

# Midwifery Regulatory Council By-Laws

## Definitions

1 In these bylaws,

- (a) “Act” means the *Midwifery Act*;
- (b) “Chair” means the Chair of the Council;
- (c) “good standing” means that the member holds a current licence and is not subject to any disciplinary finding that would prohibit or restrict the practice of midwifery.

## Duties of Council Members

2 A midwife shall be the Chair of the Council and shall

- (a) be elected by the Council for a term of one year;
- (b) preside at all meetings of the Council;
- (c) report to each annual meeting of the Council concerning the operations of the Council and report to the Council at each meeting of the Council;
- (d) be an ex-officio member of all Committees appointed by the Council; and
- (e) perform such other duties as may from time to time be determined by the Council

3 The Vice-Chair shall assist the Chair and shall have all the powers and perform all the duties of the Chair in the absence or disability of the Chair, together with such other duties as may from time to time be assigned by the Council.

## Duties of the Registrar

4 In fulfilling the role of Secretary, the Registrar shall

- (a) ensure that minutes and attendance are taken of all meetings of the Council and all meetings of Committees of the Council;
- (b) ensure that all correspondence to or from the Council is attended to in accordance with the Council’s directions;

- (c) ensure that all minutes, records and documents of the Council and all Committees of the Council are maintained;
- (d) give such notice as required in these regulations of meetings of the Council and the Annual Meeting of the Council; and
- (e) perform such other duties as ordinarily pertain to the office and as the Council may direct.

5 In fulfilling the role of Treasurer, the Registrar shall

- (a) ensure that licensure fees, renewal fees and fines are collected;
- (b) oversee the management of the accounts for the Council;
- (c) oversee the disbursement of funds of the Council;
- (d) prepare the necessary requirements for budget submissions and expenditures;
- (e) perform such other duties as ordinarily pertain to the office and as the Council may direct.

### **Meetings of the Council**

6 Meetings of the Council shall be called by the Chair.

7 A meeting of the Council may be held by conference call, video conferencing or other method that ensures that the members of the Council all have the opportunity to participate in the meeting.

8 The agenda of each meeting of the Council shall be as set out by the Chair subject to amendment by the members of the Council at the opening of the meeting.

9 A resolution signed by a majority of the members of the Council, for which purpose faxed signatures and electronic signatures are sufficient, has the effect of a resolution of the Council.

10 Notice of all regular meetings of the Council shall be delivered, mailed, telephoned, or sent electronically to each member of the Council not less than seven days before the fixed date for the meeting; providing always that a meeting of the Council may be held at any time without formal notice if all the members of the Council are present or if those absent have waived notice.

- 11 Council meetings shall be open to registrants except when the Council goes “in camera” to discuss confidential matters.
- 12 A special meeting of the Council may be called by the Chair and shall be called upon the written request of one-third of the members of the Council and such a request shall include the subject(s) to be considered.
- 13 At least three days prior to a special meeting, notice in writing shall be issued to each Council member stating the purpose of the meeting and no matter shall be discussed at the special meeting apart from that specified in the notice.

### **General Rules Governing Meetings of the Council, a Committee or a Panel**

- 14 The Chair or chair of a committee shall ensure that minutes are taken at each Council, committee or panel meeting and retained on file.
- 15 A member of the Council, a committee or a panel may move or propose a resolution.
- 16 A majority of the members of a committee or panel constitutes a quorum provided that the midwife representative is present.
- 17 Each member of the Council shall be entitled to vote at any meeting of the Council. In the case of a tie vote, the motion is defeated.
- 18 The chair of each committee shall annually submit a written report to Council of that committee’s activities to the Council, including the activities of any panel of that committee.
- 19 Except as otherwise provided in the Act, the regulations or these by-laws, Robert’s Rules of Order (latest edition) shall govern the procedures at meetings of the Council and a committee of the Council
- 20 Every member of the Council, committees and panels shall respect the confidentiality of matters brought before the Council or before any committee, or subcommittee or panel of the Council in accordance with the Act.

### **Committees**

#### Creation of Committees

- 21 Committees of the Council shall be divided into two categories:
  - (1) Standing; and
  - (2) Ad Hoc.

- 22 Ad Hoc Committees may be established, structured, empowered and terminated by the Council.
- 23 Standing Committees shall be permanent committees of the Council, and in addition to the Standing Committees established in the Act, may only be established or terminated by a special resolution amending these by-laws.
- 24 The activities of all committees shall be conducted in accordance with the Act, regulations, by-laws, and relevant policies of the Council.

#### Eligibility for Appointment

- 25 A member is eligible for appointment to a committee if, on the date of the appointment, the member is registered with the Council, with the exception of student registrants and is in good standing.
- 26 The Council shall disqualify a member appointed to a committee from sitting on a committee if the member
- (a) resigns from the committee and such disqualification shall occur on the effective date of the resignation;
  - (b) ceases to be registered with the Council;
  - (c) becomes in default of payment of any fees prescribed by these by-laws for a period of more than 30 days;
  - (d) becomes the subject of any disciplinary or incapacity proceeding or is subject to a term, condition or limitation as a result of the proceeding;
  - (e) fails, without cause, to attend 3 consecutive meetings of a committee of which she is a member;
  - (f) breaches a confidentiality or any conflict of interest requirement; or
  - (g) fails, without cause, to attend a hearing or other proceeding of a panel for which she has been selected.
- 27 A member who is disqualified from sitting on a committee ceases to be a member of the committee, unless re-instated by the Council.

#### Composition of Committees

- 28 Every committee shall be composed of at least three persons.

- 29 Every committee shall include at least one registered midwife.
- 30 Every committee shall include at least one member of the Council who is not a midwife, except that a Hearing Panel shall include at least two members of the Council who are not a midwife.
- 31 Committee members shall be appointed by the Council and shall serve for a term of two years and may be re-appointed.
- 32 In addition to the authority to remove a member of a committee under Section 26, the Council may remove at its discretion any member of a committee.
- 33 The Council shall approve terms of reference for any standing or ad hoc committee it appoints.

#### Registration Committee

- 34 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.

#### **Fees**

- 35 The fees for registration and licensing in a particular class or classes shall be set out in Schedule "C" attached to these by-laws.
- 36 The fee for entry in the requested class or classes must be paid by each registrant prior to the start of licensure period as determined by Council in order to ensure entry in the requested class or classes for the subsequent period.
- 37 Registrants who do not pay the fees as required shall forfeit all rights and privileges of their applicable classes until licensing and/or reactivation fees are paid.

#### **Forms**

- 38 Any forms required pursuant to the Act, the regulations or these by-Laws shall be as approved by the Registrar.

#### **Seal**

- 39 The seal of the Council shall be kept by the Registrar, who shall affix it to all documents for which it is required.

**Fiscal Year**

40 The fiscal year of the Council shall commence on April 1<sup>st</sup> and end on March 31<sup>st</sup> of the following year.

**Signing Officers**

41 The signing officers of the Council are any two of the Chair, the Vice-Chair, Registrar or other designated individuals.

42 The proper institutions shall be notified of the names and given samples of the signatures of the signing officers when a change in name occurs.

**Payments and Commitments**

43 The Registrar and a designated Council member may approve payments and commitments for the purchase of goods and services, subject to Province of Nova Scotia rules.

44 All payments and commitments by the Council shall be subject to Province of Nova Scotia rules.

**By Laws and Amendments**

45 These by-laws or any section thereof may be added to, amended, or revoked by a two-thirds majority of the Council members.

**These By-Laws were adopted by the MRC at a meeting on March 18, 2009  
Amended by the MRC on April 27, 2017**

## **Schedule “A” Code of Ethics**

The purpose of a Code of Ethics is to set forth the ethical principles and standards which professionals are expected to meet and by which their actions can be judged. The following Code of Ethics identifies the moral and ethical obligations inherent in the midwife’s professional role. Midwives have a responsibility to maintain the integrity of their profession and uphold ethical principles in the provision of care for childbearing women and their infants within their families and communities.

This Code is grounded in values that are fundamental to midwifery practice and professional relationships with clients, families, colleagues and communities. These values include:

- (a) Promotion of safe, compassionate and ethical care
- (b) Promotion of health and well-being
- (c) Support for informed decision-making
- (d) Respect for human dignity and integrity
- (e) Protection of privacy and confidentiality
- (f) Promotion of justice and equity
- (g) Accountability

- I. Midwives provide safe, compassionate and ethical care in accordance with their legislated scope of practice and professional standards.
- II. Midwives respect and promote the normal, healthy process of pregnancy and childbirth.
- III. Midwives are responsible for their clinical decisions and actions and are accountable for the outcomes of the care they provide to women and infants.
- IV. Midwives clearly inform clients about community standards of care and the role, values and functions of midwifery.
- V. Midwives respect and support the rights of clients to make informed choices, by sharing relevant evidence-based information without bias, coercion or deception.
- VI. Midwives work in partnership with women, so that women are empowered to speak for themselves and participate actively in decisions affecting their health and that of their infants and families.
- VII. Midwives will not deny or limit care on the basis of race, colour, ethnicity, language, culture, place of origin, political or spiritual beliefs, marital or family status, socioeconomic status, age, sexual orientation, physical or mental ability.
- VIII. Midwives respect cultural diversity and strive to provide culturally safe, equitable care.
- IX. Midwives strive to provide information and education to clients across levels of literacy and ability to understand.
- X. Midwives interact professionally, respectfully and honestly with clients, colleagues and the public.
- XI. Midwives support and sustain each other in their professional roles and actively nurture their own and others' sense of self-worth.
- XII. Midwives work collaboratively with other health professionals, consulting and referring appropriately when client needs exceed the limits of midwifery expertise and scope of practice.
- XIII. Midwives provide the best possible care to clients in all circumstances and environments. When unable to provide the necessary care, midwives make all reasonable efforts to find other care providers for clients.
- XIV. Midwives may not abandon the care of a woman in labour, nor refuse to attend a woman in labour, unless another appropriate health professional has been secured to provide the necessary care.
- XV. Midwives ensure that their professional judgment is not influenced by commercial considerations and will not accept any gift, favour or hospitality to endorse commercial products or services.
- XVI. Midwives will not accept any gift, favour or hospitality to provide preferential treatment to a client.

- XVII. Midwives ensure that client privacy is protected and that confidentiality is maintained except where disclosure is mandated by law.
- XVIII. Midwives openly acknowledge to clients and colleagues any conscientious objection or conflict of interest that may affect their professional practice or the client's right to informed choice.
- XIX. Midwives may refuse to participate in activities for which they hold deep moral opposition, with the understanding that personal beliefs should not deprive women of essential health services.
- XX. Midwives ensure that no action, omission or incapacity on their part causes harm or places clients at risk.
- XXI. Midwives protect clients and colleagues from harmful, unethical or incompetent practices by taking appropriate action that may include reporting mandated by law.
- XXII. Midwives maintain continuing competence and actively seek professional development throughout their midwifery career, integrating this development into their practice.
- XXIII. Midwives support the advancement of midwifery knowledge through research and peer review and participate in the education of students and peers.
- XXIV. Midwives participate in the development and implementation of policies and initiatives that promote the health of childbearing women and families.
- XXV. Midwives actively promote equitable access to health care and services that meet the needs of childbearing women and families.

## Schedule “B”

### Standards of Midwifery Practice

Midwives are registered health care professionals who meet all requirements of registration and licensing, continuing competency, accountability and safe, ethical midwifery practice, as defined by the Midwifery Regulatory Council (MRC) of Nova Scotia. Midwives may work in a variety of settings, including clinics, hospitals, birth centers and clients’ homes and are committed to providing community based primary maternity and new born care. Midwives are required to practice in accordance with the Midwifery Act and Regulations, the policies and standards of the MRC, evidence-informed maternity care standards and policies of the employment setting in the best interest of the public.

The Standards of Midwifery Practice outline the professional practice the public can expect from a registered midwife in any setting or role. It provides a framework within which the midwife’s practice may be evaluated to ensure that it is consistent with competent, safe, responsible and ethical midwifery practice. It also provides direction to midwives regarding the parameters of their practice and the professional standards they must uphold.

#### 1. **STANDARD ONE**

##### **The midwife practices as a primary care provider within the scope of midwifery practice**

The midwife:

- 1.1 practices within the midwifery scope of practice and her own level of competence.
- 1.2 demonstrates the competencies required for the delivery of safe and ethical midwifery care;
- 1.3 manages care within the scope of midwifery practice without supervision<sup>1</sup>;
- 1.4 is fully responsible and accountable for the care she provides;

#### 2. **STANDARD TWO**

##### **The midwife collaborates with other health professionals in maternity care teams.**

The midwife:

- 2.1 recognizes and respects the unique and overlapping scopes of practice of other members of the team;
- 2.2 establishes collaborative relationships and networks with other health professionals and the community;
- 2.3 acts as a role model and mentor to midwifery colleagues and other healthcare providers within the team;

#### 3. **STANDARD THREE**

##### **The midwife consults with and/or refers to the most appropriate health professional when the care required by the client exceeds the scope of midwifery practice.**

The midwife:

- 3.1 identifies risk factors or health conditions that require consultation with/or referral to a medical practitioner or other health professional, as set out in the MRC policy “Guidelines for Review, Consultation and Transfer of Care”;

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<sup>1</sup> Unless conditions on the midwife’s license to practice require supervision.

- 3.2 initiates timely and appropriate consultations with and/or referrals to the most appropriate healthcare provider;
- 3.3 shares records and relevant information with the healthcare provider who is being consulted or who is assuming responsibility for care;
- 3.4 documents appropriately in the client's health record when a consultation and/or transfer of care has occurred.
- 3.5 may continue to provide aspects of midwifery care in collaboration with the health care provider who has assumed primary responsibility for care.

**4. STANDARD FOUR**

**The midwife works in partnership with the client**

The midwife:

- 4.1 develops a plan for midwifery care together with the client;
- 4.2 facilitates open and interactive communication with the client;
- 4.3 shares knowledge and relevant information with the client;
- 4.4 supports the client as the primary decision-maker in her care;
- 4.5 involves the client's family according to her wishes;
- 4.6 respects the client's value system and cultural needs and beliefs.

**5. STANDARD FIVE**

**The midwife promotes informed choice throughout the childbearing experience.**

The midwife:

- 5.1 provides relevant information to the client in an unbiased manner;
- 5.2 encourages clients to actively participate in decisions about their care and the manner in which services are provided;
- 5.3 discusses with the client the scope, standards and limitations of midwifery care;
- 5.4 acts as an advocate for the client and her newborn;
- 5.5 respects the client's right to decline treatments or procedures;
- 5.6 advises the client of maternity care standards and the midwife's professional judgment with respect to safe care.

**6. STANDARD SIX**

**The midwife ensures continuity of care throughout the childbearing experience.**

The midwife:

- 6.1 provides comprehensive midwifery care during the trimesters of pregnancy and throughout labour, birth, and the postpartum period;
- 6.2 ensures, within the collaborative team, 24 hour on-call availability to clients';
- 6.3 identifies, within the collaborative team, the midwife who is responsible for leading and coordinating the client's care;
- 6.4 makes every effort to ensure that a care provider familiar to the client is available to attend the birth;

**7. STANDARD SEVEN**

**The midwife provides care in appropriate settings and respects the client's choice of birthplace within the boundaries of safety.**

The midwife:

7.1 assesses risk and safety considerations and provides clients with the necessary information to make an informed choice about appropriate settings for giving birth.

7.2 assesses and ensures a safe environment for the birth experience;

7.3 uses safety measures to protect self and colleagues from injury and potentially abusive situations;

## **8. STANDARD EIGHT**

**The midwife ensures that no action or omission places the client at unnecessary risk.**

The midwife:

8.1 uses current knowledge and evidence-informed guidelines to plan and implement midwifery care;

8.2 conducts ongoing assessments and modifies the plan of care as required;

8.3 responds promptly and appropriately to emergency situations;

8.4 maintains appropriate equipment and supplies for out-of-hospital birth;

8.5 does not abandon care of a client in the course of labour;

8.6 refers to another appropriate healthcare practitioner when necessary;

8.7 recognizes and reports errors and takes all necessary actions to prevent and minimize harm arising from an adverse event;

8.8 takes action in situations where client safety and well-being is potentially or actually compromised;

## **9. STANDARD NINE**

**The midwife maintains complete and accurate healthcare records.**

The midwife:

9.1 uses a documentation system that facilitates accurate communication of information to clients, consultations and institutions;

9.2 reviews and updates records at each professional contact with the client;

9.3 ensures prompt documentation of professional actions, decisions and treatments, screening and diagnostic test results, informed choice discussions with the client and consultations with other professionals;

9.4 ensures that records are legible, signed and dated;

9.5 documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;

9.6 makes every effort to document events contemporaneously and chronologically.

## **10. STANDARD TEN**

**The midwife ensures confidentiality of client information except in extraordinary circumstances where disclosure is required by law, or where failure to disclose will result in immediate and grave harm to the client.**

The midwife:

10.1 establishes procedures and systems for storing, transferring and disposing of client records which protects the confidentiality of information within midwifery practice;

10.2 maintains appropriate boundaries between professional relationships and personal relationships;

**11. STANDARD ELEVEN**

**The midwife is accountable to the client, the midwifery profession and the public for safe, competent and ethical care.**

The midwife:

11.1 responds to and reports situations which may be adverse for clients and/or health care providers, including incompetence, misconduct and or incapacity of midwives and/or health care providers

11.2 informs the client as to complaint and review procedures established under the Midwifery Act and the Midwifery Regulations;

11.3 participates in review processes as required by institutional policies and the Midwifery Regulatory Council of Nova Scotia;

11.4 participates in risk management and quality assurance programs as required by institutional policies and the Midwifery Regulatory Council of Nova Scotia.

11.5 strives to maintain her own physical, mental and emotion well being and safety

**12. STANDARD TWELVE**

**The midwife maintains competencies relevant to her scope of practice**

The midwife:

12.1 engages in continuing education activities appropriate to the midwifery scope of practice, including the management of obstetrical emergencies, as required by the MRC policy;

12.2 documents and keeps records of continuing competency activities to provide to the MRC;

12.3 demonstrates current knowledge and the ability to appraise research findings relevant to midwifery practice;

12.4 engages in reflective practice and seeks feedback from clients, peers and practice partners in evaluating her practice;

12.5 participates in practice reviews to determine areas of improvement and develop learning or action plans;

12.6 integrates relevant research findings and client or peer evaluation into practice;

12.8 uses health information systems to support professional practice

**13. STANDARD FOURTEEN**

The midwife shall only order, prescribe or administer those drugs and substances listed in Regulations and these must be ordered, prescribed or administered in accordance with the direction provided in Schedule 1.

**14. STANDARD FIFTEEN**

The midwife shall only order, perform, collect samples for or interpret those screening and diagnostic tests for a woman or a new born listed in the policy and these shall be ordered, performed or interpreted in accordance with policy.

## Schedule "C" Midwifery Regulatory Council By-Laws

### Fees for Registration and Licensing

#### Registration Year April 1, 2017-March 31, 2018

Application Fee (initial application only)	\$50
Active-practicing (clinical) license	\$500
Active-practising (non-clinical) license	\$250
Provisional (clinical) license	\$500
Provisional (non-clinical) license	\$250
CMRE Examination fee	\$750
NSF cheque	\$50
Late Renewal (including late quality assurance reports)	
Between March 2nd and April 1st	\$50
After April 1 <sup>st</sup>	\$150

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#### Payment Options:

1. Full amount payable on April 1<sup>st</sup>
2. Two equal installments (April 1<sup>st</sup> and October 1<sup>st</sup>)

The Midwifery Regulatory Council of Nova Scotia accepts cheques, bank drafts and money orders in Canadian funds payable to **Government of Nova Scotia**.

## **Schedule “D” Council Code of Conduct**

Council members shall at all times act in compliance with Council By-Laws

Council expects ethical conduct of itself and its members.

Council members must be loyal to the purpose of the Council and adhere to the conflict of interest policy. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups, individual members, or membership in other organizations. It also supersedes the personal interests of any member.

Council members shall respect the confidentiality that is applicable to Council’s deliberations or materials.

Individual Council members shall not exercise authority over the Executive Director or employees of the Council.

Council members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith.

Council will endeavour to make decisions by consensus. A consensus decision is one that is acceptable to all, provided that a variety of points of view have been reasonably considered. Where this is not possible, decisions will be made by majority vote unless otherwise required.

Council is committed to effective decision making. Once a decision has been made, it becomes the position of the Council.

Council will encourage and provide an atmosphere conducive to the respectful expression of different viewpoints and perspectives, since a broad range of ideas increases the potential for more informed and effective decisions. Members shall respect each member’s contribution to the discussion and encourage each other to present their views.

Council members have an obligation to ensure that their opinions and views are expressed appropriately.

Council members have an obligation not to undermine the decisions of Council. However, Council members may, in good faith, challenge or question a decision

of Council by use of appropriate processes designed to have the decision reconsidered or challenged in an appropriate forum.

Council members shall refrain from critically discussing in a public forum the actions or submissions of specific Council members.

Council members acknowledge and appreciate that some members are volunteers and, as such, time is at a premium. Members shall strive to manage time effectively and agree to come prepared in advance for meetings. Council members will be familiar with the Council meeting materials that are pre-circulated.

Should a member of Council obtain employment with the Council, he or she must resign from Council.

A member of Council who is not present for three consecutive meetings of Council is deemed to have resigned from Council, unless Council otherwise determines.

A member of Council who is convicted of professional misconduct, conduct unbecoming or incompetence under the *Midwifery Act* shall be deemed to have resigned from Council.

**Adopted by the MRC on September 11, 2014**

## **Schedule “E” - Conflict of Interest**

Council will conduct all of its affairs to the highest standards of ethical and lawful behaviour.

A Council member shall not use her or his position with the Council for any improper purpose.

Council members will avoid all situations in which their personal interests or duties conflict or might conflict with their duties to the Council.

Council members who find themselves in an actual or potential conflict of interest shall so declare and absent themselves from both the discussion and vote on the matter before Council.

Council members who declare their actual or potential conflict of interest are included in determining a quorum.

Council members who declare an actual or potential conflict of interest will be noted in the Minutes by name.

**Adopted by the MRC on September 11, 2014**