

**Guidelines for Education
Requirements for Recognition
as Eligible Midwives and
Accreditation Standards for
programs of study leading to
endorsement for scheduled
medicines for Eligible Midwives**



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Introduction

These guidelines outline the educational requirements for courses suitable for attaining the qualifications required for a registered midwife to be recognised as an 'eligible midwife' and endorsed as an eligible midwife under the National Law^A.

The Nursing and Midwifery Board of Australia (NMBA or the Board) has developed a number of registration standards under section 38 of the National Law, including mandatory requirements relating to criminal history, English language, professional indemnity insurance arrangements, continuing professional development and recency of practice. The Board has also developed two registration standards that relate specifically to midwifery practice where the care is provided across the continuum of midwifery care, including pregnancy, labour, birth and postnatal care to women and their infants. These standards are:

- *Registration Standard for Eligible Midwives*
- *Registration Standard for Scheduled Medicines for Eligible Midwives*.

The *Registration Standard for Eligible Midwives* is dealt with in Part 1 of the Guidelines and Assessment Framework. Further information is provided on the eligibility requirements and qualifications required for a registered midwife to be recognised under the National Law as an 'eligible midwife' provided for in the *Registration Standard for Eligible Midwives* developed by NMBA.

Further details about the requirements under the *Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives* are provided in Part 2 of the Guidelines and Assessment Framework.

Recognition as an 'eligible midwife' is a discrete and separate authorisation process to endorsement for scheduled medicines for eligible midwives under the National Law. Many of the requirements are common and because of that, the discussion about both authorisation processes is similar.

The primary differences between the requirements for the two registration standards relate to transitional arrangements designed to facilitate the introduction of the National Registration and Accreditation Scheme (NRAS) without affecting the continuity of midwifery care being provided to women and their infants by midwives. These transitional arrangements are only available for a limited period for midwives seeking recognition as eligible midwives, but are **not** available where midwives are seeking endorsement for scheduled medicines under

section 94 of the National Law. Therefore, it is important that the distinction is recognised.

Recognition as an eligible midwife

Recognition as an 'eligible midwife' under section 38(2) of the National Law enables a midwife who has the necessary competence and post-registration experience, and whose scope of practice is to provide care across the continuum of midwifery care (i.e. providing pregnancy, labour, birth and postnatal care to women and their infants) to have this acknowledged by a notation on the Register of Midwives. This recognition is gained through meeting the requirements of the *Registration Standard for Eligible Midwives* developed by the Board under section 38(2) of the National Law.

The model for recognition as an eligible midwife is outlined below in Figure 1. This diagram summarises the qualifications and requirements for a registered midwife to be recognised as an eligible midwife under section 38(2) of the National Law.

^A The National Law is contained in the schedule to the *Health Practitioner Regulation National Law 2009* (Qld).

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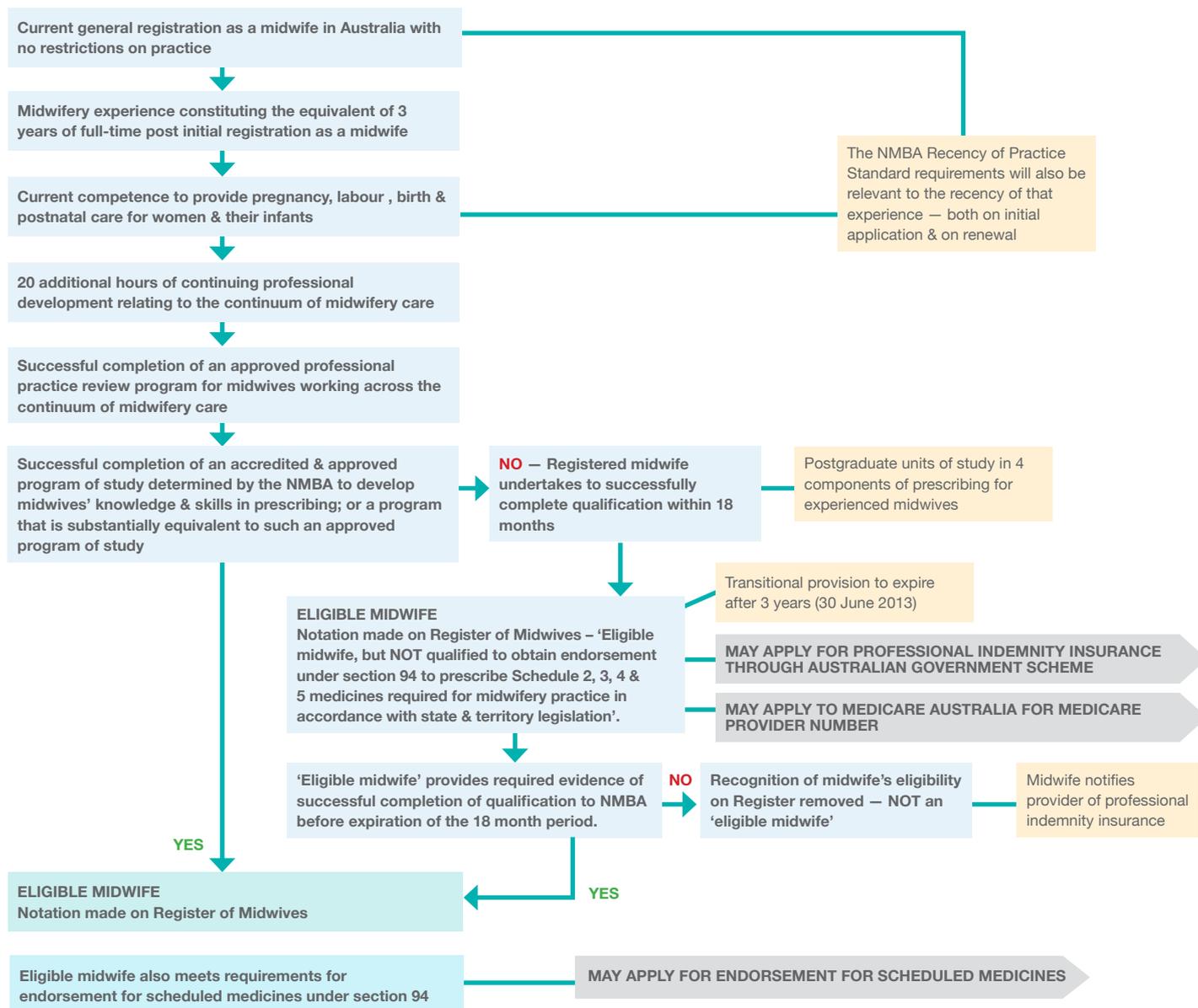


Figure 1 – Requirements for recognition as an ‘eligible midwife’

It should be noted that recognition of eligibility under section 38(2) does not automatically lead to endorsement as a midwife to prescribe scheduled medicines. Also, if an eligible midwife fails to obtain the necessary prescribing qualification within the transitional period, they will not be able to retain their eligibility status.

The term ‘eligible midwife’, although not defined under the provisions of the National Law, is nomenclature pertaining to the co-regulatory responsibilities for a class of midwives with access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), and the meaning articulated in section 5(1) of the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010*. These co-regulatory responsibilities are shared between the:

- Nursing and Midwifery Board of Australia — responsible for the registration and regulation of nurses and midwives in Australia
- Australian Government agencies — responsible for
 - > authorisation of access for health professionals (by issue of provider numbers) and the administration of the MBS and PBS — Medicare Australia
 - > the Australian Government professional indemnity scheme insurance scheme.

Recognition as an eligible midwife will enable the subsequent application for a grant of authorities to prescribe medicines subsidised by the PBS and to access

services available under the MBS. It is emphasised that recognition does **not** give automatic access to the MBS and PBS. The discretion to authorise access to these schemes remains with Medicare Australia and the process of authorisation through Medicare is a subsequent step for an eligible midwife.

Qualification requirements for an eligible midwife

Recognition as an eligible midwife is gained through meeting the requirements of the *Registration Standard for Eligible Midwives* developed by the Board under section 38(2) of the National Law and is only available to a midwife who is able to demonstrate they have the necessary competence and post-registration experience, and whose scope of practice is to provide care across the continuum of midwifery care.

Notwithstanding a notation on the Register under section 225(p) of the National Law, a midwife who meets the requirements under the *Registration Standard for Eligible Midwives* will not be able to prescribe scheduled medicines until they are also endorsed under the *Registration Standard for Scheduled Medicines* under section 94 of the National Law.

As outlined in Figure 1, there are six requirements in the *Registration Standard for Eligible Midwives* that a midwife has to be able to meet to be recognised as an eligible midwife. These are:

1. Current general registration as a midwife in Australia with no restrictions on practice
2. Midwifery experience that constitutes the equivalent of three (3) years' full-time post initial registration as a midwife
3. Current competence to provide pregnancy, labour, birth and postnatal care to women and their infants (the continuum of midwifery care)
4. Participation in an additional 20 hours per year of continuing professional development (i.e. a total of 40 hours) relevant to the continuum of midwifery care
5. Successful completion of an NMBA-approved professional midwifery practice review program for midwives working across the continuum of midwifery care (to be conducted every three years)
6. Formal undertaking to complete, within 18 months of recognition, an accredited and approved program of study determined by the Board to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study, also to be determined by the Board

(at midwifery postgraduate level and designed around the four components of prescribing — information gathering, clinical decision making, generation of medication order, and monitoring and review).¹

Endorsement for scheduled medicines for eligible midwives

As noted, although many of the requirements are common, endorsement for scheduled medicines is a discrete and separate authorisation process to recognition as an eligible midwife under the National Law.

Endorsement for scheduled medicines will allow a midwife to legally prescribe within a State or Territory in accordance with each jurisdiction's requirements. Endorsement for scheduled medicines is gained through meeting the requirements of the *Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives* developed under section 94 of the National Law. The requirements for endorsement under section 94 for scheduled medicines largely replicate the requirements for recognition as an eligible midwife under section 38(2). The primary difference is the absence of any transitional periods available to a midwife for meeting the requirements for endorsement for scheduled medicines.

As with eligible midwives, the authority responsible for the registration and regulation of nurses and midwives in Australia, the NMBA is the appropriate authority to identify the necessary skills, knowledge and experience required for endorsement for scheduled medicines for eligible midwives in Australia. NMBA also has the responsibility of assessing eligible midwives to ensure they meet these requirements. The requisite skills, knowledge and experience for a midwife to be granted endorsement are outlined in the *Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives*. A midwife who is qualified to seek endorsement will always have been recognised as an eligible midwife as the key requirements are the same. However, it does not automatically follow that an eligible midwife will be endorsed for scheduled medicines, as this is a separate authorisation process.

Figure 2 outlines the separate endorsement process that is required under section 94 that will enable the eligible midwife to prescribe schedule 2, 3, 4 and 8 medicines, required for midwifery practice in accordance with relevant State and Territory legislation. Further details about the assessment process and requirements for endorsement for scheduled medicines are provided below.

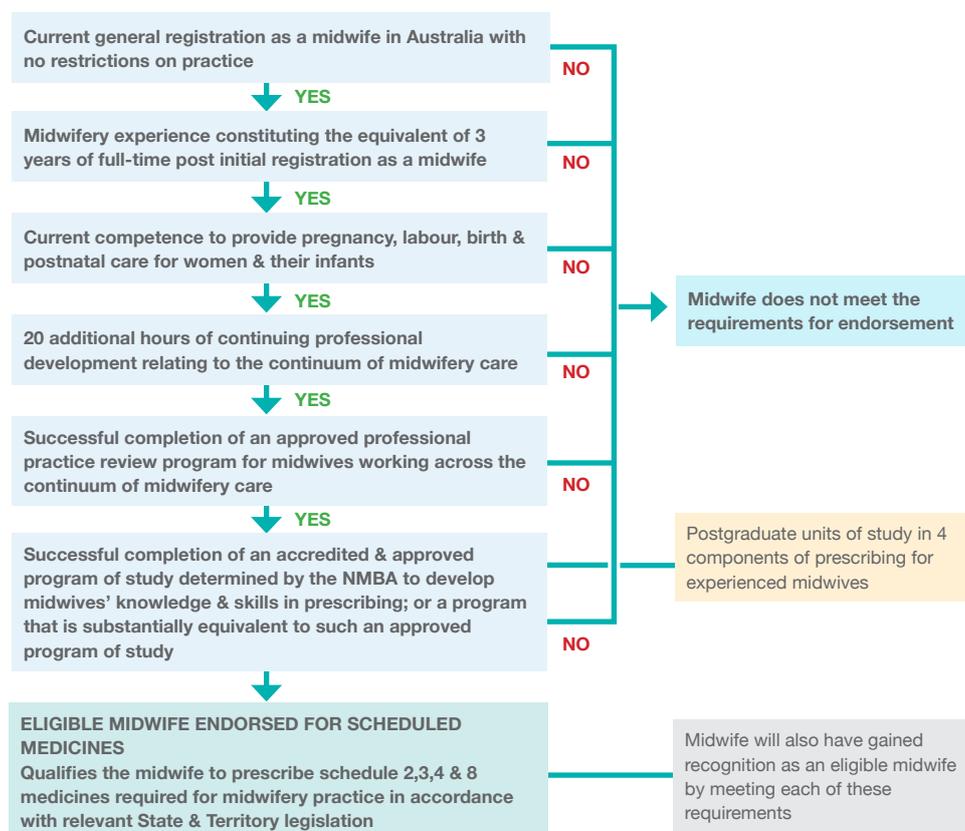


Figure 2 – Requirements for endorsement for scheduled medicines

Qualification for endorsement for scheduled medicines for eligible midwives

As outlined in Figure 2, there are six requirements for midwives to meet in the *Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives*. These are:

1. Current general registration as a midwife in Australia with no restrictions on practice
2. Midwifery experience that constitutes the equivalent of three (3) years' full-time post initial registration as a midwife
3. Current competence to provide pregnancy, labour, birth and postnatal care to women and their infants (the continuum of midwifery care)
4. Participation in an additional 20 hours per year of continuing professional development (i.e. a total of 40 hours) relevant to the continuum of midwifery care
5. Successful completion of an NMBA-approved professional midwifery practice review program for midwives working across the continuum of midwifery care (to be conducted every three years)

6. Successful completion of an accredited and approved program of study determined by the Board to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study, also to be determined by the Board (at midwifery postgraduate level and designed around the four components of prescribing – information gathering, clinical decision making, generation of medication order, and monitoring and review).¹

Accredited program of study or equivalent – prescribing

The sixth requirement for both recognition as an eligible midwife and endorsement for schedule medicines is the successful completion of an accredited and approved program of study determined by the Board to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study, also to be determined by the Board.

Note: the *Registration Standard for Eligible Midwives* under section 38(2) does allow for a transitional period for the midwife to undertake the and successfully complete

the necessary program of study required for qualification to meet the requirements under the standard. The *Registration Standard for Endorsement for Scheduled Medicines* does not allow for a transitional period for this purpose.

Table 1 outlines the NMBA requirements in relation to the competence to prescribe medicines.

The successful completion of an accredited and approved program of study determined by the Board to develop midwives' knowledge and skills in prescribing,

or a program that is substantially equivalent to such an approved program of study is a primary requirement for recognition as an eligible midwife and for endorsement for scheduled medicines as an eligible midwife.

The Accreditation Standards and Criteria used to assess and accredit the programs of study required for endorsement as an eligible midwife are based on the Australian Nursing and Midwifery Council (ANMC) *Midwives, Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia* —

Table 1 — Competence to prescribe medicines

Assessment framework for establishing a midwife's suitability for endorsement for scheduled medicines		
Competence to prescribe medicines		
<p>Standard</p> <p>The midwife will have successfully completed:</p> <ul style="list-style-type: none"> an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study. <p>An approved program of study is one that has been accredited by the accrediting authority for the NMBA and approved by the Board for the purpose of qualifying the registered midwife for recognition as an eligible midwife and endorsement for schedule medicines.</p> <p>Recency of undertaking of course or ongoing professional development to support the currency of competence in this area is required.</p>	<p>Evidence</p> <p>An authorised transcript of the qualification obtained after successful completion of the accredited and an NMBA approved program of study obtained from the approved education provider.</p> <p>Evidence of ongoing professional development will be required if the course was more than five years previously.</p>	<p>✓ ADEQUATE EVIDENCE IS PROVIDED to satisfy NMBA of competence to prescribe medicines → competence requirements met for endorsement for scheduled medicines.</p> <p>✗ INADEQUATE EVIDENCE IS PROVIDED → midwife does not meet NMBA requirements in relation to competence to prescribe medicines and reasons are provided to the midwife.</p>

with evidence guide.² The NMBA will consider courses recommended for approval by the Australian Nursing and Midwifery Council, the accreditation authority, once the review has been conducted and will list those that it does approve on the Board's website.

All such programs of study will reflect the obligations outlined in the *Code of Professional Conduct for Midwives in Australia*³ and the *Code of Ethics for Midwives in Australia*⁴, and will be able to be mapped to the *National Competency Standards for the Midwife*⁵.

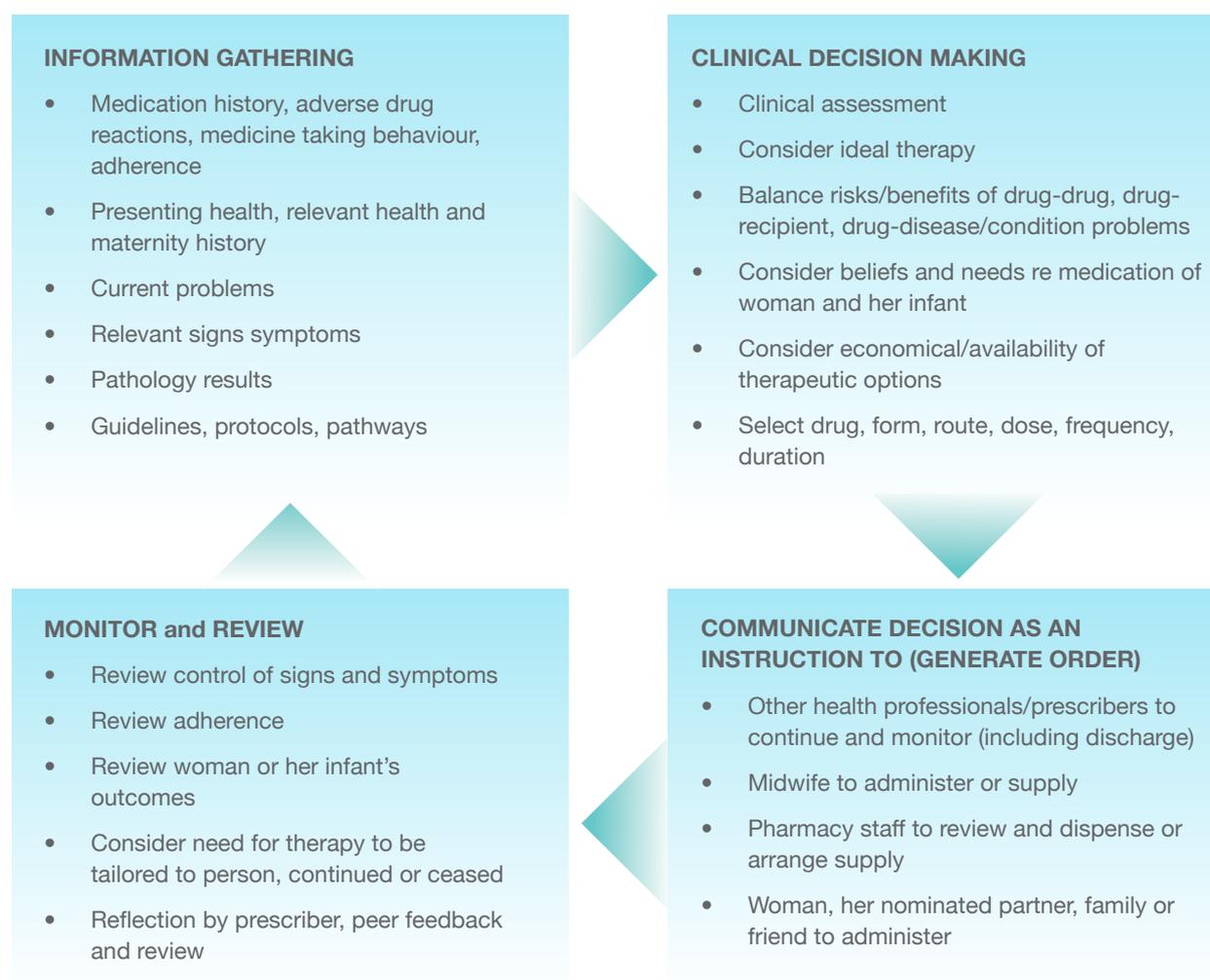
Educational standard of program

The postgraduate program of study undertaken post-registration will be conducted to meet the requirements for a tertiary level postgraduate qualification designed for practising midwives upgrading their midwifery knowledge, skills and experience in the area of midwifery medication prescribing and management, and meet the qualification requirements for accreditation through the NRAS and the Australian Quality Framework Higher Education

Sector Accreditation. Reflecting on the essential course requirements it is possible that the content could be delivered in two subjects (or units) at postgraduate level. These may be taken on a part-time basis over 12 months, or on a full-time basis over one semester or term. It should be noted the course is a post-registration postgraduate course for midwives who may have entered the profession either as someone entering the profession having undertaken a direct entry level undergraduate midwifery program, or a nurse who has taken post-registration studies in midwifery.

Essential course requirements

Prescribing medicines requires a robust knowledge base. The content of the program must reflect the fact that prescribing is a competence-based professional act, and will aim to enable midwives to develop their knowledge and skills in prescribing, and will include the critical elements relating to clinical assessment, judgement and evaluation. The educational organisation designing a program or units of study designed to develop the competence of midwives in this area must demonstrate the four components of prescribing¹ as outlined in Figure 3 to obtain the approval of the NMBA.



Source: Adapted from the model developed by Coombe¹

Figure 3 – The four components of prescribing

In any course accredited for the purpose of ensuring midwives have the pharmacology knowledge and skills required for prescribing and appropriate qualifications, the following elements will be incorporated:

- legislation, regulations and policies relevant to the prescribing of medicines
- prescription writing and documentation
- professional accountability and responsibility
- professional relationships and referral
- anatomy, physiology and pathophysiology

- pharmacology and pharmacokinetics
- assessment, history, diagnostic investigations and data for prescribing practice
- common medicines prescribed across the continuum of midwifery care
- safety of medicines (quality use of medicines principles)
- safety and quality — risk management and error prevention in medication management, contraindications, and the use and safety of medicines during pregnancy, including teratogenesis
- psychology of prescribing
- critical appraisal, integration of research relevant to prescribing of medicines
- information sources regarding medicines
- over-the-counter medicines and polypharmacy
- combinations with complimentary therapies, and the contraindications during pregnancy and breastfeeding
- considerations when working with women with drug addiction and substance use problems (and the need for consultation and referral in these situations)
- behavioural aspects in relation to medication ‘compliance’
- the role and function of therapeutics agencies and the regulation of medicine (including the role of the Therapeutic Goods Administration).⁶

Learning objectives

Note: the individual learning objectives, organised under the National Competency Standards for the Midwife, are as yet incomplete.

For successful completion of the program of study, the midwife graduate shall demonstrate they act in accordance with the quality use of medicines principles by:

Competency Standard 1 — functioning in accordance with legislation and common law affecting midwifery practice:

- Understanding and applying the relevant legislation to the practice of midwife prescribing (Competency 1.1).
- Understanding and applying policies and guidelines relevant to midwifery prescribing (Competency 1.1).
- Writing prescriptions that comply with the legislative requirements (Competency 1.1).
- Practising within a framework of professional accountability and responsibility (Competency 1.1).

Competency Standard 2 — accepting accountability and responsibility for own actions within midwifery practice:

- Undertaking consultation and/or referral practice for the woman and/or neonate in relation to conditions beyond the midwifery scope of prescribing practice (Competency 2.4, 2.5, 2.6).
- Applying knowledge of maternal, foetal and/or neonatal pathophysiology in prescribing practice (Competency 2.5).
- Applying knowledge of pharmacokinetics and pharmacodynamics related to midwife prescribing (Competency 2.5).
- Undertaking a thorough assessment and ordering diagnostic tests to inform a diagnosis for midwifery prescribing practice (Competency 2.5).
- Communicating information about medicines that promotes the woman’s knowledge, understanding and decision making (Competency 2.3).
- **Competency Standard 3 — communicating information to facilitate decision making by the woman:**
- Being cognisant of the woman’s/neonate’s psycho-social-cultural needs in relation to the prescribing and/or supplying of medicines (Competency 3.10).
- Communicating information about medicines that promotes the woman’s knowledge, understanding and decision making (Competency 3.7).
- Undertaking consultation and/or referral practice for the woman and/or neonate in relation to conditions beyond the midwifery scope of prescribing practice (Competency 3.8, 3.9).

Competency Standard 4 — promoting safe and effective midwifery care:

- Communicating information about medicines that promotes the woman’s knowledge, understanding and decision making (Competency 4.11, 4.12).
- Practising within a framework of professional accountability and responsibility (Competency 4.13)
- Considering the research evidence in relation to medicines and prescribing practice (Competency 4.14).
- Knowledge and understanding about the correct storage of the medicines.

Competency Standard 5 – assessing, planning, providing and evaluating safe and effective midwifery care:

- Developing strategies to ensure careful selection, management, monitoring and review of drug therapy, and promoting quality use of medicines (Competency 5.2, 5.3, 5.5, 5.6).

Competency Standard 6 – assessing, planning, providing and evaluating safe and effective midwifery care for the woman and/or baby with complex needs:

- Developing strategies to ensure careful selection, management, monitoring and review of drug therapy, and promoting quality use of medicines for the woman and/or her baby with complex needs in conjunction with other health care professionals involved in their management (Competency 6.1, 6.2).

Competency Standard 7 – advocating to protect the rights of the woman, families and communities in relation to maternity care:

- Discussing drug therapies with the woman, her support persons and other health professionals to ensure informed decisions are made about prescribed and nonprescribed medicines (Competency 7.1, 7.2).

Competency Standard 8 – developing effective strategies to implement and support collaborative midwifery practice:

- Undertaking consultation and/or referral practice for the woman and/or her baby in relation to conditions beyond the midwifery scope of prescribing practice (Competency 8.1, 8.2).
- Discussing drug therapies with the woman, her support persons and other health professionals to ensure informed decisions are made about prescribed and nonprescribed medicines (Competency 8.1, 8.2).

Competency Standard 13 – acting to enhance the professional development of self and others:

- Assesses and acts upon own professional development needs in relation to all aspects of pharmacology, quality use of medicines and prescribing practice (Competency 13.1, 13.2).

Competency Standard 14 – using research to inform midwifery practice:

- Integrating contemporary evidence from research in relation to drug therapy into midwifery practice.

Also, recognition of the following competency standards will be reflected in the conduct, behaviour and practice of the midwife at the end of the program:

- Competency Standard 9 – actively promotes midwifery care as a public health strategy.
- Competency Standard 10 – ensuring midwifery practice is culturally safe.
- Competency Standard 11 – basing midwifery practice on ethical decision making.
- Competency Standard 12 – identifying personal beliefs and developing these in ways that enhance midwifery practice.⁵⁻⁶

Assessment

Learning outcomes and the assessment of these will be based upon the learning objectives for the program. Assessment will require participants to complete and pass all aspects of assessment in the program. Assessment will include a written examination and clinical experience, and may include a portfolio.⁶

The above program requirements are all generic requirements for the competence of health professionals prescribing, but as the class of potential participants are practising in the same professional area, it could be tailored specifically to midwifery practice. The accreditation of such programs would be the responsibility of the independent accrediting authority.

Learning model

The program will be delivered using appropriate teaching and learning models, including flexible modes (e.g. online, and distance learning and assessment strategies).

Appendix A – Glossary of terms and abbreviations

Accredited and approved program of study determined by the Board	<p>Program of study accredited according to the Australian Nursing and Midwifery Council (ANMC) (2009). <i>Midwives: Standards for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – With Evidence Guide</i>.</p> <p>Note: The standards document contains a detailed section giving an explanation of terms that should be read in conjunction with this document.</p>
AHMWMC	Australian Health Ministers Workforce Ministerial Council
ANMC	Australian Nursing and Midwifery Council
Context of practice	The conditions that define an individual’s midwifery practice. These include the type of practice setting (e.g. health care agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of clients (e.g. health status, age, learning needs); the focus of midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other health care professionals.
Continuing professional development (CPD)	The means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities.
Eligible midwife	A midwife recognised under section 38(2) of the National Law as an eligible midwife.
Endorsed as an eligible midwife for scheduled medicines	An eligible midwife endorsed under section 94 of the National Law as an eligible midwife endorsed for scheduled medicines.
Health Practitioner Regulation National Law Act 2009 (Qld)	The National Law Act regulating registered health professionals in Australia.
NMBA or the Board	Nursing and Midwifery Board of Australia
NRAS	National Registration and Accreditation Scheme

Appendix B – Draft model for prescribing competency framework

This Appendix contains a draft model for a prescribing competency framework⁹. It has **not been** adapted to reflect contemporary midwifery practice across the continuum of care — it is a health therapeutic model that may be modified and used in developing curricula and assessment instruments for establishing a midwife's competence in prescribing.

The consultation

1 Clinical and pharmaceutical knowledge

The midwife has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice, such as:

- understanding the medical conditions being treated, their natural progress and how to assess their severity
- understanding different nonpharmacological and pharmacological approaches to modifying disease or conditions; promoting health, desirable and undesirable outcomes; and how to identify and assess them
- understanding the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage
- understanding the potential for unwanted effects (e.g. allergy, adverse drug reactions, drug interactions, special precautions and contraindications), and how to avoid or minimise, recognise and manage them
- maintaining an up-to-date knowledge of products in the *Australian Medicines Handbook (AHM)* and List of Approved Medicines (LAM) (e.g. doses, formulations, pack sizes, storage conditions, costs)
- understanding how medicines are licensed, monitored (e.g. adverse drug reaction reporting) and supplied
- applying the principles of evidence-based medicine, clinical and cost-effectiveness
- understanding the public health issues related to medicines use
- appreciating the misuse potential of medicines.

2 Establishing options

(involving carers, parents and/or advocates where appropriate)

The midwife reviews diagnosis, generates treatment options for the patient and follows up treatment within the scope of the clinical management plan, including:

- taking and/or reviewing the medical and medication history, and undertaking a physical examination where appropriate
- views and assessing the patient's needs holistically (i.e. psychosocial, physical)
- accessing and interpreting all relevant patient records to ensure knowledge of the patient's management
- reviewing the nature, severity and significance of the diagnosis or clinical problem
- requesting and interpreting relevant diagnostic tests
- considering no treatment, nondrug and drug treatment options (including referral and preventative measures)
- assessing the effect of multiple pathologies, existing medication and contraindications to treatment options
- assessing the risks and benefits to the patient of taking or not taking a medicine (or using or not using a treatment)
- selecting the most appropriate medicine, dose and formulation for the individual patient, and prescribing appropriate quantities
- monitoring effectiveness of treatment and potential side effects
- establishing, monitoring and making changes within the scope of the clinical management plan in light of the therapeutic objective and treatment outcome
- ensuring that patients can access ongoing supplies of their medication.

3 Communicating with patients

(involving carers, parents and/or advocates where appropriate)

The midwife establishes a relationship based on trust and mutual respect, sees patients as partners in the consultation, and applies the principles of concordance, including:

⁹ Adapted from National Prescribing Centre UK for Queensland Health.¹⁰

- ensuring that the patient understands and consents to be managed by a prescribing partnership in accordance with local arrangements
- listening to and understanding patients beliefs and expectations
- understanding the cultural, language and religious implications of prescribing
- adapting consultation style to meet the needs of different patients (e.g. for age, level of understanding, physical impairments)
- dealing sensitively with patients' emotions and concerns
- creating a relationship that does not encourage the expectation that a prescription will be written
- explaining the nature of the patient's condition and the rationale behind, and potential risks and benefits of, management options
- enabling patients to make informed choices about their management
- negotiating an outcome to the consultation that both patient and prescriber are satisfied with
- encouraging patients to take responsibility for their own health and self-manage their conditions
- giving clear instructions to the patient about their medication (e.g. how to take or administer it, where to get it from, possible side effects)
- checking the patients understanding of, and commitment to, their treatment.

Prescribing safely and effectively

4 Prescribing safely

The midwife is aware of their own limitations, does not compromise patient safety and justifies prescribing decisions, including:

- knowing the limits of their own knowledge and skill, and works within them
- knowing how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist
- only prescribing a medicine with adequate, up-to-date knowledge of actions, indications, contraindications, interactions, cautions, dose and side effects
- knowing about common types of medication errors and how to prevent them
- making prescribing decisions often enough to maintain confidence and competence

- keeping up to date with advances in practice and emerging safety concerns relating to prescribing
- understanding the need for, and makes, accurate and timely records and clinical notes
- writing legible, clear and complete prescriptions that meet legal requirements
- checking doses and calculations to ensure accuracy and safety.

5 Prescribing professionally

The midwife works within professional, regulatory, and organisational standards, including:

- accepting personal responsibility for their own prescribing in the context of a shared clinical management plan, and understands the legal and ethical implications of doing so
- using professional judgement to make prescribing decisions based on the needs of patients and not the prescribers' personal considerations
- understanding how current legislation affects prescribing practice
- prescribing within current professional and organisational codes of practice or standards
- keeping prescription pads safely, and knowing what to do if they are stolen or lost.

6 Improving prescribing practice

The midwife actively participates in the review and development of prescribing practice to improve patient care, including:

- reflecting on their own performance, and can learn and change prescribing practice
- sharing and debating their own, and others', prescribing practice (e.g. audit, peer group review)
- challenging colleagues' inappropriate practice constructively
- understanding and using tools to improve prescribing (e.g. review of prescribing analysis and cost tabulation [PACT], prescribing data and feedback from patients)
- reporting prescribing errors and near misses, and reviewing practice to prevent recurrence
- developing their own networks for support, reflection and learning
- establishing multiprofessional links with practitioners working in the same specialist area
- taking responsibility for their own continuing professional development.

Prescribing in context

7 Information in context

The midwife knows how to access relevant information, and can critically appraise and apply information in practice, including:

- understanding the advantages and limitations of different information sources
- using relevant, up-to-date information, both written (paper or electronic) and verbal
- critically appraising the validity of information (e.g. promotional literature, research reports) when necessary
- applying information to the clinical context (i.e. linking theory to practice)
- using relevant patient record systems, prescribing and information systems, and decision-support tools
- regularly reviewing the evidence behind therapeutic strategies.

8 The health care system in context

Note: most of these points would apply more generally

The midwife understands and works with local and national policies that impact on prescribing practice, and sees how their own practice impacts on a wider health care system, including:

- understanding the framework of supplementary prescribing and how it is applied in practice
- understanding and working with local health care organisations and relevant agencies contributing to health improvement (e.g. social services)
- working within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines)
- working within the organisational code of conduct when dealing with the pharmaceutical industry
- understanding drug budgetary constraints at local and national levels, and discussing them with colleagues and patients
- understanding national frameworks for medicines use (e.g. Quality Use of Medicines, National Prescribing Service, medicines management, clinical governance, information technology strategy).

9 The team and individual context

The midwife works in partnership with colleagues for the benefit of patients, and is self-aware and confident in their own ability as a prescriber, including:

- relating to the independent prescriber as an equal partner
- negotiating with the independent prescriber to develop and agree on clinical management plans
- thinking and acting as part of a multidisciplinary team to ensure that continuity of care is not compromised
- establishing relationships with colleagues based on understanding, trust and respect for each others roles
- recognising and dealing with pressures that may result in inappropriate prescribing
- being adaptable, flexible, proactive and responsive to change
- seeking and/or providing support and advice to other prescribers, team members and support staff where appropriate
- negotiating the appropriate level of support for their role as a prescriber.

Appendix C – References

1. Coombes, ID (2008) *Improving the safety of junior doctor prescribing: systems, skills, attitudes and behaviours*, University of Queensland: Brisbane.
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