

**Report to the National Breastfeeding Strategy Implementation Committee
on the current breastfeeding education and training of relevant health workers and
recommendations to the Committee with regard to setting national standards for the provision of
best evidence based breastfeeding education and training**

Stage One March 2010

Education and Training Sub-committee membership: Genevieve Becker (GB) chair, Sarah Mumford (SM), Ger Cahill (GC)
Sub-committee began working December 2009.

Rationale:

To assist in achieving the National Breastfeeding Strategy Action Plan Objective 2.2: Health workers have the knowledge and skills necessary to protect, promote and support breastfeeding, and the subsequent Actions 16-18.

Terms of Reference:

The sub-group's TOR of Dec 2007 still stands and updated as:

1. *Examine and evaluate the current pre-service and in-service breastfeeding education and training of relevant health workers and benchmark against international best research based standards.* Updated - To refer to the UCC report as done and proceed from situation found in this report and other known gaps.
2. *Make recommendations to the Committee with regard to setting national standards for the provision of best evidence based breastfeeding education and training at pre-service and in-service levels and encompassing all relevant health worker groups.* Updated - This would cover standards/competencies expected, referring in general to how it might fit into existing curricula but not developing curricula, referring in general to existing course materials but not developing materials at this time. That the examination and recommendations would cover all health workers in contact with pregnant women, infants and young children and their mothers including volunteer counsellors/peer supporters, and those who provide training for health workers on breastfeeding related topics.

Activity:

A plan of action was developed, discussed and agreed among the sub-committee.

A glossary of terms was developed to assist clarity in discussions and reports. (Appendix A)

The underpinning concept was agreed as refocusing the education and training from a process model which covered a list of topics in a set number of classroom hours to be attended, to that of a competency model that focused on the outcome and how the knowledge and skills were used in the workplace.

There are two facets to the standards. One facet is the competencies or outcomes for the students or participants in the education and training. The other facet is the competencies of those providing the education and training, in both classroom and practice areas.

It was clarified that the sub-committee were examining standards in education and training. Evidenced based standards of practice in assisting breastfeeding exist from international organisations and are easily available (Appendix B). In general, there is little contention as regards these practices. Though most organisations refer to the need for training so that these care practices can be implemented, few detail the training.

The background to the need for examining education and training of health workers in Ireland related to breastfeeding was reviewed (Appendix C).

A wide range of health workers have contact with pregnant women, infants and young children and their mothers/families. For some health workers their role is to facilitate the mother to carry out her intention to breastfeed with basic information, referral to more knowledgeable people, and ensuring barriers are not put in her way. Other health workers may have the responsibility to assist a mother to learn skills of breastfeeding management, whereas others may have a role in assisting with special situations and complex difficulties. A list indicating the range of health workers is in Appendix D.

The format of standards and competencies (in general) was examined from many organisations ranging from Scottish and the International Union for Health Promotion and Education/Society for Public Health Education health promotion practitioners, An Bord Altranais nursing and midwifery, European dietetic competence and performance indicators project, practice educator competencies of the HSE Therapy Project office, NHS Skills for Health, International Lactation Consultant Association, HSE Performance and Development / Office of Health Management, Irish Medical Council, Centers for Disease Control and Prevention (USA), as well as research literature on competency and standards (Appendix E: Bibliography)

The sub-committee concluded that the most appropriate framework for education and training standards would be based on Higher Education and Training Awards Council (HETAC) to ensure consistency with the National (and European) Framework of Qualifications and the Health and Social Care Professionals Council (HSCPC). The FETAC/HETAC ten levels of competence could blend with the easier to operationalise levels of *Awareness-Generalist-Specialist* as previously put forward in Breastfeeding Promotion and Support - materials for health professionals, ed. Becker & Kelleher. Centre for Health Promotion Studies, University College Galway, Ireland 1997, which in turn was informed by the work of Wellstart International, San Diego. This framework also links with the HSE code of Conduct. Appendix F contains an example of a standard using this framework and more information on HETAC standards.

A challenge in developing these standards is to avoid slipping into the medical mode where breastfeeding is seen as a clinical condition needing to be treated. Lactation and breastfeeding are the physiological norm and many of the clinical conditions only arise when the normal supports are not available. Education and training needs to reinforce the normality of breastfeeding and how to encourage supportive practices, not mainly focusing on abnormal conditions.

Conclusion of Stage One:

TOR 1: Examine and evaluate the current pre-service and in-service breastfeeding education and training of relevant health workers and benchmark against international best research based standards.

International best research based practice standards for education and training do not appear to exist and thus cannot be used to benchmark.

Research based evidence for workplace practice in supporting, protecting and promoting breastfeeding exists and is widely available. This would form the content of education and training curricula.

TOR 2: Make recommendations to the Committee with regard to setting national standards for the provision of best evidence based breastfeeding education and training at pre-service and in-service levels and encompassing all relevant health worker groups.

As there are no existing directly relevant standards to use as a benchmark, a set of national competency/outcome standards needs to be developed for both the educator and for the student.

A framework of *Awareness-Generalist-Specialist* blended with the HETAC format for standards appears most appropriate.

The development and wider review with health worker representatives and the roll-out of these standards is beyond what the sub-committee can take on in the time they can allocate to this committee. The recommendation is that this piece of work be allocated to a person suitably experienced in the development of education curricula and standards and knowledgeable about breastfeeding.

Suggestions for Stage 2:

Assumes a lead person with protected time and funding to work on this project plus a consultative group.

- Discuss with HETAC the process in developing standards that would link to HETAC standards. Note that HETAC and Health and Social Care Professionals Council (HSCPC) award/recognise qualifications of a 'profession'. This current project is to establish the expected standards/competencies of the various levels of health workers related to assisting breastfeeding towards providing appropriate education and training for all the levels. Thus, at this time, compatibility is sought but not recognition/award by HETAC.
- Draft standards for students and for educators, circulate to stakeholders for comment. See HETAC Social Care Work Awards Standard development process. http://www.hetac.ie/consultation_docs.cfm?sID=9 Note that this document may be removed from the HETAC web site shortly when the review process is completed. Genevieve Becker has a copy. Based on the eight learning outcomes from HETAC and the three levels, at least twenty-four discipline specific standards need to be developed in addition to reviewing the generic HETAC health worker standards.
- In addition, standards for those providing the education would need to be developed.
- Review existing curricula of relevant disciplines in association with the organisations and educational providers, to determine gaps with the proposed standards.
- Examine how gaps in standards might be met, what courses, assessment methods, materials needed, particularly in a cross-disciplinary manner. (Highlight, not to develop these).
- Produce a 'package' of the rationale, process, standards, and suggestions for implementation for relevant organisations, educational providers and interested others.
- Report to National Breastfeeding Strategy Implementation Committee at intervals.

Appendix A: Glossary of Terms

A glossary of terms was discussed to facilitate discussions during this project and consistency of terminology.

Breastfeeding: (one word, no hyphen) Action of feeding at the breast

Who breastfeeds? Is it a breastfeeding baby or a baby who is breastfed? (active or passive) Is it a breastfeeding mother or the mother of a breastfeeding baby? Is the baby assisted to breastfeed or the mother assisted?

Suggest that we aim for baby as active/focus, as far as possible.

Breast milk: two words.

Suggest that as far as possible we use mother's milk or human milk to highlight natural/species specific and reduce any negative reaction to use of word breast.

Lactation: production of milk, time during which milk is produced, lactating woman – woman who is producing milk.

Health workers are the generic group of people who work in health services at any level, whether professionally qualified, as paid employees, independent contractors or volunteers, unless identification of a specific expertise, occupation or position is needed. whose main activities are aimed at enhancing health. They include the people who provide health services -- such as doctors, nurses, pharmacists, laboratory technicians -- and management and support workers such as financial officers, cooks, drivers and cleaners.

Peer support occurs when people provide knowledge, experience, emotional or practical help to each other. Peer support is also used to refer to initiatives where colleagues, members of self help organizations and others meet as equals to give each other support on a reciprocal basis. *Peer* in this case is taken to imply that each person has no more expertise as a supporter than the other and the relationship is one of equality.

Support: can be emotional, financial, practical, physical, informational, technical and others aspects. It can be used as a noun or a verb (and adjective/adverb) and needs more description when used.

Programme: A series of lectures or classes (course), a set of procedures or activities that has a specific purpose.

Aim: Overall purpose or intention, usually global in nature, i.e. they refer to the group.

Target: A specific goal or outcome toward which effort is directed.

Objective: Objectives are more subjective and refer to the individual outcomes.

Expected Outcomes: The programme objectives laid out in a way that the outcome can be quantified or measured.

A curriculum states the intended aims and objectives, content, experiences, outcomes and processes of an educational programme including:

- a description of the training structure [entry requirements, length and organisation of the programme including its flexibilities, and assessment system] and
- a description of expected methods of learning, teaching, feedback and supervision

Grant J. et al (2005) What is curriculum? Postgraduate Medical Education and Training board, London. <http://www.pmetb.org.uk/index.php?id=664>

If the curriculum uses a competency-based framework, then the outcome is the achievement of a desired set of competencies. A structured and process-based educational framework focuses on the number of hours of teaching or practice allocated to each topic, type of assessments to be carried out and similar; rather than learner outcome.

Practical Learning - Understanding and applying new job-related information, of varying complexity, in a timely manner.

Competent: (adjective) **competently** (adverb)

able: having enough skill or ability to do something well

adequate: good enough or suitable for something

Competence: Competency (occasional use) (noun)

The descriptors of the performance criteria, knowledge and understanding that are required to undertake work activities. They describe what individuals need to do and to know to carry out the activity – regardless of who performs it. (<http://www.skillsforhealth.org.uk>).

Competency / Competencies: (noun)

A single item or collection/list of areas/domains/elements of competence. This list may define the skills required for a specific job/role or profession.

Core competencies: those specific to the role

Generic competencies: required to function in the area but not specific to a role, e.g. confidentiality of patient information.

Examples:

Her competence (competency) is not in question. (noun)

He is competent to do that task. (adjective)

He carried out that task competently. (adverb)

She demonstrated achievement of the feeding assessment competency. (noun)

She demonstrated achievement of all the competencies listed (noun)

Taxonomy: (levels of terminology)

Values and principles (over-arching)

Domains of competence (very broad, 4-8 functions)

Within each domain:

Competency/Competencies (broad area, can have sub-competencies)

Within each competency/sub-competency:

Elements (single, discrete, observable behaviours)

Indicators (specific evidence of competence)

Performance criteria (assessing quality of performance). Developing performance criteria are often left to the individual training programmes.

Assessment: In education, measurement or judgement of the student's attainment.(UK)

Evaluation: In education (UK), review and judgement of the process and outcome of a course, programme or project. Assessment of the student (USA)

Standards of Proficiency

Requires assessment of the individual

The predetermined level of performance at which a criterion will be considered met. (AAHE, NCHC, & SOPHE,1999, p. 60). American Association for Health Education, National Commission for Health Education Credentialing, Inc., & Society for Public Health Education. (1999). A competency-based framework for graduate-level health educators. Allentown, PA: National Commission for Health Education Credentialing, Inc.

"A standard is a collection of learning outcomes setting out the knowledge, skill and competence required for an award." www.fetac.ie

Performance Indicators

Performance Indicators are quantifiable measurements, agreed to beforehand, that reflect the critical success factors. The definition of what they are and how they are measured do not change often.

Standards of practice / care:

Stated measures or levels of quality that are models for the conduct and evaluation of practice. (IBLCE web site).

Standards which make sure each profession practises safely and effectively.

(Standards of Conduct, Performance and Ethics. Health Professional Council UK (HPC) for dietitians, October 2008)

The standard of care is determined by the standard that would be exercised by the reasonably prudent professional in that line of work. A **standard of care** is a medical or psychological treatment guideline, and can be general or specific. It specifies appropriate treatment based on scientific evidence and collaboration between medical and/or psychological professionals involved in the treatment of a given condition. (Wikipedia)

Scope of Practice

The area or areas of a health professional's profession where they have the knowledge, skills and experience to practise safely and effectively. Standards of Conduct, Performance and Ethics. Health Professional Council UK (HPC) for dietitians, October 2008. (Would apply to all health workers)

Appendix B: Evidenced based standards of practice in assisting breastfeeding exist from national and international organisations

A selection is listed here and many more exist.

Academy for Breastfeeding Medicine, International: worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation. Publishes research based protocols. <http://www.bfmed.org>

Baby Friendly Hospital Initiative (BFHI) in Ireland:
<http://www.ihph.ie/babyfriendlyinitiative/Training.htm>

Center for Disease Control (USA) www.cdc.gov/breastfeeding

Department of Health. (1994). A National Breastfeeding Policy for Ireland. Dublin: Health Promotion Unit.

Emergency Nutrition Network (ENN): aims to improve the effectiveness of emergency food and nutrition interventions. Breastfeeding training packs downloadable from web site
<http://www.ennonline.net/>

EU Project on Promotion of Breastfeeding in Europe. Protection, promotion and support of breastfeeding in Europe: a blueprint for action. European Commission, Directorate Public Health and Risk Assessment, Luxembourg, 2004.
http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm

European Network for Public Health Nutrition: Networking, Monitoring, Intervention and Training for the development of Standard Recommendations for Infant and Young Child Feeding..http://www.burlo.trieste.it/old_site/Burlo%20English%20version/Activities/research_development.htm

IBFAN: the International Baby-Food Action Network - consists of public interest groups working around the world to reduce infant and young child morbidity and mortality. IBFAN aims to improve the health and well being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices.
<http://www.ibfan.org/>

Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes

The Code Handbook: A Guide to Implementing the International Code of Marketing of Breastmilk Substitutes

International Lactation Consultant Association www.ilca.org

Standards of Practice for International Board Certified Lactation Consultants (2006)

Clinical Guidelines for the Establishment of Breastfeeding (2005)

ILCA Position Papers

National Institute of Clinical Excellence

Dyson L, Renfrew M, McFadden A, McCormick F, Herbert G & Thomas J (2006) Promotion of breastfeeding initiation and duration: Evidence into practice briefing.

http://www.nice.org.uk/niceMedia/pdf/EAB_Breastfeeding_final_version.pdf

(Other related guidelines also on the NICE site)

Royal College of Obstetricians and Gynaecologists (2008) Standards for maternity care: report of a working party. London www.rcog.org.uk

World Health Organization

Department of Child and Adolescent Health (CAH)

www.who.int/child_adolescent_health/documents/infant_feeding/en/index.html

Model Chapter Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals (2009)

Evidence for the ten steps to successful breastfeeding (1998)

Guiding principles for complementary feeding of the breastfed child (2004)

Infant and Young Child Feeding Counselling (2006)

Mastitis: causes and management (2000)

Optimal feeding of low-birth-weight infants (2006)

Nutrition for Health and Development (NHD)

www.who.int/nutrition/publications/infantfeeding/en/index.html

Complementary feeding counselling: a training course (2004)

Baby-friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff (2009)

Department of Reproductive Health and Research (RHR),

www.who.int/reproductive-health/pages_resources/listing_maternal_newborn.en.html

Kangaroo Mother Care - a practical guide (2003.)

WHO Growth Charts www.who.int/childgrowth

Appendix C: Background to the need for examining education and training of health workers in Ireland related to breastfeeding

A view on how this objective came to be in the Strategic Action Plan.

For many years in Ireland but also elsewhere, people would say that they had attended/run “the 18-hour course”. While there was a written down course from UNICEF NY in 1992 as part of the beginnings of BFHI this focused on low-resource countries and was rapidly out of date in some topics as well as light on other topics. A conference presentation and associated journal article by UNICEF NY lead people stated that 18 hours was the minimum likely to be needed to address existing attitudes, present new information and practices, and change attitudes of health workers. This was based on a psychology idea (no research) about attitude change and not related to the content to be covered.

Around the same time (early 90s) IBFAN (led by Helen Armstrong) developed the Lactation Management modules (80 hour) and WHO (led by Felicity Savage) developed the course Breastfeeding Counselling (40 hours) and later the associated courses HIV and Infant Feeding Counselling and Complementary Feeding Counselling (both developed by Genevieve Becker with Felicity Savage advising). BFI UK developed a course of their own (mid-90s) called the 3-day BFHI course that was only taught by BFI trainers. This BFI UK course was rewritten and adopted by some other European countries, notably Italy, but as it was very difficult to get permission to use the materials and expensive to buy the materials it never really came into Ireland. The BFI UK training is a major source of funds for BFI UK and is highly publicised. It was evaluated and articles published – all which raised its profile and led to the idea that all the courses that were being done in Ireland towards meeting BFHI Ireland criteria were this course, and that it was ‘the’ global UNICEF/WHO recognised course. Cuidiu surveys reported on the percentage of hospital staff that attended “the WHO/UNICEF 18 hour Course” (though requested by BFHI Ireland not to describe it this way as it was adding to the confusion). Some hospitals in Ireland even gave out certificates with WHO and UNICEF logo on them (until they were told to stop) thinking they were following a specific course. The EU Blueprint development (2003-2004) was led by an Italian who thought that everyone used the same BFHI “18 hour course” that he was used to.

There was one group of trainers trained with support from UNICEF Ireland and WABA in the mid 1990s and then later trainers’ courses were run without the UNICEF/WABA support. While these trainer courses highlighted the different WHO & UNICEF courses (as well as courses from BFHI US and elsewhere), each trainer was encouraged to pick and choose material and set objectives to suit the needs of their participants. Other people started running “18 hour” courses in their hospital/health board or independently with no links to BFHI.

A new global WHO/UNICEF course “Breastfeeding Promotion and Support in a Baby-friendly hospital” was developed in 2006 (development led by Genevieve Becker, slightly updated and re-published in 2009) which some people refer to as the “20 hour course” because it is designed to need a minimum of 20 hours to teach it.

At the time of writing the strategy (2005) we had a very confused situation. Some examples: a midwife would start work and say she had done “The 18 hour breastfeeding course” and her line manager might assume this midwife had the same knowledge and skills as the midwives who had done the course in the new hospital employing her, and then discover this was not the case; similarly with health workers coming out of college where an “18 hour course” was conducted. Some trainers were attending to their own continuing education and presenting up-to-date evidenced based information whereas others were passing on their own (questionable) work practices as ‘best practice’. For some students, breastfeeding and baby-friendly practices were being taught in

isolation from other parts of their training – for example, midwifery students might learn about birth practices in one section of their course that focused on active management and post-birth checks and then come to a separate section called baby-friendly practices where they learnt about early skin to skin contact and mother & baby focused care. Anatomy and physiology sessions looked at the breast without mentioning lactation or breastfeeding then the breastfeeding section came and re-explained anatomy in relation to breastfeeding with no links to the previous section. Similarly with paediatrics – formula feeding was presented as the normal way and breastfeeding a special extra session. There were large differences between course aims, content and what participants were able to do depending on the trainer and the course. This was also wasting money as health workers needed re-training as they moved from college to hospital or between hospitals.

The Interim Report of the National Committee in Breastfeeding (HPU 2003) reviewed the situation with health worker education between the 1994 National Breastfeeding Policy and 2003. This report highlighted progress such as development of a self-study training pack by the (then) Centre for Health promotion, University College Galway. It reported the survey carried out by the National Breastfeeding Coordinator on the breastfeeding information provided in colleges/ departments/ hospitals, (response n=42) finding that input was variable with some sessions incorporated into other topics (i.e. anatomy, behavioural science) and some as specific breastfeeding sessions. Practical skill acquisition appeared to depend on to whom the students were assigned during clinical training. It also found that competency to assist with breastfeeding was not assessed as a registration requirement.

Though many health workers were attending courses many were not. “The 18-hour course” was primarily aimed at midwives in hospital with some content for PHNs and practice nurses. Doctors, though invited, rarely attended these courses considering the course too long and not relevant to their work. Courses focused on the first few days in hospital did not meet the needs of paediatric nurses, dietitians, health promotion practitioners and others. Lactation consultants and others in specialist roles needed more than the basic course. For most courses a list of topics was available but not the expected learning outcomes. The Interim Report noted the lack of standard in breastfeeding training in Ireland.

In addition, studies undertaken in Ireland showed there were gaps in knowledge and practice (Bibliography of Irish Breastfeeding Research, in press).

The 1980-90s education for both health workers and mothers tended towards a model of structured instruction with steps towards achieving the ‘correct’ outcome. More recently there has been a global move in education to self-efficacy and using the information in individual situations. This moved from teacher-focused courses (x hours in the classroom with the teacher presenting a set list of topics) to learner-focused and agreed competency outcomes. Thus the strategy objective 2 was to achieve confident and competent health workers who could facilitate the self-efficacy of mothers.

Actions to achieve the Strategy objective

Since the 2005 Strategy breastfeeding related training continued in a generally similar manner with formal teacher-led classroom courses, though there were some exceptions that included clinical practice with real mothers and infants. Midwifery, or any other health worker training, did not require that the student demonstrate competent performance in assisting breastfeeding in order to be accredited. The number sitting the exam for international certification as a lactation consultant continued at approximately 15-20 people per year.

The School of Nursing and Midwifery, University College Cork, were commissioned by Population Health, HSE to establish the current provision of education for breastfeeding knowledge and skills

for pre-service and in-service education. This review was completed in late 2008. (Phelan, A, Bourke, S and Murphy, M (2008) A Review of the Breastfeeding Content in Pre-service and In-service Education Curricula for Health Workers for the Health Service Executive. Unpublished Report University College Cork/Health Service Executive).

Objectives of this study were to:

1. review the existing pre-service curriculum for health care workers involved in the care of mothers
2. review the existing in-service courses provided to the above health workers
3. establish what areas of the curriculum do or could include breastfeeding.

A descriptive survey was designed to capture both qualitative and quantitative data through a postal questionnaire asking the duration of breastfeeding education provided, if specified courses were used and suggestions for future provision. This was sent to pre-service heads of school or programme coordinators for General Nurses, Psychiatric Nurses, Children's and Integrated Nurses, Intellectual Disability Nurses, Practice Nurses, Public Health Nurses, Midwives, Medical students and Nutritionists/Dieticians. For In-service Education, Heads of School for Nursing and Midwifery and Medicine or Directors of Nursing and Midwifery, Directors of Nursing and Midwifery Planning and Development Units, Directors of Centres of Nursing/Midwifery Education, were contacted in relation to the health workers above plus Paediatricians, Obstetricians, Social Workers, Health Care Assistants and General Practitioners. Training for certification as a lactation consultant was not included in this review, nor academic research training related to breastfeeding. Educators providing breastfeeding related training to health services on a contract basis were not contacted in the study.

Eighty-five questionnaires were sent out and 61 returned. Fifty-eight of the respondents agreed with the statement that "breastfeeding is a normal health promoting activity and that it is ideally included in pre-service or in-service education", with higher agreement from those involved in pre-service education.

The findings indicated that, for those responding, the time allocated for pre-service breastfeeding education ranges from 0-30 hours, and for in-service education from 1-40 hours. There was no information on the number of participants in this training or how often it is held.

The questionnaire specifically asked if the programme included: "18 hour WHO Breastfeeding Education programme, the 20 hour UNICEF Baby Friendly Hospital Initiative programme , or 6 hour Breastfeeding Update," though no definition of these courses appeared to be provided to those surveyed. Twelve topics were also listed to be marked which were included. The rationale for choosing only these twelve topics was not explained. There was no information provided to those surveyed on what the content of sessions with these titles might contain. A question asked what could be possible to achieve regarding observation in a clinical area, but not what was already included. There was no question related to expected competency outcomes from participation in the training.

Open-ended questions elicited responses that included that training should be mandatory, include social and cultural issues, with different programmes for different levels of staff and provided in a multi-disciplinary approach. Other responses included the need to integrate breastfeeding throughout pre-service training not in a specific course, as well as the comment that it should be an elective or post-graduate course.

No information was provided in this UCC review as to how breastfeeding curricula in Ireland compared to international best practice guidelines on the levels of breastfeeding knowledge and competency outcomes.

Appendix D: Range of health workers

Pregnant women, infants and young children and their mothers come into contact with a wide range of health workers in hospital and community health settings. This list gives an indication of that range and is not exhaustive.

The organisations representing these health workers would be contacted during discussions related to roles and competencies.

Midwife – hospital, community, clinical midwife specialist in breastfeeding, and students	The National Council for the Professional Development of Nursing and Midwifery www.ncnm.ie
Nurse – GP practice, public health, Children’s, neonatal, theatre, general, specific role such as traveller health, school health, and student nurses	Irish Practice Nursing Association www.irishpracticenurses.ie Institute of Public Health Nursing www.ichn.ie Irish Association of Children’s Nurses The National Council for the Professional Development of Nursing and Midwifery www.ncnm.ie
International Board Certified Lactation Consultant in hospital or community, health service employed or in private practice	Association of Lactation Consultants, Ireland www.alcireland.ie
Voluntary breastfeeding counsellor, such as those from Cuidiú or La Leche League	www.cuidiu-ict.ie www.lalecheleagueireland.ie
Peer supporters with limited breastfeeding activity, such as Community Mothers, Postnatal depression supporters	www.pnd.ie www.cums.ie
Doctor - General Practice, Public Health, Paediatrician, Obstetrician, Anaesthetists, trainees	The Institute of Obstetricians and Gynaecologists in Ireland Royal College of Physicians in Ireland www.rcpi.ie www.IMO.ie Irish Hospital Consultants Association www.ihca.ie www.icgp.ie
Health promotion practitioners	Association of Health Promotion in Ireland (AHPI). www.ahpi.ie
Dietitian – community, hospital (mother or child)	Irish Nutrition and Dietetic Institute www.indi.ie
Reception, portering, security, housekeeping, catering staff in health facilities	Trade union?
Social workers, child and family workers	Irish Association of Social Workers www.iasw.ie
Social care practitioners, Community development workers	Irish Association of Social Care Educators Community Workers Cooperative www.cwc.ie

Physiotherapist, Occupational therapist, speech and language therapist	Irish Society of Chartered Physiotherapy www.iscp.ie Association of Occupational Therapists of Ireland www.aoti.ie Irish association of speech and language therapists http://www.iaslt.ie/
Psychologists, e.g. post natal depression	Psychological Society of Ireland www.psihq.ie
Specialist health workers if clinical condition – endocrinology, etc	Irish Endocrine Society etc
Hospital chaplain	National Association of Healthcare Chaplains www.hahc.ie
Play therapists, registered or volunteer	Play Therapy Ireland www.playtherapy.ie National Association of Professional Play Therapists www.ipta.ie http://www.childreninhospital.ie/
Pharmacists, pharmaceutical assistants, retail assistants	http://www.pharmaceuticalsociety.ie
Community Welfare Officer	
Antenatal/Parentcraft educator	
Health care / Maternity care nursery care assistant	
Doula	www.doulaireland.ie

Appendix E: Bibliography on Standards, Competency and Curriculum

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Scope of Nursing and Midwifery Practice Framework 2000

Baby Friendly Initiative UK Learning outcomes for university courses
<http://www.babyfriendly.org.uk/page.asp?page=130>

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Appendix F: Example of standard for those working with breastfeeding women, infants and young children

Learning outcomes headings/description from HETAC model/National Framework of Qualifications

- Knowledge – Breadth; Kind
- Know-how and skill – Range; Selectivity
- Competence – Context; Role; Learning to learn; Insight

Example: Know-how and skill – selectivity

“The performance of tasks depends on the learner having an appropriate understanding of the environment in which the tasks are performed and being aware of his/her own ability and limitations, while at the same time being able to correctly judge the fit between the demands and ability. Whereas the range of know-how and skill refers to what a learner can do, selectivity (which might also be called procedural responsiveness) refers to the judgement that the learner exercises in carrying out procedures, through selecting from the range of know-how and skills available to him/her, in accordance with his/her appraisal of the demands of the task.” From NQAI / HETAC Generic standards Learning Outcomes Appendix 2

HETAC levels blended with Wellstart concept of Awareness, Generalist, Specialist levels

Applied to course programme item of information giving

(Values and principles) Maintain high standards in service delivery (HSE Code of Conduct)

(Domain) Communication with service users

Learning outcomes	Level: Awareness (<5)	Generalist (NQAI 5-7)	Specialist (NQAI 8-9)
Know-how and skill – selectivity Indicators of performance	Pick which breastfeeding leaflets are appropriate for general antenatal distribution from a range available Direct a breastfeeding mother who requests privacy to an appropriate area Select post-op pain relief appropriate for a breastfeeding mother	Respond to a pregnant woman’s questions on how she could breastfeed after returning to work Discuss with a new mother sources of breastfeeding support available in her area Assist a mother to find a comfortable position for breastfeeding following surgery	Working as part of a multi-disciplinary team, develop a plan for establishing milk supply with a pregnant woman expecting an infant requiring immediate major surgery. Explain to other team members the importance of breast milk and how they can facilitate it reaching the baby. Select methods of assisting the mother of a child having surgery to learn the required skills for sustaining milk supply and transferring to feeding at the breast in the future.

Note the level is in relation to breastfeeding support. A person might be a Level 9 paediatric registrar and a Level 4 for breastfeeding knowledge & skill. An IBCLC might be a Level 9 for breastfeeding and a level 3 for general treatment of sick children.

Based on the eight learning outcomes from HETAC and the three levels, at least twenty-four discipline specific standards need to be developed in addition to reviewing the generic HETAC health worker standards.

In addition, standards for those providing the education would need to be developed.