

PEER CASE REVIEW LOG*

As a part of CMBC's Quality Assurance Program and Policy on Peer Case Review, every practicing midwife must participate in at least four peer case reviews every registration year (April 1st – March 31st). For every three-month period that a midwife is non-practicing this requirement is reduced by one review. Each review should have a minimum of two midwives and two practices in attendance. Up to two interprofessional case reviews can be counted towards the four-review requirement. At least one case review must address care provided during a planned or unplanned home birth.

Client identifiers should be protected at all times. No details of the cases reviewed should be recorded in any format. A review of this nature is not protected under Section 51 of the Evidence Act therefore it is important to ensure the anonymity of the cases being reviewed and not to produce any documents from the review outside the log.

Please complete one log sheet per registration year. While only four reviews are required per registration year, additional elective reviews should be documented on the log.

Name: _____ April 1, ____ to March 31, _____

	Date	Number of Midwives ¹	Number of Practices/ Sites Represented ²	Reviewed by Teleconference, In-Person or Other	Interprofessional Case Review ³		Reviewed a Home Birth ⁴	
					Yes	No	Yes	No
Review 1:								
Review 2:								
Review 3:								
Review 4:								
Review 5:								
Review 6:								
Review 7:								
Review 8:								
Review 9:								
Review 10:								
Review 11:								
Review 12:								

Please note that the Peer Case Review Log does not need to be submitted to CMBC, but must be made available to CMBC for inspection upon request.

¹ Where a large number of midwives are in attendance, an estimate can be used i.e. > 5.

² Where a large number of practices are in attendance, an estimate can be used i.e. > 5.

³ For example, perinatal review meetings, morbidity & mortality rounds, MoreOB® case presentation, etc. For these reviews, no minimum number of additional midwives or practices are required.

⁴ Including home births that result in transport to hospital during the intrapartum or postpartum period.

* Refer to:
Peer Case Review Policy
Quality Assurance Program Framework



CMBC Office Use Only:

Participated in 4 reviews:	<input type="checkbox"/> Yes <input type="checkbox"/> No (__ / 4) # of interprofessional reviews: ____	Reviewed 1 home birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 reviews consisted of 2 midwives <u>and</u> 2 practices	Review 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Review 3: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Review 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Review 4: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Met All Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No