



**SCHOOL OF NURSING, MIDWIFERY  
AND PARAMEDIC PRACTICE**



## **Return to Midwifery Practice**

# **PRACTICE ASSESSMENT DOCUMENT (MPAD)**

Student's Name: \_\_\_\_\_

University: \_\_\_\_\_

Student ID: \_\_\_\_\_

Intake: \_\_\_\_\_

Personal Tutor: \_\_\_\_\_

Version 2

September 2021

## Glossary of Terms and Abbreviations

AEI	Approved Educational Institute
AA	Academic Assessor
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
MH	Manual Handling
HAI	Healthcare Associated Infection
HEI	Higher Education Institute
ILS	Immediate Life Support
InPlace	Online Site for Practice Learning Environments
MPAD	Midwifery Practice Assessment Document
NES	NHS Education for Scotland
NHS	National Health Service
NHSS	National Health Service Scotland
NIPE	Newborn Infant Physical Examination
NLS	Neonatal Life Support
NMC	Nursing and Midwifery Council
PA	Practice Assessor
PEF	Practice Education Facilitator
PEL	Practice Learning Environment/Experience
PLP	Practice Learning Partners
PS	Practice Supervisor
PEL	Practice Education Lecturer
PSMAV	Prevention & Safe (Therapeutic) Management of Aggression and Violence
SIPCEP	Scottish Infection Prevention & Control Education Pathway
QMPLE	Quality Management of the Practice Learning Environment

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# **SECTION 1: GUIDANCE FOR USE OF THE PRACTICE ASSESSMENT DOCUMENT (PAD)**

## **1.0 Introduction to your Return to Midwifery Practice Assessment Document (MPAD)**

All Scottish Approved Education Institutions (AEIs) deliver their pre-registration midwifery courses/programmes in accordance with the Nursing and Midwifery Council (NMC) Standards of proficiency for midwives (2019a) and the European Union Directive 2005/36/EC and requirements of the European Midwives Directives 80/155/EEC and Article 4 and 89/549/EEC Article 27 (Keighley, 2009). Also, requirements of the European Union Midwives Directive (2005/36/EC “on the recognition of professional qualifications” as amended by Directive 2013/55/EU) (Keighley, 2009). The Scottish AEIs have worked collaboratively to produce a single Midwifery Practice Assessment Document (MPAD) for Scotland, which must be completed by all midwifery students undertaking a pre-registration midwifery course.

The Return to Practice MPAD mirrors that document providing evidence of the updating of your skills and knowledge, and your confidence for practice, as required by the NMC (NMC 2019b) for readmission to the register.

The purpose of your MPAD is to provide a systematic record of your practice learning progress and achievement of proficiencies and skills throughout each practice learning experience (PLE). This allows current and future Practice Supervisors, Practice Assessors and Academic Assessors to see an overview of your progress from each PLE throughout your course

The MPAD is an integral part of your learning process. It is not simply a catalogue of learning activities; rather, it should be clear evidence of your learning and reflection. Your MPAD should provide evidence of learning from academic activities as well as from your practice experience, clearly evidencing your achievement of the NMC Standards of proficiency for midwives (NMC 2019a). Consideration of adherence to The Code (NMC 2018a) is part of the assessment process.

As a return to practice student, you have consented to maintain your practice learning documentation throughout the length of your course. Your MPAD is an important record of ongoing learning that records the final assessment of proficiency by the Practice Assessor and Academic Assessor.

### **1.1 Your responsibilities as a student within practice placements**

Your MPAD is an important tool in presenting an overall picture of your achievement through your course. It provides evidence for Your Practice Supervisors and Practice Assessors about your achievements and/or needs. This is in accordance with NMC Part 2 of; Realising professionalism; Standards for education and training; Standards for student supervision and assessment (NMC, 2018b).

As a student it is your responsibility to:

- Take a proactive approach to practice and personal learning by developing learning plans.
- Complete the pre-practice learning activities prior to the start of each practice learning experience (PLE).
- Determine who your academic assessor and Practice Education Facilitator (PEF) for the area are.
- Identify the approved mechanism by which you, as a student, may raise concerns in practice (safety responsibilities). This is addressed through the Cause for Concern Guidance and the Whistleblowing Policy both of which you will find on all your PLE Moodle sites.
- You must always seek consent from service users at all times and you must respect the rights of a service user to decline care.
- **You must provide access to your MPAD on day 1 of each PLE so that your Practice Supervisor or Practice Assessor can review your progress to date. Failure to do so may result in a delay to the commencement of your placement.**
- Ensure that your supervisors and assessor sign the 'record of signatories' form once they have reviewed your MPAD.
- All actions and entries in your MPAD must be undertaken in collaboration with your supervisors and assessor and documented by them.
- To identify experiences and learning opportunities with supervisors and assessors to enable the achievement of proficiencies.
- To reflect in and on your practice and document within your MPAD.
- Demonstrate your ability to integrate theoretical learning with practice.
- Share with your Practice Supervisors and Practice Assessors evidence of learning and development to inform the assessment of your performance.
- Ensure that all elements of the assessment section are completed fully and signed before you leave your PLE including attendance record.
- On completion of your PLE, your MPAD should be submitted in accordance with your university's course assessment schedule.
- You must ensure that you have knowledge of the requirements and declare your Good Health and Good Character. You must declare a Good Health and Good Character for every year of your course and for entry to the register.
- You must ensure that you have knowledge of the requirements of Duty of Candour (NMC and GMC, 2019) and act upon this accordingly at all times.

In addition to the activities described above, you must also be aware of the requirement to complete an evaluation of the PLE which is part of the formal University audit process. This evaluation is located in **QMPLE**.

This MPAD will show your achievements, progression through the course and contribute to the decision for entry to the register. If you have any questions regarding this document or how to use it, please do not hesitate to speak to your Academic Assessor/Module Co-ordinator/Course Leader. You will undertake a variety of PLEs to enable you to develop and meet your NMC Standards of proficiency for midwives (NMC, 2019a). In addition, you will experience the range of hours expected of practicing midwives.

The Nursing and Midwifery Council (NMC, 2019b, p.11) state that: Approved education institutes together with practice learning partners must “ensure that students are supernumerary”. Supernumerary status means that: “Students in practice or work-placed learning must be supported to learn. This may include being supernumerary, meaning that they are not counted as part of the staffing required for safe and effective care in that setting” (NMC, 2018b, p.4). “The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student’s increasing proficiency and confidence” (NMC, 2018b, p.4). This means that you have supernumerary status whilst within the PLE; you are not to be ‘counted in the numbers’ but you will make an active contribution to the provision of care under a varying degree of supervision whilst on your programme of study.

## **1.2 The roles of Practice Supervisors, Assessors and Academic Assessors**

You will have practice learning experiences (PLEs) throughout your course. During these PLEs, responsibility for supervision and assessment will lie with a Practice Supervisor, Practice Assessor and an Academic Assessor (NMC 2018b).

### **1.3.0 Nominated Person**

There is a nominated person for each PLE to actively support you and address any concerns (NMC 2018b). In Scotland this nominated person in each PLE is normally a Practice Supervisor (NES 2019).

#### **1.3.1 Practice Supervisor (PS)**

There may be a number of Practice Supervisors in each learning environment who will support and supervise you as a student, however you must have a nominated Practice Supervisor identified to actively support you during this experience. They can be any registered health and social care professional working in a practice environment, but most of the time they will be midwives. Practice Supervisors will be prepared and supported to take up their role and will have up-to-date knowledge and experience relevant to the supervision they must provide for you. All NMC registered midwives and nurses are capable of supervising students.

Practice supervision will enable you to learn and safely achieve proficiency and autonomy in your professional role. Your supervision will reflect your learning needs and stage of learning. Your Practice Supervisor will act as a role model in line with their scope of practice. They will provide you with support and feedback, liaising with colleagues and updating your Practice Assessor when they complete your PLE documentation.

### **1.3.2 Practice Assessor (PA)**

Your Practice Assessor will, in collaboration with your Practice Supervisor(s), create sufficient opportunities to periodically observe your practice across environment(s) in order to inform the decisions they reach for your assessment and progression in practice.

Your Practice Assessor works in partnership with your academic assessor to evaluate and recommend your progression for each Stage of the course. This will be in line with the course standards, local and national policies. They will maintain current knowledge and expertise relevant for the proficiencies and course outcomes they are assessing. Your Practice Assessor will have an understanding of your learning and achievement in theory and with your Academic Assessor will reach a decision as part of the assessment process.

The Nursing and Midwifery Council Standards for student supervision and assessment state that “approved education institutions, together with practice learning partners, must ensure that all educators and assessors: have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities” (NMC 2018b).

**To ensure a fair, objective and transparent assessment, the same person cannot be your Practice Supervisor and Practice Assessor simultaneously.**

### **1.3.3 Practice Education Lecturer (PEL)**

The role of the University Practice Education Lecturer (PEL) Team is to ensure support is provided for all students, Practice Supervisors and Practice Assessors during PLEs. The PELs influence, develop and enhance the quality of practice learning by providing support and educational input to the PLE and ensure the educational suitability of the PLE by undertaking a biennial audit in partnership with the PLE. The team also support the implementation of the Quality Standards for Practice Learning (QSPL) (NES 2020) and the Standards for Student Supervision and Assessment (NMC 2018b) across all practice environments and ensure adherence with all quality assurance processes.

The PEL team are available to provide support in relation to student performance in practice and will maintain clear communication channels with all relevant stakeholders if a student is failing to achieve the required learning outcomes or in relation to concerns around professional behaviour or conduct.



### **1.3.4 Academic Assessor (AA)**

Your Academic Assessors make and record objective, evidence-based decisions on your conduct, proficiency and achievement. They will also make recommendations for progression based on your assessments, ongoing achievement record and other resources. They will collate and confirm your achievement of proficiencies and course outcomes in the academic environment for each Stage of the course.

Academic Assessors maintain their current knowledge and expertise relevant for the proficiencies and course outcomes they are assessing and confirming. They will have an understanding of your learning and achievement in practice.

Your nominated Academic Assessor will work in partnership with your Practice Assessors to evaluate your learning and make recommendations for progression for each Stage of the course. This will be in line with course standards and local and national policies.

Your Academic Assessor will collaborate with your Practice Assessor at scheduled points in the course, for example, once your final assessment is complete or sooner if an action plan is required or a problem identified.

**Your Academic Assessor cannot simultaneously be your Practice Supervisor and/or Practice Assessor.**

Please read the following information which will assist you to understand the assessment process, including how service users and other professionals contribute to your assessment, the need for a risk assessment to be carried out in certain circumstances, reasonable adjustment, any cause for concerns and attendance.

## **1.3 Performance review process**

### **1.3.1 Pre-practice activities**

#### **Pre-practice learning activities including practice information**

The University has set you designated activities and it is essential that these are completed prior to commencing your PLE. These provide a detailed PLE profile in relation to the type of care delivered, staffing profiles, client groups and learning experiences available. These activities will enable your potential learning opportunities to be identified thereby facilitating the development of a learning plan to achieve the required proficiencies whilst within the practice environment. These pre-practice activities are documented as completed by the Practice Supervisor in the MPAD once you commence the PLE.

### **1.3.2 Initial meeting**

**Orientation and induction to the PLE – Practice Supervisor and/or Practice Assessor and student**

Your initial meeting must include completion of the checklist of topics of discussion. As part of this conversation, your Practice Supervisor or Practice Assessor will familiarise you with the PLE and review your previous learning development plans. This will give you the opportunity to identify the range of learning available.

Your Practice Supervisor or Practice Assessor must record this in your MPAD. At this point, you should normally agree and document **dates for your interim review meeting(s) and final assessment.**

### **1.3.3 Interim review**

#### **Interim review of progress – Practice Supervisor and/or Practice Assessor and student**

It is recommended that you and your Practice Supervisor and/or Practice Assessor normally meet every 4 weeks or when you move PLE, whichever comes first, to discuss your progress and to review your learning plan formulated within the first week of the PLE. As a minimum, it is necessary for you, with your Practice Supervisor and/or Practice Assessor to ensure that the interim review of progress is completed at the planned interim date(s). Prior to the interim review of progress, you should reflect on your progress, this should assist you to address your learning needs. **This discussion and review of progress is formative and documented and signed by your Practice Supervisor and/or Practice Assessor in your MPAD.**

Situations may arise where there are concerns about knowledge, proficiency, professionalism or fitness to progress. The Code (NMC 2018a) reminds registrants of their professional accountability and responsibilities. Practice Supervisors/Practice Assessors are expected to “appropriately raise and respond to student conduct, competence and achievement” (NMC 2018b, p7). If concerns have been raised, a “Development Support Plan” will be put in place, for further information and guidance, please see Section 6.

**For further support, your Academic Assessor/Practice Education Lecturer (PEL)/PEF will be informed if it has been identified that you may not achieve a satisfactory level of performance.**

A formal record of periodic engagement opportunities between you, your practice supervisor(s) and the practice and academic assessor to share relevant observations on your conduct, proficiency and achievement is provided in the ‘**Record of Student and Practice Supervisor Contact with Practice Assessor and Academic Assessor**’ page. This provides evidence of this contact before your final assessment is completed.

Furthermore, an informal space where you, your practice supervisor, practice assessor or academic assessor can add notes related to your practice learning experiences is provided on the ‘**Additional Notes**’ page.

### **1.3.4 Final Assessment**

#### **Final Performance Assessment**

##### **Final performance assessment – Practice Assessor**

It is your responsibility in collaboration with the Practice Supervisors and Practice Assessor to ensure that your final review and summative assessment of performance is completed at the end of your PLE. The Practice Assessor should review your progress, identifying evidence upon which they will make a professional judgment. This should involve discussions with others who have supported you and you should seek feedback from service users to inform your learning and development.

Following this assessment, you should reflect upon your progress and document this along with your learning needs within future learning development plans.

In the event of not achieving the specified practice learning outcomes or demonstrating an unsatisfactory level of performance, the Practice Assessor must involve the Academic Assessor/PEL and PEF as soon as this is evident.

**It is anticipated that this would be discussed in advance of the final assessment. If the outcome is unsatisfactory the Academic Assessor should be included when the assessment is discussed with the student.**

##### **1.3.5 Confirmation of Completion of the programme**

At the end of the programme your nominated academic assessor (personal tutor), in collaboration with your nominated practice assessor, will agree your final assessment that will enable progression back on to the register.

Your Good Health & Good Character Declarations will be completed at this time.

#### **1.4 Feedback from service users and professional colleagues**

The NMC (2018c, p.6, Section 1.12; p.12, Section 5.14) values the role of service users and professional colleagues in assessment of your practice learning and advocate their involvement in the assessment process. As such, we would encourage you to consider feedback received when reviewing your performance with your Practice Supervisors and take note of this when preparing to discuss your final written assessment with your Practice Assessor. You and your Practice Supervisors should seek feedback from service users on your abilities in relation to how you communicate, how you respect the service user as an individual and the care that you provided.

Please note the following guidance:

1. You should seek feedback from service users **at least once during the PLE**. If additional opportunities arise these should be actioned and additional documentation can be inserted within the MPAD to reflect any further feedback you receive.
2. **You must seek consent from the service user and respect that service users have the right to refuse to participate. If they do not want to, you must assure them that this will not affect their future care or treatment.**
3. It is your Practice Supervisors' responsibility to collate and document this feedback in a sensitive, anonymous manner within your MPAD in the appropriate section.
4. Feedback received in other formats (for example the receipt of cards, emails to PLE, staff or university) should be recorded within the Service User Feedback pages, **anonymised** and reflected upon.
5. Please also refer to the NHS Education for Scotland (NES) document - NHS Education for Scotland (NES, 2013) Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland.

## **1.5 Risk assessment**

### **Introduction**

During a course of pre-registration midwifery education each accredited HEI has a duty of care to ensure that you are safe while undertaking PLEs. The HEI and practice providers work collaboratively to support all students. According to current Health and Safety legislation (Management of Health and Safety at Work Regulations, 1999) some groups of student midwives must be aware of particular hazards in the practice setting. Students under the age of 18 (young workers) and those who are pregnant or breastfeeding, will need additional consideration to ensure that they are not exposed to undue risk. Students from these groups should be risk assessed on arrival in the PLE.

**If you fall within any of these categories whilst a student, it is your responsibility to:**

1. Alert the University as soon as possible if you are pregnant when you first commence practice or if you are returning to a PLE following maternity leave and are still breastfeeding.
2. If you are under 18 years of age, please notify the university as additional considerations are required for you to undertake practice PLEs (HSE 1998).
3. Consent to sharing information. While any information divulged by you will be treated sensitively, it will be necessary to share information relating to your situation with the member of staff responsible for the PLE.
4. Comply with measures recommended to control risk.

Please refer to your Practice Learning Handbook [incorporated with Student handbook] for information about:

- Student midwives as young workers
- Students midwives who are pregnant or breastfeeding
- Outline of roles and responsibilities in relation to risk assessment process and reasonable adjustment

## **1.6 Reasonable adjustments**

Reasonable adjustments may have to be made to facilitate a student with a disability to achieve proficiency. The NMC state that universities and practice learning partners must ensure that all students “have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice” (NMC 2018c p9). It is important to recognise that reasonable adjustments can be made to support you and to assess how you can demonstrate that you have met a standard or proficiency, however, it is only possible to make adjustments which facilitate your achievement or demonstration of the required NMC standard or proficiency.

Robert Gordon University Inclusion Team offers advice, guidance and appropriate support to all students with a disability or specific learning difficulty (such as dyslexia).

You have a responsibility to inform the Practice Supervisor and/or Practice Assessor of any reasonable adjustment in practice that you may require. It is therefore good practice to discuss this provision prior to or at the initial meeting and consider whether reasonable adjustments can be made to enable you to practise safely and effectively. Adjustments may be put in place for the duration of your PLE or for shorter periods of time to address a temporary requirement.

Both you and your Practice Supervisor and/or Practice Assessor and other members of practice education staff can provide feedback on how the reasonable adjustments are working at the interim feedback meeting pages. Further information on policies and reasonable adjustments can be accessed via Government sites, the NMC, your PLE provider and within your Student Handbook.

In certain circumstances, the desired requirement for adjustment to undertake practice learning will require collaborative discussion with practice learning partners to ascertain whether such adjustment can be made, to ensure safe and effective practice.

## **1.7 Attendance**

Standards for return to practice programmes (NMC 2019c) state that you must achieve 450 hours in practice during your programme. Attendance in practice is mandatory. It is therefore essential that practice time is recorded and any absence hours are retrieved. It is your professional responsibility to follow relevant AEI practice policy and procedures for absence.

### **1.7.1 Working time directive**

RGU Practice Learning allocates the number of hours/weeks that you must engage with your practice placement. As a student you must not negotiate any reduction to the allocated time.

As a student you are expected to work the shifts allocated by the PLE. Any requests for alteration to designated shift patterns for any reason should be made to the PLE manager/HEI.

During your education, NMC (2019d) requires all students to undertake practice learning that enables you to experience the full 24 hour, 7 days per week care of women and their families.

When in PLE, you are normally expected to work a minimum of 22.5 hours per week and a maximum of 48 hours per week. The average time worked should be 37.5 hours per week over the duration of the programme.

As a student, you must ensure that any other work that you regularly undertake does not result in you working more than 48 hours per week. This is to ensure the health and safety of you as a student midwife, your colleagues and the women and families in your care.

### **1.7.2 Timesheets**

Timesheets are important documents in that they provide evidence to confirm that you have completed the agreed hours of practice required to achieve the return to Practice (NMC 2019c). The duration of the period in clinical practice will be decided by the HEI in discussion with the student, and if on the employment model, clinical partners.

- Both students and Practice Supervisor(s)/Practice Assessor are responsible for ensuring timesheets are accurate and signed.
- Timesheets should accurately reflect the number of hours worked in practice.
- You should scan and submit the attendance record to the School records email: [SNMPCPD@rgu.ac.uk](mailto:SNMPCPD@rgu.ac.uk)
- You should keep the original copy (in the MPAD) of each attendance record for review by your academic assessor at the end of each PART.
- Timesheets should not be signed in advance. If the Practice Supervisor and/or Practice Assessor is not going to be on duty during the last few days of your PLE, the timesheet for these days should be signed by another member of staff.
- If the PLE closes because of a public holiday, you can either work in a different environment on that day or make up the time at another time.

Timesheet FAQ can be accessed here:

[http://campusmoodle.rgu.ac.uk/public/Nursing\\_and\\_Midwifery/documents/ClinicalDocs/MPADTimesheetFAQ.pdf](http://campusmoodle.rgu.ac.uk/public/Nursing_and_Midwifery/documents/ClinicalDocs/MPADTimesheetFAQ.pdf)

### **1.7.3 Authorised absence / sickness absence**

Please refer to the Attendance Policy (PDF document):

[http://campusmoodle.rgu.ac.uk/public/Nursing\\_and\\_Midwifery/documents/policies/AttendancePolicy.pdf](http://campusmoodle.rgu.ac.uk/public/Nursing_and_Midwifery/documents/policies/AttendancePolicy.pdf)

For sickness absence of up to 7 days, a self-certificate is required; for absences of over 7 days, a medical certificate/fit note should be submitted to the course administration team.

If you need authorised absence during placement, your Practice Supervisor(s)/ Practice Assessor will be able to authorise this leave as per the Attendance Policy.

### **1.7.4 Reporting sickness / absence**

If you are unable to attend the PLE, for any reason, you must fulfil the following responsibilities either personally or by asking someone to act on your behalf:

- Email [snmpabsencereporting@rgu.ac.uk](mailto:snmpabsencereporting@rgu.ac.uk) stating your reason for non-attendance.
- Phone the PLE before the start of the shift or as soon as possible thereafter also stating your reason for non-attendance.

### **1.7.5 Returning from sickness / absence**

As a student you should phone the PLE to tell them when you are returning and email [snmpabsencereporting@rgu.ac.uk](mailto:snmpabsencereporting@rgu.ac.uk) when you have returned to the workplace. A medical certificate/fit note is required for all sickness of 7 days or more. Failure to

present this will result in you still being recorded as sick/absent and this may have implications for your attendance record on the course.

Missed clinical time due to sickness and absence may need to be made up in order to meet the NMC requirements for time in clinical practice, and certified absences can undertake these hours using the Make-Up Time Policy which can be found here:  
[http://campusmoodle.rgu.ac.uk/public/Nursing\\_and\\_Midwifery/documents/policies/Make-upTimePolicy.pdf](http://campusmoodle.rgu.ac.uk/public/Nursing_and_Midwifery/documents/policies/Make-upTimePolicy.pdf)



**1.8 List of Practice Supervisors – record of signatories - Sample signatures must be obtained for all entries within this document**

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice supervisor	Initials	Job title	PLE NAME
Lois Morrison	<i>Lois Morrison</i>	LM	Midwife	Ward 7

<p><b>Student to sign and confirm that all signatures are authentic</b></p>	
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<b>Name (please print)</b>	<b>Signature</b> I confirm that I have been suitably prepared for the role of practice supervisor	<b>Initials</b>	<b>Job title</b>	<b>PLE NAME</b>
Lois Morrison	<i>Lois Morrison</i>	LM	Midwife	Ward 7

<b>Student to sign and confirm that all signatures are authentic</b>	
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**1.9 List of Practice Assessors – record of signatories - Sample signatures must be obtained for all entries within this document**

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice assessor	Initials	Job title	PLE NAME
Kirsty McLeod	<i>Kirsty McLeod</i>	KMcl	Midwife	Ward 8

**1.10 List Academic Assessors – record of signatories**

Name (please print)	Signature I confirm that I have been suitably prepared for the role of academic assessor	Initials	Job title
James S Morrison	JMorrison	JM	Midwifery Lecturer

<b>Student to sign and confirm that all signatures are authentic</b>	
--	--

### 1.11 Record of signatures for other registered professionals/supervisors

In order to verify the identity of all those involved in assessing student performance and to minimise the possibility of fraud, please enter your details in the table below if you contribute any signature / initials to the student's documentation while on practice.

<b>Full Name (Print)</b>	<b>Position Held</b>	<b>Full Signature</b>	<b>Initials Used</b>
Annie Donald	Family Nurse Practitioner	A Donald	AD

<b>Student to sign and confirm that all signatures are authentic</b>	
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## **SECTION 2: PRACTICE PLACEMENT DOCUMENTATION**

### **2.1 Assessment criteria**

#### **Background Information**

Student supervision and assessment in practice requires that Practice Supervisors and Practice Assessors work together with you as a student to facilitate your learning. This, combined with the input of your Academic Assessor, will help to ensure a robust assessment process for each Stage of your course, and at the point of professional registration.

The assessment process includes your supervision and support in practice and the assessment of your performance based on specific proficiencies which have been determined by the Nursing and Midwifery Council (NMC 2019). These are outlined as part of this documentation and your Practice Supervisors and Practice Assessors should review this information prior to engaging in the supervision and assessment of your performance in practice.

The standards of proficiency in this document specify the knowledge, understanding and skills that you, as a midwife, must demonstrate at the point of professional registration, when caring for women across the maternity journey, newborn infants, partners and families across all care settings. They reflect what the public can expect you to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate and person-centred midwifery care. The NMC have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from The Lancet Series on Midwifery (Renfrew et al., 2014). This series has helped to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole continuum of care. They also provide a benchmark for midwives from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

#### **Assessment Components**

The standards of proficiency are stated as outcomes that you must achieve at the point of registration. They are grouped under six Domains. These Domains interrelate and build on each other, and should not be seen separately. Together these reflect what we expect you, as a midwife to know, understand and be capable of doing safely and proficiently, at the start of your career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect you to demonstrate (NMC 2019a).

## The Domains

These are assessed during the PLE. There are 6 domains, each of which has associated proficiencies (NMC 2019a). As a student you must achieve all proficiencies for each domain during your course. Each of the domains are listed below. Domains 1-5 must be achieved in their entirety during your course. Domain 6 are skills relating to the previous 5 domains and must be signed off once during your course and maintained thereafter. It is the responsibility of the Practice Supervisor and Practice Assessor to discuss your progress together, and with others (please see additional information provided regarding the contribution of others) and, through this collaborative dialogue, determine whether or not you have achieved each of the domains. The outcome of this assessment will then be reviewed and confirmed by your Academic Assessor at the end of the course.

The Domains:

- 1. Being an accountable, autonomous professional midwife**
- 2. Safe and effective midwifery care: promoting and providing continuity of care and carer**
- 3. Universal care for all women and newborn infants**
  - A. The midwife's role in public health, health promotion and health protection
  - B. The midwife's role in assessment, screening and care planning
  - C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications
- 4. Additional care for women and newborn infants with complications**
  - A. The midwife's role in first line assessment and management of complications and additional care needs
  - B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care and other services
- 5. Promoting excellence: the midwife as colleague, scholar and leader**
  - A. Working with others: the midwife as colleague
  - B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader
- 6. The midwife as skilled practitioner**
  - Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5
  - Being an accountable, autonomous, professional midwife: skills for Domain 1
  - Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

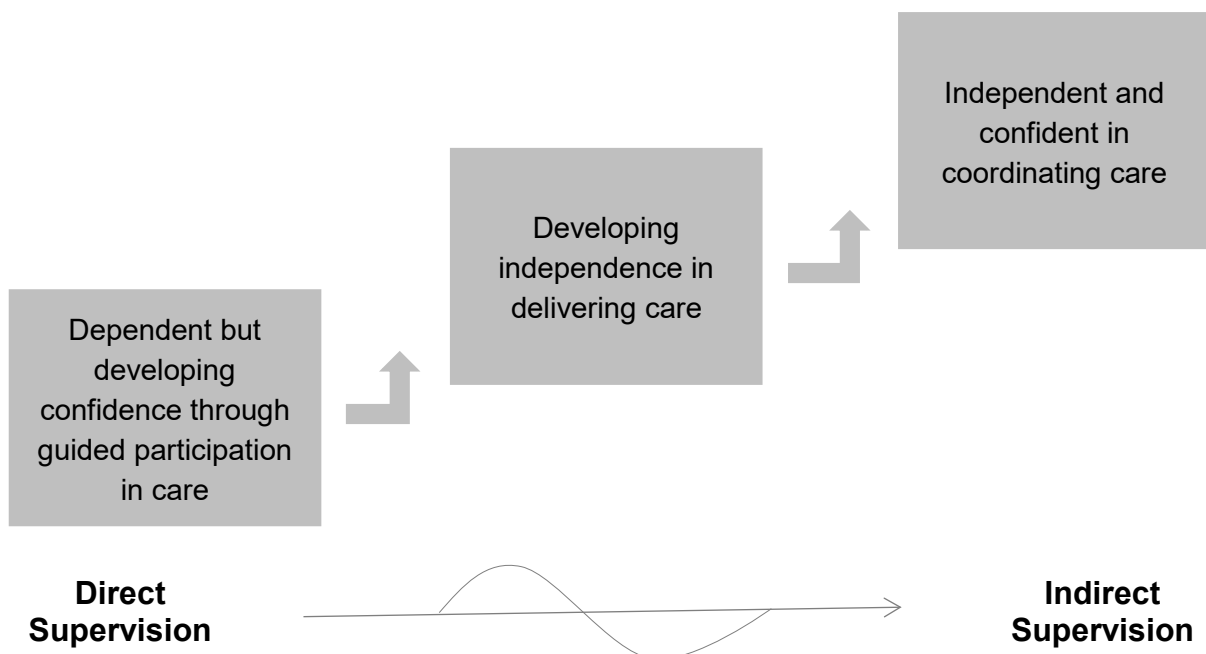
- Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4
- Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4
- Universal care for all women and newborn infants: skills for Domain 3
- Additional care for women and newborn infants with complications: skills for Domain 4
- Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

**Please note: prior to confirming achievement of each of the domains, Practice Supervisors and Practice Assessors should review the proficiencies associated with each domain.**

### **Assessment of Domains through Participation in Care**

The Practice Assessor will ultimately be responsible for determining your outcome in practice however, this will involve collaborative discussion with others who support and come into contact with you as you progress through your course. The Participation in Care Framework below is designed to assist you, and those supporting and assessing you, to identify the level of your performance for each of the domains.

- **Participation in Care – Dependent to Independent (PLPAD 2.0)\***



The description of each level of participation, detailed in the diagram above will help you and your Practice Supervisor(s)/ Practice Assessor(s) to understand what is expected of you as a student by the end of your course. The explanation below outlines the expected level of performance which must be demonstrated by the end of the course, as well as the level of assistance you can expect to receive from your Practice Supervisor(s)/ Practice Assessor:

### ***Independent***

Minimum standard of participation in care to be achieved by the end of your course.

**You will be working independently and your Practice Supervisor will offer a more indirect form of supervision.** You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable and responsive practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. You will also assume responsibility for your own learning, as well as the learning of others

\*Adapted with permission from: Pan London Practice Learning Group (2019). Pan London Practice Assessment Document 2.0 available from: [www.plplg.uk](http://www.plplg.uk)

### **Skill Achievement**

**Within the domains, detailed above, there are associated skills. These skills must be demonstrated safely,** before being confirmed by your Practice Supervisor or Practice Assessor. You can either work to achieve these skills in practice, or alternatively, in exceptional circumstances, you may be able to achieve these through simulation. The Practice Supervisor and Practice Assessor must discuss your progress and, through this collaborative dialogue, both together and with others, determine whether or not you have achieved each of the skills.

The skills listed in your Midwifery Practice Assessment Document (MPAD) need only be signed once. Safely demonstrating skills will take place throughout each part of your course and will, more often than not, involve a number of Practice Supervisors, as well as, potentially, the Practice Assessor. It is therefore important that at the start of the PLE, you review all skills with your Practice Supervisor to help you to determine which skills you could potentially demonstrate in each area. Any skill or procedure that has been safely demonstrated must continue to be demonstrated safely whenever the opportunity arises in practice.

Your Practice Supervisors and Practice Assessors will communicate with one another and provide you with frequent feedback on your performance, indicating how you can best improve the safe demonstration of these skills going forward. Areas of strength and aspects for development should also be discussed and documented at all times to feed forward for subsequent PLEs. The skills identified by NMC as having to be safely demonstrated prior to entry to the NMC register are detailed overleaf:



- Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5.
  - Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions
  - Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances
- Being an accountable, autonomous, professional midwife: skills for Domain 1
- Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2
- Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4
- Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4
- Universal care for all women and newborn infants: skills for Domain 3
  - The midwife's role in public health, health promotion and health protection
  - The midwife's role in assessment, screening, and care planning
  - The midwife's role in optimising normal physiological processes and
  - working to promote positive outcomes and to anticipate and prevent complications
- Additional care for women and newborn infants with complications: skills for Domain 4
  - The midwife's role in first line assessment and management of complications and additional care needs
  - The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services
- Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5
  - Working with others: the midwife as colleague
  - Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

## 2.2 Mandatory Training

This must be signed by the student and verified by an Academic Assessor/ Practice assessor when sessions are attended/completed.

<b>Practice Skills</b>	<b>Pre-Practice</b>	<b>Completed</b>
<b>Manual Handling (Statutory)</b>	e-Module & Simulated Practice A-F of 'The Scottish Manual Handling Passport' Scheme	<b>Annual Update</b>
Student signature:		
AA/PS signature:		
Date:		
<b>Management of Violence and Aggression</b>	TURAS e-module	
Student signature:		
AA/PS signature:		
Date:		
<b>Fire Safety (Statutory)</b>	Induction Programme – Fire Safety Awareness	<b>Fire Safety</b>
Student signature:		
AA/PS Signature:		
Date:		
<b>Better Blood Transfusion</b>	TURAS e-modules: Consent for Transfusion; Safe Transfusion; Anti-D administration	
Student signature:		
AA/PS signature:		
Date:		

<b>Cardio-Pulmonary Resuscitation</b>	BLS – Theory and Practice	<b>BLS- Theory and Practice</b>
Student signature:		
AA/PS signature:		
Date:		
<b>Control of Infection</b>	SIPCEP Foundation Pathway	
Student signature:		
AA/PS signature:		
Date:		
<b>Neonatal Life Support</b>		<b>Theory and Practice</b>
Student signature:		
AA/PS signature:		
Date:		



**PRACTICE PLACEMENTS**

## **NU3900**

### **Return to Practice**

#### **PRACTICE LEARNING EXPERIENCE**

##### **Module Summary**

In this clinical practice module students will undertake at 150-450 hours per week in practice depending on discussions with the student, the AEI, and if applicable, the employer. Full and part time placements will be provided with a minimum of 22.5 hours per week being expected. The aim of the module is to prepare former nurses, midwives and Specialist Community Public Health Nurses (SCPHN) to be eligible to re-enter the Nursing and Midwifery (NMC) register.

##### **NU3900 Module Learning Outcomes**

LO1. Appraise their own continual professional development to meet the Nursing and Midwifery Council (NMC) Standards of Proficiency for Registered Nurses or the Standards of Proficiency for Midwives and Standards of proficiency for Specialist Community Public Health Nurses (SCPHNs) where required.

LO2. Demonstrate mandatory health and safety requirements essential for their clinical practice.

LO3. Demonstrate achievement of the Nursing and Midwifery Council (NMC) Standards of Proficiency for Registered Nurses or the Standards of Proficiency for Midwives and Standards of Proficiency for Specialist Community Public Health Nurses (SCPHNs) where required.

LO4. Justify person and family centred care provided using reflection and appropriate evidence.

LO5. Critique current evidence including: legislation, guidelines, codes of practice and policies relevant to their own professional practice.

##### **Information for Students**

1. There is a preparation for practice session prior to your PLE. These sessions are delivered to ensure you are fully prepared including;
  - Using and completing your MPAD appropriately
  - Uniform policy and shift patterns
  - Raising concerns / duty of candour / professionalism / Practice Learning Support Protocol
  - Reporting absence

2. Please contact your PLE prior to your start date to confirm who your nominated Practice Supervisor is and to confirm your shift pattern
3. Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
4. Please ensure that you liaise with your Practice Supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your Practice Supervisor.
5. Please note the expected clinical hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.
6. Please refer to and discuss the skills and procedures with your Practice PLE.

## PRE-PRACTICE LEARNING ACTIVITIES

### PRACTICE PLACEMENT DETAILS

Student Name:		Intake:	
Enrolment Number:		Year:	
Practice Learning Environment: Tel. Number:		Start date: Finish date:	
PLE Type:			
Practice Learning Environment: Tel. Number:		Start date: Finish date:	
PLE Type:			
Practice Learning Environment: Tel. Number:		Start date: Finish date:	
PLE Type:			
Nominated Practice Supervisor (s) Name(s):			
Nominated Practice Assessor Name:			
Nominated Academic Assessor Name:			

Prior to the commencement of each practice learning environment (PLE), the student should:

1. Make contact with the PLE and ascertain the shift patterns in operation, the name of your designated Practice Supervisor(s)/ Practice Assessor.
2. Read the appropriate PLE profile, which can be accessed on the student portal/via InPlace/on QMPLE.



3. Briefly summarise what the PLE areas do:

4. From the learning opportunities outlined in the PLE profiles, choose one that you are unfamiliar with and write a short summary.

5. Considering the women that will attend the PLE, select one condition/ situation that those women are likely to present with and undertake a literature search in relation to these.
- From your search, identify two key articles on the topic (using appropriate reference style)
  - In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.

Article 1:

Article 2:

Condition / situation

6. In relation to the PLE that you are about to enter, identify any related learning from the theory modules that would support your learning within this environment. Please note your thoughts below:

7. In relation to the PLE that you are about to enter, identify any related learning from the preparation for practice (skills sessions) that would support your learning within this environment. Please note your thoughts below:

Practice supervisor (PS)/Practice Assessor (PA) – please sign to confirm that the pre-practice learning activities have been completed by the student.

Date:

Student signature:

PS /PA signature:

## Orientation & Preliminary Meeting

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Learning, an initial discussion should take place allowing the identification of individual learning needs and outcomes. Your nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the PLE environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	

Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final assessment	

**INITIAL MEETING : Learning Development Plan**

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student signature:	PS and/or PA Signature:
Dates of interim reviews:		Date of final assessment:

**INTERIM REVIEW 1**

**Practice Placement - Independent**

Practice Supervisor or Practice Assessor comments should consider the students' knowledge, skills, attitudes and values in relation to achievement of proficiencies within the domains.

Domain 1 - Being an accountable, autonomous and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

Domain 6 - The midwife as skilled practitioner

Student feedback

Have any issues been referred to the Practice and/or Academic Assessor?

Yes

No

Development Support Plan

Yes

No

Date:

Student signature:

PS and/or PA signature:



**INTERIM REVIEW 2**

**Practice Placement - Independent**

Practice Supervisor or Practice Assessor comments should consider the students' knowledge, skills, attitudes and values in relation to achievement of proficiencies within the domains.

Domain 1 - Being an accountable, autonomous and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

Domain 6 - The midwife as skilled practitioner

Student feedback

Have any issues been referred to the Practice and/or Academic Assessor?

Yes

No

Development Support Plan

Yes

No

Date:

Student signature:

PS and/or PA signature:

**INTERIM REVIEW 3**

**Practice Placement - Independent**

Practice Supervisor or Practice Assessor comments should consider the students' knowledge, skills, attitudes and values in relation to achievement of proficiencies within the domains.

Domain 1 - Being an accountable, autonomous and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

Domain 6 - The midwife as skilled practitioner

Student feedback

Have any issues been referred to the Practice and/or Academic Assessor?

Yes

No

Development Support Plan

Yes

No

Date:

Student signature:

PS and/or PA signature:

**INTERIM REVIEW 4**

**Practice Placement - Independent**

Practice Supervisor or Practice Assessor comments should consider the students' knowledge, skills, attitudes and values in relation to achievement of proficiencies within the domains.

Domain 1 - Being an accountable, autonomous and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

Domain 6 - The midwife as skilled practitioner

Student feedback

Have any issues been referred to the Practice and/or Academic Assessor?

Yes

No

Development Support Plan

Yes

No

**Date:**

**Student signature:**

**PS and/or PA signature:**






## SERVICE USER FEEDBACK

**Aim:** We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

**Information to be given to the service user/ family member:**

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick if you are:	Service User		Relative	
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How happy were you with the way the student midwife:	Very happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• understood the way you felt?					
• talked to you?					
• showed you respect?					

What did the student midwife do well?

What could the student midwife have done differently?

Date:	Student signature:	PS and/or PA signature:
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**Student Reflection on SERVICE USER FEEDBACK**

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained.

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:

Student signature:

PS and/or PA signature:



**INTERPROFESSIONAL EXPERIENCE**

**If you work within any other disciplines,  
please complete the following record**

Student Name:

Enrolment number:

Name of Placement:

Practice Supervisor:

Name and Location of Organisation / Professional Visited:

Supervisor comments – Please state what the student did well

Supervisor comments - Please state what the student could do to enhance their  
knowledge / skills / attitudes and values

Name of Supervisor (Print):

Signature of Supervisor:

Title:

**ADDITIONAL NOTES**

<b>Date</b>	<b>Time</b>	<b>Student, practice supervisors, practice assessors and academic assessors can add notes</b>	<b>Signature</b>

**RECORD OF STUDENT AND PRACTICE SUPERVISOR CONTACT WITH  
PRACTICE ASSESSOR AND ACADEMIC ASSESSOR**

Date	Time	<b>This must record the opportunities for engagement between the student and practice supervisor and the practice and academic assessor in accordance with SSSA 4.3 (NMC, 2018)</b>	Signature

<b>FINAL ASSESSMENT</b> <b>TO BE COMPLETED BY PRACTICE ASSESSOR</b> <b>END OF PLE– INDEPENDENT</b>	
Student Name:	Enrolment number:
	Cohort:
<p>The minimum level of performance for the course is INDEPENDENT. This means you will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable and responsive practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. Please comment on the Domains below: <b>Practice Assessor comments should consider the students’ knowledge, skills, attitudes and values in relation to achievement of proficiencies within the Domains.</b></p>	
Domain 1 - Being an accountable, autonomous and professional midwife	
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer	
Domain 3 - Universal care for all women and newborn infants	

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar and leader

Domain 6 - The midwife as skilled practitioner

Date:

Student Signature:

Practice Assessor signature:

Practice Assessor Overall Assessment Comments	
Overall result for this PLE	PASS / FAIL
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:

Practice Assessor Confirmatory Statement
<p>I confirm that: student midwife (print full name)</p> <p>_____ following a period of _____ hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has:</p> <p>ACHIEVED / NOT ACHIEVED (Please delete as appropriate)</p> <p>the expected level of INDEPENDENT.</p>
Signature of Practice Assessor:
Date:

**Student Statement**

I \_\_\_\_\_ (write name in capital letters)  
have received feedback on my performance and have had the opportunity to  
reflect and discuss this with the Practice Assessor. Please write comments  
below:

Student signature:

Date:

<b>Name:</b>  <b>Course/Intake:</b> <b>Midwifery</b>  <b>Placement Location:</b>	<b>Name of Practice Supervisor/Practice Assessor/Practice Educator/Placement Manager:</b>  <b>Start Date:</b> <b>Total hours in placement:</b>
---	---

**The timesheet should only include ACTUAL hours worked and not include any time off**

Week 1 (please input date) - Total Hours worked =	Week 9 (please input date) - Total Hours worked =
Week 2 (please input date) - Total Hours worked =	Week 10 (please input date) - Total Hours worked =
Week 3 (please input date) - Total Hours worked =	Week 11 (please input date) - Total Hours worked =
Week 4 (please input date) - Total Hours worked =	Week 12 (please input date) - Total Hours worked =
Week 5 (please input date) - Total Hours worked =	Week 13 (please input date) - Total Hours worked =
Week 6 (please input date) - Total Hours worked =	Week 14 (please input date) - Total Hours worked =
Week 7 (please input date) - Total Hours worked =	Week 15 (please input date) - Total Hours worked =
Week 8 (please input date) - Total Hours worked =	

I confirm this timesheet is an accurate account of my hours worked on this placement

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I confirm I have checked the timesheet and it is an accurate account of the hours worked by the student**

**Signature of Practice Supervisor/Practice Assessor/Practice Educator/Placement Manager:** \_\_\_\_\_

**Date of final signature:** \_\_\_\_\_

**NB This should be the last day on placement. If the timesheet has been signed in advance hours recorded on timesheet after date of signature WILL NOT be credited**



<b>Name:</b>  <b>Course/Intake:</b> <b>Midwifery</b>  <b>Placement Location:</b>	<b>Name of Practice Supervisor/Practice Assessor/Practice Educator/Placement Manager:</b>  <b>Start Date:</b> <b>Total hours in placement:</b>
---	---

**The timesheet should only include ACTUAL hours worked and not include any time off**

Week 1 (please input date) - Total Hours worked =	Week 9 (please input date) - Total Hours worked =
Week 2 (please input date) - Total Hours worked =	Week 10 (please input date) - Total Hours worked =
Week 3 (please input date) - Total Hours worked =	Week 11 (please input date) - Total Hours worked =
Week 4 (please input date) - Total Hours worked =	Week 12 (please input date) - Total Hours worked =
Week 5 (please input date) - Total Hours worked =	Week 13 (please input date) - Total Hours worked =
Week 6 (please input date) - Total Hours worked =	Week 14 (please input date) - Total Hours worked =
Week 7 (please input date) - Total Hours worked =	Week 15 (please input date) - Total Hours worked =
Week 8 (please input date) - Total Hours worked =	

I confirm this timesheet is an accurate account of my hours worked on this placement

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I confirm I have checked the timesheet and it is an accurate account of the hours worked by the student**

**Signature of Practice Supervisor/Practice Assessor/Practice Educator/Placement Manager:** \_\_\_\_\_

**Date of final signature:** \_\_\_\_\_

**NB This should be the last day on placement. If the timesheet has been signed in advance hours recorded on timesheet after date of signature WILL NOT be credited**

## **CONFIRMATION OF COMPLETION**

### **Practice Assessor Confirmation of Proficiency**

This should be informed by the feedback sought from practice supervisors and any other relevant people in order to be assured about your decision. Review Domains section for the part to ensure all appropriate proficiencies have been signed as achieved

<b>Practice Assessor: Confirmation of Achievements of Domains</b>		
<b>END OF COURSE</b>		
	<b>Please initial the relevant column</b>	
	<b>Achieved</b>	<b>Not Achieved</b>
<b>Domain 1.</b> Being an accountable, autonomous and professional midwife		
<b>Domain 2.</b> Safe and effective midwifery care: promoting and providing continuity of care and carer		
<b>Domain 3.</b> Universal care for all women and newborn infants		
<b>Domain 4.</b> Additional care for women and newborn infants with complications		
<b>Domain 5.</b> Promoting excellence: the midwife as colleague, scholar and leader		
<b>Domain 6.</b> The midwife as skilled practitioner		

<b>Practice Assessor Confirmatory Statement</b>
I confirm that in partnership with the nominated Academic Assessor, student midwife (print name) _____ has ACHIEVED / NOT ACHIEVED (please delete as appropriate) all Domains (and proficiencies) at the INDEPENDENT level for the course and, RECOMMEND / DO NOT RECOMMEND (please delete as appropriate) progression to THE REGISTER.
Signature of Practice Assessor:
Date:

**Academic Assessor Confirmatory Statement (HEI use only)**

I confirm that in partnership with the nominated Practice Assessor, student midwife (print name) \_\_\_\_\_ has  
ACHIEVED / NOT ACHIEVED (please delete as appropriate) all Domains (and proficiencies) at the INDEPENDENT level for the course and, RECOMMEND / DO NOT RECOMMEND (please delete as appropriate) progression to THE REGISTER.

Comments:

Signature of Academic Assessor:

Date:



## THE DOMAINS

The proficiencies and skills are grouped under six domains; this section focuses on the domains / proficiencies / skills and are explained in more detail in the next section. Each proficiency from the 6 Domains map to The Code (NMC, 2018a) and the clinical instruction elements of the EU directives - Articles 40–42 of 2005/36/EC (Keighley, 2009).

This section contains the domains and the related proficiency statements. In keeping with the Participation in Care Framework, you should evidence achievement of each proficiency at the required level. An explanation of the levels of the Participation in Care Framework has been provided to help you and your practice supervisor and practice assessor work together to document this.

### **Participation in Care Framework**

The expected level of performance for Return to Practice is Independent. You will be working independently and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice.

ALL proficiencies must be achieved at the independent level by the end of this Programme

The skills listed in Domain 6 need only be signed once.

### Domain 1: Being an accountable, autonomous and professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

	<b>Outcomes: At the point of registration the midwife will be able to: Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
1.1	understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements	
1.2	understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom	
1.3	understand and act to promote and enable the human rights of women and newborn infants at all times, including women's sexual and reproductive rights	
1.4	demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports	
1.5	use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women's evidence-informed decision-making	
1.6	be accountable and autonomous as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care	
1.7	demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century	
1.8	demonstrate an understanding of and the ability to challenge discriminatory behaviour	
1.9	provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments	

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	<b>Outcomes: At the point of registration the midwife will be able to: Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
1.10	demonstrate understanding of women's relationships and individual family circumstances, and the ability to communicate and involve her partner and family in discussions and decisions about her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication	
1.11	use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners and families, and with colleagues	
1.12	develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues	
1.13	demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant	
1.14	act in the best interests of women and newborn infants at all times	
1.15	demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns	
1.16	demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social, cultural, or spiritual circumstances	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
1.17	demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, <b>including but not limited to:</b>	
1.17.1	health and social inequalities and their determinants	
1.17.2	historical and social developments and trends	
1.17.3	cultural and media influences on public and professional understanding	
1.18	explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations	
1.19	understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes	
1.20	understand the importance of, and demonstrate the ability to seek, informed consent from women, both for herself and her newborn infant	
1.21	understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances	
1.22	be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships	
1.23	demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice	



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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
1.24	understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professional involved in care	
1.25	act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services	
1.26	understand the professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care	
1.27	take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills	

## Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless

	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
2.1	demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, partners and families	
2.2	demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners and families	
2.3	demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care	
2.4	demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer	
2.5	demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs	
2.6	demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately	
2.7	demonstrate and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences	
2.8	demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
2.9	understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social determinants of health on public health and well-being	
2.10	work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings	
2.11	demonstrate the ability to be the coordinator of care within the wider multidisciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete	
2.12	demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings	

### Domain 3: Universal care for all women and newborn infants

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and well-being. Midwives optimise normal physiological processes, support safe psychological social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
	<b>A. The midwife's role in public health, and health promotion and protection</b>	
3.1	demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed	
3.2	understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences	
3.3	demonstrate the ability to share information on public health, health promotion and protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services	
3.4	demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception	
3.5	understand the importance of birth to public health and well-being across the life course	
3.6	understand the importance of human milk and breastfeeding to public health and well-being, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family	
3.7	demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, abuse, and safeguarding	
3.8	understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
3.9	promote and support parent and newborn mental health and well-being, positive attachment and the transition to parenthood	
3.10	demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship	
<b>B. The midwife's role in assessment, screening and care planning</b>		
3.11	demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and of the reproductive system for adolescent boys and men	
3.12	demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/woman <b>during:</b>	
3.12.1	pregnancy	
3.12.2	labour	
3.12.3	birth	
3.12.4	postpartum	
3.13	demonstrate knowledge and understanding of anatomy, physiology, and epigenetics <b>of:</b>	
3.13.1	fetal development	
3.13.2	adaptation to life	
3.13.3	the newborn infant	
3.13.4	very early child development	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
3.14	demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding	
3.15	demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development	
3.16	demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors <b>for:</b>	
3.16.1	adolescents and adults	
3.16.2	newborn infants	
3.17	demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors for women <b>during:</b>	
3.17.1	pregnancy, labour, birth and postpartum	
3.17.2	infant feeding and relationship building	
3.17.3	the transition to parenthood and positive family attachment	
3.18	demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage	
3.19	demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
3.20	demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas	
3.21	demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications	
3.22	demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify	
3.23	in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these	
	<b>C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications</b>	
3.24	identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional	
3.25	use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care planning	
3.26	understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary	
3.27	understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation	

### Domain 4: Additional care for women and newborn infants with complications

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

<b>Outcomes: At the point of registration the midwife will be able to:</b>		<b>Independent</b>
<b>Proficiencies to be signed and dated when achieved.</b>		
<b>A. The midwife's role in first line assessment and management of complications and additional care needs</b>		
4.1	demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors	
4.2	identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families	
4.3	demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs	
4.4	demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs <b>in regard to:</b>	
4.4.1	embryology and fetal development	
4.4.2	adaptation to life	
4.4.3	the newborn infant	
4.4.4	very early child development	
4.4.5	the transition to parenthood and positive family attachment	



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Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
4.5	demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development	
4.6	use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant to make clinical decisions based on need and best practice evidence; and act on those decisions	
4.7	use evidence-based, best practice approaches to the management of emergency situations	
4.8	use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed	
	<b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	
4.9	demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants	
4.10	use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur	
4.11	demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care	

### Domain 5: Promoting excellence: the midwife as colleague, scholar and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

	<b>Outcomes: At the point of registration the midwife will be able to: Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
	<b>A. Working with others: the midwife as colleague</b>	
5.1	demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all	
5.2	demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events	
5.3	demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences	
5.4	understand and apply the principles of human factors, environmental factors, and strength-based approaches when working with colleagues	
5.5	understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care	
5.6	recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies	
5.7	demonstrate the ability to act safely in situations where there is an absence of good quality evidence	
5.8	demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities	
5.9	contribute to team reflection activities to promote improvements in practice and service	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
5.10	demonstrate knowledge and understanding of the principles and methods of sustainable health care	
5.11	demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level	
5.12	effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies	
5.13	demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; <b>this must include:</b>	
5.13.1	individual and team reflection, problem solving, and planning	
5.13.2	effective and timely communication with colleagues and senior staff	
5.13.3	collaborating to ensure safe and sustainable systems and processes	
5.13.4	the ability to advocate for change	
5.13.5	the use of strength-based approaches	
5.13.6	responding to unpredictable situations	
5.14	demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others	

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	<b>Outcomes: At the point of registration the midwife will be able to:</b> <b>Proficiencies to be signed and dated when achieved.</b>	<b>Independent</b>
5.15	demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life	
	<b>B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader</b>	
5.16	demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice	
5.17	demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation	
5.18	demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities	
5.19	safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care	
5.20	demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team	
5.21	support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance	

### Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

**Outcomes: At the point of registration the midwife will be able to;**

**safely demonstrate evidence-based best practice in all core and domain specific skills and procedures listed below:**

	<b>Communication, sharing information and relationship management: shared skills for Domains 1,2,3,4 and 5</b>  <b>Skills when communicating with women, their partners and families, and colleagues that take account of women’s needs, views, preferences, and decisions</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.1	demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman’s needs, views, preferences, and decisions, and the needs of the newborn infant		
6.1.1	actively listen, recognise and respond to verbal and non-verbal cues		
6.1.2	use prompts and positive verbal and non-verbal reinforcement		
6.1.3	use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space		
6.1.4	make appropriate use of respectful, caring, and kind open and closed questioning		
6.1.5	check understanding and use clarification techniques		
6.1.6	respond to women’s questions and concerns with kindness and compassion		
6.1.7	avoid discriminatory behaviour and identify signs of unconscious bias in self and others		

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	<b>Communication, sharing information and relationship management: shared skills for Domains 1,2,3,4 and 5</b>  <b>Skills when communicating with women, their partners and families, and colleagues that take account of women’s needs, views, preferences, and decisions</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.1.8	use clear language and appropriate resources, making adjustments where appropriate to optimise women’s, and their partners’ and families’, understanding of their own and their newborn infant’s health and well-being		
6.1.9	recognise the need for, and facilitate access to, translation and interpretation services		
6.1.10	recognise and accommodate sensory impairments during all communications		
6.1.11	support and manage the use of personal communication aids		
6.1.12	identify the need for alternative communication techniques, and access services to support these		
6.1.13	communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the women’s needs, views, preferences, and decisions		
6.1.14	maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations		
6.1.15	maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations		

### Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

	<b>Approaches for building relationships and sharing information with women, their partners and families that ensures that women’s needs, views, preferences, and decisions can be supported in all circumstances</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only if unable to undertake skill in PLE</u></b>  <b>Please date and sign</b>
6.2	demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman’s needs, views, preferences, and decisions		
6.2.1	build and maintain trusting, kind, and respectful professional relationships		
6.2.2	convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed		
6.2.3	demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies		
6.2.4	demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building		
6.2.5	engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas, and breaking bad news, and sexuality, pregnancy, childbirth, and the newborn infant		
6.2.6	demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions		

### Domain 6: The midwife as skilled practitioner

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	<b>Approaches for building relationships and sharing information with women, their partners and families that ensures that women’s needs, views, preferences, and decisions can be supported in all circumstances</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.2.7	provide effective and timely communication with women, who experience complications and additional care needs, and their partners and families. This includes support, accurate information and updates on changes; continuing to listen and respond to their concerns, views, preferences, and decisions.		
6.2.8	communicate complex information regarding a woman’s care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams		
6.2.9	consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations		
6.2.10	demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others		
	<b>Being an accountable, autonomous, professional midwife: skills for Domain 1</b>		
6.3	share and apply research, audit, and service evaluation findings to inform practice, <b>to include:</b>		
6.3.1	find and access best local, national and international evidence relevant to health, care, and policy		
6.3.2	critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis		



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	<b>Being an accountable, autonomous, professional midwife: skills for Domain 1</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.4	keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family		
6.4.1	present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality		
6.4.2	clearly document the woman's understanding, input, and decisions about her care		
6.5	use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions		
6.6	reflect on and debate topics including those that are seen to be challenging or contentious		
6.7	demonstrate the ability to escalate concerns in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues		
6.8	discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues		

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	<b>Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.9	identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care		
6.10	consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together		
6.11	identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed		
6.12	arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete		
6.13	inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly		
6.14	promote the woman's confidence in her own body, health and well-being, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant		
6.15	when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and well-being, and her own ability and confidence in regard to self-care and care for her newborn infant		

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	<b>Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.16	respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions		
6.17	demonstrate the ability to involve women in assessment, planning and evaluating their care		
6.18	apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum		
6.19	assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances		
6.20	demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and well-being for the woman and the newborn infant, across the continuum		
6.21	assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and well-being, and to anticipate and prevent complications		
6.22	provide evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate		

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6.23	use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests		
6.24	demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/companion and family as appropriate		
6.25	assess the environment to maximise safety, privacy, dignity, and well-being, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant		
6.26	identify opportunities to offer support and positive feedback to the woman		
6.27	recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding		
6.28	use skills of infection prevention and control, following local and national policies and protocols		
6.29	engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship		

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6.30	demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions		
6.31	undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum		
6.32	undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG) accurately interpreting and recording all findings including fetal heart patterns		
6.33	recognise normal vaginal loss and deviations from normal, across the continuum		
6.34	undertake vaginal examination with the woman's consent		
6.35	undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests		
6.36	Assess, plan and provide care that optimises the woman's hygiene needs and skin integrity		
6.37	recognise and respond to oedema, varicosities, and signs of thromboembolism		

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6.38	support the woman when nausea and vomiting occur, recognise deviations from normal physiological processes		
6.39	assess, plan and provide care that optimises the woman's nutrition and hydration		
6.40	assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum		
6.41	assess, plan and provide care and support in regard to the woman's experience of and response to pain, her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods		
6.42	demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant		
6.43	demonstrate the ability to avoid and minimise trauma		
6.44	demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate		
6.45	act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants		

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	<b>Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.46	assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the women, newborn infant, partner and family		
6.47	enable immediate, uninterrupted, and ongoing safe skin-to-skin contact between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions		
6.48	observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (reciprocity)		
6.49	provide information about and promote access to community-based facilities and resources as needed		
6.49	provide information about and promote access to community-based facilities and resources as needed		

## **Medicine Administration Guidance**

The Human Medicines Regulations 2012, amended in 2016, (“the Regulations”) consolidated many of the pre-existing pieces of legislation related to the administration, sale and supply of medicinal products for human use. The Regulations govern the ways that medicines can be lawfully sold and supplied in the UK. The Regulations set out the rules for prescription, supply and administration of medicines by midwives with reference to patient-specific directions (PSD), patient-group direction (PGD) and midwives exemptions. Midwives can supply all general sale list medicines (GSL) and pharmacy medicines (P) in accordance with their scope of practice. Medicines not included in midwives’ exemptions (this includes GSL, pharmacy (P) and specified prescription only medicines (POMs) medicines), require a prescription, a patient-specific direction (PSD) or patient-group direction (PGD). Midwives can also supply and administer a limited list of POM. Schedule 17 of the Human Medicines Regulations lists the midwives exemptions from restrictions on supply and administration of prescription only medicines.

At the point of entry onto the register all midwives will have been deemed competent by the AEI to select, acquire and administer safely a range of permitted drugs consistent with the Human Medicines Regulations 2012, amended in 2016, applying knowledge and skills to the situation. Midwives exemptions are distinct from prescribing, which requires the involvement of a pharmacist in the sale or supply of the medicine. Exemptions also differ from the arrangements for patient group directions (PGDs) as the latter must comply with specific legal criteria, be signed by a doctor or dentist and a pharmacist and authorised by an appropriate body.

### **Student midwives**

All midwives who support, supervise and assess student midwives should ensure that they are familiar with the law in relation to the supply of medicines, including the midwives’ exemptions, in order to safely support and supervise student midwives who may administer medicines to women in their care. In accordance with Part 3 of Schedule 17 of the Regulations student midwives can administer the drugs included within the midwives’ exemptions (with the exception of controlled drugs) under the direct supervision of a midwife. Student midwives are not permitted to administer controlled drugs using midwives’ exemptions, including Diamorphine, Morphine and Pethidine Hydrochloride. They may participate in the checking and preparation of controlled drugs under the supervision of a midwife. Student midwives may administer prescribed drugs (including controlled drugs) parenterally if prescribed by a doctor or an appropriate practitioner according to their directions for administration. This must be under the direct supervision of a midwife. A registered nurse during their clinical placement on the shortened programme acts as a student midwife for the purposes of all drug administration (NMC, 2019d; Royal Pharmaceutical Society, 2019; The Human Medicines Regulations, 2012). A list of midwives exemptions can be seen in the table below, however, please consult [legislation.gov.uk](http://legislation.gov.uk) to identify if any further amendments have been made.



## Table of Midwives Exemptions

Column 1	Column2	Column 3
Persons exempted	Prescription only medicine to which the exemptions apply	Conditions
2. Registered midwives and student midwives	2. Prescription only medicines for parenteral administration containing any of the following substances but no other substance that is classified as a product available on prescription only - <ul style="list-style-type: none"> <li>(a) Adrenaline</li> <li>(b) Anti-D immunoglobulin</li> <li>(c) Carboprost</li> <li>(d) Cyclizine lactate</li> <li>(e) Diamorphine</li> <li>(f) Ergometrine maleate</li> <li>(g) Gelofusine</li> <li>(h) Hartmann's solution</li> <li>(i) Hepatitis B vaccine</li> <li>(j) Hepatitis immunoglobulin</li> <li>(k) Lidocaine hydrochloride</li> <li>(l) Morphine</li> <li>(m) Naloxone hydrochloride</li> <li>(n) Oxytocins, natural and synthetic</li> <li>(o) Pethidine hydrochloride</li> <li>(p) Phytomenadione</li> <li>(q) Prochlorperazine</li> <li>(r) Sodium chloride 0.9%</li> </ul>	2. The medicine shall - <ul style="list-style-type: none"> <li>(a) in the case of Lidocaine and Lidocaine hydrochloride, be administered only while attending on a woman in childbirth, and</li> <li>(b) where administration is-               <ul style="list-style-type: none"> <li>(i) by a registered midwife, be administered in the course of their professional practice;</li> <li>(ii) by a student midwife-                   <ul style="list-style-type: none"> <li>(aa) be administered under the direct supervision of a registered midwife; and</li> <li>(bb) not include Diamorphine, Morphine or Pethidine hydrochloride</li> </ul> </li> </ul> </li> </ul>

### Domain 6: The midwife as skilled practitioner

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	<b>Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4:</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.50	demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines		
6.50.1	carry out initial and continued assessments of women and their ability to self-administer their own medications		
6.50.2	recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them		
6.50.3	use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products		
6.50.4	demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly		
6.50.5	undertake accurate drug calculations for a range of medications		
6.50.6	undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product		

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	<b>Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4:</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b> <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b> <b>Please date and sign</b>
6.50.7	exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants	Oral: Vaginal: Rectal: Ocular: Topical:	Oral: Vaginal: Rectal: Ocular: Topical:
6.50.8	administer injections using intramuscular (IM), subcutaneous (SC), intradermal (ID) and intravenous (IV) routes and manage injection equipment	IM: SC: ID: IV:	IM: SC: ID: IV:
6.50.9	recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant		
6.50.10	recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>
	<b>A. The midwife's role in public health, health promotion and health protection</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.51	access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families		
6.52	conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; <b>this must include:</b>		
6.52.1	sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections		
6.52.2	food, nutrition and food safety		
6.52.3	the importance of human milk and breastfeeding on short- and long-term health and well-being outcomes		
6.52.4	weight management and exercise		
6.52.5	smoking, alcohol and substance use		
6.52.6	immunisation		
6.52.7	poverty and social and health inequalities		
6.52.8	social media use and the potential for addiction		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>
	<b>A. The midwife's role in public health, health promotion and health protection</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.53	use evidence-based information to enable women, their partners and families to make individualised care choices and decisions <b>on:</b>		
6.53.1	the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding		
6.53.2	formula feeding responsively and as safely as possible		
6.53.3	attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional wellbeing outcomes		
6.54	develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups		
6.55	recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>
	<b>B. The midwife's role assessment, screening, and care planning</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.56	accurately assess, interpret, and record findings for the woman in pregnancy and the fetus <b>for:</b>		
6.56.1	signs and symptoms of pregnancy		
6.56.2	shared identification of social, and lifestyle factors		
6.56.3	maternal mental health and well-being		
6.56.4	recognition of signs of all forms of abuse and exploitation, and need for safeguarding		
6.56.5	weight and height including calculation of Body Mass Index (BMI)		
6.56.6	recognition of spontaneous rupture of membranes and assessment of vaginal loss		
6.56.7	recognition of the onset of labour		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>
	<b>B. The midwife's role in assessment, screening, and care planning</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.57	accurately assess, interpret and record the health and well-being of the woman and the fetus during labour <b>for:</b>		
6.57.1	the woman's behaviour, appearance, and emotional needs		
6.57.2	the need for mobility and position changes		
6.57.3	effectiveness of contractions and progress in labour		
6.57.4	fetal well-being and the need to respond to problems		
6.57.5	the need to expedite birth when necessary		
6.57.6	the need for an episiotomy		
6.57.7	recognising the position of the umbilical cord during birth and the need to respond to problems		
6.57.8	progress of the third stage of labour, birthing of the placenta completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss		
6.57.9	perineal/labial/vaginal/cervical/anal trauma, and need for suturing		

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6.58	conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; <b>this must include:</b>		
6.58.1	initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations		
	<b>Universal care for all women and newborn infants: skills for Domain 3</b>  <b>B. The midwife's role in assessment, screening, and care planning</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.58.2	the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed		
6.58.3	the need for neonatal life support (NLS) where respiration is not established		
6.58.4	with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture		
6.59	conduct ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; <b>this must include:</b>		
6.59.1	parental confidence in handling and caring for the newborn infant including response to crying and comfort measures		
6.59.2	full systematic physical examination of the newborn infant in line with local and national evidence-based protocols SEE NIPE DOCUMENTATION		
6.59.3	ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols		



### Domain 6: The midwife as skilled practitioner

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>  <b>B. The midwife’s role in assessment, screening, and care planning</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.60	accurately assess interpret and record the health and well-being of the woman postnatally; <b>this must include:</b>		
6.60.1	mental health and well-being: including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships		
6.60.2	vital signs and physical assessment including; uterine involution and perineal health and wellbeing		
6.60.3	individual mobility needs, including any adaptations needed to carry and care for her newborn infant		
6.61	accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; <b>this must include:</b>		
6.61.1	monitoring the newborn infant’s weight, growth and development		
6.61.2	use skills of observation, active listening and evaluation to examine effectiveness of feeding practices		
6.61.3	observation of the woman’s breasts for tenderness, pain engorgement, and need for pain management		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>
	<b>B. The midwife's role in assessment, screening, and care planning</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.62	for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; <b>this must include:</b>		
6.62.1	effective attachment and positioning of the infant at the breast		
6.62.2	responsive feeding		
6.62.3	infant behaviour at the breast including coordination and effectiveness of sucking and swallowing		
6.62.4	effective milk transfer and milk production		
6.62.5	stool and urine output appropriate to age of infant		
6.62.6	ability to maximise breastmilk; safe and effective hand expression and feeding the baby expressed breastmilk		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>  <b>B. The midwife’s role in assessment, screening, and care planning</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.63	for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment <b>must include:</b>		
6.63.1	parent’s assessment of and confidence with using a bottle to feed their baby		
6.63.2	responsive bottle feeding: pacing the feeds, limiting the number of care givers		
6.63.3	when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible		
6.64	effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>
	<b>C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.65	implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; <b>this must include:</b>		
6.65.1	encourage mobility and support the woman to achieve optimal positions in labour and for birth		
6.65.2	guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the women's own preferences		
6.65.3	optimise the management of the umbilical cord at birth		
6.65.4	use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour		
6.65.5	perform and suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred		

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	<b>Universal care for all women and newborn infants: skills for Domain 3</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>
	<b>C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications</b>	<b>Please date and sign</b>	<b>Please date and sign</b>
6.66	implement care that meets the woman's mental health and well-being needs after birth; <b>this must include:</b>		
6.66.1	provide ongoing information, support, and care on all aspects of the woman's mental health and well-being		
6.66.2	if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services		
6.66.3	provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have		
6.67	share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks of sudden infant death syndrome		
6.68	implement care that meets the needs of the woman in regard to infant feeding; <b>this must include:</b>		
6.68.1	<b>for all women:</b>		
6.68.1.a	understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made		
6.68.1.b	provide appropriate pain management for breast tenderness and pain		

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6.68.2	<b>for women who are breastfeeding:</b>		
6.68.2.a	apply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to good start		
6.68.2.b	support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control		
6.68.2.c	share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding		
6.68.3	<b>for parents who bottle feed, partially or exclusively:</b>		
6.68.3.a	support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production		
6.68.3.b	encourage responsive bottle feeding		
6.68.3.c	encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>A. The midwife's role in first line assessment and management of complications and additional care needs</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.69	recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; <b>this must include:</b>	AN:	AN:
		L:	L:
		B:	B:
		PN	PN
6.69.1	pre-existing and emerging physical conditions, and complications of pregnancy (AN), labour (L), birth (B), postpartum (PN) for the woman and fetus, and complications for the newborn infant (NI), infant feeding challenges (IFC), perinatal loss (PL), and maternal illness (MI) or death (MD)	NI:	NI:
		IFC:	IFC:
		PL:	PL:
		MI:	MI:
		MD:	MD:
6.69.2	physical disability		
6.69.3	learning disability		
6.69.4	psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>A. The midwife's role in first line assessment and management of complications and additional care needs</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.69.5	social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery		
6.69.6	violence and abuse including female genital mutilation and emergency safeguarding situations		
6.69.7	traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement		
6.70	act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur		
6.71	implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; <b>this must include:</b>		
6.71.1	prompt call for assistance and escalation as necessary		
6.71.2	implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available		



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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>A. The midwife's role in first line assessment and management of complications and additional care needs</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.71.3	monitor deterioration using evidence-based early warning tools		
6.71.4	respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor		
6.71.5	communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools		
6.71.6	expedite birth of newborn infant		
6.71.7	a breech birth and manage shoulder dystocia		
6.71.8	a manual removal of the placenta		
6.71.9	keep accurate and clear records, including emergency scribe sheets		
6.71.10	undertake delegated tests for woman, fetus and newborn infant		
6.71.11	organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified		
6.71.12	arrange safe transfer to appropriate care setting		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.72	work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants <b>as appropriate to:</b>		
6.72.1	implement appropriate response when acute social problems occur		
6.72.2	implement necessary interventions when physical complications occur, including but not limited <b>to:</b>		
6.72.2.a	manage, monitor, and effectively administer fluid balance		
6.72.2.b	conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour		
6.72.2.c	undertake amniotomy and application of fetal scalp electrode		
6.72.2.d	obtain cord blood and interpret results		
6.72.2.e	provide care for women who have experienced female genital mutilation		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.73	demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; <b>this must include:</b>		
6.73.1	safe administration of medicines in an emergency		
6.73.2	manage intravenous (IV) fluids including transfusion of blood and blood products		
6.73.3	manage fluid and infusion pumps and devices		
6.74	provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage		
6.74.1	provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.75	provide additional postnatal care for the woman including referral to services and resources as needed; <b>this must include:</b>		
6.75.1	support and care for women with pre-existing conditions		
6.75.2	support and care for women following caesarean section		
6.75.3	support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation		
6.75.4	support and care for woman with urinary or faecal incontinence		
6.75.5	support for women and families undergoing surrogacy or adoption		
6.76	support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.77	support women and their partners who have a newborn infant in the neonatal unit <b>to:</b>		
6.77.1	stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant		
6.77.2	optimise skin-to-skin/kangaroo care where possible, including for parents of more than one newborn infant who may be separated and cared for in different places		
6.77.3	to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk		
6.78	support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together		
6.79	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.80	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate <b>the ability to:</b>		
6.80.1	provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death		
6.80.2	provide end of life care for a woman or for a newborn infant		
6.80.3	arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith		
6.80.4	support and assist with palliative care for the woman or newborn infant		
6.80.5	offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman		
6.80.6	support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.80.7	provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols		
6.80.8	support the bereaved woman with lactation suppression and/or donating her breastmilk if wished		
6.80.9	provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service		
6.81	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; <b>this must include:</b>		
6.81.1	provide care and support for women and the newborn infant, and partners and families as appropriate		
6.81.2	support the woman to stay close to her newborn infant to build positive attachment behaviours		
6.81.3	support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding		
6.81.4	support positive attachment between the father/partner and the infant		

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	<b>Additional care for women and newborn infants with complications: skills for Domain 4</b>  <b>B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.82	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; <b>this must include:</b>		
6.82.1	carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient		
6.82.2	refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management		
6.82.3	for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required		



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	<b>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</b>  <b>A. Working with others: the midwife as colleague</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.83	work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; <b>this must include:</b>		
6.83.1	use best evidence to inform decisions		
6.83.2	learn from local, national, and international reports		
6.83.3	analyse, clearly record and share digital information and data		
6.83.4	contribute to audit and risk management		
6.83.5	contribute to investigations on critical incidents, near misses and serious event reviews		
6.84	work with interdisciplinary and multiagency colleagues to implement change management; <b>this must include:</b>		
6.84.1	advocate for change		
6.84.2	negotiate and challenge skills		
6.84.3	use evidence-informed approaches to support change		

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	<b>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</b>  <b>A. Working with others: the midwife as colleague</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course only</u> if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.85	when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students; <b>this must include:</b>		
6.85.1	provide clear verbal, digital or written information and instructions and check understanding		
6.85.2	provide encouragement to colleagues and students that helps them to reflect on their practice		
6.85.3	keep unambiguous records of performance		
6.86	demonstrate effective team management skills <b>when:</b>		
6.86.1	developing, supporting and managing teams		
6.86.2	managing concerns		
6.86.3	escalating and reporting on those concerns		
6.86.4	de-escalating conflict		
6.86.5	reflecting on learning that comes from working with interdisciplinary and multiagency teams		

### Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

	<b>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</b>  <b>A. Working with others: the midwife as colleague</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.87	demonstrate skills to recognise and respond to vulnerability in self and others, <b>including:</b>		
6.87.1	self-reflection		
6.87.2	seeking support and assistance when feeling vulnerable		
6.87.3	taking action when own vulnerability may impact on ability to undertake their role as a midwife		
6.87.4	identifying vulnerability of individual and wider team members and action support and/or intervention as needed		
6.87.5	demonstrating strength-based approaches and compassionate self-care		

### Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

	<b>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</b>  <b>B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader</b>	<b>Demonstrated safely in practice whilst acknowledging own limitations</b>  <b>Please date and sign</b>	<b>Demonstrated safely through simulation <u>at the end of course</u> only if unable to undertake skill in PLE</b>  <b>Please date and sign</b>
6.88	reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour		
6.89	demonstrate engagement in ongoing midwifery and interdisciplinary professional development, <b>including:</b>		
6.89.1	participatory and self-directed learning		
6.89.2	reflection on learning that informs professional development and practice		
6.90	<b>know how to:</b>		
6.90.1	keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills		
6.90.2	debate the implications for practice where no research or conflicting research evidence exists		
6.90.3	find information about possible paths for career development including opportunities for postgraduate courses and scholarships		

## Glossary

The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

**Abuse:** an act that may harm the woman or the newborn infants, endanger their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological material, financial, or neglect. Abuse may be current or may have occurred in the past (known as non-recent, or historical, abuse); in these circumstances, the harmful physical and psychological effects can still manifest in the present.

**Autonomous:** to have the knowledge and confidence to exercise professional judgement.

**Cultural competence:** knowledge of how to promote respectful and responsive midwifery care in cross-cultural settings that reflects the cultural and linguistic needs of the diverse population.

**Companion:** the person/people chosen by the woman to support her in labour and at birth.

**Continuity of carer or relational continuity of care:** care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.

**Continuity of care or management continuity:** continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.

**Continuum of care:** care across the whole childbearing period from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

**Epigenetics:** changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.

**Evidence-based midwifery practice:** decision-making that integrates midwifery expertise with knowledge derived from the best available evidence.

**Female genital mutilation:** the practice of partially or totally removing the external female genitalia for non-medical reasons. This practice is illegal in the UK.

**Human factors:** environmental, organisational, and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

**Kangaroo care:** an evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.

**Maternity journey:** the woman's view of her journey through the lead up to pregnancy, pregnancy, labour, birth, the immediate postpartum period, and the early days and weeks after pregnancy.

**Morbidity:** maternal and newborn: physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.

**Newborn infant:** an infant from birth to around two months of age.

**Partner:** the person considered by the woman to be her life partner. This may include the biological father and other -or same-sex partners.

**Reciprocity:** The intimate interaction between the baby and their parent through mutual communication which encourages secure, positive attachments.

**Skin-to-skin contact at birth:** the practice where a newborn infant is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Ongoing skin-to-skin contact involves the mother/parent holding the newborn infant skin-to-skin for feeding, love and comfort.

**Strengths-based approach:** a strengths-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.

**Tocophobia:** severe fear of pregnancy and childbirth.

**VERY EARLY CHILD DEVELOPMENT:** VERY EARLY CHILD DEVELOPMENT INCLUDES PHYSICAL, SOCIAL, EMOTIONAL, COGNITIVE, AND MOTOR DEVELOPMENT IN THE FIRST HOURS, DAYS AND WEEKS WHEN THE NEWBORN INFANT IS DEVELOPING MOST RAPIDLY.

**WOMAN:** THE WORDS WOMAN AND WOMEN HAVE BEEN USED THROUGHOUT THIS DOCUMENT AS THIS IS THE WAY THAT THE MAJORITY OF THOSE WHO ARE PREGNANT AND HAVING A BABY WILL IDENTIFY. FOR THE PURPOSE OF THIS DOCUMENT, THIS TERM INCLUDES PEOPLE WHOSE GENDER IDENTITY DOES NOT CORRESPOND WITH THEIR BIRTH SEX OR WHO MAY HAVE A NON-BINARY IDENTITY.





## **SECTION 3: NEWBORN INFANT PHYSICAL EXAMINATION (NIPE) DOCUMENTATION**

### **3.1 Information for Students**

Within Scotland, we have a nationally approved programme for the preparation of registered midwives and other health professionals, the Scottish Routine Examination of the Newborn Course (SRENC). Completion of this programme allows participants to be trained and assessed as competent to perform this examination in the immediate postnatal period in any maternity or neonatal setting. This programme is currently delivered by the Scottish Multiprofessional Maternity Development Programme (SMMDP), a component of NES. This programme is aligned to both the Best Practice Statement on the Routine Examination of the Newborn (Health Improvement Scotland (HIS), 2008) and the Newborn and Infant Physical Examination Clinical Guidance (Public Health England (PHE), 2020).

The Scottish approach for the achievement of 6.59.2 within the standards of proficiency for midwives (NMC, 2019)- *“full systematic physical examination of the newborn infant in line with local and national evidence-based protocols.”* is outlined below.

#### **Pre-registration proficiency achievement.**

Within Scotland, achievement of proficiency 6.59.2 will be evidenced by the following:

1. Completion of a simulated assessment (OSCE) following theoretical preparation in their programme.
2. The supervised clinical examination of a minimum of 10 newborns recorded within their Midwifery Practice Assessment Document.
3. Successful completion of a clinical assessment.

#### **OR:**

1. Completion of a simulated assessment (OSCE) following theoretical preparation in their programme.
2. If no opportunities for supervised clinical examination of newborn is available, then a simulated clinical assessment involving an experienced clinician and a member of academic staff from the AEI will demonstrate evidence of achievement for this proficiency.

## **Post-registration requirements for independent practice.**

Following completion of the programme and registration as a midwife, and if employed within Scotland, there is an expectation of the following before you will be permitted to undertake this examination independently without ongoing supervision:

1. The supervised clinical examination of a minimum of 15 newborns (**25 newborn examinations if the proficiency was achieved through simulated clinical assessment alone**).
2. Successful completion of a clinical assessment.
3. Indexing with the SMMDP.

Following completion of the appropriate theoretical preparation and Formative OSCE you will complete supervised clinical practice over the remainder of your programme. This will be available within a variety of your practice placement areas.

During this time, you will be encouraged to complete as many supervised examinations as possible. This must always be under the **DIRECT SUPERVISION** of a suitably qualified member of the clinical team. This is essential as you are not a registered midwife or fully competent in NIPE so cannot take responsibility for the examination, decisions made or any necessary referrals. The responsibility for the NIPE and any decision made regarding fitness for discharge or ongoing referral lies solely with the supervisor, who must countersign any documentation made by you. In addition, the supervisor may be someone other than your allocated supervisor during the placement.

### **A SUPERVISOR can be:**

- any midwife who has successfully completed the SMMDP Routine Examination of the Course and is undertaking examination of the newborn on a regular basis.
- an ANNP or Paediatric/Neonatal Registrar working within the clinical area.
- a Consultant Paediatrician or Neonatologist.

Your rate of progress will be individual to you and will depend on your preparedness for practice, engagement with your supervisor and availability of clinical experience. Thereafter, you will have periodic summative assessments which may only be undertaken by an ASSESSOR, who may not be your regular supervisor.

### **An ASSESSOR can be:**

- any midwife who is an experienced newborn examiner.
- an ANNP or Paediatric/Neonatal Registrar working within the clinical area (preferably, but not essentially, an SMMDP Trainer).
- a Consultant Paediatrician or Neonatologist (preferably, but not essentially, an SMMDP Trainer).

### 3.2 Information for Supervisors & Assessors

The role and actions of the Supervisor and Assessor is crucial to the quality of this experience and by providing clinical guidance, expertise, and facilitating the student's clinical experience this will enhance the quality of the service they ultimately provide once qualified as midwives.

To achieve this, the Supervisor is required to provide **DIRECT** supervision and, where possible, work with a student on a number of occasions. This role in supporting the student in their clinical consolidation of this training is essential. They can help and support learning by:

- Working with the student as much as possible during their clinical placement.
- Arranging alternative support for the student when necessary.
- Encouraging the student to self-assess and identify how they are going to accomplish the required clinical competencies.
- Encouraging the student to question their clinical practice.
- Providing a forum to allow them to reflect on their practice.
- Assisting the student in the development of clinical decision-making skills towards the end of the programme i.e., Year 3.

Students on this programme will **NEVER** work **AUTONOMOUSLY** and must be **DIRECTLY SUPERVISED** at all times with the responsibility for the newborn examination and ongoing care remaining **SOLELY WITH THE SUPERVISOR** or **ASSESSOR**.

The **ASSESSOR** will determine the developing proficiency of the student during the periodic assessments with the final assessment used to determine the clinical competence of the student for future independent/autonomous practice as a registered midwife.

Should a **SUPERVISOR** or **ASSESSOR** have any concerns regarding a student's progress or practice then all further supervised practice should be suspended and they should contact the **PROJECT LEAD** immediately.

### 3.3 Completion of the Formative NIPE Objective Simulated Clinical Examination (OSCE)

This form is for use at the skills practice and simulated NIPE assessment day. This formative assessment **MUST** be successfully completed before undertaking supervised clinical practice within the practice placement areas.

**Learning outcomes:** Each student will be able to demonstrate a complete simulated routine NIPE, including assessment of perinatal history.

**Scenario:** You are examining a baby in the postnatal ward 16 hours after birth. Demonstrate what you would do in this simulated situation. Is there anything you would like to check first? Ensure the student understands what is expected and that the case history is available. The student is expected to:

Component of Assessment.	Please '✓' if achieved.
Check all equipment is present and working.	
Ensures the environment is warm and well lit for the examination.	
Looks at case history and identifies at least 3 significant findings from the maternal, family and perinatal histories correctly.	
Demonstrates the discussion with the parents prior to the examination i.e. purpose, limitations and informed consent.	
Ensure the safety and comfort of the baby during the examination i.e. hand hygiene, thermal care etc	
Demonstrates a systematic approach to the examination of the newborn.	
Demonstrates the 6 essential components of the simulated examination: (Heart, Femoral pulses, Hips, Eyes, Palate, Male Genitalia).	

**Additional question:**

What additional actions would be taken by the examiner in respect of the hip examination if a baby was a breech presentation?

The student provides a clear and complete answer. YES  NO

**Overall Assessment**      Learning Objectives Achieved     

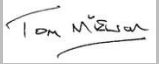
Learning Objectives Not Achieved     

**Additional comments from Assessor:**

<b>Name &amp; Signature of Assessor</b>	
<b>Date of assessment</b>	

## Clinical Log (0-10 Supervised NIPE)

Please use the following table to record details of the **supervised** NIPE performed and ask your supervisor to countersign each entry.  
**REMEMBER** no identifiable patient information should be recorded.

Examination Number.	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up. (if required).	Supervisor Name, Profession and Signature.
<i>Example</i>	<i>15/9/21</i>	<i>26hrs.</i>	<i>38+6, M.</i>	<i>Uneventful pregnancy but EmLUSCS for no progress. Apgar's 6/1, 9/5.</i>	<i>None noted.</i>	<i>Not required.</i>	<i>Nil.</i>	<i>T McEwan.</i> <i>Midwife.</i> 
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\* An ASSESSOR must be present to supervise the 10th Examination and complete the 1<sup>st</sup> Summative Assessment

**1<sup>st</sup> Summative Assessment Point (10 NIPE completed)**

Please use the form below to record the assessment undertaken during the 10<sup>th</sup> supervised NIPE by the ASSESSOR. The assessor should '√' the appropriate box and provide constructive and detailed feedback to the student.

The assessment comprises 3 components: **cognitive, psychomotor & affective competencies.**

**ALL COMPETENCIES MUST BE MET FOR SUCCESSFUL COMPLETION OF THIS ASSESSMENT.**

Cognitive Competencies	Meets the best practice standard		Does not meet the best practice standard	
<b>Interprets the significance of the maternal, family and perinatal histories in relation to the examination of the newborn.</b>	Interprets the significance maternal, family and perinatal histories and relates the findings to the examination of the newborn.		Fails to interpret the significance of maternal, family and perinatal histories in relation to the examination of the newborn.	
<b>Understands when a referral to another professional is required.</b>	Is able to identify abnormal/ unexpected findings that would require referral.		Fails to identify abnormal / unexpected findings requiring referral.	
<b>Provides accurate information to the parent(s) and assessor.</b>	Communicates effectively with the parent(s) and assessor.		Fails to provide accurate information to the parent(s) or assessor.	
<b>Generates clear, concise and complete records.</b>	Record keeping is clear, concise & complete.		Fails to generate records that are clear, concise or complete.	

<b>Psychomotor Competencies</b>	<b>Meets the best practice standard</b>		<b>Does not meet the best practice standard</b>	
<b>Adapts the environment during examination to ensure:</b> <ul style="list-style-type: none"> <li>• Adequate lighting and warmth.</li> <li>• Privacy for parents.</li> <li>• Baby's safety &amp; comfort.</li> </ul>	Ensures environment meets all identified requirements.		Fails to ensure that the environment meets all identified requirements.	
<b>Explains the procedure for examination of the newborn to the parents and gains consent.</b>	Explains procedure effectively to parents and checks understanding before obtaining consent.		Fails to explain procedure and / or fails to check understanding or gain consent.	
<b>Performs the examination of the newborn using a systematic approach.</b>	Systematic and thorough approach to the examination of the newborn.		Unsystematic approach to the examination of the newborn.	
<b>Differentiates between normal and abnormal / unexpected findings.</b>	Elicits abnormal / unexpected findings.		Misses important aspects of examination and / or abnormal / unexpected findings.	
<b>Compiles contemporaneous records of the examination of the newborn.</b>	Records written contemporaneously.		Fails to write up records contemporaneously.	
<b>Identifies parental needs in relation to information giving in a respectful and supportive manner.</b>	Elicits parental needs for information in supportive and respectful manner.		Fails to identify parental needs for information in a supportive and respectful manner.	
<b>Responds effectively to the concerns of the parents.</b>	Addresses concerns and ensures that they have been allayed.		Does not address concerns.	
<b>Organises referrals according to local procedures.</b>	Referrals organised effectively according to local procedures.		Fails to follow local procedures when organising referrals.	
<b>Explains effectively the need for referral to the parents.</b>	Information about referral communicated effectively to parents.		Inadequate information about referral provided to parents.	

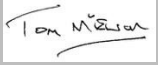


Affective Competencies	Meets the best practice standard		Does not meet the best practice standard.	
<b>Explains the findings of the newborn examination clearly and concisely.</b>	Provides a clear and concise account of the newborn examination.		Provides an incoherent or inaccurate account of the newborn examination.	
<b>Verifies understanding of oral communication relating to the examination of the newborn.</b>	Ensures understanding of oral communication.		Fails to check or ensure understanding of oral communication.	
<b>Feedback following assessment and summary of discussion with student.</b>				
<b>Reflection by student on assessment outcome.</b>				
<b>CONFIRMATION OF SUCCESSFUL COMPLETION OF 1ST SUMMATIVE ASSESSMENT.</b>				
<b>ASSESSOR SIGNATURE:</b>				
<b>STUDENT SIGNATURE:</b>				
<b>DATE OF COMPLETION:</b>				

**Clinical Log (11-20 Supervised NIPE)**

Please use the following table to record details of the **supervised** NIPE performed and ask your supervisor to countersign each entry.

**REMEMBER** no identifiable patient information should be recorded.

Examination Number.	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up. (if required).	Supervisor Name, Profession and Signature.
<i>Example</i>	<i>15/9/21</i>	<i>26hrs.</i>	<i>38+6, M.</i>	<i>Uneventful pregnancy but EmLUSCS for no progress. Apgar's 6/1, 9/5.</i>	<i>None noted.</i>	<i>Not required.</i>	<i>Nil.</i>	<i>T McEwan. Midwife.</i> 
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**\* An ASSESSOR must be present to supervise the 20th Examination and complete the 2<sup>nd</sup> Summative Assessment.**

**2<sup>nd</sup> Summative Assessment Point (20 NIPE completed)**

Please use the form below to record the assessment undertaken during the 20<sup>th</sup> supervised NIPE by the ASSESSOR.

The assessor should '✓' the appropriate box and provide constructive and detailed feedback to the student.

The assessment comprises 3 components: **cognitive, psychomotor & affective competencies.**

**ALL COMPETENCIES MUST BE MET FOR SUCCESSFUL COMPLETION OF THIS ASSESSMENT.**

Cognitive Competencies	Meets the best practice standard		Does not meet the best practice standard	
<b>Interprets the significance of the maternal, family and perinatal histories in relation to the examination of the newborn.</b>	Interprets the significance maternal, family and perinatal histories and relates the findings to the examination of the newborn.		Fails to interpret the significance of maternal, family and perinatal histories in relation to the examination of the newborn.	
<b>Understands when a referral to another professional is required.</b>	Is able to identify abnormal/unexpected findings that would require referral.		Fails to identify abnormal / unexpected findings requiring referral.	
<b>Provides accurate information to the parent(s) and assessor.</b>	Communicates effectively with the parent(s) and assessor.		Fails to provide accurate information to the parent(s) or assessor.	
<b>Generates clear, concise and complete records.</b>	Record keeping is clear, concise & complete.		Fails to generate records that are clear, concise or complete.	

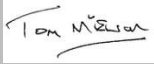
<b>Psychomotor Competencies</b>	<b>Meets the best practice standard</b>		<b>Does not meet the best practice standard</b>	
<b>Adapts the environment during examination to ensure:</b> <ul style="list-style-type: none"> <li>• Adequate lighting and warmth.</li> <li>• Privacy for parents.</li> <li>• Baby's safety &amp; comfort.</li> </ul>	Ensures environment meets all identified requirements.		Fails to ensure that the environment meets all identified requirements.	
<b>Explains the procedure for examination of the newborn to the parents and gains consent.</b>	Explains procedure effectively to parents and checks understanding before obtaining consent.		Fails to explain procedure and / or fails to check understanding or gain consent.	
<b>Performs the examination of the newborn using a systematic approach.</b>	Systematic and thorough approach to the examination of the newborn.		Unsystematic approach to the examination of the newborn.	
<b>Differentiates between normal and abnormal / unexpected findings.</b>	Elicits abnormal / unexpected findings.		Misses important aspects of examination and / or abnormal / unexpected findings.	
<b>Compiles contemporaneous records of the examination of the newborn.</b>	Records written contemporaneously.		Fails to write up records contemporaneously.	
<b>Identifies parental needs in relation to information giving in a respectful and supportive manner.</b>	Elicits parental needs for information in supportive and respectful manner.		Fails to identify parental needs for information in a supportive and respectful manner.	
<b>Responds effectively to the concerns of the parents.</b>	Addresses concerns and ensures that they have been allayed.		Does not address concerns.	
<b>Organises referrals according to local procedures.</b>	Referrals organised effectively according to local procedures.		Fails to follow local procedures when organising referrals.	
<b>Explains effectively the need for referral to the parents.</b>	Information about referral communicated effectively to parents.		Inadequate information about referral provided to parents.	

Affective Competencies	Meets the best practice standard		Does not meet the best practice standard.	
<b>Explains the findings of the newborn examination clearly and concisely.</b>	Provides a clear and concise account of the newborn examination.		Provides an incoherent or inaccurate account of the newborn examination.	
<b>Verifies understanding of oral communication relating to the examination of the newborn.</b>	Ensures understanding of oral communication.		Fails to check or ensure understanding of oral communication.	
<b>Feedback following assessment and summary of discussion with student.</b>				
<b>Reflection by student on assessment outcome.</b>				
<b>CONFIRMATION OF SUCCESSFUL COMPLETION OF 2ND SUMMATIVE ASSESSMENT.</b>				
<b>ASSESSOR SIGNATURE:</b>				
<b>STUDENT SIGNATURE:</b>				
<b>DATE OF COMPLETION:</b>				

**Clinical Log (21-30 Supervised NIPE)**

Please use the following table to record details of the **supervised** NIPE performed and ask your supervisor to countersign each entry.

**REMEMBER** no identifiable patient information should be recorded.

Examination Number.	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up. (if required).	Supervisor Name, Profession and Signature.
<i>Example</i>	<i>15/9/21</i>	<i>26hrs.</i>	<i>38+6, M.</i>	<i>Uneventful pregnancy but EmLUSCS for no progress. Apgar's 6/1, 9/5.</i>	<i>None noted.</i>	<i>Not required.</i>	<i>Nil.</i>	<i>T McEwan. Midwife.</i> 
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**\*An ASSESSOR must be present to supervise the 25th Examination and complete the 3rd Summative Assessment. If more supervised practice is required, this can be completed at 30th Examination.**

**3<sup>rd</sup> Summative Assessment Point (25 or 30 NIPE completed)**

Please use the form below to record the assessment undertaken during the 25<sup>th</sup> or 30<sup>th</sup> supervised NIPE by the ASSESSOR.

The assessor should '✓' the appropriate box and provide constructive and detailed feedback to the student.

The assessment comprises 3 components: **cognitive, psychomotor & affective competencies.**

**ALL COMPETENCIES MUST BE MET FOR SUCCESSFUL COMPLETION OF THIS ASSESSMENT.**

**Successful completion of this assessment equates to 'sign-off' achievement.**

Cognitive Competencies	Meets the best practice standard		Does not meet the best practice standard	
<b>Interprets the significance of the maternal, family and perinatal histories in relation to the examination of the newborn.</b>	Interprets the significance maternal, family and perinatal histories and relates the findings to the examination of the newborn.		Fails to interpret the significance of maternal, family and perinatal histories in relation to the examination of the newborn.	
<b>Knows how to refer and demonstrates this by selecting the correct referral pathway.</b>	Refers abnormal / unexpected findings using the correct referral pathway.		Fails to refer abnormal / unexpected findings.	
<b>Provides accurate information to key professional(s).</b>	Communicates effectively with the key professional(s).		Fails to provide accurate information to key professional(s).	
<b>Generates clear, concise and complete records.</b>	Records are clear, concise and complete.		Fails to generate records that are clear, concise and complete.	

<b>Psychomotor Competencies</b>	<b>Meets the best practice standard</b>		<b>Does not meet the best practice standard</b>	
<b>Adapts the environment during examination to ensure:</b> • Adequate lighting and warmth. • Privacy for parents. • Baby's safety & comfort.	Ensures environment meets all identified requirements.		Fails to ensure that the environment meets all identified requirements.	
<b>Explains the procedure for examination of the newborn to the parents and gains consent.</b>	Explains procedure effectively to parents and checks understanding before obtaining consent.		Fails to explain procedure and / or fails to check understanding or gain consent.	
<b>Performs the examination of the newborn using a systematic approach.</b>	Systematic and thorough approach to the examination of the newborn.		Unsystematic approach to the examination of the newborn.	
<b>Differentiates between normal and abnormal / unexpected findings.</b>	Elicits abnormal / unexpected findings.		Misses important aspects of examination and / or abnormal / unexpected findings.	
<b>Compiles contemporaneous records of the examination of the newborn.</b>	Records written contemporaneously.		Fails to write up records contemporaneously.	
<b>Identifies parental needs in relation to information giving in a respectful and supportive manner.</b>	Elicits parental needs for information in supportive and respectful manner.		Fails to identify parental needs for information in a supportive and respectful manner.	
<b>Responds effectively to the concerns of the parents.</b>	Addresses concerns and ensures that they have been allayed.		Does not address concerns.	
<b>Organises referrals according to local procedures.</b>	Referrals organised effectively according to local procedures.		Fails to follow local procedures when organising referrals.	
<b>Explains effectively the need for referral to the parents.</b>	Information about referral communicated effectively to parents.		Inadequate information about referral provided to parents.	



Affective Competencies	Meets the best practice standard		Does not meet the best practice standard.	
<b>Explains the findings of the newborn examination clearly and concisely.</b>	Provides a clear and concise account of the newborn examination.		Provides an incoherent or inaccurate account of the newborn examination.	
<b>Verifies understanding of oral communication relating to the examination of the newborn.</b>	Ensures understanding of oral communication.		Fails to check or ensure understanding of oral communication.	
<b>Feedback following assessment and summary of discussion with student.</b>				
<b>Reflection by student on assessment outcome.</b>				
<b>CONFIRMATION OF SUCCESSFUL COMPLETION OF FINAL SUMMATIVE ASSESSMENT and ACHIEVEMENT OF 'SIGN-OFF'.</b>				
<b>ASSESSOR SIGNATURE:</b>				
<b>STUDENT SIGNATURE:</b>				
<b>DATE OF COMPLETION:</b>				

### 3.4 Certification Process - For students who have successfully completed the 3<sup>rd</sup> Summative Assessment/Sign-off.

1. Once your NMC registration is completed, you will send an electronic copy of your NMC registration confirmation and an electronic copy (**scanned or photograph**) of your completed FINAL assessment only (**the 3<sup>rd</sup> Summative/Sign-off assessment**) to **SMMDP** directly ([SMMDP@nes.scot.nhs.uk](mailto:SMMDP@nes.scot.nhs.uk)).

Please enter the subject of your email as- **UNIVERSITY NIPE INDEXING PROCESS**. Other useful information to include within this email is:

- A. Your full name and postal address.
  - B. Full details of your employer and place of work.
  - C. If you have attended any other SMMDP training/courses.
2. The administrative team at SMMDP will then send you details of the method for the electronic payment of the admin fee (£10) and a request for any other information as required.
  3. Once payment has been made and received, you will receive a SMMDP certificate and will be indexed with them. Please be patient with the admin team as it may take several weeks for your certificate to be processed due to their very high level of activity all year round. This process also allows for governance requirements to be met and maintained.

For those of you continuing to gain experience once qualified, please continue to utilise the documentation provided and once sign-off has been completed, follow the process as detailed above.

## SECTION 4: RECORD OF EUROPEAN UNION (EU) AND BABY FRIENDLY INITIATIVE (BFI) COMPETENCIES

### 4.1 Record of EU and BFI Proficiencies Guidance

This section is for you to confirm that you have met the EU requirements for pre-registration midwifery training - Articles 40–42 of 2005/36/EC (Keighley, 2009)

It also includes your evidence of having achieved BFI criteria (UNICEF, 2019)

Skill	EU Requirement	PS / PA to Sign & Date when achieved
Antenatal examination	10	
Supervision and care of pregnant women (in-patient experience)	No Minimum requirement	
Normal births	10 where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 5, provided that the student assists with 5 further births	
Assisted births e.g. retained placenta or instrumental birth or caesarean section if you have cared for the woman during her labour.	No minimum requirement (See above)	
Care episodes of women 'at risk' in pregnancy, or labour or post-natal period	No minimum requirement	
Breech birth witnessed / Assisted / Simulated	No minimum requirement	
Infiltration / Episiotomy / Perineal repair	No minimum requirement	
Postnatal examination	10	
Neonatal examination	10	

Skill	BFI Requirement	PS / PA to Sign & Date when achieved
Breastfeeding assistance, teaching positioning and attachment	4	
Breastfeeding, observation of a feed using BFI assessment tool	4	
Skin to skin, facilitate skin to skin contact in labour ward or a postnatal area	4	
Teaching hand expression and appropriate storage of breast milk	4	
Demonstrate/explain safe preparation of formula milk and sterilisation of equipment	4	
Continuity of Carer experiences	No minimum requirement	

### ANTENATAL EXAMINATION

	Parity	Gestation	Case summary:	PS / PA Initial & Date
<b>Example A/N</b>	<b>0+0</b>	<b>41+3</b>	M/W antenatal clinic. No past medical, social or surgical history of note. Feels well, urine clear, BP 124/74mmHg, P80, digital oedema only, abdominal exam: long lie, cephalic, 3/5 palpable. FH 136bpm and variable. FM: active no concerns. Discussed and agreed to membrane sweep: cervix mid position, soft admits a fingertip, station -2, membranes intact and sweep carried out. Show noted. FH 140bpm following VE. Information given for Planned IOL.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

<b>ANTENATAL EXAMINATION</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				

**ANTENATAL EXAMINATION**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>10.</b>				

CONDUCT NORMAL BIRTHS				
	Parity	Gestation	Case summary:	PS / PA Initial & Date
<b>Example CNB</b>	<b>1+0</b>	<b>39+0</b>	Took over care in birth centre when in established labour. Used Entonox for pain relief throughout. Birthed baby boy on a birth mattress on 'all fours' supported by birth partner. Physiological 3rd stage, placenta delivered after 30mins, 250ml blood loss. Baby cried at birth, Apgar score 9 & 9. Skin to skin contact immediately following birth, first feed (stipulate feeding method) initiated after 20mins. Small second-degree tear sutured by midwife	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				



<b>CONDUCT NORMAL BIRTHS</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				

**CONDUCT NORMAL BIRTHS**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>10.</b>				

**ASSISTS WITH BIRTHS**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example AWB</b>	<b>2+0</b>	<b>39+4</b>	Attended a birth in labour ward where another student midwife was the lead carer. I prepared the room for the birth, for example, warmed the resuscitaire, assisted with maintaining contemporaneous documentation and following birth baby had low Apgar scores, therefore I assisted with initial resuscitation and then assumed care of the mother.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

**ASSISTS WITH BIRTHS**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				

<b>ASSISTS WITH BIRTHS</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>10.</b>				

**CARE EPISODES OF 'WOMEN AT RISK' IN PREGNANCY OR LABOUR OR POSTNATAL PERIOD**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example CEWaR</b>	<b>0+0</b>	<b>Antenatal Intrapartum Postnatal</b>	Admitted woman to the Day-care Unit following referral from the antenatal clinic for hypertension and proteinuria at 34+6. On admission, BP 156/94, woman reports a slight frontal headache, no visual disturbances, no epigastric pain noted. Urinalysis – protein ++. CTG commenced following information and discussion of care required with the woman. Obstetric staff notified and awaiting blood results taken at antenatal clinic.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

<b>CARE EPISODES OF 'WOMEN AT RISK' IN PREGNANCY OR LABOUR OR POSTNATAL PERIOD</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				

**CARE EPISODES OF 'WOMEN AT RISK' IN PREGNANCY OR LABOUR OR POSTNATAL PERIOD**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>10.</b>				



<b>BREECH BIRTH – ASSISTED / WITNESSED / SIMULATED</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example BB</b>	<b>1+0</b>	<b>37+5</b>	Assisted PS with labour care and preparation of the woman, her partner and the environment for a breech birth. Obstetric and neonatal staff informed and SBAR communication of situation given. Active 2 <sup>nd</sup> stage commenced and Obstetric Consultant prepared for birth of the baby. I documented appropriate information and noted time of birth and manoeuvres carried out.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

**BREECH BIRTH – ASSISTED / WITNESSED / SIMULATED**

	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				

INFILTRATION / EPISIOTOMY / PERINEAL REPAIR				
	Parity	Gestation	Case summary:	PS / PA Initial & Date
<b>Example IEP</b>	<b>1+0</b>	<b>39+6</b>	(include reason for episiotomy and if local anaesthetic used) Second stage of labour, slow progress and new trickle of fresh blood witnessed. Under supervision, I administered local anaesthetic as per guidance and performed an episiotomy during the next contraction. Baby birthed in good condition.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				

<b>INFILTRATION / EPISIOTOMY / PERINEAL REPAIR</b>				
	<b>Parity</b>	<b>Gestation</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				
<b>10.</b>				

POSTNATAL EXAMINATION				
	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
<b>Example P/N</b>	<b>Elective C/S</b>	<b>3</b>	Home visit, full postnatal check – no problems identified. P84, BP 122/68mmHg, T36.8. Wound clean and dry – subcutaneous sutures. Reports that she feels well. PU and BO this morning. Breastfeeding, 2-3hrly, reports that breasts feel fuller today but comfortable. Partner at home, other family nearby for support. Information left to ensure informed consent obtained for newborn screening. Plan: Day 5 visit.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

POSTNATAL EXAMINATION				
	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
5.				
6.				
7.				
8.				
9.				

POSTNATAL EXAMINATION				
	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
10.				

NEONATAL EXAMINATION				
	Gestation at Birth	P/N Day	Case summary including type of birth:	PS / PA Initial & Date
<b>Example NE</b>	<b>39+0</b>	<b>5</b>	At home. Post elective C/S. Full neonatal examination carried out – NAD. Continues to breastfeed 2-3hrly, weighed today, has lost less than 10% birth weight. 3 dirty and 6 wet nappies in last 24hrs. Newborn blood spot test carried out following parental consent, good quality sample obtained.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				



**NEONATAL EXAMINATION**

	<b>Gestation at Birth</b>	<b>P/N Day</b>	<b>Case summary including type of birth:</b>	<b>PS / PA Initial &amp; Date</b>
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				

<b>NEONATAL EXAMINATION</b>				
	<b>Gestation at Birth</b>	<b>P/N Day</b>	<b>Case summary including type of birth:</b>	<b>PS / PA Initial &amp; Date</b>
<b>10.</b>				

FACILITATE SKIN TO SKIN CONTACT					
	Gestation at Birth	P/N Day	Setting	Case summary:	PS / PA Initial & Date
<b>Example FSTS</b>	<b>38+6</b>	<b>1</b>	<b>Labour Ward</b>	In the labour ward, skin to skin contact discussed and agreed, as per birth plan. Following birth of baby, immediate skin to skin contact initiated and baby observed and left uninterrupted. Initiated first feed after 50mins and fed effectively for 10mins.	<i>KMcL</i> 02/06/20
1.					
2.					
3.					
4.					
5.					

**BREASTFEEDING ASSISTANCE – TEACHING POSITIONING AND ATTACHMENT**

	<b>Gestation at Birth</b>	<b>P/N Day</b>	<b>Setting</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example BATPA</b>	<b>38+4</b>	<b>3</b>	<b>Home</b>	Working with Practice Supervisor in community, once the woman was sitting comfortably, supported by cushions, she observed me advising her how to position the baby and the method to encourage the best attachment for the baby. As this is the 3rd P/N day the woman reports that her breasts feel fuller today. It took her a few attempts to get the baby attached. CHIN principles were in place and the baby fed well.	<i>KMcL</i> 02/06/20
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					

**TEACH HAND EXPRESSION AND APPROPRIATE BREAST MILK STORAGE**

	<b>Gestation/ Delivery P/N Day</b>	<b>Setting</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example THEBS</b>	<b>EL C/S 4th</b>	<b>Home</b>	Breasts full and difficulty with attachment. Using knitted breast and doll I demonstrated hand expression of breastmilk, using UNICEF guidance. Mother simultaneously used the same technique and successfully expressed breastmilk to enable effective attachment. Following this, information was given about safe collection and storage of breastmilk.	<i>KMcL 02/06/20</i>
1.				
2.				
3.				
4.				
5.				

**DEMONSTRATE / EXPLAIN SAFE PREPARATION OF FORMULA MILK AND STERILISATION OF EQUIPMENT**

	<b>Gestation/ P/N Day</b>	<b>Setting</b>	<b>Case summary:</b>	<b>PS / PA Initial &amp; Date</b>
<b>Example DESPFM</b>	<b>2<sup>nd</sup></b>	<b>P/N Ward</b>	Discussions for going home included preparation of formula milk, using right scoop for each tub, follow instruction on tin and making each bottle up as required. Also mentioned first milk only required. Formula already bought and has a stock at home. Has a steam steriliser, discussion about sterilising equipment prior to first use and always following instructions.	<i>KMcL</i> 02/06/20
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				

**Continuity of Carer Record 1**

<b>Antenatal contact date</b>	<b>Description of care provided by student</b>	<b>Plan made with support of supervising qualified midwife</b>

**Continuity of Carer Record 1**


**Intrapartum Care Provided**

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**Continuity of Carer Record 1**

**Feedback from Intrapartum Supervising Midwife**

**Related proficiencies signed (eg 6.34, 6.41)**

**Continuity of Carer Record 1**

**Midwife's signature:**

<b>Postnatal Contact Date</b>	<b>Description of Care Provided by Student</b>	<b>Plan made with Support of Qualified Midwife</b>

**Continuity of Carer Record 1**

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**Student's reflection at end of care**

**Continuity of Carer Record 1**

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**Continuity of Carer Record 2**

<b>Antenatal contact date</b>	<b>Description of care provided by student</b>	<b>Plan made with support of supervising qualified midwife</b>

**Continuity of Carer Record 2**


**Intrapartum Care Provided**

--

**Continuity of Carer Record 2**

**Feedback from Intrapartum Supervising Midwife**

**Related proficiencies signed (eg 6.34, 6.41)**

**Continuity of Carer Record 2**

**Midwife's signature:**

<b>Postnatal Contact Date</b>	<b>Description of Care Provided by Student</b>	<b>Plan made with Support of Qualified Midwife</b>



**Continuity of Carer Record 2**


**Student's reflection at end of care**

**Continuity of Carer Record 2**

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## **SECTION 5: PRACTICE SUPPORT LEARNING PROTOCOL and RAISING CONCERNS**

### **5.1 Development Support Plan**

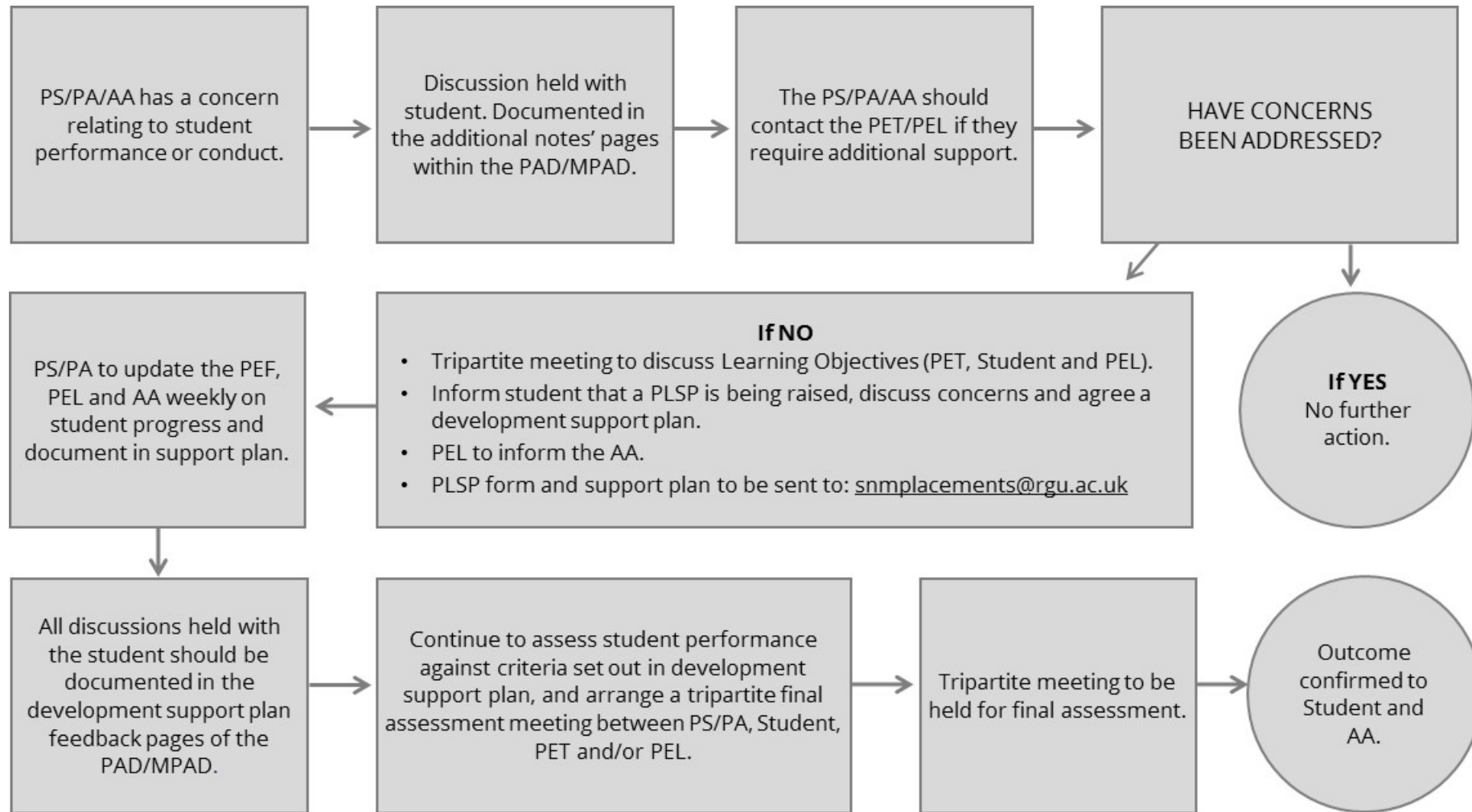
During your practice learning experience (PLE), you may require more support to achieve particular learning outcomes or professional standards.

In order to ensure a supportive framework for this, we provide you and your Practice Supervisor/Practice Assessor with a development plan and feedback document below. This should be used to record any areas of concern and your development progress in relation to this. These documents must be kept as part of your MPAD to ensure consistency of assessment across practice areas.

You can access the full version of the Practice Learning Support Protocol (PDF document) from:

[http://campusmoodle.rgu.ac.uk/public/nursing\\_and\\_midwifery/documents/policies/practice%20learning%20support%20protocol.pdf](http://campusmoodle.rgu.ac.uk/public/nursing_and_midwifery/documents/policies/practice%20learning%20support%20protocol.pdf)

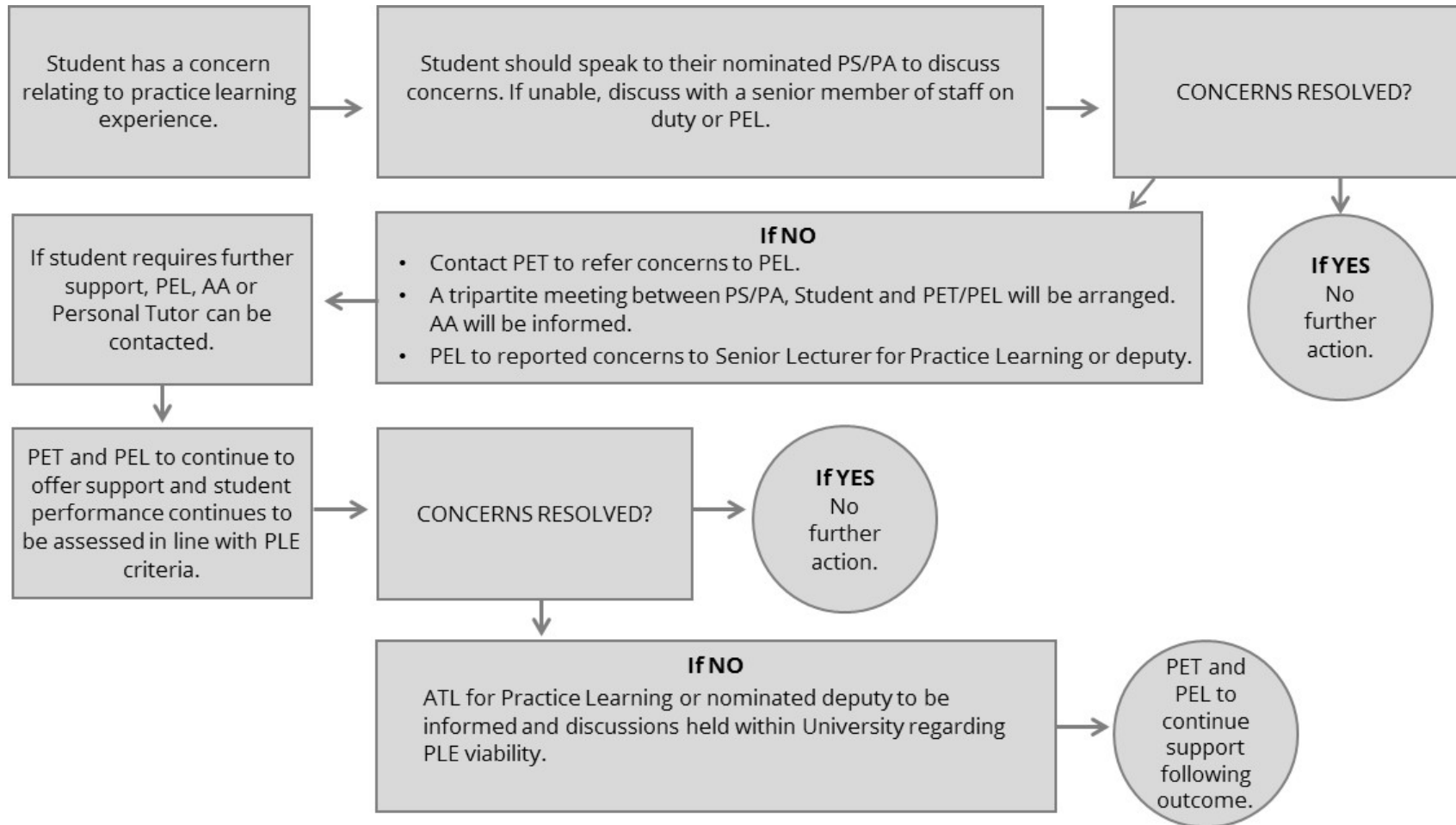
### 5.1.1 Raising Concerns Flowchart for Practice Supervisor / Practice Assessor / Academic Assessor



PET = Practice Education Team PEL = Practice Education Lecturer PS = Practice Supervisor PA = Practice Assessor AA = Academic Assessor

### 5.1.2 Raising Concerns Flowchart for Students

If students have significant concerns around patient safety/care, they should refer to the NES Raising Concerns, Student Guidance document and raise their concern immediately or at the earliest opportunity with the PET/PEL. Students should refer to their Practice Learning Handbook for PET and PEL contact details.



PET = Practice Education Team PEL = Practice Education Lecturer PS = Practice Supervisor PA = Practice Assessor AA = Academic Assessor

**Example of Development Support Plan:**

<b>Date:</b> 02.06.20					
<b>Development Need Identified:</b> Not adhering to hand hygiene policy					
<b>Specific areas to be addressed</b>	<b>Related Domain number / proficiency</b>	<b>Participation in Care level</b>	<b>Learning Resources / actions</b>	<b>Evidence of achievement</b>	<b>Achievement / Review date(s)</b>
Student not following hand hygiene policy when carrying out care within the ward setting, for example, venepuncture, catheter removal	Domain 1 Proficiency 1.2  Domain 6 Proficiency 6.28	Dependent	To review SIPCEP unit on hand hygiene again  To review hospital policy / WHO 5 Moments of Hand Hygiene  Reflect with Practice Supervisor on each shift	Practice Supervisor has observe a vast improvement and the student is now fully adhering to hand hygiene policies	To be observed on every shift  Formal review 09.06.20
<b>Development support plan outcome:</b>			<b>Achieved</b> / Not Achieved (please circle)		<b>Date:</b> 09/06/20
<b>Practice Supervisor / Assessor Signature:</b>  <i>K McLeod</i>	<b>Student Signature:</b>  <i>A Student</i>		<b>Academic Assessor Signature:</b>  J Morrison		<b>Date:</b> 09.06.20

### Example Development Support Plan Feedback

DATE	PROGRESS	SIGNATURE: Student / Practice Supervisor / Practice Assessor
09.02.20	<p>Met with student for formal review of adherence to hand hygiene policy. Through discussion and reflection I have observed that the student has a better knowledge and understanding of the need to adhere to this policy and has successfully completed and revisited her SIPCEP module.</p> <p>The student has been observed by myself and other members of staff and utilises the correct technique for this procedure and is aware of when it is appropriate to use alcohol hand gel.</p> <p>I have observed student each shift and noted that she is complying with this therefore, no further action will be required.</p>	<p><i>K McLeod</i></p> <p><i>A Student</i></p>

## 5.2 Development Support Plans

### Development Support Plan 1

<b>Date:</b>					
<b>Development Need Identified:</b>					
<b>Specific areas to be addressed</b>	<b>Related Domain number / proficiency</b>	<b>Participation in Care level</b>	<b>Learning Resources / actions</b>	<b>Evidence of achievement</b>	<b>Achievement / Review date(s)</b>
<b>Development support plan outcome:</b>			<b>Achieved / Not Achieved</b> (please circle)		<b>Date:</b>
<b>Practice Supervisor/Practice Assessor Signature:</b>	<b>Student Signature:</b>		<b>Academic Assessor Signature:</b>		<b>Date:</b>



**Development Support Plan 1 Feedback**

<b>DATE</b>	<b>PROGRESS</b>	<b>SIGNATURE:</b> Student/supervisor/assessor

## Development Support Plan 2

<b>Date:</b>					
<b>Development Need Identified:</b>					
<b>Specific areas to be addressed</b>	<b>Related Domain number /proficiency</b>	<b>Participation in Care level</b>	<b>Learning Resources / actions</b>	<b>Evidence of achievement</b>	<b>Achievement / Review date(s)</b>
<b>Development support plan outcome:</b>			<b>Achieved / Not Achieved</b> <b>(please circle)</b>		<b>Date:</b>
<b>Practice Supervisor / Assessor Signature:</b>	<b>Student Signature:</b>		<b>Academic Assessor Signature:</b>		<b>Date:</b>

**Development Support Plan 2 Feedback**

<b>DATE</b>	<b>PROGRESS</b>	<b>SIGNATURE:</b> <b>Student/supervisor/assessor</b>

### Development Support Plan 3

<b>Date:</b>					
<b>Development Need Identified:</b>					
<b>Specific areas to be addressed</b>	<b>Related Domain number /proficiency</b>	<b>Participation in Care level</b>	<b>Learning Resources / actions</b>	<b>Evidence of achievement</b>	<b>Achievement / Review date(s)</b>
<b>Development support plan outcome:</b>			<b>Achieved / Not Achieved</b> <b>(please circle)</b>		<b>Date:</b>
<b>Practice Supervisor / Assessor Signature:</b>	<b>Student Signature:</b>		<b>Academic Assessor Signature:</b>		<b>Date:</b>

**Development Support Plan 3 Feedback**

<b>DATE</b>	<b>PROGRESS</b>	<b>SIGNATURE:</b> <b>Student/supervisor/assessor</b>

## Useful References for Staff and Students

*Equality Act 2010*. c 15.

HEALTH AND SAFETY EXECUTIVE (1998) The Working Time (Amendment) Regulations 2003. Available: <http://www.legislation.gov.uk/ukxi/2003/1684/contents/made> (Accessed: 12 November 2020).

KEIGHLEY, T., 2009. *European Union Standards for nursing and midwifery: information for accession countries*. 2nd ed. Copenhagen, Denmark: WHO Regional Office.

NHS EDUCATION FOR SCOTLAND (NES), 2019. *A national framework for practice supervisors, practice assessors and academic assessors in Scotland*. [online]. Edinburgh: NES. Available from: [https://www.nes.scot.nhs.uk/media/4343473/scottish\\_approach\\_to\\_student\\_supervision\\_and\\_assessment\\_interactive\\_final\\_19.8.19.pdf](https://www.nes.scot.nhs.uk/media/4343473/scottish_approach_to_student_supervision_and_assessment_interactive_final_19.8.19.pdf). [Accessed 1 March 2021].

NHS EDUCATION FOR SCOTLAND (NES), 2013. *Evaluation of current practices to involve service users and carers in practice assessment in 11 higher education institutes (HEIs) in Scotland*. [online]. Edinburgh: NES. Available from: [https://www.nes.scot.nhs.uk/media/2063151/nes\\_user\\_and\\_carers\\_final\\_report\\_word\\_290313-no\\_appendix\\_inc\\_nes\\_\\_and\\_gcu\\_logo\\_wsv.pdf](https://www.nes.scot.nhs.uk/media/2063151/nes_user_and_carers_final_report_word_290313-no_appendix_inc_nes__and_gcu_logo_wsv.pdf) [Accessed 1 March 2021].

NHS EDUCATION FOR SCOTLAND (NES), 2020. *Quality standards for practice learning (QSPL)*. Edinburgh: NES.

GENERAL MEDICAL COUNCIL (GMC) and NURSING AND MIDWIFERY COUNCIL (NMC), 2015. *Openness and honesty when things go wrong: the professional duty of candour*. [online]. London: GMC / NMC. Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2018a. *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/standards/code/> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2018b. *Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2018c. *Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2019a. *Standards of proficiency for midwives*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2019b. *Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration midwifery programmes*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/standards/standards-for-midwives/standards-for-pre-registration-midwifery-programmes/> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2019c. *What it means to have a nominated assessor for 'each part'. Reference AC1-B*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/academic-assessment/who-are-academic-assessors-and-how-are-they-prepared/what-it-means-to-have-a-nominated-assessor-for-each-part/> Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2019d. *Practising as a midwife in the UK*. [online]. London: NMC. Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf> [Accessed 1 March 2021].

NURSING AND MIDWIFERY COUNCIL (NMC), 2019e. *Raising concerns: guidance for nurses, midwives and nursing associates*. [online]. London: NMC. Available from:

<https://www.nmc.org.uk/globalassets/blocks/media-block/raising-concerns-v2.pdf> [Accessed 1 March 2021].

PAN LONDON PRACTICE LEARNING GROUP (PLPLG), 2019. *Pan London Practice Assessment Document 2.0*. [Online] Available from:

<https://plplg.uk/plpad-2-0/> [Accessed 1 March 2021].

RENFREW, M. et al., 2014. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 384(9948), pp. 1129-1145. [online]. Available from:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60789-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext) [Accessed 1 March 2021].

ROYAL PHARMACEUTICAL SOCIETY (RPS), 2019. *Professional guidance on the administration of medicines in healthcare settings*. [online]. London: RPS. Available from:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [Accessed 1 March 2021].

SANDALL, J. et al., 2016. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*. [online]. (4). Available from:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full> [Accessed 1 March 2021].

SCOTTISH GOVERNMENT, 2017. *The best start: five-year forward plan for maternity and neonatal care in Scotland*. Edinburgh: Scottish Government. [online]. Available from:

<https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/> [Accessed 1 March 2021].

STRACHAN, E., ION, R. and ROXBURGH, M. (on behalf of the National Strategic Group for Practice Learning), 2019. *Raising concerns in practice: student guidance. A national approach for students, practice learning experience providers and higher education institutions in Scotland*. [online]. Available from:

[https://www.nes.scot.nhs.uk/media/4387539/final\\_nov\\_2019\\_version\\_national\\_rc\\_with\\_leaflet.pdf](https://www.nes.scot.nhs.uk/media/4387539/final_nov_2019_version_national_rc_with_leaflet.pdf) [Accessed 1 March 2021].



*The Human Medicines Regulations 2012*. No. 1916.

*The Management of Health and Safety at Work Regulations 1999*. No. 3242. Regulation 3.

*The Working Time (Amendment) Regulations 2003*. No. 1684.

UNITED NATIONS CHILDREN'S EMERGENCY Fund (UNICEF) / BABY FRIENDLY INITIATIVE (BFI), 2019. *Implementing the Baby Friendly Standards in universities*. [online]. Available from:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/university-guide-to-the-standards/> [Accessed 1 March 2021]

