

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 a General, Conditional or Temporary registration certificate to practice.

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 General, Conditional and Temporary 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: <ol 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
5.	Peer Practice Review

1. Currency and Competency Requirements

Registration shall be renewed or reinstated so long as requirements for currency and competency are met, in accordance with Bylaw 63 of the *Bylaws for the College of Midwives of British Columbia*. 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

The College of Midwives of BC (CMBC) recognizes that current clinical experience contributes to a General 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 will be contacted by CMBC to develop a practice plan to address the identified deficiencies, and the registrant may be registered as Conditional (return to practice) with imposed practice requirements.

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*. Proof of recertification shall be made available as required to CMBC at time of renewal.

c. Continuing Professional Development

A registrant must engage in elective CPD activities on a three-year cycle, as specified in the CMBC *Policy on Continuing Professional Development*. Registrants should maintain a contemporaneous record of their CPD activities and retain all material related to proof of completion/attendance (i.e. certificates, reflective worksheets, etc.) where applicable. Registrants are required to declare compliance with the *Policy on Continuing Professional Development* at time of 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 six years.

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. Proof of self-assessment will be required at time of registration renewal and return

to practice. Additional self-assessment in conjunction with peer/client assessment shall occur every six years as part of the Evaluation of Midwifery Care component of the QAP.

Should a registrant complete their annual self-assessment and declare themselves without the knowledge, skills and ability to continue to provide ongoing clinical care, CMBC will engage the registrant to develop a practice plan to address the identified deficiencies, and the registrant may be renewed or reinstated as Conditional (return to practice) 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 CMBC 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 CMBC for inspection upon request.

4. Evaluation of Midwifery Care (under development)

CMBC is in process of developing an integrated, validated multisource feedback tool that integrates client feedback with self-assessment and peer feedback. Until the tool is ready for deployment, registrants are required to distribute a copy of the *Client Evaluation of Midwifery Care* form 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 CMBC upon request.

5. Peer Practice Review (under development)

Each registration year CMBC shall select registrants who have been registered to practice for a year or more in British Columbia to undergo a practice review for the purpose of providing peer feedback. The purpose of the review is to identify opportunities for professional development and provide support and direction as needed in order to meet CMBC policies and standards.

Peer Practice Review includes a review of documentation, chart-stimulated recall and a post-review discussion with an Assessor in accordance with the *Policy on Peer Practice Review* (under development). Following the review, the Assessor shall, within a period of time specified by the Committee, provide feedback to the registrant whose practice was the subject of the practice review and to the Panel appointed by the Committee.