

PRESCRIPTIVE AUTHORITY FOR NURSES AND MIDWIVES

Standards and requirements



Bord Altranais agus
Cnáimhseachais na hÉireann

Nursing and Midwifery Board
of Ireland



These standards and requirements were originally published in April 2007 as *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (First Edition).

This document was re-issued in October 2015 for the relaunch of the NMBI website. This involved reviewing the content, updating dated references and redesigning the document. However, the standards and requirements themselves reflect what is in the 2007 edition.

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit www.NMBI.ie/What-We-Do

Nurses Rules 2010

This programme is governed by the Nurses and Midwives Act 2011 and by the Nurses Rules, which provide titles of recognised qualifications under the Register of Nurses and Midwives. For more information on the Act, and on the Nurses Rules, visit the What we Do/Legislation section of NMBI's website, www.NMBI.ie

Approval of Higher Education Institutions and associated Health Care Providers

Details of approval of HEIs and associated HCPs along for provision of such programmes are published on our website. For more information, visit www.NMBI.ie/Education/Higher-Education-Institutions

Glossary

A full glossary of all the terms used in this and other NMBI publications is published on our website on www.NMBI/Standards-Guidance/Glossary

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INTRODUCTION

Minimum Entry Requirements

Before admission to the programme of education and training leading to registration in the Nurse Prescribers Division of the NMBI Register, the name of the nurse/midwife must already be entered in the General, Psychiatric, Children's, Intellectual Disability, Midwife or Public Health Nurse Divisions of the Register. The nurse/midwife must have three years recent post registration clinical experience in nursing/midwifery (this must be within the past 5 years) with the equivalent of one year full time experience in the specific area of practice. The nurse/midwife must possess the competencies recognised at Level 8 of the NQAI framework. There should be demonstrable evidence of further education and the nurse/midwife should possess a competent level of information technology literacy.

Requirements for Nurse/Midwife Education for Prescriptive Authority

The education programme for nurse/midwife prescriptive authority may not be delivered without prior approval by NMBI. It is recognised that the delivery of education for prescribing requires inter-professional input. NMBI supports the concept of inter-professional education. The interests of no single professional group should dominate inter-professional education initiatives and such education initiatives should be planned in a collaborative manner. Inter-professional education as part of the education for prescribing authority should occur in a way that supports the professional identity and unique perspective of the nurse/midwife in their prescribing practice. These Standards and Requirements are intended to guide the development of all post-registration programmes leading to a qualification for the division of the Register for Nurse Prescribers.

LEARNING OUTCOMES

The purpose of the education programme for nurse/midwife prescriptive authority is to ensure that upon successful completion the nurse/midwife is equipped with the knowledge, skills and competence to prescribe safely and effectively. The education programme enables the nurse/midwife to:

1. Demonstrate a systematic understanding of the regulatory framework associated with prescribing, including the legislation and professional guidelines, supporting safe prescribing.
2. Critically utilise evidence based knowledge and skill of patient/client assessment and consultation to achieve a holistic approach to patient/client care in the prescribing of medicinal products
3. Apply expert skills in clinical decision making in relation to prescribing medicinal products
4. Demonstrate a critical understanding of pharmacotherapeutics, pharmacodynamics and pharmacokinetics
5. Demonstrate knowledge of the role of the multi-disciplinary team and effective communication processes involved in safe medication management.

COMPETENCIES FOR PRESCRIPTIVE AUTHORITY

Competence is a complex multidimensional phenomenon. It is defined as the ability of the Registered Nurse/Midwife to practice safely and effectively, fulfilling her/his professional responsibility within her/his scope of practice.

All five Domains of Competence represent the level the nurse/midwife must reach on completion of the education for nurse/midwife prescriptive authority. The aim of the competency framework is to ensure that participants acquire the skills of critical analysis, problem-solving, decision-making and reflective skills and abilities essential to the art and science of nursing or midwifery in this expanded role. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is, in turn, informed by that practice. Within complex and changing healthcare environments, it is essential that practice is based on the best available evidence. This is reflected in the competencies.

The competencies encompass five domains:

1. Professional/ethical practice
2. Holistic approaches to care
3. Interpersonal relationships
4. Organisation and planning of care
5. Personal and professional development

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the nurse's/midwife's prescribing practice. Each domain consists of performance criteria and relevant indicators. For each indicator, critical elements should be developed at local level by the partnership institutions to reflect patient/client and service need.

A team and partnership approach should be applied when assessing the participant. The assessor will consult with professional colleagues in determining the participant's competence. The education institutions and the clinical practice sites will agree in relation to the assessment process. Participants are deemed to be either competent or not competent. There are no ratings in the verification of competence. The achievement of competence as outlined for the education programme for prescriptive authority is required for registration as a nurse prescriber.

Domain 1 - Professional/Ethical Practice

		Indicators
1.1	Practices in accordance with legislation and professional guidance affecting nursing practice	<ul style="list-style-type: none"> Practices within the legislation and professional regulation and guidelines relevant to her/his scope of practice and care setting Integrates accurate and comprehensive knowledge of ethical principles and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) within the scope of professional practice involving medicinal products and prescribing Accepts personal accountability for prescribing decisions and actions, understanding the legal implications of doing so
1.2	Practices within the limits of own competence and takes measures to develop and maintain own competence	<ul style="list-style-type: none"> Recognises own abilities and level of professional competence Conducts self audit of practice incorporating reflective practice/thinking to identify prescribing competence within the nurse/midwife's scope of practice Maintains current knowledge of advances in practice pharmacotherapeutics and emerging safety concerns related to prescribing Consults appropriately with the medical practitioner and/or pharmacist for patient/client when the individual nurse/midwife perceives limitations in her/his knowledge of prescribing Identifies a mechanism to support continuing professional development needs to ensure continued competence
1.3	Practices within a framework of professional accountability and responsibility in relation to prescribing	<ul style="list-style-type: none"> Adheres to legislation, professional regulation and guidelines and employing organisation's standards/policies for authority to prescriptive authority Complies with the requirements/policies of the employing organisation for: <ul style="list-style-type: none"> Reporting prescribing medication errors/incidents and near misses Audit of prescribing patterns/practices Complies with the requirements of the employing organisation and the Irish Medicines Board for reporting adverse drug reactions Understands and applies the mechanisms of the HSE National Shared Services Primary Care Reimbursement Service for prescribing

Domain 2 - Holistic Approaches to Care and the Integration of Knowledge

		Indicators
2.1	Conducts a systematic holistic assessment of patient/client needs	<ul style="list-style-type: none"> • Performs a comprehensive assessment of the patient/client encompassing history taking, physical examination and identification of health risk factors. • Comprehends the health conditions including issues of health promotion and prevention being managed, their natural progress and how to assess the severity of condition • Assesses the relationship between health condition and current medication plan • Requests and interprets relevant diagnostic tests and procedures to inform appropriate and safe prescribing • Evaluates the use of complementary therapies by the patient/client for safety and potential interactions
2.2	Plans care in consultation with the patient/client taking into consideration the therapeutic regimes of all members of the interdisciplinary team.	<ul style="list-style-type: none"> • Critically utilises assessment data with expert clinical decision-making skills to formulate a plan of care based on scientific rationale, evidence based care and practice guidelines supporting the maintenance and promotion of health • Integrates appropriate non-pharmacologic interventions into a plan of care and advises the patient/client on the use of such interventions • Involves patient/client or carer as active participants in the decision- making process and plan of care that is mutually agreed • Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse/midwife's scope of practice and expertise
2.3	Implements planned nursing care/interventions to achieve the identified outcomes of the plan of care	<ul style="list-style-type: none"> • Implements care based on knowledge, skills and competence within her/his scope of practice • Considers appropriate diagnostic and therapeutic interventions as part of ongoing plan of care • Provides guidance and advice regarding the agreed care/ interventions to the patient/client
2.4	Evaluates patient/client progress towards expected outcomes and reviews plans in accordance with evaluation data and consultation with the patient/client	<ul style="list-style-type: none"> • Evaluates and provides evidence based rationale for clinical decision and nursing intervention with regard to pharmacological/nonpharmacological treatment choice or referral to medical practitioner if applicable • Schedules appropriate follow-up care to monitor the patient/client and evaluate his/her treatment

		Indicators
2.5	Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices	<ul style="list-style-type: none"> Integrates accurate and comprehensive knowledge of the Guidance to Nurses and Midwives on Medication Management within the scope of professional practice in the delivery of nursing/midwifery care involving medicinal products and prescribing Identifies and utilises current medicinal products information in the provision of individualised care Utilises expert knowledge of pharmacokinetics and pharmacodynamics to determine appropriate dosage, dosage form, route and frequency of administration of medications based on relevant individual patient/client characteristics (i.e. age, gender, co-morbidity, culture) Identifies and integrates appropriate monitoring systems for medication safety and efficacy in the care plan Demonstrates an understanding of the potential for unwanted effects, (e.g. adverse drug reactions [ADRs], drug interactions, special precautions and contraindications), and actions to avoid/minimise and manage them Understands the potential for misuse of drugs Applies the principles of evidence-based practice, and clinical and cost-effectiveness Recognises the public health issues related to medicinal product use Considers non-pharmacological approaches to modifying disease and promoting health where appropriate

Domain 3 - Interpersonal Relationships

		Indicators
3.1	Establishes and maintains caring therapeutic interpersonal relationships with individuals/clients/ groups/ communities for safe and effective prescribing of ionising radiation (X-Ray)	<ul style="list-style-type: none"> Discusses with patient/client assessment findings and treatment options recognising relevant individual patient/client characteristics (i.e. age, gender, co-morbidity, culture) and expectations Assesses the patient/client understanding of and own responsibility in their care plan, involving carers where appropriate Facilitates the patient/client in self management of condition and prescribed treatment Communicates sensitively, respecting patient/clients' emotions and concerns

		Indicators
3.2	Collaborates with all members of the health care team and documents relevant information	<ul style="list-style-type: none"> • Identifies the roles and responsibilities of other health care professionals in the prescribing process • Establishes relationships with other health care professionals based on understanding and mutual respect • Maintains comprehensive documentation and patient/client records of plan of care within a legal and ethical framework • Participates in interdisciplinary team collaboration relating to the patient/client's care plan • Establishes mechanisms for consultation regarding practice decisions and referral pathways

Domain 4 - Organisation and Management of Care

		Indicators
4.1	Effectively manages the nursing/midwifery care of clients/groups/communities	<ul style="list-style-type: none"> • Demonstrates quality assurance and quality management in prescribing a structure of audit and report • Integrates the principles of clinical risk management and health and safety in prescribing practice • Identifies health promotion priorities and implements health promotion strategies for patient/client groups in the area of clinical practice

Domain 5 - Personal and Professional Development

		Indicators
5.1	Acts to enhance the personal and professional development of self and others	<ul style="list-style-type: none"> • Demonstrates a commitment to life-long learning • Accepts personal responsibility for professional development and the maintenance of professional competence • Maintains current knowledge of advances in scope of practice associated with prescribing ionising radiation (X-Ray) • Develops professional links with others practising in the same specialist area • Uses the outcomes of audit of prescribing practices to improve service provision and develop own practice

SYLLABUS/INDICATIVE CONTENT

Nursing and Midwifery are interpersonal caring processes that acknowledge the uniqueness of the individual. Students may enter this registration programme with a wide range of previous professional and educational experiences; these should be acknowledged and developed. The Nurse/Midwife Education Programme for Prescriptive Authority contains the essential elements that facilitate the development of professional knowledge, skills, attitudes and competencies necessary to meet the needs of patients within this area of practice expansion. The list of topics included provides an indication of the content of the Registration education programme for Prescriptive Authority. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent evidence, policy and legislative change.

To meet the learning outcomes, it is expected that education programme planning teams will include the following areas of study and develop these into a detailed curriculum, which will enable nurses/midwives to develop knowledge and competence in prescribing. The sections into which the indicative content is organized should not be viewed as discrete, neither is the list of topics included in the syllabus exhaustive. The manner in which the content is interwoven and interlinked is individual to each programme. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive to the most recent policy and legislative changes. Access to inter professional learning and working should be made available to students.

Professional Accountability and Responsibility

- Professional regulations and guidelines
- Accountability and responsibility for prescribing practice
- Critical review & self audit
- Reflective practice
- Risk management in medication management
- Public health issues for prescribing
- Evidence-based practice and clinical governance in relation to prescribing

Legal and Ethical Aspects

- Legislation for Nursing/Midwifery Practice and Medication Management
- Legal liability and clinical indemnity for prescribing and expansion of nursing/midwifery practice
- Informed consent of patient/client for treatment
- Awareness and reporting of fraud
- Substance abuse/dependence
- Budgetary considerations (e.g. HSE National Shared Services Primary Care Reimbursement Service/ medical card)
- Licensing of medicinal products
- Ethics and prescribing
- Documentation requirements of prescribing

Pharmacology and Pharmacotherapeutics

- Pharmacotherapeutics, Pharmacodynamics, Pharmacokinetics
- Pharmacovigilance
- Process for identification and treatment of adverse reactions and interactions
- Medication error/near miss reporting – organisational policy
- Prescribing for special populations - the elderly, the young, pregnant or breast-feeding women, the intellectually disabled and those with mental illness
- Pharmacoeconomics (cost vs. benefit ratio)
- Influences on and psychology of prescribing
- Applied Biosciences to prescribing practice

Principles of the prescribing process

- Steps of prescribing process
- Assessment of patient/client – history and physical examination
- Requesting and interpretation of laboratory and diagnostic tests
- Consultation skills
 1. Awareness of cultural and ethnic diversity of patient/client/family
 2. Awareness of patient/client expectation for prescription medicinal products
 3. Knowledge and skills for decision-making and treatment planning
 4. Diagnostic reasoning – data synthesis
 5. Risk vs. benefit ratio in treatment decisions
 6. Use of non-pharmacological interventions in care plan
- Patient/client education and preventative healthcare advice regarding medicinal products and disease management issues
- Prescription writing and documentation of plan of care including patient/client response
- National and local health care providers guidelines, policies and protocols for prescribing

Collaboration/Referral with other health care professionals

- Interpersonal and communication skills necessary to foster collaborative relationships with allied health professionals
- Role and functions of other healthcare professionals involved in medication management
- Interdisciplinary sharing of patient/client medical records - Documentation
- Management of conflict
- Clinical audit

THEORETICAL AND CLINICAL INSTRUCTION

For Nurse/Midwife Prescriptive Authority

This section presents the requirements for the education and training of nurses and midwives for prescriptive authority. The education programme for nurse/midwife prescriptive authority is developed on the assumption that participants are pursuing an expansion of practice beyond the point of initial registration.

The period of training for achievement of prescriptive authority shall be attendance at an approved third level institution.

This education shall be completed over a period of 26 weeks full time or 1 year (52 weeks) part time during which time the individual must be engaged in relevant clinical practice.

Clinical Instruction	Maximum Number of Weeks
Theoretical instruction (to include self-directed study, exams)	No less than 28 days (168 hours)
Clinical instruction	No less than 12 days (96 hours)

The nurse/midwife must be working in the area where the clinical practicum will occur. The 12 days of clinical instruction must be delivered while undertaking the education programme. There must be confirmation from a medical practitioner for medical supervision of the nurse/midwife and agreement to provide the required term of supervised practice. The methodology of the education institution to support the nurse/midwife in the clinical practicum must be identified in the curriculum. Learning outcomes/objectives to be achieved by the nurse/midwife in the clinical area must also be made explicit.

The programme should provide the opportunity to experience practice in a variety of settings to allow students gain a broad understanding of prescribing practice and interdisciplinary/multidisciplinary team working. Practice placements should be of sufficient length of time to enable students achieve the professional competence required.

Discretionary practice placement experiences may be selected based upon the identified needs of the students, the competencies to be achieved and current health care policy initiatives and developments.

The discretionary placements will be selected to enable the student to achieve the programme learning outcomes and develop the competencies essential for registration as a nurse prescriber.

Following any interruption in the education programme the third level institution in partnership with the health care institution(s) ensure that the participant meets the theoretical and the practice requirements. Interruption means any leave (other than annual leave and bank holidays including sick leave, maternity leave, force majeure, paternity leave, parenting leave, compassionate leave and other special leave). No compensation between the theoretical and clinical practice assessments is permitted in meeting the education requirements.

APPROVAL CRITERIA FOR PROGRAMMES

The Standards for the approval of educational providers, health care providers, programme design and development, clinical practice experience, assessment process, and external examiners are the benchmarks used for programme approval criteria attaining and maintaining prescriptive authority.

The approval process consists of two separate parts:

1. Approval of the educational provider – utilising appropriate internal and external quality assurance criteria as determined by the relevant awarding bodies and the Standards and Requirements of NMBI.
2. Approval of the education programme for prescriptive authority

The respective educational providers must declare through a self-declaration audit of compliance that their programme complies with these standards: Prescriptive Authority for Nurses and Midwives Standards and Requirements.

Each educational provider must establish an educational committee or equivalent representative of the educational and service stakeholders to oversee the nurse/midwife education programme for prescriptive authority.

In respect of prescriptive authority education programmes NMBI will satisfy itself as to the suitability of the educational provider's internal and external quality assurance mechanisms. Such mechanisms should reflect national and international best practice in terms of internal and external Quality Assurance structures and processes. NMBI reserves the right to conduct an audit in respect of programmes submitted to it for approval.

Approval of prescriptive authority education programmes

The educational programme will be accredited by the relevant academic council and the relevant awarding bodies. The educational providers will make a written submission to NMBI in the form of the detailed programme including evidence of its self audit and compliance with NMBI Prescriptive Authority for Nurses and Midwives Standards and Requirements. An educational institution proposing to provide a programme of education and training leading to registration in the Nurse Prescriber Division of the Register should demonstrate that the development and delivery of the education programme has interprofessional input and support (e.g. medicine and pharmacy).

The Education and Training Committee of NMBI will approve the education programme for prescriptive authority. This committee includes representatives of the educational providers (elected and nominated to the Board). Once approval has been given it will be maintained through annual monitoring and review. An annual report is to be forwarded to NMBI which will include statistics on attrition, success rate and evaluation data incorporating the views of stakeholders including students.

The following general provisions regarding the process of approval apply:

Approval process

- Review by Education Officer(s) and/or representatives of NMBI
- Review by Education and Training Committee
- A decision is made by the Committee and the decision is reported to the Board.
- Educational provider is informed of the decision of the Committee by the Chief Education Officer or a designated Officer of the Board.
- Approved programmes are placed on the Nursing Careers Website.

The approval process will take place within a time-scale agreed with educational providers at the outset. The course submission time frame will take cognisance of the meeting schedule within NMBI.

After approval has been given, any subsequent changes within the educational providers or in the educational programme that affect any aspect of the programme must be notified to NMBI. Notification of approval of the programme will be in writing from NMBI. Conditions and recommendations may be attached to the approval of a programme. These conditions and recommendations will include a time frame for response.

STANDARDS FOR THE APPROVAL OF EDUCATIONAL PROVIDERS AND HEALTH CARE

The respective Educational Providers

Educational providers are committed to providing education (programmes) for prescriptive authority which demonstrate that the highest standards of professional education and training are in place.

1. Educational providers respond to change affecting professional, educational, health, social and economic issues.
2. Educational providers keep appropriate records including records for the conferment of professional and academic awards.
3. The process for monitoring student attendance is declared.
4. Organisational structures supporting the management of the educational programme are explicit.
5. Educational providers have a Prescriptive Authority Education Committee with representatives of the key stakeholders.
6. The role of the external examiner in relation to the education for prescriptive authority is explicit.
7. The staff resource supports the delivery of the education programme for prescriptive authority at the stated professional, clinical and academic level.
8. Lecturers/tutors are involved in clinical practice and its development.
9. Nursing/midwifery subjects are developed and taught by registered nurses/midwives with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.
10. Interprofessional subjects (e.g. physical assessment, pharmacology) are developed and taught with support from other health care disciplines (i.e. Medicine and Pharmacy) with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.
11. A mechanism for staff development which prepares staff to deliver the education including the provision for maintaining nursing/midwifery expertise and credibility is identified.
12. Educational providers provide administrative and clerical support for all educational activity.
13. Educational providers provide educational resources/facilities (including library, computer, audio-visual and accommodation) to meet the teaching and learning needs of the specific education for prescriptive authority.
14. Mechanisms for learner admission to the education programme for prescriptive authority ensure that the stated entry requirements are met. The mechanism and conditions for learners exiting the education programme before completion are explicit.

15. Following any interruption in the education the educational provider ensures that the learner meets the educational requirements
16. The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit.
17. The educational provider provides an annual programme report on the education for prescriptive authority including the external examiner's report to NMBI.

Programme Design and Development

1. Curriculum design and development reflect research and evidence based educational theory and health care practice. National and international benchmarks should inform curriculum development.
2. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing/midwifery practice and health care delivery.
3. Theoretical and clinical learning experiences and the learning environment support the achievement of the aims and objectives/outcomes of the programme.
4. Programme design and development are led by registered nurse tutors or nurse/midwifery lecturers with a teaching qualification and supported by clinical experts in medicine and pharmacology and others as appropriate in collaboration with others and is guided by professional nursing/midwifery knowledge which is evidence/research based.
5. The programme education development team comprise representative members of key stakeholders in nursing/midwifery, medicine and pharmacology education and practice.
6. The programme is strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects and clinical competence over the educational programme.
7. The programme is based on a range of teaching-learning strategies to assist the development of a knowledgeable and competent practitioner and to equip them with the life-long skills for problem-solving, decision-making and self-directed learning.
8. The programme design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical; and self directed study. It also incorporates the required hours of clinical supervision by the designated medical practitioner.
9. The programme equips the students/participants with an appropriate level of knowledge, research awareness and critical analysis.
10. The awarding body accreditation of the programme is explicit.
11. Processes to facilitate access, transfer and progression are explicit.

12. The programme design includes the assessment strategy in relation to the assessment of clinical competence, theoretical learning outcomes in the attainment of the competencies for prescriptive authority.
13. Quality assurance criteria reflective of NMBI requirements and relevant awarding body are explicit.
14. Quality assurance mechanisms and indicators are identified and measured in relation to the internal and external governance requirements of the educational provider, the awarding body and the professional regulator.

Clinical Practice Experience

Clinical practice experience provides learning opportunities that enable the achievement of competency in prescribing, clinical nursing/midwifery practice and the stated learning outcomes.

1. Clinical placements are based in health care institutions, which are audited/approved by the Programme team and satisfy NMBI Standards and Requirements.
2. The selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes and competencies for the education for prescriptive authority.
3. Confirmation from the health service provider that the nurse/midwife is working in the area where the clinical practicum will occur and that there is an expressed service need for the nurse/midwife to prescribe as part of his/her individual role
4. Participant/student allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills and competence and the establishment/presence of clinical supervision by a medical practitioner in the same speciality as the student.
5. Written confirmation from a medical practitioner for medical supervision of the nurse/midwife with the agreement to provide the required term of supervised practice. The particulars of the medical practitioners should be known to the educational institution.
6. Orientation material must be provided to medical practitioner serving as supervisor for clinical practicum or engaged in clinical instruction. This should include:
 - a. Copy of the programme overview, syllabus, course objectives and include learning outcomes and competencies of nurse/midwife.
 - b. Description of education faculty and medical practitioner clinical supervisory role in evaluation of clinical performance of nurse/midwife which should address the communication strategy for assessment/evaluation of the nurse/midwife from the medical practitioner to the higher education institute/programme instructor. This will require mutually agreed learning outcomes/objectives for the individual student to achieve in the clinical area.
 - c. Policies related to academic performance in clinical area.

- d. Criteria for grading used by the educational institution for the clinical practicum.
 - e. Notification procedure for supervisors who believes a nurse/midwife is not able to meet clinical requirements or is having difficulty.
 - f. Explanation and frequency of clinical site visits, meetings between teachers and students about the clinical experience and expectations of medical practitioner supervisors regarding these areas.
7. Clearly written learning outcomes/objectives appropriate to the clinical area are developed and are available to ensure optimal use of valuable clinical experience. These learning outcomes/objectives are revised as necessary with consultation with the supervising medical practitioner.
 8. Students/participants, supervising medical practitioner and all those involved in meeting the students learning needs are fully acquainted with the expected learning outcomes and competencies related to that clinical placement.
 9. Lecturers and nurse/midwifery tutors, in liaison with supervising medical practitioner, clinical managers and practice development guide and support the participants/students in ensuring that the clinical placement provides an optimum-learning environment.

Assessment Process

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the education programme for prescriptive authority.

Assessments are strategically planned and function to:

- Provide feedback on student/participant progress
 - Ensure educational standards (theory and practice) are achieved before entry to the next part of the education, as appropriate.
1. Assessments are based on a variety of strategies which are aligned with the subject area, practice setting and stage of the educational programme and expected learning outcomes and competencies.
 2. Assessment measures where appropriate demonstrates the integration and application of theory to patient care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes and competencies in both theory and practice.
 3. Assessment strategies are established as reliable and valid measures of learning outcomes and competencies.
 4. Grading criteria indicating the standard for a pass award is required for theoretical and clinical practice competency assessments as awarding/grading mechanism, which acknowledges higher achievements by the student/participant, is recorded.
 5. Assessment regulations relating to compensation, supplemental and appeal mechanisms and conditions for continuance of the educational programme are explicit.

External Examiners

External examiners have an important role in maintaining the standard of education for prescriptive authority by providing an independent view about their content, structure, organisation and assessment. The third level institutions in collaboration with the relevant educational providers appoint external examiners in accordance with specified internal and external criteria (see below).

1. The role of the external examiner is explicit and functions to:
 - Maintain the quality and standards for education for prescriptive authority
 - Ensure the assessment strategies for theory and practice are reliable and equitable.
 - Ensure individual students are treated fairly.

2. External examiners for the education programme for prescriptive authority:
 - Are Registered Nurses/Midwives with professional qualifications appropriate to the education programme being examined.
 - Hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the education being examined
 - Have experience in examining and assessing post-registration students
 - Have experience in the development, management, delivery and evaluation of education for prescriptive authority.

3. The mechanism whereby the external examiner is provided with relevant documentation participates in decision-making concerning the programme and has membership of the examination boards of the respective institutions, is explicit.

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