

## BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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### Contact us

#### GENERAL INQUIRIES

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info@bccnm.ca

#### REGISTRATION

register@bccnm.ca  
registermidwives@bccnm.ca

#### REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

#### COMPLAINTS

complaints@bccnm.ca  
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## POLICY ON PEER CASE REVIEW

As a part of the College of Midwives of BC's (CMBC) Quality Assurance Program (QAP), midwives must participate in peer case review. Peer case review consists of clinical care review and is intended to be educational, confidential and conducted in a supportive, non-punitive environment.

A peer case review should include:

- A presentation of a case history to date including available information on medical, family, obstetrical and psychosocial history, family circumstance, relevant lab work, test results, ultrasound findings, and significant developments when applicable over the course of pregnancy, labour, birth and postpartum period.
- An explanation of how the case was managed by one of the registrants participating in the review, including consultations and/or transfer of care to other health care providers.
- A discussion of the application of CMBC regulations, standards, clinical practice guidelines and policies to the case.
- Client feedback on care provided if available.
- Observations and feedback provided to the registrant by peer case review participants.
- Changes made or recommendations for potential changes in practice if applicable.

### Requirements

Midwives must:

1. Participate in a minimum of four peer case reviews every registration year (April 1<sup>st</sup> – March 31<sup>st</sup>).
2. Ensure that each peer case review has a minimum of two midwives and two practices in attendance. *Exception:* midwives may count up to two interprofessional case reviews per registration year towards their four peer reviews required (perinatal review meetings, morbidity & mortality rounds, MoreOB® case presentations, etc.) and for these reviews, no minimum number of additional midwives or practices are required.
3. Ensure that at minimum one case review addresses care provided during a planned or unplanned home birth per registration year. This includes home births that result in transport to hospital during the intrapartum or postpartum period.
4. Protect client identifiers at all times.
5. Be able to refer directly to the client chart during the review.
6. Document required details of each peer case review session using the *Peer Case Review Log*.

## Other Considerations

- Peer case reviews may be conducted by conference call or other electronic means.
- Peer case reviews may include members of the interdisciplinary team.
- Midwives should consider scheduling more than four peer case review sessions during the year to ensure that the requirements are met in adverse circumstances (for example, if a session is cancelled, if midwife must attend a birth and cannot attend the session, etc.).
- For every three-month period that a midwife is non-practicing, requirements stated in 1 above are reduced by one.
- No details of the cases reviewed should be recorded in any format. A review of this nature is not protected under Section 51 of the *Evidence Act*; therefore it is important to ensure the anonymity of the cases being reviewed and not to produce any documents from the review outside the log.
- The *Peer Case Review Log* shall be made available to CMBC for inspection upon request. CMBC may randomly choose midwives from 20 practices each year to submit their individual *Peer Case Review Log*.