation	4
	2.7 Accreditation Report	5
	2.8 Notification of Results	5
3.	Review System	5
4.	References	6
5.	Appendix 1: Accreditation of Clinical Training Sites for Fellow Members Training – Application Form	7-11

## **1. Preamble**

The Hong Kong College of Midwives (HKCMW) was established in March 2012 with the objective of advancement of the provision of education and training for midwives in Hong Kong. The College has been looking into the development of Midwifery subspecialties fellowship training in Hong Kong. Providing a training environment that is supportive of mentee needs and meets the training curriculum is a responsibility of the College. To achieve this, one way is through the accreditation of clinical sites. The Accreditation Committee (AC) is established under the Education Committee (EC) of the HKCMW.

## **2. Process of Accreditation**

### **2.1 Clinical Training Sites**

Clinical training sites accredited by the Midwives Council of Hong Kong and fulfill the requirements stipulated in the Manual of Membership Training for Advanced Practice Midwives will also be accepted as a clinical training site of the HKCMW.

### **2.2 Initiation of Accreditation / Reaccreditation**

The head of the clinical training site will initiate the process of accreditation by sending a letter of intent to the HKCMW. An application form (Appendix 1), which requires information about the hospital, including the clinical workload, the key obstetric equipment and facilities, the manpower and relevant supporting services will be sent to the applying unit.

### 2.3 Review Panel

On receipt of the application, ad hoc meeting for the Accreditation Committee (AC) will be called for forming a review panel.

### 2.4 Inspection Team

When the review panel is satisfied with the documents submitted, the head of the clinical training site will normally be informed of the date and time of the upcoming accreditation visit. An inspection team will be formed to carry out the visit within 6 weeks.

### 2.5 Accreditation Visit

- ✧ The length of visit depends on the size and complexity of the training site. It will normally last for not more than one day.
- ✧ A tentative agenda for the visit is prepared by the clinical training site before the visit. The agenda may include :
  - a) Meeting with the head of the clinical training site
  - b) Meeting with the staff / specialty mentor(s)
  - c) Visit to different facilities of the clinical training sites

### 2.6 Outcomes of Accreditation

- ✧ If the clinical training site fulfills the requirements stipulated in the Manual of Advanced Practice Midwives Training, the HKCMW may declare the accreditation for 5 years in maximum. Otherwise, the status of the training site may be withdrawn or rejected. For rejection of application, the same application would not be processed in one year.

## 2.7 Accreditation Report

- ✧ An accreditation report will be prepared and submitted to EC and to the Council of HKCMW for consideration.

## 2.8 Notification of Results

- ✧ The clinical training site will be notified of the result within 10 weeks after the accreditation visit.

## **3. Review System**

- ✧ The applicant may apply for a review of the decision on the accreditation result. The application for review must be raised in writing within 14 calendar days from the delivery date to the clinical training site of the decision made by the HKCMW in writing.
- ✧ Upon the receipt of the application for review, a Review Panel consisting independent members of the accreditation process will be formed to review the application again.
- ✧ The review panel will recommend to the Council of HKCMW on the acceptance of the application for consideration.
- ✧ HKCMW will inform the training site about the result and decision within 3 months from the date of submission of the application for review.

## **References**

1. Accreditation Committee of IOAS  
<https://ioas.org/about-ioas/structure/accreditation-committee/>
2. Accreditation Committee of Hong Kong College of Paediatricians  
[http://www.paediatrician.org.hk/index.php?option=com\\_content&view=article&id=31&Itemid=31](http://www.paediatrician.org.hk/index.php?option=com_content&view=article&id=31&Itemid=31)
3. Handbook for Accreditation of Clinical Training Sites for Midwives Registration  
[http://www.mwchk.org.hk/e\\_index.html](http://www.mwchk.org.hk/e_index.html)
4. Manual of Membership Training for Advanced Practice Midwives  
<https://secrethk.info/wp-content/uploads/training/11.pdf>



## APPENDIX 1

# 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)