

Section:	<b>Professional Practice</b>	Section Number:	<b>III</b>	Page 1 of 9
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## **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*, and *The Midwifery Regulatory Bylaws*. As such, the sequence of authority begins with the Act and Regulations, followed by the Bylaws and is interpreted within SCM policy as approved by the Transitional Council. Bylaw 17 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

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### 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 peers and to SCM legislation, standards and professional practice policy.

### 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 may 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 Midwifery Regulatory Bylaws, 2023, 17(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 may 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 **six (6)** 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 the presentation on the issues intended for review.
5. Recommendations should be informed by SCM standards and policy, practice guidelines, regional health authority policy and practitioner/colleague experiences.
6. If recommendations are made and considered, they are made by consensus, are non-identifiable and remain confidential.

May 2012

February 2015 - Revised

September 2019 - Revised

May 2023 – Revised to Comply with *The Midwifery Regulatory Bylaws, 2023*

December 2024 - Revised

### **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.



**Peer Case Review Attendance Record**

**Registered Midwife**

Name: \_\_\_\_\_

RM# \_\_\_\_\_

Reporting Year: \_\_\_\_\_

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

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

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

### 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 clients and families seeking midwifery services.

### GUIDELINE

#### In accordance with *The Midwifery Regulatory Bylaws, 2023, 17(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 standards, 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 **six (6)** years.
6. The registered midwife reports compliance with the continuing competence requirement of reflective practice on the annual licence renewal form.

May 2012

February 2015 - Revised

September 2019 - Revised

May 2023 – Revised to Comply with *The Midwifery Regulatory Bylaws, 2023*

December 2024 - Revised

### 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.

### 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.

May 2012

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May 2023 – Revised to Comply with *The Midwifery Regulatory Bylaws, 2023*

December 2024 - Revised

## Quality of Care Evaluation

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### PURPOSE

To give each client the opportunity to provide feedback to their registered midwife regarding the care received within the Saskatchewan model of midwifery. Registered midwives may 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 "Quality of Care Evaluation Form" as approved by the Transitional Council, is included as an attachment to this policy and shall be used by registered midwives in order that consistency is maintained in the type of feedback collected.
2. At the completion of midwifery care, the registered midwife shall give each client the opportunity to evaluate midwifery care. The client may provide written feedback to the registered midwife by completing the "Quality of Care Evaluation Form".
3. Each midwifery program shall determine their own unique RM identifier to ensure a link between the client comments and the midwife.
4. 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.
5. The client will be informed that the registered midwife will have access to the evaluations.
6. The registered midwife shall have access to completed evaluation forms.

### REQUIREMENTS

**In accordance with *The Midwifery Regulatory Bylaws, 2023, 17(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 **six (6)** years.
3. The registered midwife reports compliance with the continuing competence requirement of Quality of Care Evaluation on the annual licence renewal form.

## Continuing Education and Professional Development

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### 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, Obstetrical Emergency Skills) are not eligible as a professional development or continuing education activity.

### REQUIREMENTS

In accordance with *The Midwifery Regulatory Bylaws, 2023, 17(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 the minimum number of hours specified in *The Midwifery Regulatory Bylaws* 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 infant 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 **six (6) years**.
8. The registered midwife reports compliance with the continuing competence requirement of professional development and continuing education on the annual licence renewal form.

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May 2023 – Revised to Comply with *The Midwifery Regulatory Bylaws, 2023*

December 2024 - Revised





**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 six (6) 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.