

POLICY ON REQUIREMENTS FOR REGISTRANTS WITH ACTIVE PRACTICE SHORTFALLS

Should a registrant fail to carry on an active practice in accordance with section 2 of the *Requirements for Active Practice* policy:

1. The Registrar shall notify the registrant that she has 24 months from, at the earliest, the date of first failing to meet the active practice requirements or, at the latest, 24 months from the time his or her plan is approved by the Active Practice Panel of the Quality Assurance Committee (as described below) or from the date when a non-practicing registrant returns to practice to:
 - provide midwifery care to at least forty women, twenty of whom the registrant attended as a principal midwife¹, with ten of these twenty births occurring in a hospital and ten in an out-of-hospital setting². Twenty of the forty women must have received care from the registrant in pregnancy, labour, birth and the postpartum period; and
 - meet any additional terms and conditions described in the plan.
2. The registrant shall, within 30 days of notification, provide the Registrar with an explanation in writing outlining the reasons for the shortfall, complete a brief competency self-assessment and propose a plan for meeting the above requirements within a 24 month period. This plan should address both the specifics of how the registrant intends to acquire the primary care birth numbers in home and hospital and the overall birth numbers, as well as any situation in the community which contributed to the gap occurring in the first place (e.g. lack of hospital privileges or lack of support for out-of-hospital birth). If numbers in a particular birth setting is a concern, some possibilities for obtaining the necessary birth numbers might include: doing a locum in another practice where temporary hospital privileges¹ could be obtained, doing an exchange with a midwife in another practice who has the opposite need (home vs. hospital), arranging a locum with an obstetrician or a family doctor who does obstetrics, or some combination. The midwife might also need to outline a plan and timeline for obtaining hospital privileges, or a public education strategy around the choice of birth place.
3. If a shortfall in either hospital or out-of-hospital births is a part of the registrant's active practice shortfall the registrant should also provide documentation to confirm that she is, to the best of her ability, offering choice of birthplace to clients. This could include

¹ Principal midwife means a midwife who takes primary responsibility for and provides midwifery care during the intrapartum period. This includes the management of the first, second and third stages of labour. Where a midwife is providing direct supervision to a student midwife or a conditional registrant, the midwife can count those births as births attended as principal midwife. Up to 20% of the active practice requirement for principal midwife may be transfers of care, so long as the registrant was involved in the decision to transfer and continued to provide supportive care for the birth.

² Where a midwife is working in a rural or remote community where the hospital does not have cesarean section capabilities, the midwife may apply to have births attended in that facility count toward both the hospital and out-of-hospital birth requirements. Documentation of the provision of choice of birth place appropriate to the community (e.g. addressing transport time, resources, etc.) must be provided.

submitting a copy of informed choice materials provided to clients if requested and also, where applicable, documentation of her attempts to obtain hospital privileges.

4. An Active Practice Plan will be developed in consultation with the registrant to ensure that the registrant has the support necessary to continue or return to practice confidently and competently in the full midwifery scope of practice.
5. The proposed plan, the registrant's self-assessment, and documentation related to choice of birth place shall be reviewed and approved by the Active Practice Panel of the Quality Assurance Committee. As appropriate to the registrant's situation the panel may request further information from the registrant. In addition, the panel may amend the plan to ensure that it provides the registrant with the necessary support as outlined in #4 above.
6. If the registrant:
 - stopped practicing without addressing a shortfall and has subsequently been out of practice for two years or more, or
 - has been out of practice for five years or more,the panel may recommend to the Approval Panel of the Registration Committee that specific terms and/or conditions be placed on the member's registration while the plan is being addressed. This may result in a temporary change of the registrant's registration status.

Once the requirements of an Active Practice Plan are met, the registrant will then be eligible to fulfil the five year requirement.

Should the requirements of an Active Practice Plan not be fulfilled in the required 24 month period, the registrant may be required to complete a requalification process approved by the Quality Assurance Committee. Requalification may result in a temporary change of the registrant's registration status.