

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## QUALITY ASSURANCE PROGRAM FRAMEWORK

### DEFINITIONS AND COMPONENTS OF THE PROGRAM

“assessor” means an assessor appointed by the Quality Assurance Committee under section 26.1 of the *Health Professions Act*. Under the *Act* an assessor must not disclose or provide to another committee or person records or information provided by a registrant under the quality assurance program, unless for the purposes of showing that a registrant gave false information to the quality assurance committee.

“member” means a member who holds a general, conditional or temporary certificate to practice.

“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, and in particular to review and approve assessors’ reports and members’ responses.

A “panel” shall consist of at least three people, including at least two professional members and at least one public member.

The Quality Assurance Program of the College shall include the following components:

1. Provision of clinical information.
2. Continuing Competence Recertification.
3. Peer Case Review.
4. Client Evaluation of Midwifery Care.
5. Random Practice Review.
6. Recommendations to members and to the board for enhancing the quality of practice.

### Provision of Clinical Information

When requested by the Quality Assurance Committee, a member shall provide the Committee with information relating to the care given by the member 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 member shall ensure that clients are not identified in any information provided to the Committee.

### Continuing Competence Recertification

A member shall periodically recertify in clinical skills (e.g. neonatal resuscitation, cardiopulmonary resuscitation, emergency skills) as specified in CMBC policy.

## **Peer Case Review Policy**

As a part of the College's Quality Assurance Program, every practicing midwife member must participate in at least four peer case review sessions in every registration year. For every three-month period that the member has a non-practicing certificate of registration this requirement is reduced by one peer case review.

Peer case review should be educational and should be conducted in a confidential and non-punitive environment. For each peer case review session, a group of at least four midwives shall meet to discuss the clinical care of clients, reviewing a minimum of two cases at each session, or a minimum of eight cases per year.

Peer case reviews carried out by a group of midwives in a hospital department may count toward meeting this peer case review requirement, so long as each midwife participates in at least one review each year that addresses care provided at an out-of-hospital birth.

Each midwife must also participate in at least one peer case review each year that includes participation from midwives belonging to at least two different practice groups. Where practices are small and the review must be done among midwives that are at a distance, peer case review may be conducted by conference call or other electronic means.

A peer case review shall include:

- 1) A 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 College regulations, standards, guidelines and policies to the case should take place.
- 3) Observations and feedback provided to the midwife by peer case review participants.
- 4) The midwife presenting a case must be able to refer directly to the chart at the review.
- 5) The client's identity must be protected at all times. Ideally the peer case review group will also review the chart for the case. When the group reviews the chart, the client's name, address, PHN and other identifiers must be hidden.

Each midwife shall maintain an annual peer case review log in which she records the date and duration of each review and the names of the midwife members who participated. No details of the cases reviewed need be recorded. This log shall be made available to the College for inspection upon request.

## **Client Evaluation of Midwifery Care**

A member shall provide every primary care client with a quality of care evaluation form within six months of that client being discharged from care and request that the client complete and return the evaluation to the member's practice.

The evaluation form shall not identify the client.

A member shall review these evaluations at intervals throughout the year and keep a record of any action taken in response to client evaluations.

A member shall maintain completed evaluation forms and the record of action taken in response to the client evaluations for at least ten years from the date the evaluation form is returned to the member's practice.

A member shall make these records available to the College upon request for the purposes of quality assurance.

**Random Practice Review** (under development)

Each registration year the College shall select at random no more than five and no fewer than two names of members 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.

A practice review shall be conducted by a trained midwife-assessor and may include:

1. An examination of forms and other documents used in the member's practice;
2. An examination of the member's peer case review record;
3. An examination of the member's client evaluations of midwifery care and records of action in response to these evaluations;
4. An examination of the member's client records, including a random chart audit on a minimum of five charts;
5. An examination of the member's clinical equipment and equipment maintenance records; and
6. An interview with the member.

The assessor shall, within a period of time specified by the Quality Assurance Committee, provide a written report of a practice review to the member whose practice was the subject of the practice review and to the Quality Assurance Panel appointed by the Committee.

The member whose practice was the subject of the practice review may ask for clarification on the written report from the assessor and make written representation to the Panel within 14 days of receiving the written report and such representation shall be taken into consideration by the Panel when reviewing the report.

After considering the report and any representations made by the member, the Panel may decide:

- 1) That the report and peer feedback provided is satisfactory and no action is required,
- 2) To make additional suggestions aimed at enhancing the quality of the member's practice,
- 3) To make any of the following recommendations as specified in Section 26.1 of the *Health Professions Act*:
  - a) recommend that the registrant undertake further education or training,
  - b) recommend that the registrant undergo clinical or other examinations,
  - c) undertake other remedial activities that the quality assurance committee considers will assist the registrant to remedy an identified deficiency, or
- 4) If the Panel considers further action is necessary to protect the public, to notify the Inquiry Committee which will treat the matter as a complaint under section 32.

### **Primary Purpose - Peer Support for Improving Practice**

The purpose of the Quality Assurance Program is to support the improvement of practice through a process of peer feedback and support. While referral to the Inquiry Committee under 4) is set out as a possibility in the *Act*, and therefore must be included here, it is expected that the focus of the Quality Assurance Program will be enhancing the quality of midwifery practice in BC primarily through peer feedback, education and support. Referral under 4) should be rare – and only pursued if the Panel considers that there is a serious risk to public safety that cannot be adequately addressed through the means described in 1) through 3).