

FOR BCCNM REGISTERED MIDWIVES

Quality Assurance Program Framework

Definitions

"Assessor" means an assessor appointed by the Quality Assurance Committee under section 26.1 of the *Health Professions Act* (HPA). Under the HPA, an assessor must not disclose or provide to another committee or person records or information provided by a registrant under the Quality Assurance Program (QAP), unless for the purposes of showing that a registrant gave false information to the Quality Assurance Committee.

"Chair" means the Chair of the Quality Assurance Committee.

"Committee" means the Quality Assurance Committee.

"Quality Assurance Panel" or "Panel" means a panel appointed by the Chair to carry out the functions of Committee. A "panel" shall consist of at least three people, including at least two professional members and at least one public member.

"Registrant" means a midwife who holds practicing registration.

Primary Purpose of the Quality Assurance Program

The purpose of the Quality Assurance Program (QAP) is to assure and improve the quality of midwifery practice, with the underpinning philosophy that registrants are responsible and accountable for sustaining and enhancing their own knowledge, skills, and attitudes and competencies over a lifetime of practice. Participation in the QAP is mandatory for all practicing registrants.

While referral to the Inquiry Committee is set out as a possibility in the HPA, and therefore must be included here, it is expected that the focus of the QAP will be enhancing the quality of midwifery practice in British Columbia primarily through peer feedback, education, and support. Referral to the Inquiry Committee should be rare and only pursued if the Committee or Panel considers that there is a serious risk to public safety that cannot be adequately addressed through education and/or remediation. Failure to comply with the QAP may result in inquiry or changes to registration status.

Components of the Quality Assurance Program

Component
1. Currency and Competency requirements: <ul style="list-style-type: none"> a. Current Clinical Experience b. Continuing Competencies c. Continuing Professional Development (CPD) d. Self-assessment
2. Provision of Clinical Information
3. Peer Case Review
4. Evaluation of Midwifery Care

1. CURRENCY AND COMPETENCY REQUIREMENTS

Registration shall be renewed or reinstated so long as requirements for currency and competency are met, in accordance with BCCNM bylaws. Registrants must provide proof of compliance of the conditions and requirements established to ensure competency and currency of skills. The following components comprise competency and currency requirements within the QAP:

a. Current Clinical Experience

BCCNM recognizes that current clinical experience contributes to a practicing registrant’s knowledge, skills, and ability to continue to provide ongoing safe clinical care. Registrants are required to stay clinically active in the provision of prenatal, intrapartum, and postpartum care over a rolling period of three years. At the time of renewal, registrants are required to report on clinical activities over the preceding three year period.

A registrant who otherwise satisfies the requirements for renewal or return to practice but does not satisfy current clinical experience requirements may be contacted by BCCNM to develop a practice plan to address the identified deficiencies.

b. Continuing Competencies

A registrant shall periodically recertify in clinical skills (cardiopulmonary resuscitation, emergency skills, fetal health surveillance, and neonatal resuscitation) as specified in the *Policy on Continuing Competencies*. Attestation of recertification is required at the time of renewal.

c. Continuing Professional Development

Registered midwives are accountable and responsible for maintaining evidence-based knowledge, skills, and competencies to support the provision of safe, ethical, and competent care.

A registrant must demonstrate evidence of continuing professional development as follows:

1. Develop a professional development (PD) plan based on their self assessment and peer feedback.
2. Complete two learning goals.
3. Evaluate the impact of learning on their practice.

Registrants are required to declare compliance with CPD requirements at time of registration renewal. Proof of completion and/or attendance may be subject to audit and, as such, all material related to activity completion should be kept for three (3) years, in accordance with section 155 of the BCCNM Bylaws.

d. Self-assessment

A registrant shall participate in ongoing self-assessment in order to promote reflective practice and accountability in maintenance and enhancement of knowledge, skills, and ability. Completion of a self-assessment will be required at time of registration renewal.

Should a registrant complete their annual self-assessment and declare themselves without the knowledge, skills, and ability to continue to provide ongoing clinical care, BCCNM will engage the registrant to develop a practice plan to address the identified deficiencies, and the registrant may be renewed or reinstated with imposed practice requirements.

2. PROVISION OF CLINICAL INFORMATION

When requested by the Committee, a registrant shall provide the Committee with information relating to the care given by the registrant to clients. The information shall be in the form specified by the Committee and, if so requested, may relate to care given to clients during a specific period of time. The registrant shall ensure that clients are not identified in any information provided to the Committee.

3. PEER CASE REVIEW

Registrants must participate in at least four peer case review sessions in every registration year as per the *Peer Case Review Policy*. Peer case review should be educational and conducted in a confidential and non-punitive environment.

A peer case review shall include:

1. Presentation of a case history, including how the case was managed by one of the midwives participating in the review

2. A discussion of the application of BCCNM regulations, standards, guidelines and policies to the case
3. Observations and feedback provided to the registrant by peer case review participants

The registrant presenting a case must be able to refer directly to the chart at the review, and the client's identity must be protected at all times.

Each registrant shall maintain a *Peer Case Review Log* for each registration year. No details of the cases reviewed should be recorded. This log shall be made available to BCCNM for inspection upon request.

4. EVALUATION OF MIDWIFERY CARE

Registrants are required to distribute a copy of *Form 116 Client Evaluation of Midwifery Care* to each client, within six months of that client being discharged from care, and request that the client complete and return the evaluation to the registrant's practice. The evaluation form shall not identify the client.

Registrants shall review these evaluations at regular intervals throughout the year and keep a record of any action taken in response to client evaluations. Completed evaluation forms and the record of action taken in response to the client evaluations shall be kept for six years from the date the evaluation form is returned. Registrants must make these documents available to BCCNM upon request.

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