



## DECEMBER 2018 REGISTRANT’S HANDBOOK UPDATES

<p><b><i>Midwifery Model of Practice</i></b></p>	<p>This document was reviewed using a regulatory lens. No changes to the model of care have been made. Key changes to the document include:</p> <ul style="list-style-type: none"> <li>• Renamed <i>Model and Scope of Midwifery Practice</i>.</li> <li>• Explanation added of how model/scope informs the <i>Standards of Practice</i> and associated policies, and its function compared to the <i>Competencies of Registered Midwives</i>.</li> <li>• Contextualized the scope of practice as defined by ICM with the scope of a midwife as defined in the <i>Midwives Regulations</i> (non-negotiable).</li> <li>• Extraneous, repetitious content (where covered elsewhere by associated polices) removed.</li> </ul> <p>Gender-neutral, client-centered language updated throughout.</p>
<p><b><i>Philosophy of Care</i></b></p>	<p>The <i>Philosophy of Care</i> was reviewed as part of an ongoing review schedule; no change to content was made.</p>
<p><b><i>Standards of Practice</i></b></p>	<p>The <i>Standards of Practice</i> set the minimum standards for safe and consistent midwifery practice and conduct by registrants within the midwifery scope and model in British Columbia. In addition to routine updates for consistency, clarity, appropriate language and terminology, this document has undergone major revisions as follows:</p> <ol style="list-style-type: none"> <li>a. New standards referencing honesty and integrity, infection prevention and control, results management, professionalism, and disclosure added.</li> <li>b. Standards Six (continuity of care) updated and strengthened to match policy to practice and to clarify the following:             <ol style="list-style-type: none"> <li>I. At its core, continuity of care in a BC model of practice primarily refers to <b>relational</b> continuity of care.</li> <li>II. Continuity of care may be reasonably achieved by the provision of primary care</li> </ol> </li> </ol>

	<p>throughout pregnancy, labour, birth and postpartum, by up to four midwives or four midwives/physicians/nurse practitioners, so long as there is a shared philosophy consistent with the CMBC's <i>Philosophy of Care</i> and a consistent and coordinated approach to practice.</p> <p>III. There is a practical need for occasional call coverage by or for a midwife by another provider not known to the client; should this occur, the midwife is not considered in breach of standards.</p> <p>IV. That the midwife must inform all clients early in care of potential on-call arrangements during pregnancy, labour and birth.</p> <p>Changes to Standard Six have made the <i>Policy on Shared Primary Care</i> and the <i>Policy on Continuity of Care</i> redundant. As result, both have been rescinded.</p>
<p><b><i>Policy on Shared Primary Care</i></b></p>	<p>This policy has been rescinded as referenced above. Refer to Standard Six of the <i>Standards of Practice</i> for parameters of shared/collaborative primary care.</p>
<p><b><i>Policy on Continuity of Care</i></b></p>	<p>This policy has been rescinded as referenced above. Refer to Standard Six of the <i>Standards of Practice</i> for continuity of care requirements</p>
<p><b><i>Policy on Alternate Practice Arrangements</i></b></p>	<p>Key content from <i>Policy on Shared Primary Care</i> has been incorporated into <i>Policy on Alternate Practice Arrangements</i> to ensure <i>Philosophy</i> and <i>Standards of Practice</i> are shared.</p>
<p><b>NEW: <i>Policy on Continuing Competencies</i></b></p>	<p>This new policy replaces and represents a consolidation of the following four now- rescinded policies: <i>Policy on Continuing Competency in Emergency Skills</i>, <i>Policy on Continuing Competency in Cardiopulmonary Resuscitation</i>, <i>Policy on Continuing Competency in Neonatal Resuscitation</i> and <i>Policy on Cessation of Practice Requirements for Continuing Competencies</i>.</p>

	<p>Most importantly, CMBC has added a new requirement for recertification in Fetal Health Surveillance (FHS) every two years. Midwives will need to ensure and provide documentation of currency in FHS at time of registration renewal in 2020. Approved courses include:</p> <ul style="list-style-type: none"> <li>• Fundamentals of Fetal Health Surveillance- Self- Learning Online Manual and Online Exam (offered by UBC CPD)</li> <li>• Fundamentals of Fetal Health Surveillance as offered by an accredited Canadian midwifery education Program or university</li> </ul> <p>Fetal Health Surveillance Refresher course or workshop as provided by a hospital education program (including completion of the Fundamentals of Fetal Health Surveillance- Self-Learning Online Manual and Online Exam (UBC CPD))</p>
<p><b><i>Quality Assurance Program Framework</i></b></p>	<p>The QAP Framework has been updated to explicitly include and reference courses required for continuing competency, including CPR, Emergency Skills, FHS and NRP. Additional updates include those for grammar and clarity.</p>
<p><b><i>Policy on Continuing Professional Development and CPD Scoring Framework</i></b></p>	<p>After six months of reviewing CPD activities logged by registrants, updates to the policy and scoring framework have been made to differentiate university course completion from non-accredited course completion, maximum credits for interprofessional workshops, and credit assignment for various types of volunteer work. Additional updates include those for grammar and clarity.</p>
<p><b><i>Framework for Specialized Practice Certification in Surgical First Assist</i></b></p>	<p>This framework has been updated to ensure midwives carefully consider whether to act as the surgical first assist or to provide supportive care for their own primary care clients during the practicum phase of their surgical first assist training. General updates were made to language and terminology.</p>
<p><b><i>NEW: Position Statement on Fatigue Management</i></b></p>	<p>This statement was developed as a regulatory tool to acknowledge and promote awareness among midwives of the dangers of sleep deprivation as related to client safety. Outlined in the statement is midwives' responsibility in ensuring that they are physically fit to practice and in developing</p>

	strategies to manage fatigue. These principles are reinforced within the revised <i>Standards of Practice</i> .
<b><i>New Registrant Mentorship Agreement</i></b>	The New Registrant Mentorship Agreement is a new document intended to clarify and reinforce the relationship between a new registrant and their mentor(s). Registrants subject to the new registrant requirements will need to identify their mentor(s), sign the form and have their mentor(s) sign it as well. It provides recommendations on what should be discussed by the two parties prior to entering into a mentor/mentee relationship. This new document also replaces the previous version of the New Registrant Reporting Form and New Registrant Peer Case Review which have been revised and combined into one document for complete information and ease of reference and use by the new registrant and their mentor(s).
<b><i>New Registrant Reporting Form</i></b>	This document has been amalgamated into the New Registrant Mentorship Agreement as per above.
<b><i>New Registrant Peer Case Review Log</i></b>	This document has been amalgamated into the New Registrant Mentorship Agreement as per above.