

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

PROVISIONAL LICENSURE AND SUPERVISED PRACTICE POLICY

An applicant who fails to meet all the continuing competency requirements for entry in the active-practising (clinical) roster, as set out in the Regulations Respecting Midwifery, **may** be issued a provisional (clinical) licence with a supervision requirement for a specified period of time, no longer than 12 months.

As part of its mandate to protect the interests and safety of the public, the Registrar will ensure that the plan for supervised midwifery practice provides a safe and appropriate framework to address identified clinical experience shortfalls or other issues for which supervision is warranted. The Registrar will also ensure that all supervision occurs under the direction of licensed practitioners whose clinical experience and qualifications are equivalent to, or exceed, the requirements in the Midwifery Act and Regulations.

Based on the Registrar's assessment of the application for registration and need for supervision, the Registration Committee will provide the applicant with a draft *Plan for Supervised Practice*. The applicant will be given the opportunity to provide input before this plan is approved by the Registrar. The *Plan for Supervised Practice* must be in place and signed by the applicant, the approved supervisor and the Registrar before a provisional licence to practise can be issued. The provisional registrant must adhere to all terms and conditions set out in this plan.

All supervision requirements must be completed within one year or less. A provisional registrant who does not satisfactorily meet the requirements set out in her supervision plan must complete additional educational requirements and write a registration exam before being eligible to re-apply for registration. Additional educational requirements may range from a full course of study in a midwifery education program to selected courses focusing on specific gaps identified through the assessment and supervision process.

Framework for Supervised Practice

Provisional registrants must be supervised within a framework of employment in a District Health Authority/ IWK Health Centre site. It is the responsibility of the applicant to find an employment situation in which her practice as a midwife can be appropriately supervised. Midwives and other maternity/newborn care providers who will be acting as supervisors must be approved by the facility or site where the provisional registrant will be employed.

The framework for supervision will generally evolve in progressive stages, from direct supervision where the supervisor is present and observing the provisional registrant's practice, to indirect supervision through regular review of client charts and other means of overseeing care. The shift from direct to indirect supervision should only be made when the supervisor is confident that the provisional registrant can provide safe care more independently.

Supervision plans will outline the minimum requirements that the provisional registrant needs to meet. During the actual supervision period, the supervisor is responsible for determining whether these are being met and/or if additional requirements are needed. The supervisor and the supervised registrant must report to the Registrar on the progress of supervision at least once a month.

Supervisors are responsible for ensuring that the care provided under their direct or indirect supervision is safe and within midwifery standards of practice. The supervisor is considered to be the most responsible care provider, and is expected to take charge in any situation where there is risk of harm. Supervisors are also responsible for reporting to the Registrar any concerns that arise in the course of supervision. If a supervisor believes that client safety cannot be assured in a given supervision plan, the supervisor should notify the Registrar immediately.

Approved Supervisors

Supervisors of midwifery registrants in other regulated jurisdictions are usually midwives. In the current Nova Scotia context, where midwifery is in the process of integration as a new health profession and the numbers of midwives are limited, it may be necessary to rely on and involve other maternity and newborn care providers who have the clinical experience and expertise to supervise provisional registrants. Once midwifery integration is established, it is expected that most supervision will be provided by midwives.

All midwives acting in a supervisory role must hold an active-practising (clinical) licence without conditions or restrictions. Supervisors who are not midwives should have appropriate knowledge and understanding of the standards and scope of midwifery practice, as well as the expertise to provide the necessary supervision outlined in the *Plan for Supervised Practice*.

Plan for Supervised Practice

The *Plan for Supervised Practice* must clearly outline the areas of practice that will be supervised and the requirements that the provisional registrant needs to meet, such as the management of a designated number of births or antenatal and postnatal visits, or the performance of specific skills and procedures. The plan must also name a Principal Supervisor and Approved Supervisors or the practice team who will be involved in observing and evaluating the provisional registrant's practice.

The Principal Supervisor may supervise the registrant's practice directly or provide guidance and support in collaboration with other approved supervisors. The Principal Supervisor is responsible for obtaining and incorporating feedback on the progress of supervision from other approved supervisors, and reporting to the Registrar as needed. Whenever feasible, the Principal Supervisor should be a midwife.

In developing a plan for supervised practice, consideration should be given to the following:

- Most newly-employed midwives will be required to participate in orientation programs in the health care facilities or sites where they will be working. In the initial integration phase, the facilities themselves may be organizing forms of supervision for births attended by midwives and/or for other aspects of midwifery care under their

auspices. Part or all of the provisional registrant's supervision requirements may be met within this orientation process.

- Registered midwives with an active-practising (clinical) licence without conditions or restrictions may be approved as supervisors for provisional registrants only when they have completed their own orientation process in their employment setting.
- Family physicians who provide the full continuum of primary maternity/ newborn care (including delivery) may supervise births and care of the woman and newborn in the immediate postpartum period in hospital settings, and certain skills or procedures such as suturing.
- Obstetricians who provide primary maternity care may supervise births and care of the woman in the immediate postpartum period in hospital settings, and certain skills or procedures such as suturing.
- Nurses may supervise the performance of discrete skills or procedures in which they have particular expertise.
- Aspects of practice that are specific to the scope and model of midwifery care, such as out-of-hospital birth, continuous labour support, prenatal or postnatal home visits and informed choice discussions, must be supervised by a midwife.
- Supervision for out-of-hospital births may not occur until the provisional registrant has been supervised for a specified number of births in a hospital setting. Supervised midwives may act as second attendants for births managed by their supervisors in out-of-hospital settings.
- A plan for supervision by a midwife ideally would involve the supervised registrant and the supervisor working together in the same practice. In the initial phase the supervised midwife might be required to observe and assist at births and prenatal or postnatal visits managed by the supervisor; in the next phase the supervisor would directly observe care provided by the supervised midwife. Once the supervisor is confident that the supervised midwife's practice is safe and competent, the two midwives could see clients in alternating visits, complemented by chart review.

In general, supervision should be a supportive and beneficial experience. As provisional licensure will only be granted to a qualified midwife who has a limited shortfall in clinical experience or a specific continuing competency requirement to fulfil, the supervision plan should be designed to effectively address these shortfalls or requirements in the shortest timeframe possible, without placing clients at risk. Supervision should not be viewed as a process of re-education or educational upgrading.

Appendix “A”

Supervision Guidelines for Provisional Licences

Time Period of Supervision

A provisional registrant with a supervision requirement must meet all the terms and conditions of the plan for supervised practice within a period of time not exceeding 12 months. The period of supervision will be consistent with the continuing competency requirement in the Regulations, that is, of 450 hours or attendance at 12 births in the clinical practice of midwifery in the year immediately before the application for registration. 450 hours of clinical midwifery practice is equivalent to 12 weeks full-time or 24 weeks part-time.

Methods of supervision

1. *Observation*: the supervised midwife observes the provision of care by the supervisor.
2. *Assistance*: the supervised midwife assists in the provision of care by the supervisor, e.g. as a second attendant at a birth.
3. *Direct supervision*: the supervisor is present and observes the provision of care by the supervised midwife.
4. *Indirect supervision*: the supervisor monitors the provision of care by the supervised midwife through discussion and chart review.

All supervision must include weekly chart reviews by the principal supervisor.

Prenatal visits, births in hospital settings, births in out-of hospital settings and postnatal visits (mother and newborn) as specified in the supervision plan will be supervised in accordance with the following guidelines.

Prenatal visits

1. The supervised midwife will observe a minimum of three prenatal visits conducted by the principal supervising midwife within the first month of supervised practice.
2. The supervised midwife will conduct a minimum of five prenatal visits under the direct supervision of the principal supervising midwife. These must be at various stages of pregnancy, including a booking visit, a second and third trimester visit and one prenatal home visit.
3. The supervised midwife will review and discuss the MRC policy on *Screening and Diagnostic Tests* as well as the MRC Policy on *Guidelines for Prescribing, Ordering and Administering Drugs* with the principal supervisor with an emphasis on laboratory tests that may be ordered within the scope of midwifery practice.
4. The supervised midwife will review and discuss prenatal assessment with the principal supervising midwife with an emphasis on critical components of prenatal

midwifery care in the first, second and third trimesters. Relevant chapters on antenatal care and antenatal investigations in current midwifery textbooks and other resources should be used for this purpose.

Births in a hospital setting

1. The supervised midwife may be required to attend a specified number of births as an observer and/or as a second attendant before being supervised as a primary care midwife for hospital births. The maximum number of births that may be required in a primary care midwife role is 12.
2. When the supervised midwife assumes a primary care role, the supervising midwife must be in attendance from the onset of active labour for at least the first hospital birth, and more if the supervisor decides this is advisable.
3. For subsequent births the supervised midwife will contact the supervisor by phone from the onset of active labour until such time as a second midwife is normally called to attend in an out-of-hospital setting. Minimally, phone contact with the supervisor will begin with the first assessment in active labour and continue every four hours.
4. The principal supervisor will be a midwife whenever feasible. A nurse and/or physician or a member of the practice team may also provide supervision for hospital births.

Births in an out-of-hospital setting

1. The supervised midwife may be required to attend a specified number of births as an observer and/or in a second attendant role before being supervised as a primary care midwife for out-of-hospital births. The maximum number of births that may be required in a primary care midwife role is 12.
2. When the supervised midwife assumes a primary care role, the supervising midwife must be in attendance from the onset of active labour for at least the first out-of-hospital birth, and more if the supervisor decides this is advisable.
3. For subsequent births the supervised midwife will contact the principal supervisor by phone from the onset of active labour until such time as the second midwife is normally called to attend. Minimally, phone contact with the supervisor will begin with the first assessment in active labour and continue every four hours.

Postnatal visits (mother and infant)

1. Supervision of postpartum visits will include conducting a minimum of two postpartum assessments of the mother and newborn on each of the following days: Day 1, Day 3, between Day 5 and 14, and 6 weeks postpartum. At least

one postpartum visit on each of these days must be conducted under the direct supervision of the principal supervisor.

2. The supervised midwife will review and discuss postnatal assessment of the mother and assessment of the newborn with the principal supervising midwife. Relevant chapters in current midwifery and neonatal textbooks and other resources should be used for this purpose.
3. If the supervised midwife requires increased exposure to support and counselling around breastfeeding difficulties, a certified lactation consultant may be approved as an additional supervisor. Spending at least four hours with a lactation consultant is advised.

Appendix "B"
Template for Individual Supervision Plan

Name of midwife/registrant_____

Type of licence_____

Name and designation of principal supervisor:_____

Names and designations of other approved supervisors, if applicable:_____

Name of practice team providing supervision, if applicable:_____

Recommendations of the Registrar/Registration Committee regarding continuing competency requirements and/or clinical experience shortfalls:

Recommendations of the Registrar/Registration Committee regarding results of competency assessment program:

Length of general supervision period:_____

Requirements to be met under supervision

- Numbers of:

Prenatal visits_____

Births in a hospital setting_____

Births in an out-of hospital setting_____

Postnatal visits (mother and infant)_____

- Other aspects of midwifery care, discrete skills or procedures to be supervised (specify):

Frequency of reports to be provided to the Registrar_____

Expected start and completion dates_____

Signature of Provisional Registrant

Signature of Registrar

Signature of Principal Supervisor

Date: day / month/ year