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## **New Registrant Mentorship Agreement**

All newly registered midwives in British Columbia (BC) must comply with the British Columbia College of Nurses and Midwives' (BCCNM) *Policy on New Registrant Requirements*<sup>1</sup>. Among other requirements, the policy requires each new registrant to work in an established practice sharing caseload with another midwife or midwives, who have agreed to provide mentorship in-person or by phone 24/7 for support and advice for:

- a. a period of at least six months and
- b. until the new registrant has provided care as principal midwife, in accordance with the principles of continuity of care, to at least 20 clients and their newborns.

BCCNM expects that the mentor midwife/midwives will provide the new registrant with support in all clinical, administrative and interprofessional situations as related to the practice of midwifery. They will also ensure that the new registrant has the opportunity to act as principal midwife in both the home and hospital setting in order to consolidate their knowledge, skills and judgement as a primary care provider. The mentor midwife/midwives must agree to be available to the new registrant 24/7 in person or by phone (or other immediate forms of electronic communication) when the new registrant is actively providing care.

BCCNM recommends that the new registrant and the mentor midwife/midwives discuss and enter into an agreement

setting out the following terms for the mentorship period: expectations of mentor; expectations of new registrant; schedule and contact information; financial arrangements; schedule and method for providing and receiving feedback; schedule of practice meetings, chart review and peer case review; internal and external resources to address conflict, e.g. BCCNM, other midwives in the practice, an outside facilitator, etc.; and process for documenting and addressing concerns between mentor and new registrant and reporting to BCCNM. **Pending New Registrant** upon registration as a midwife in BC, will be working in the following established midwifery practice with the listed midwife or midwives as mentors: Practice name: Midwife or midwives: Signature:: \_\_\_ \_ Date: \_\_

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<sup>1</sup> The Policy on New Registrant Requirements applies to all new registrants in their first 12 months of practice in British Columbia except for midwives registering through inter-provincial registration reciprocity. If the registrant has not completed the new registrant requirements in the province/territory where they are currently registered, all or some conditions of the new registrant requirements may apply.

Mentor Midwife/Midwives							
I/We have read the <i>Policy on New Reg</i> named new registrant.	gistrant Requirements and have agreed	to provide mentorship to the above					
	I/We also understand that it is my/our responsibility to report to BCCNM any safety concerns of the practice of the new registrant during the mentorship period.						
I/We will fill out and sign the New Reg the mentorship period.	gistrant Requirements Report Form onc	e the new registrant has completed					
Mentor midwife name::	Signature:	Date:					
Mentor midwife name::	Signature:	Date:					
Mentor midwife name::	Signature:	Date:					
Mentor midwife name::	Signature:	Date:					
Mentor midwife name::	Signature:	Date:					
Mentor midwife name::	Signature:	Date:					

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New Registra	nt Requireme	nts Reporti	ng Form – Part 1				
(To be submitted Requirements.)	d to BC College (	of Nurses and	Midwives upon con	npletion of point 1 oj	f the Policy on New R	egistrar	nt
New registrant r	name::						
To be complete	d by the New R	<u>egistrant</u>					
I confirm that I	have fulfilled th	ne following c	omponents of the r	new registrant requi	rements by:		
working will least 6 mo		hed practice s	sharing caseload wit	th a mentor midwife	or midwives for a to	tal perio	od of a
providing of their newb		pregnancy, la	abour and the postp	artum period as prir	ncipal midwife to 20	clients a	ınd
Duration of N	lentorship	# of Births attended	# of Home Births attended	# of Hospital Births attended as Principal Midwife	New Registrant Comments (if any)		
From (mm/dd/yy)	To (mm/dd/yy)		as Principal Midwife				
Signature:				_ Date:			
with me ar	hat the above m	nentioned new mentorship fo	or the duration of tir	me said below:	ished practice sharir		oad
Please answer any additional		uestions (ple	ase tick √ in the Yes	/No box as appropr	iate) and provide	Yes	No
	ny concerns of t	_	rant practice as inde	ependent primary ca	re practitioner		
Do you agree t	hat the new reg	istrant is reac	ly to practice as a sc	olo practitioner if the	y wish?		
1	ommend that the	_	·	cing in group practice	e until the		
Comments (if ar	ıy):						
Mentor's name:							
Signature:				Date:			

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<sup>2</sup> Each mentoring midwife, whether from the same midwifery practice or a different practice who has provided mentorship is required to complete this section of the form and use the comments section to provide feedback, if any, to BCCNM. The mentoring midwife may choose to submit separate mentorship report to BCCNM should they desire. Please append more pages of the form as necessary.

## **New Registrant Requirements Reporting Form - Part 2**

(To be submitted to BC College of Nurses and Midwives upon completion of point 9 of the Policy on New Registrant Requirements.)

## **NEW REGISTRANT PEER CASE REVIEW LOG**

As set out in the Policy on New Registrant Requirements, all newly registered midwives who are subject to the policy must participate in peer case reviews adhering to the following requirements:

- a minimum of six peer case reviews during the first 12 months of practice with at least one review in each quarter;
- each peer case review must include a review of at least two cases;
- each peer case review must be attended by at least four midwives, including at least three Practising Midwife registrants who are not subject to the new registrant requirements;
- a minimum of four peer case review must be attended by the mentor midwife of the new registrant; and
- at least one peer case review must include participation from midwives belonging to at least two different practice groups.

Peer case reviews refer to care to date and can include the review of cases at any time during the antenatal, intrapartum and postpartum period while care is current or once it has been completed. 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.

Please complete and submit your peer case review log to BCCNM after your first 12 months of registration.	
New registrant name::	

		Number of	Number of Practices/ Sites	Reviewed by Tele-conference, In-Person or	Hospi Depai Round	rtment	Number of Cases	Number of Home Births	Number of Hospital Births	Number of Transfers from Home to Hospital
	Date	Midwives <sup>3</sup>	1	other	Yes	No	Reviewed <sup>6</sup>			
Session 1 <sup>3</sup> :										
Session 2:										
Session 3:										
Session 4:										
Session 5:										
Session 6:										

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<sup>3</sup> Where a large number of midwives are in attendance, an estimate can be used i.e. > 4.

<sup>4</sup> Where a large number of practices are in attendance, an estimate can be used i.e. > 2.

<sup>5</sup> Peer case reviews carried out by a group of midwives in a hospital department may count toward meeting this peer case review requirement, so long as some reviews address care provided at an out-of-hospital birth.

<sup>6</sup> Cases may include: antenatal only; or antenatal, labour and birth; or antenatal, labour and birth and postpartum.