

QUALITY ASSURANCE PROGRAM POLICY

The Midwifery Regulatory Council of Nova Scotia (MRCNS) has a legislated mandate to establish and administer a Quality Assurance Program (QAP) to promote, maintain and enhance the quality of midwifery practice in the province. As set out in the Regulations, the quality assurance program administered by the Council may consist of, but is not limited to, any of the following:

- (a) the assessment of members' competence to practice;
- (b) the monitoring of members' participation in, and compliance with, the quality assurance program;
- (c) continuing education and professional development;
- (d) peer case review;
- (e) quality of care evaluation;
- (f) self-assessment;
- (g) practice audits.

The MRCNS Quality Assurance Program requires midwives with an active-practising (clinical) or provisional (clinical) licence to participate in ongoing quality assurance activities that support lifelong learning, reflective practice and quality improvement. Specific QAP components, guidelines and requirements are set out in the following policies:

- **Continuing Professional Development**
- **Peer Case Review**
- **Client Evaluation of Midwifery Care**
- **Self-Assessment and Reflective Practice**

Midwives in clinical practice must fulfil all requirements of the MRCNS Quality Assurance Program for annual licence renewal, in addition to the requirements for continuing competence in cardiopulmonary resuscitation (CPR), neonatal resuscitation (NRP), emergency skills (ES) and fetal health surveillance (FHS).

Subject to approval by the Registrar, midwives who have been licensed to practise for less than a year, or on leave for more than three months of the year, may pro-rate their annual QAP requirements. It is the midwife's responsibility to consult the Registrar about pro-rating QAP requirements.

Midwives must complete and submit a *Quality Assurance Program Annual Record* with their application for annual licence renewal by March 1st of each year. Late submission of QAP records will be subject to penalties, as follows:

- Late submissions before April 1st = \$50
- Late submissions April 1st to May 1st = \$150

Failure to submit QAP records by May 1st may result in suspension of licence.

QAP Annual Record forms will be provided to each midwife along with the application form for annual licence renewal. Midwives may also access and download QAP forms from the MRCNS website.

Adopted by the MRCNS on June 9, 2011
Amended by the MRCNS on April 18, 2019

DATE	NUMBER OF PARTICIPANTS	NUMBER OF PARTICIPATING SITES	NUMBER OF CASES REVIEWED

C. Client Evaluation of Care

- I have reviewed *Client Evaluation of Midwifery Care* forms received in my practice in the last 12 months and have taken appropriate action on the feedback received.

D. Self-Assessment

- I have engaged in self-assessment and reflective practice in the last 12 months and completed the required *Self-Assessment Questionnaire*.

DECLARATION

I, _____, declare that I have completed the required components of the Quality Assurance Program, in accordance with the policies and

guidelines of the Midwifery Regulatory Council of Nova Scotia, for the year_____.

I acknowledge that:

- Records of my participation in the above QAP activities must be retained for six years from the date of entry.
- Records verifying my participation in the above QAP activities must be provided to the MRCNS Registrar on request.
- Failure to comply with QAP requirements may result in suspension of licence.

Signature of midwife_____

Date_____

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

QUALITY ASSURANCE PROGRAM

Continuing Professional Development

As set out in the Regulations, the Midwifery Regulatory Council of Nova Scotia (MRCNS) is mandated to administer a Quality Assurance Program (QAP) for midwives in the province, the components of which include continuing professional development (CPD). The purpose of continuing professional development is to support midwives in lifelong learning to enhance or update their knowledge and skills, integrate best practices and continuously improve the quality of client care.

Requirements

Midwives with an active-practising (clinical) or provisional (clinical) licence must meet the following continuing professional development requirements:

1. Complete a minimum of **15 credits** of verifiable continuing professional development activity per year,¹ as listed in the table below. Midwives who exceed this requirement in a given year may carry up to 5 CPD credits forward into the following year.
2. Maintain a contemporaneous log or record of professional development activities during the year, including the name or type of activity, content and learning goals, format, location, hours of participation and date of completion.
3. Retain documents verifying attendance at, or completion of, professional development activities (e.g. certificates, worksheets, notes, exam results, registration confirmation etc.). As CPD activities may be subject to audit, proof of attendance or completion should be kept for six (6) years.
4. Complete the continuing professional development section of the MRCNS *Quality Assurance Program Annual Record* and submit this record when applying for annual licence renewal. CPD logs should not be submitted to the Registrar unless requested.

Continuing professional development activities

The following table lists acceptable continuing professional development activities and credits assigned by the MRCNS for each type of activity. Credits for CPD activities that are not included in this list must be approved by the Registrar.

¹ Midwives who have been licensed for less than a year, or on leave for more than three months of the year, should consult the Registrar about pro-rating their CPD requirements.

Mandatory courses in emergency skills, cardiopulmonary resuscitation, neonatal resuscitation and fetal health surveillance are continuing competence requirements and will not be counted as CPD activities.

CPD credits assigned in a formal accreditation system (e.g. College of Family Physicians of Canada MAINPRO+ credits) are accepted on par.

All CPD activities must be relevant to the practice of midwifery.

Type of activity	Assigned credits
Attendance at a conference session or seminar	1 per seminar
Presenting/speaking at a conference or seminar	8
Participation in an interactive workshop	1 per hour
Completion of an accredited university course	15
Completion of in-service education or training	10
Participation in web-based learning activity	3
Documented self-directed study (e.g. review of professional journal articles)	2
Participation in hospital rounds	1 per hour
Orienting and/or mentoring new midwifery registrants	8
Formal supervision of midwifery registrants	12
Mentoring or preceptorship of midwifery students	12
Mentoring activity for students in allied health professions	3 per event
Active participation on a committee or Board of a related professional or regulatory body (e.g. MRCNS, RCP, CAM, ICM, SOGC)	10
Active participation on a clinical committee or working group (e.g. patient safety, perinatal review, infection control, quality improvement)	10

Development of midwifery policy, protocols or guidelines	12
International midwifery work	12
Leading a research project	15
Participation in a research group	10
Writing and/or publication of an academic journal article	12

References

College of Midwives of British Columbia (2018): *Continuing Professional Development Scoring Framework*.
<https://www.cmbc.bc.ca/wp-content/uploads/2018/12/Continuing-Professional-Development-Scoring-Framework.pdf>

College of Family Physicians of Canada (2019): *Continuing Professional Development*. <https://www.cfpc.ca/CPD/>

CPD Certification Service (2019): *What is a CPD point, unit or credit?*
<https://cpduk.co.uk/news-articles/view/cpd-points-units-credits>

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Continuing Professional Development Log

NAME	
REPORTING YEAR	

sharing experiences, observations and recommendations related to midwifery practice. In the QAP context the purpose of peer case review is to support collegial learning, reflective practice and quality improvement.

Requirements

Midwives with an active-practising (clinical) or provisional (clinical) licence must meet the following peer case review requirements:²

1. Participate in a minimum of **four (4)** peer case reviews per year in accordance with the guidelines below. Midwives may count **one** inter-professional case review (e.g. morbidity and mortality rounds) toward their peer case review requirements.
2. Ensure that each peer case review is attended by at least **three** midwives in active clinical practice, from **two or more** midwifery practice sites in Nova Scotia.
3. Maintain a contemporaneous log or record of participation in peer case reviews during the year, in accordance with the guidelines below.
4. Retain peer case review logs or records for six (6) years from the date of entry, for access in the course of an audit.
5. Complete the peer case review section of the MRCNS *Quality Assurance Program Annual Record*, and submit this record when applying for annual licence renewal. Peer case review logs should not be submitted to the Registrar unless requested.

Guidelines for Peer Case Review

1. Peer case reviews may take place in person, by teleconference or other appropriate electronic means. It may be advisable to schedule more than four peer case reviews during the year to ensure that QAP requirements are fulfilled, in the event of postponements, absences or other unpredictable events.

² Midwives who have been licensed for less than a year, or on leave for more than three months of the year, should consult the Registrar about pro-rating their peer case review requirements.

2. Peer case review should be conducted in a safe and collegial atmosphere. Information shared in a peer case review is confidential and a breach of confidentiality is considered professional misconduct.
3. The peer case review process consists of the following:
 - a. Presentation of a clinical case by the primary midwife/midwives involved, including relevant medical, obstetrical and family history, psychosocial issues, lab test results, ultrasound findings, significant developments in the course of pregnancy, labour, birth and/or postpartum, and client feedback on the care provided.
 - b. Explanation by the presenting midwife/midwives of their decisions and actions in managing the case, including consultations and transfer of care;
 - c. Observations and feedback from peer case review participants;
 - d. Application of MRCNS standards, policies and guidelines to discussion of the case;
 - e. Reflection on lessons learned and recommendations for changes to practice, if applicable.
4. The content of case presentations and discussions should not be documented or recorded in any format. Client identity must be protected at all times. Peer review participants should only keep records of the following:
 - a. Date of the peer case review
 - b. Number of cases reviewed
 - c. Names of the midwifery sites/practice groups and number of participants in the peer review session.
5. Midwives may use peer case review as an opportunity to seek input from their colleagues on current client care, with the understanding that such discussions should not be documented in client charts. Peer case review should not replace formal discussion and consultation processes as set out in the *Indications for Discussion, Consultation and Transfer of Care*, which must be documented in client charts.
6. Midwives may present and review cases involving significant complications, adverse events, challenges to midwifery standards, interpersonal or inter-professional conflict, and/or client dissatisfaction with care. Midwives should be aware that discussion of cases in which an investigation, disciplinary process, inquest or lawsuit is ongoing may be inadvisable in the peer review context.
7. The following principles contribute to productive peer case review:
 - a. Participants are committed to quality improvement and shared learning through the peer case review process.

- b. Presenters are prepared to provide clear, organized and pertinent information with direct reference to the client chart.
 - c. Peer participants listen actively and provide observations, reflections and recommendations in a constructive, respectful and professional manner.
 - d. Consideration is given to systemic issues and the context in which the case occurred.
 - e. Discussion is informed by current evidence and MRCNS standards, policies and guidelines.
8. Midwives in other provinces may participate in peer case reviews with midwives in Nova Scotia with the understanding that discussions and recommendations must be based on Nova Scotia regulations and MRCNS standards, policies and guidelines for midwifery practice.

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Peer Case Review Log

NAME	
REPORTING YEAR	

Midwives are required to participate in a minimum of 4 peer case reviews per year. Peer case reviews must be attended by at least 3 midwives from 2 or more Nova Scotia midwifery sites. Peer review logs should be retained in personal files for 6 years and should not be submitted to the Registrar unless requested.

DATE	NUMBER OF MIDWIFE PARTICIPANTS	NUMBER OF PARTICIPATING SITES	NUMBER OF CASES REVIEWED	INTERPROFESSIONAL CASE REVIEW

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

QUALITY ASSURANCE PROGRAM

Client Evaluation of Midwifery Care

As set out in the Regulations, the Midwifery Regulatory Council of Nova Scotia (MRCNS) is mandated to administer a Quality Assurance Program (QAP) for midwives across the province, the components of which include client evaluation of midwifery care. Providing clients with an opportunity to evaluate and give feedback on the midwifery care they received supports reflective midwifery

practice, quality improvement and responsiveness to the needs of clients and families.

Requirements

Midwives with an active-practising (clinical) or provisional (clinical) licence are required to:

5. Provide all clients with an evaluation form upon discharge from care, for feedback on the midwifery services they received. To encourage response, the evaluation form should not ask clients to identify themselves and should include a stamped, pre-addressed return envelope.
6. Document in the client's chart that an evaluation form was provided.
7. Review completed client evaluation forms periodically with midwifery colleagues to identify any significant concerns or consistent trends, and make appropriate changes or improvements in practice.
8. Keep personal notes or records of any decisions or actions taken in response to client evaluations.
9. Retain completed client evaluation forms for six (6) years from the date received (or longer if required by health authority employers), for access in the course of an audit.
10. Complete the client evaluation section of the MRCNS *Quality Assurance Program Annual Record* and submit this record when applying for annual licence renewal. Completed client evaluations should not be submitted to the Registrar unless requested.

Client Evaluation Forms

For province-wide quality assurance purposes, it is important for client evaluation forms in all midwifery sites to include a consistent set of questions on key aspects of midwifery care, based on the MRCNS *Standards of Midwifery Practice* and other policies.

The *Client Evaluation of Midwifery Care* template form developed by the MRCNS should be used by all practising midwives in the province for client evaluation of their care. The questions in this template should not be altered or deleted. Other questions specific to midwives' communities or models of practice may be added to the client evaluation form at the discretion of individual sites.

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CLIENT EVALUATION OF MIDWIFERY CARE

We appreciate your feedback on the midwifery care you received during your pregnancy, labour and the weeks following your baby's birth. Your comments will help us to improve the care we provide to clients. You do not need to identify yourself unless you wish to do so. You can return this evaluation form anonymously by mail using the stamped envelope provided.

<i>Please rate the following aspects of the care you received from your midwife or midwives:</i>				
PRENATAL CARE	Excellent	Good	Fair	Poor
Number of your prenatal visits				
Length of your prenatal visits				

Scheduling of your prenatal visits				
Discussion of your questions and concerns				
Information provided for making decisions				
Your confidence in your midwives' care				
Availability of your midwives when needed				
Comments:				
LABOUR AND BIRTH CARE	Excellent	Good	Fair	Poor
Care and support during labour and birth				
Information provided for making decisions				
Your confidence in your midwives' care				
Availability of your midwives when needed				
Comments:				

POSTPARTUM CARE	Excellent	Good	Fair	Poor
Number of your postnatal visits				
Length of your postnatal visits				
Scheduling of your postnatal visits				
Information provided about caring for yourself				
Information provided about caring for your baby				
Support for breastfeeding and/or choice of infant feeding				

Your confidence in your midwives' care				
Availability of your midwives when needed				
Comments:				
<p>In general, do you feel that the care you received respected your preferences and choices? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:</p>				
<p>Do you feel that the care you received respected your cultural needs (e.g. language, ethnicity, race, age, gender identity, sexual orientation, physical abilities, spiritual beliefs)? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:</p>				
<p>Were you offered choice and enough information about giving birth at home or in hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:</p>				
<p>If your care was shared by a group or team of midwives, did you know which midwife was primarily responsible for your care? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:</p>				
<p>Did you have adequate opportunities to meet and get to know the midwives involved in your care? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:</p>				

If a consultation with a doctor was needed, did you understand why and what would happen?

Yes No Comments:

If your care was transferred to a doctor, did you understand why and what would happen?

Yes No Comments:

Do you feel that the midwives and other health professionals involved in your care worked well together as a team?

Yes No Comments:

If the second attendant at your home birth was a nurse, please rate the support and assistance received:

Excellent

Good

Fair

Poor

N/A

Comments:

Did midwifery care have a positive effect on your feelings about giving birth and caring for your new baby?

Yes No Comments:

Please share any additional comments or suggestions you may have about midwifery care.

Thank you!

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

QUALITY ASSURANCE PROGRAM

Self-Assessment and Reflective Practice

As set out in the Regulations, the Midwifery Regulatory Council of Nova Scotia (MRCNS) is mandated to administer a Quality Assurance Program for midwives in the province, the components of which include self-assessment and reflective practice. The purpose of self-assessment from a quality assurance perspective is to help midwives reflect on their own practice, identify areas of strength and areas for improvement, and determine personal learning goals for continuing professional development.

Requirements

Midwives with an active-practising (clinical) or provisional (clinical) licence are required to:

1. Complete, on an annual basis, a *Self-Assessment Questionnaire* (SAQ) provided by the MRCNS.
2. Retain completed SAQs for six (6) years from the date of entry, for access in the course of an audit.
3. Complete the self-assessment section of the MRCNS *Quality Assurance Program Annual Record* and submit this record when applying for annual licence renewal. Completed SAQs should not be submitted to the Registrar unless requested.

Guidelines for Self-Assessment

1. Self-assessment is intended to support midwives' continuous learning, self-awareness and growth as primary care providers, and includes reflecting on their professional practice, identifying areas of strength and areas for improvement, and determining their individual learning needs and goals.
2. As an introspective process, self-assessment should be informed by both formal and informal feedback from clients and professional colleagues, as well as honest personal reflection about knowledge, skills, attitudes and behaviours in midwifery practice.
3. While the aim of self-assessment from a quality assurance perspective is to help midwives identify areas where their knowledge, skills or practice could be improved or enhanced, self-assessment should also include reflecting on, recognizing and valuing strengths and accomplishments in practice.
4. Whenever feasible, midwives should plan and coordinate their continuing professional development activities, as required in QAP policy, with the

personal learning needs and goals they identified through the self-assessment process.

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