

FOR BCCNM REGISTERED MIDWIVES

Quality Assurance Program: prescribing controlled substances

Introduction

The prescribing of controlled substances as per the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Controlled Substances* involves significant and additional responsibility for registered midwives in British Columbia. As such, the BC College of Nurses and Midwives (BCCNM) requires all General Registrants to participate in a limited-time Quality Assurance Program for Prescribing Controlled Substances immediately following the introduction of prescribing rights.

Prescription Logging

The Quality Assurance Program for Prescribing Controlled Substances is a component of the BCCNM's "Provision of Clinical Information" within the *Quality Assurance Program Framework* and includes the completion of two logs: one for the first three inpatient orders of controlled substances, and one for the first three outpatient prescriptions of controlled substances. The midwife will use the log to record the client's initials, name of medication, dose, route of administration, and indication, as well as confirmation that they have reviewed the prescription with a colleague (midwife, physician, nurse practitioner or nurse). ***Only the first three inpatient orders and first three outpatient prescriptions must be recorded in the log.*** Submission of logs to BCCNM is required upon completion or as requested, and may be cross-referenced with PharmaNet reports. BCCNM recognizes that log completion may take a variable amount of time for each midwife, depending on prescribing patterns and clinical practice volume.

Continuous Improvement

The purpose of the Quality Assurance Program for Prescribing Controlled Substances is to support the improvement of practice through a process of peer feedback and support. While referral to the Inquiry Committee is set out as a possibility in the *Act*, and therefore must be included, it is expected that the focus will be directed at enhancing the quality of midwifery practice in BC primarily through peer feedback, education and support. Referral to the Inquiry Committee should be rare and only

pursued if the Panel considers that there is a serious risk to public safety that cannot be adequately addressed through peer feedback, education and support.

Evidence-based continuing education programs are a necessary component for updating practitioners' knowledge. Registered midwives are expected to keep up-to-date with the latest evidence relevant to controlled substances within their prescribing schedule.

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