

Section:	Professional Practice	Section Number:	III	Page 1 of 12
Subject:	Continuing Competence Requirements	Issued:	October 2014	
		Revised:	February 2015	
			September 2019	
			June 2022	
Distribution:	Members, TC Members, & Employees	Approved:	Transitional Council	
			June 2012	
			February 2015	
			November 2019	
			June 2022	

INTRODUCTION & PURPOSE

Requiring that members engage in activities that are designed to maintain their overall competence as practitioners is one of the ways in which the Saskatchewan College of Midwives (SCM) assures the public of the knowledge, skill, proficiency and competency of members in the practice of midwifery.

The SCM regulates the profession and governs its members in accordance with *The Midwifery Act*, *The Midwifery Regulations*, *The Midwifery Regulatory Bylaws*, and *The Midwifery Regulatory Bylaw Amendment*. As such, the sequence of authority begins with the Act, followed by the Bylaws and is interpreted within SCM policy that is approved by the Transitional Council. Bylaw 15.4 addresses the continuing competence requirements for annual renewal of a member's full practising licence. SCM policy is intended to provide guidance to members so that the interpretation of applicable legislation is maintained with a high level of consistency. SCM policy may be revised from time to time, as deemed necessary by the Council and with consultation as appropriate.

Peer Case Review

PURPOSE

To provide a peer forum for the purpose of education, support and development of situation-based strategies. To demonstrate accountability of the registered midwife to her peers and to SCM legislation, professional practice policy and practice guidelines.

GUIDELINE

1. Peer review may be conducted in person, by telephone or by other electronic means.
2. A peer review record, including the date, duration, number of cases reviewed and participants in attendance must be completed at each meeting.
3. Student members of SCM, second attendants and other invited individuals may attend peer review sessions if approved by the practitioner group prior to the session.

REQUIREMENTS

In accordance with *The Regulatory Bylaw Amendments, 2014*, 15.4 (a)(i)

1. Each registered midwife must attend a minimum of three (3) peer review sessions per licensure year. A registered midwife may choose to call a peer review session for urgent situations.
2. Each peer review session must include at least four (4) clinical practitioner peers including but not limited to midwives, family practice doctor(s), registered nurse(s), nurse practitioner(s) and obstetrician(s). Selected peers may practice within the midwife's current team and/or elsewhere.
3. Each registered midwife shall keep an attendance record of the peer case review for a period of **three (3)** years.
4. The registered midwife reports compliance with the continuing competence requirement of peer case review on the annual licence renewal form.

SUGGESTIONS FOR PEER REVIEW FORMAT

1. The group selects a facilitator, recorder and time keeper.
2. Each midwife informs the group of the number of cases to be presented and the time required for each case.
3. The facilitator reminds the group of the following:
 - The client's personal health information as well as session discussion is confidential.
 - The intention is supportive and educational, not punitive.
 - Reviews may include administrative and clinical care management, misses and near misses, poor outcomes and deaths.
 - Concerns should be raised respectfully and with the assumption that feedback is welcome.
 - Questions are directed to the presenter only after the case presentation is complete.
4. The registered midwife focuses her presentation on the issues intended for review.
5. Recommendations should be informed by SCM policy and practice guidelines and regional health authority policy.
6. If recommendations are made and considered, they are made by consensus, are non-identifiable and remain confidential.

SUGGESTIONS FOR CASE PRESENTATION

The registered midwife may select situations for case presentation that were educational, resulted in unexpected outcomes, where care was provided outside the scope of midwifery, or where input is desired.

Information may include:

- Significant medical and obstetric history, psycho-social concerns and/or life and family circumstances.
- Relevant lab work and test results.
- Significant information regarding pregnancy, birth, and postpartum and newborn, if applicable.
- Child protection information and alerts.
- Discussion, consultation and/or transfer of care with other health care providers.
- Actions taken by the registered midwife.
- Follow up care planning.

May 2012

February 2015 Revised

September 2019 Revised



Peer Case Review Attendance Record

Registered Midwife

Name: _____

RM# _____

Reporting Year: _____

			Participants (Include Name, Profession and RHA/Employer)
1	Review Date		
	Duration of Review (# of hours)		
	# of Cases Presented		

			Participants (Include Name, Profession and RHA/Employer)
2	Review Date		
	Duration of Review (# of hours)		
	# of Cases Presented		

			Participants (Include Name, Profession and RHA/Employer)
3	Review Date		
	Duration of Review (# of hours)		
	# of Cases Presented		

INTRODUCTION

Health Professionals are required to implement knowledge based theory and best practice guidelines to ensure delivery of safe, quality care. In order to achieve this, professional commitment to lifelong learning through continuous updating of knowledge and skills is required.

Reflective practice is a process by which you stop and think about your practice, consciously analyse your decision making, draw on theory, and relate it to what you do in practice (Chartered Society of Physiotherapy, 2015). Reflective Practice is one way of ensuring continuous learning and utilization of information occurs. It is a tool that assists the professional to improve the quality of care they provide and assists in bridging the theory practice gap that often exists. Reflective practice requires the professional to continuously reflect on their skills, actions, beliefs, attitudes and abilities to provide safe, competent care (Mann, 2009). It is a means of consciously analyzing decision making based on professional theory and experiential knowledge and relating it to the practice situation.

Engaging in reflective practice requires the professional to obtain an objective perspective by viewing the situation as an external observer. Reflective practice requires engagement in intellectual and affective activities in order to explore one's experiences and actions as a means of developing a new understanding and appreciation of performance (Boud et al., 1985 as cited in Sargeant, Mann, van der Vleuten & Metsemakers, 2009). Reflection is viewed as a "critical path to understanding and assimilating new concepts, contextualizing learning and enabling performance improvement (Mann, 2011). "For the individual, reflection is related to self-awareness, self-regulation, self-monitoring and continued learning" (Mann, 2011).

PURPOSE

To promote professional and personal development in order to provide safe competent care to women and families seeking midwifery services.

GUIDELINE

In accordance with *The Regulatory Bylaw Amendments, 2014, 15.4 (a)(ii)*

1. A registered midwife shall keep a personal journal, join in regular discussions with a peer group and document annual priorities and goals for learning. The priorities, goals and journal must be made available to the SCM upon request.
2. Written words should not be traceable to a specific "case".
3. Each registered midwife will use a process of self-assessment and reflective practice to compare their practice to the professional practice policies and practice guidelines of the SCM, regional health authority policies/procedure and the law of the land and to identify goals for further professional development.
4. A registered midwife shall document how reflection has impacted practice and led to changes in provisions of care - clinically, administratively and professionally.
5. Each registered midwife shall complete a reflective practice journal yearly and retain a copy of the records for a period of **three (3)** years.
6. The registered midwife reports compliance with the continuing competence requirement of reflective practice on the annual licence renewal form.

SUGGESTIONS FOR REFLECTIVE PRACTICE FORMAT

1. Reflective practice:
 - May assist in making sense of a situation – you may find it leads to a change in your practice or affirm what you are already doing.
 - Can be documented using different mediums of recording information. For example, audio or visual recording, written documentation, peer and client feedback, etc. can be used.
 - May assist you to identify learning needs.
2. Begin by asking yourself questions. What happened? Who was the primary care provider? How did I respond? Who is the client and where is the client? What was good about the situation? What could have been different? Could I have responded differently? How was the outcome affected by my response? Is there something I can do differently? What is the evidence-based research for the clinical situation? Is there particular skills/knowledge that I require updating on? Was informed choice exercised with the client or peer? Will I change my practice and if so, how and when? How will I evaluate the quality of midwifery care following changes to my practice?
3. Review and completion of the *CMRC Midwife Self-Assessment Tool* as part of the reflective practice process.
4. A registered midwife may choose to use the attached Reflective Practice Form.

REFERENCES

Chartered Society of Physiotherapy. (2015). *What is reflective practice and how do I do it?*

Obtained January 10, 2015 from <http://www.csp.org.uk/faqs/cpd/what-reflective-practice-how-do-i-do-it>

Mann, K. (2011). Theoretical perspectives in medical education: Past experience and future possibilities. *Medical Education*, 45(1), 60-68.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education*, 14(5), 595-621.

Sargeant, J.M., Mann, K.V., van der Vleuten, C.P., & Metsemakers, J.F. (2009). Reflection: A link between receiving and using assessment feedback. *Advances in Health Sciences Education*, 14(3), 399-410.



Reflective Practice Form

Midwife Name: _____

Reporting Year: _____

Situation or circumstance that was cause for reflection.	Action: Outcomes:
What learning needs have I identified?	Action: Outcomes:
What are my priorities and goals for learning?	Action: Outcomes:
How has my practice been impacted by the reflection process?	Action: Outcomes:
How has client feedback obtained on Quality of Care Evaluation forms impacted my practice?	Action: Outcomes:

Quality of Care Evaluation

PURPOSE

To give each woman the opportunity to provide feedback to their registered midwife regarding the care she received within the Saskatchewan model of midwifery. Registered midwives will use the client evaluation of midwifery care as part of reflective practice and to ensure that the practice is responsive to the needs of the clients.

GUIDELINE

1. The client may provide written feedback to the registered midwife by completing the Quality of Care Evaluation Form.
2. At the completion of midwifery care, the registered midwife shall give each woman the opportunity to evaluate midwifery care. Each midwifery program shall determine their own unique RM identifier to ensure a link between the client comments and the midwife.
3. There must be an accessible method of return of written feedback to the employer (i.e. stamped self-addressed envelopes or a visible drop off box) and a process that allows for client anonymity.
4. The woman will be informed that registered midwife will have access to the evaluations.
5. The evaluation form included in the SCM policy shall be used by registered midwives in order that consistency is maintained in the type of data collected.
6. Registered midwives shall have access to completed evaluation forms.

REQUIREMENTS

In accordance with *The Regulatory Bylaw Amendments, 2014*, 15.4 (a) (iii)

1. The registered midwife shall include evaluation information from clients in their reflective practice process and be able to identify how the feedback was incorporated into their practice.
2. Each registered midwife shall keep a record of having provided the Quality of Care Evaluation form to clients and having received and assessed the completed forms, for a period of **three (3)** years.
3. The registered midwife reports compliance with the continuing competence requirement of Quality of Care Evaluation on the annual licence renewal form.

Quality of Care Evaluation Form

Please take some time to provide us with your evaluation of the midwifery care that you received during your recent pregnancy, birth and postpartum period. You are not required to identify yourself unless you so choose. Your comments will be reviewed by the midwifery program for the purpose of improving the quality of care we provide to our clients.

Client Delivery - Month & Year: _____ RM Identifier: _____



Excellent



Satisfactory



Unsatisfactory

PRENATAL CARE			
1. Number of prenatal visits			
2. Length of prenatal visits			
3. Scheduling of prenatal visits			
4. Usefulness of information provided for decision-making			
5. It was easy to reach my midwife or midwives			
6. I had confidence in my midwives' skills and abilities			
7. I felt comfortable asking questions			
Comments or suggestions for improvement to prenatal care:			

LABOUR AND BIRTH CARE			
1. It was easy to reach my midwife or midwives during labour			
2. I had confidence in my midwives' skills and abilities			
3. Usefulness of information provided for decision-making			
Comments or suggestions for improvement to labour and birth care:			

POSTPARTUM CARE			
1. Number of postpartum visits			
2. Length of postpartum I visits			
3. Scheduling of postpartum visits			
4. It was easy to reach my midwife or midwives			
5. Usefulness of information provided for self-care			
6. Usefulness of information provided for baby-care			
7. I felt comfortable calling to ask questions or discuss problems			
8. I had confidence in my midwives' skills and abilities			
Comments or suggestions for improvement to postpartum care:			

* Continuity of Care is defined as “when one midwife has attended a minimum of seven visits (including both prenatal and postnatal visits), the labour, and birth”.

CONTINUITY OF CARE *	Yes	No
1. Did you know which midwife or midwives were primarily responsible for your care?		
2. Were there adequate opportunities for you to meet the midwives involved in your care?		
3. Did you understand how to reach a midwife 24 hours a day?		
Comments or suggestions for improvement to continuity of care:		

* Informed choice provides women with information about their care and involvement in the decision-making process throughout their midwifery care. Registered midwives provide clients with information at the onset of their care, such as, but not limited to: the midwife education and experience in midwifery, services provided, including scope of practice, philosophy of care and choice of birth setting.

INFORMED CHOICE *	Yes	No
1. In general, were your choices and decisions respected by your midwife/midwives?		
2. Did you receive enough information to make informed decisions about your care?		
3. Were you given enough information to decide where to have your baby's birth?		
Comments or suggestions for improvement to informed choice discussions:		

* Consultation and transfer of care may occur when in the course of providing care, a midwife recognizes conditions, which require discussion with, consultation with, or transfer of care to a physician or another appropriate health care professional and initiates discussion and/or consultation within an appropriate period of time.

CONSULTATION AND TRANSFER OF CARE *	Yes	No
1. Did you understand the reasons why a doctor might become involved with your care?		
2. Did your midwife need to consult with a doctor during your care? If so, did you understand why and what would happen?		
3. Was your care transferred to a doctor? If so, did you understand why and what would happen?		
4. It was easy to reach my midwife or midwives		
5. Usefulness of information provided for self-care		
6. Usefulness of information provided for baby-care		
7. I felt comfortable calling to ask questions or discuss problems		
8. I had confidence in my midwives' skills and abilities		
Comments or suggestions for improvement to consultation and transfer of care:		

Continuing Education and Professional Development

PURPOSE

To maintain and enhance midwifery-related knowledge, skills and judgment.

GUIDELINE

1. Professional development and continuing education may include formal and informal learning activities. Activities may include, but are not limited to courses, conferences, workshops, research, self study, writing articles, teaching, preceptorship and professional study groups or peer case review. All activities must be clearly documented.
2. Requirements of licensure (i.e. NRP, CPR) are not eligible as a professional development or continuing education activity.

REQUIREMENTS

In accordance with *The Regulatory Bylaw Amendments, 2014*, 15.4 (b)

1. Engagement in professional development and continuing education activities that help the registered midwife to provide the highest possible standard of care to clients.
2. The registered midwife must complete professional development and/or continuing education activities that total a minimum of 60 hours over three years. Learning must be relevant to the registered midwife's current or planned practice.
3. A minimum of 50% of continuing education and/or professional development hours must be related to direct obstetrical and newborn clinical practice. Additional areas of learning the registered midwife may consider include but are not limited to administration, management and leadership, education or research (for example, alternative/complementary therapies, enhancing entrepreneurial skills, information technology, educational sessions offered by or provided for other disciplines/professions).
4. The registered midwife maintains a clearly documented record of professional development and continuing education activities, including date, type of activity, length in hours and relevance of learning to the registered midwife's practice.
5. It is the responsibility of the registered midwife to demonstrate how an activity relates to practice.
6. The Professional Development/Continuing Education Log must be accessible and made available to the SCM upon request.
7. The registered midwife shall keep completed records of continuing education and professional development for a period of **three (3) years**.
8. The registered midwife reports compliance with the continuing competence requirement of professional development and continuing education on the annual licence renewal form.



Professional Development Log

NAME: _____ REGISTRATION #: _____

ADDRESS: _____ DATE: _____

Activity/Topic	Date & Location	Learning Outcomes/ Goals	Hours

Signature

Date

You are required to retain the completed log and supporting documents for a period of three (3) years. You will be required to submit the completed log and supporting document for your professional development activities if you are selected for review through the random audit process.