



**Midwifery** Regulatory Council of Nova Scotia

Annual Report  
2009-2010

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Our website can be found at [www.mrcns.ca](http://www.mrcns.ca)

## About the Council

The Midwifery Regulatory Council of Nova Scotia was established in 2009 to govern the profession of midwifery in the province. The Council regulates the profession of midwifery in the province of Nova Scotia, Canada, in accordance with the Midwifery Act and Regulations and the Council Bylaws.

The Council is responsible for:

- (a) regulating the practice of midwifery in accordance with the registration, licensing and professional conduct processes set out in this Act and the regulations;
- (b) establishing, maintaining and promoting standards of midwifery practice; and
- (c) approving and promoting a code of ethics.

## Mandate and Mission

The **mandate** and legislated duty of the Midwifery Regulatory Council of Nova Scotia is to serve and protect the public interest by regulating the practice of midwifery. The Council registers qualified, competent midwives to provide safe, high quality care to women and their families in Nova Scotia. The Council is mandated to protect the public by ensuring that all registrants engaged in clinical midwifery practice are safe, competent and ethical practitioners.

The **mission** of the Council is to ensure that women and their families in Nova Scotia receive a high standard of midwifery care.

## **Members of Council**

The Council is comprised of three midwives recommended by the Nova Scotia Association of midwives; a registered nurse recommended by the College of Registered Nurses of Nova Scotia; a physician recommended by the College of Physicians and Surgeons of Nova Scotia; and three public members who are not members of a health profession.

Kerstin Martin, R.M. (Chair)

Maren Dietze, R.M. (Vice-Chair)

Kelly Chisholm, R.M.

Michele Brennan (nursing representative)

Dr. Anne Houstoun (physician representative)

Eve Burns (public representative)

Joanne Hussey (public representative)

Shauna O'Brien (public representative)

## **Council Staff**

The Registrar of the Council is responsible for planning and implementing the programs of the Council as well as the administration of the Council and its internal staffing and management.

The Registrar/ Executive Director of the Council is Anne Jackman.

## Message from the Chair and Registrar/Executive Director

The Midwifery Regulatory Council has completed its first year and is pleased to present its first Annual Report. It has been a tremendously busy year commencing in February (prior to proclamation of the *Midwifery Act*), when it approved the Regulations under the *Act*. In the first few months the Council also appointed its Chair and Vice-Chair as well as the Registrar/ Executive Director and approved essential policies related to the registration of midwives. Policy development continued to be a key feature of the Council's work throughout the year, with other provincial and Canadian initiatives becoming more significant as the year progressed.

**Policies** - During its first year of operation the Council established a policy framework for the registration of midwives and governance of midwifery practice in Nova Scotia. Over twenty policies were developed, reviewed and approved; additional policies are slated for development in keeping with the Council's mandate. All current and approved policies are available in full text on the Council's website.

**Website** ([www.mrcns.ca](http://www.mrcns.ca)) - The Council was excited to finally launch its website in February 2010. This tool facilitates the flow of information to registered midwives and to midwives wishing to register in Nova Scotia. It also provides resources for other health care professionals seeking information about midwifery standards and policies, for women who are looking for midwifery services and for someone considering a career as a midwife.

**Nova Scotia Health Professionals Network (NSHPN)** - As a regulatory body, the Council became a participating member of NSHPN this year and continues to meet with other regulators and government officials regarding provincial health initiatives.

**Canadian Midwifery Regulators Consortium (CMRC)** - Nova Scotia is the newest member of the CMRC, having joined in November 2009. The CMRC's mandate is to facilitate inter-provincial mobility, to advocate for legislation, regulation, and standards of practice that support access to a high standard of midwifery care across the country, and to provide a forum for Canadian regulators to discuss and take action on issues of mutual concern.

Initiatives include the National Midwifery Assessment Strategy and the current Multi-jurisdictional Midwifery Bridging project, evaluation and revision of the Agreement on Mobility for Midwifery in Canada, development of the Canadian Midwifery Registration Examination, work with the federal Office of Controlled Substances on prescriptive authority for narcotics consistent with the midwife's scope of practice, and representation at various national forums and meetings. Representatives of each member regulator meet regularly by teleconference and at least once per year in person.

**Canadian Midwifery Registration Exam (CMRE)** - The CMRE is a national written examination designed to assess applicants for midwifery registration to ensure that they meet entry-level competency standards. Its goal is to ensure that midwives gaining registration are competent and safe practitioners providing a consistent standard of care

across Canada. Nova Scotia offered a sitting of this exam in May 2009 for four internationally educated midwives. It was held in Halifax.

**Multi-jurisdictional Midwifery Bridging Project** - This year Nova Scotia also became a partner of the Multi-jurisdictional Midwifery Bridging Project (MMBP) - a bridging program for qualified midwives educated outside of Canada. It is designed to help midwives learn how to use their skills in a Canadian context. The bridging program provides education, support, mentorship and assessment combining distance and online education formats with focused classroom and clinical exposure.

**Agreement on Internal Trade (AIT)** - Chapter 7 of the AIT, the Labour Mobility Chapter, states that a qualified worker in one province must be granted access to similar employment opportunities in another Canadian jurisdiction. Changes to the AIT came into effect in 2009 which require all Canadian jurisdictions to accept workers in regulated professions from other Canadian jurisdictions without additional material training requirements. Canadian midwifery regulators met in 2009 to discuss the impact of the AIT and to discuss steps to move towards harmonization. Nova Scotia is an active participant in this process, particularly in light of the fact that Nova Scotia's new midwifery legislation differs in certain respects from that in other Canadian jurisdictions.

Much of the Council's work is ongoing and new challenges lie ahead as we continue to ensure that women and their families in Nova Scotia receive a high standard of midwifery care.

Kerstin Martin, M.A., R.M  
Chair

Anne Jackman, B.Sc. (Hon), LL.B., LL.M.  
Registrar/Executive Director

## Committees

There are two standing Committees of Council:

### 1. Registration Committee

The Registration Committee is appointed by the Midwifery Regulatory Council under the Midwifery Regulatory Council By-laws governing committees. The by-laws state the Registration Committee shall:

- a) consider and recommend concerning any application for registration or accreditation referred to the committee by the Registrar; and
- b) make recommendations to Council respecting all applications for extension of time, reductions in requirements, equivalent experience and other variations from the requirements of the regulations authorized by the regulations.

The Registration Committee meets as necessary as requested by the Registrar/Executive Director, Midwifery Regulatory Council of N. S.

In 2009-2010 the Registration Committee was comprised of:

Joanne Hussey (chair)  
Maren Dietze  
Shauna O'Brien  
Kerstin Martin (*ex officio*)

There were was one meeting of the Registration Committee held on March 30, 2009. The Committee reviewed four applications for registration at the request of the Registrar. The Committee made recommendations to the Registrar on the eligibility of applicants for registration and supervision requirements for those eligible for provisional licenses. Decisions were communicated to the applicants by the Registrar.

### 2. Registration Appeal Committee

The Registration Appeal Committee (RAC) is appointed by the Midwifery Regulatory Council under Section 19 of the *Midwifery Act*. Upon receipt of an appeal the RAC sets a date for the hearing of the appeal which cannot be later than 60 days following the receipt of the written notice of the appeal. The RAC meets as necessary if there is an appeal of registration denied by the Registrar - Executive Director.

The RAC does not retry the facts of a case. The purpose of an appeal is to review the procedures of a decision in order to determine if there is a basis for error. The

Registration Appeal Committee prepares its written decision with reasons for the appellant.

In 2009-2010, the Registration Appeal Committee was comprised of:

Michelle Brennan (Chair)

Eve Burns

Kerstin Martin

Leslie Niblett

Dr. Anne Houstoun

There were four appeals to the RAC in April of 2009. Two of the appeals were withdrawn prior to the scheduled hearing dates. Two separate hearings were held on April 22, 2009 and May 7, 2009 to deal with the two remaining appeals. The Committee reviewed the actions of the Registrar to determine if she made an error in applying the policies of the Midwifery Regulatory Council. The Committee decided that the Registrar appropriately applied the MRC policies and both appeals were denied and the appellants informed.

## Registration

Nova Scotia's new legislation is different from other Canadian jurisdictions in that it has two categories of active-practising membership: clinical and non-clinical. Clinical practice means the provision of antepartum, intrapartum, postpartum and newborn care as a primary care provider. Non-clinical practice means practice that is limited to research, education, consultation, management, administration, regulations, policy or system development related to midwifery.

Additionally, provisional licences may be granted to applicants who fails to meet all the continuing competency requirements for entry in the active-practising roster, as set out in the Regulations Respecting Midwifery.

In April, 2009, the Midwifery Regulatory Council registered ten midwives in the following categories:

|                                  |   |
|----------------------------------|---|
| Active-practising (clinical)     | 3 |
| Active-practising (non-clinical) | 2 |
| Provisional (clinical)           | 4 |
| Provisional (non-clinical)       | 1 |

By the end of the fiscal year (March 31<sup>st</sup>), the registrant with a Provisional (non-clinical) licence had been granted an Active-practising (non-clinical) licence and one of the Provisional (clinical) registrants had been granted an active-practising (clinical) licence.

## Complaints

The Midwifery Regulatory Council protects the public interest by ensuring that registered midwives in Nova Scotia practice safely, competently and ethically.

Under the provisions of the *Midwifery Act*, the Registrar is required to investigate complaints regarding disciplinary matters concerning any member. Upon completion of the investigation, the Registrar has authority under section 38(8) of the *Midwifery Act* to take a variety of actions, including:

- (a) dismiss the complaint;
- (b) attempt to resolve the matter informally;
- (c) with the consent of both parties, refer the matter, in whole or in part, for mediation;
- (d) refer the matter in whole or in part, to a hearing panel;
- (e) counsel the member;
- (f) caution the member;
- (g) counsel and caution the member;
- (h) reprimand the member with the member's consent;
- (i) with the consent of the member, require the member to undergo such treatment or re-education as the Registrar considers necessary.

In this year, one (1) complaint was received about a registered midwife. The matter continues to be under investigation.

## Financial

Midwifery is not yet a self-regulated health profession in Nova Scotia. The Midwifery Regulatory Council derives some income from professional dues but most of its financial support is provided by the Nova Scotia Department of Health. The Council is grateful for this financial contribution as well as for the in-kind support it receives from staff of the Primary Health branch and the Policy, Planning and Legislation branch of the Department.

## Acknowledgements

The dedication and hard work of many individuals who have volunteered their time and expertise to the regulation of midwifery is also acknowledged. In particular, gratitude is expressed to: members of the Council, the Nova Scotia College of Registered Nurses; the Reproductive Care Program of the Department of Health, the College of Physicians and Surgeons; fellow provincial/territorial midwifery regulators; district health authorities/IWK; the Department of Health and registered midwives in Nova Scotia. Without their years of commitment to the midwifery this first year of regulation would not have been so successful.