

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

POLICY ON PROVISIONAL LICENSURE AND SUPERVISED PRACTICE

An applicant may be registered with a provisional license in limited circumstances. This class is designed for applicants who fail to meet the clinical experience requirements of the active-practicing roster, as set out in the Midwifery Regulations. Members who are issued a provisional license can only practice under supervision of another Registered Midwife who is an approved supervisor and in accordance with an approved supervision plan. A provisional license can only be granted for a specified period of time and for no longer than 12 months.

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.

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 license to practice 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 12 months or less. A provisional registrant who does not satisfactorily meet the requirements set out in the supervision plan must complete additional educational requirements¹ and write a registration exam before being eligible to re-apply for registration.

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 their practice as a midwife can be appropriately supervised. Midwives 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 generally evolves in progressive stages, from direct supervision where the supervisor is present and observing the provisional registrant's practice, to indirect supervision

¹ 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.

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 provisional registrant must report to the Registrar on the progress of supervision on a regular and agreed upon time.

Approved Supervisors

The Registrar will ensure that the supervisor is in good standing with the MRCNS and has been practicing with an active license for a minimum of 3 years in Nova Scotia without any terms, conditions or limitations.

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.

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. Orientation to a new facility are hours completed outside of supervision hours and do not count towards time spent within a supervision plan.
- 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 registered midwife.
- The caseload and model of the practice where the provisional registrant will be working should be considered when creating a timeline for completion within the 12 month period. This is particularly regarding any need for supervision in out-of-hospital settings.

- 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. Provisional registrants may act as second attendants for births managed by their supervisors in out-of-hospital settings.
- A provisional registrant and the supervisor should be working together in the same practice. In the initial phase, the supervised midwife might be in an observer role where care management is completed 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 provisional registrant's practice is safe and competent, the two midwives could see clients in alternating visits, complemented by chart review. This is appropriate for pre and postnatal care.
- A similar format to the above could be used for labour and birth but in cases where the supervised midwife is managing the birth and the supervisor is the Most Responsible Care Provider (MRP), the communication must be concurrent and the supervisor must be onsite ready to assist where needed.

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 fulfill, the supervision plan should be designed to effectively address these shortfalls or requirements in the shortest time frame possible, without placing clients at risk. Supervision is not a process of re-education or educational upgrading.

If at any point during the supervision period or at the end of the supervision period, one of the following is not met:

1. The provisional registrant and/or the supervisor do not submit required records and reports stating that supervision requirements have been met.
2. The supervisor is not satisfied the provisional registrant has satisfactorily addressed all supervision requirements or that the provisional registrant has not yet attained an adequate level of competence.
3. MRCNS determines that the supervision requirements have not been satisfactorily addressed.

The MRCNS may take the following action(s):

1. Extend the supervision period.

2. Revise supervision requirements and/or registration conditions accordingly.
3. Recommend that the provisional registrant undertakes upgrading – additional training, education, or practice experience.
4. Refuse renewal of the provisional registrant’s registration in the following year.

Failure on behalf of the provisional registrant to meet supervision requirements may have implications for renewal of registration and continued registration status.

References

College of Midwives of Ontario. Criteria of Approval for Supervisors. Accessed at:

<https://www.cmo.on.ca/wp-content/uploads/2018/10/Criteria-for-Approval-of-Supervisors-FINAL.pdf>

College of Midwives of Alberta. Supervision Policy. (2000). Accessed at:

[https://albertamidwives.org/uploaded/web/Supervision%20Package%20\(Master\).pdf](https://albertamidwives.org/uploaded/web/Supervision%20Package%20(Master).pdf)

Approved by the MRC on March 27, 2009

Amended by the MRCNS on May 25, 2023