

## **POLICY ON RECORD KEEPING, STORAGE AND RETENTION**

The College of Midwives of British Columbia's (CMBC) role regarding record keeping, storage and retention is to ensure that midwives are aware of, and compliant with, related and relevant provincial and federal legislation.

### **Fundamental Principles**

1. Midwives will keep standardized records of care provided for each client as prescribed by CMBC. The midwife will utilise the following Perinatal Services BC (PSBC) [standard perinatal forms](#)<sup>1</sup> and their guides for this purpose:

- BC Antenatal Record Part 1 & 2 (PSBC 1582)
- BC Labour Partogram (PSBC 1583)
- BC Labour and Birth Summary Record (PSBC 1588)
- BC Newborn Record Record 1 & 2 (PSBC 1583A)

In addition to the above forms, the midwife will keep all records of antenatal and postpartum care and any other records such as encounter notes and checklists that pertain to client care that may be required by law or by CMBC. Refer to CMBC's *Policy on Record Content* for more information.

2. Records will be maintained in a confidential and secure manner as required by the *Health Professions Act*, the *Personal Information Protection Act* and the *Bylaws for the College of Midwives*. As required by the [Limitation Act](#) (amended in 2013), medical records must be retained for a minimum period of sixteen years from either the date of the last entry or from the age of majority (19 years of age in British Columbia), whichever is later, except as otherwise required by law (i.e. 35 years).
3. In the interests of promoting and maintaining informed choice, the midwife must make the midwifery care records available to the client on request.
4. Midwives are required to provide a copy of the complete midwifery record within thirty (30) days to the client upon request.
5. Midwives are required to transfer a copy of the complete midwifery record to another registrant or health care practitioner upon request by the client.
6. Midwives may, for the purpose of providing or assisting in the provision of health care to a client, permit a health professional to examine the client health record or give a health professional any information contained in the record without the consent of the client.
7. Midwives are required to submit copies of the Perinatal Services BC (PSBC) [standard perinatal forms](#) listed in point 1 above following home birth for the purposes of perinatal data collection and analysis to the BC Perinatal Data Registry or alternate agency

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<sup>1</sup> Or equivalent in hospitals with electronic medical records that do not use PSBC forms.

designated by CMBC, and to comply with other data collection requirements set by CMBC.

8. Midwives are required to make records of care available to an inspector or a quality assurance assessor for CMBC under sections 26.1, 27, 28, 29, and 30 of the *Health Professions Act*.
9. Records should be legible and filed in a suitable systematic manner in either paper or electronic format<sup>2</sup>.
10. If client records containing personal information are stolen or lost, the midwife must notify CMBC, the Midwives Protection Program and the midwifery practice's privacy officer immediately, as well as file a police report and notify the Office of the Information and Privacy Commissioner (OIPC). The midwife must also notify the individual(s) whose personal information has been stolen or lost, telling them the kind of information that has been compromised and steps that are being taken to recover it. (See *Personal Information Protection Act Requirements*).
12. Original records are considered the best evidence in the case of a complaint or a lawsuit; midwives may want to consider retaining original client records for any case where an incident report has been filed or a complaint has been made. Likewise, if the image quality compromises the legibility of the client record, then an original paper copy of the record should be kept.
13. The *Health Professions Act* gives authority to CMBC to investigate and take action against both current and former registrants. Therefore non-practising and former registrants are obligated to comply with this legislation during active practice and after.
14. When transferring original retained records to another registrant the receiving registrant must confirm acceptance of custody of those records in writing. The registrant transferring the records must ensure the transfer of records is secure and must retain documentation of this transfer. The registrant receiving the records has responsibility for the secure storage and retention of those records, and legal access to those records, as required by the *Health Professions Act*, the *Personal Information Protection Act* and the *Bylaws for the College of Midwives*.
15. Midwives have a responsibility to ensure that records are properly disposed of **only after** the legal retention period has expired. For information on the manner in which to dispose records<sup>3</sup>, see Bylaw 81.
16. Registrants who fail to retain, secure or make arrangements to appropriately transfer records and provide proper storage risk being found in breach of professional standards.

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<sup>2</sup> Records may be retained in electronic form as long as the electronic record is complete, permanent and unalterable.

<sup>3</sup> Current information for disposing of electronic records stored on a laptop, CD-ROM, memory stick can be obtained from the Office of the Information and Privacy Commissioner (OIPC).

## Sharing Responsibility for Record Storage and Retention

1. In shared care, the responsibility for ensuring that a client's records are confidentially and securely maintained is shared by the group of midwives who provide shared care. The group's arrangements for confidential and secure record storage and retention must be set out in a written **practice protocol** which sets out:
  - a) where and how original client records or unalterable copies of those records are securely stored,
  - b) how the midwife or the client can access or obtain a copy of those records,
  - c) how original records and/or copies will be made available to all midwives who provided care to the clients in the event of a midwife leaving the practice or the practice closing.
2. Records must be accessible to all midwives who were involved with the provision of care.
3. All midwives involved with a client's care, whether working in a shared care practice or acting as a locum, have the right to a copy of all documentation recorded for the care they provided. When a copy of a record is retained by a midwife, that midwife has the same responsibility for ensuring that it continues to be maintained in a confidential and secure manner as if it were the original.

## When a Midwife Leaves a Group Practice

1. When a midwife leaves a group practice, that midwife is responsible to retain copies of all care in which was provided by that midwife. The midwife is responsible for the confidentiality, security, accessibility and retention of these records. This responsibility may formally be transferred to another registered midwife in the practice.
2. The original records may be kept at the midwifery practice or taken with the leaving midwife provided that all midwives involved in the client's care have access to a complete copy that can be retained and secured properly.
3. If the midwife is leaving the community where the client's care was provided and the midwifery practice remains in that community, consideration should be given to having the client's original records remain in the community where the client received care.

## When a Practice Closes

1. When a shared care midwifery practice closes, all midwives who provided care to a client shall have access to the client's original record or a complete copy of the record. The practice protocol should outline the process and procedures for how this will take place.

## When a Midwife Ceases to Practice or Resigns

1. Before a midwife **ceases to practice** in British Columbia, either temporarily through **non-practising** registration or by **resigning**, there is a responsibility to ensure that all original retained records of clinical care that are still within the legal retention period are a) transferred to another registered midwife who has agreed to take custody of the

records and is practicing midwifery in British Columbia, ideally in the same community, so that the records remain both secure and accessible as required under the Bylaws for the College of Midwives; and b) stored in a safe and secure location.

2. A transfer of client records to another registered midwife must be documented and outline:
  - a) the stored location, the safety and confidentiality of client records;
  - b) a requirement that the receiving midwife notify the transferring midwife and the College of Midwives if the location changes;
  - c) the transferring midwife right of access;
  - d) the client's right of access; and
  - e) the duration of record storage required and appropriate means of disposing of records.
  
3. In **all** circumstances, midwives ceasing to practice, either becoming **non-practising**, or **resigning from registration**, are legally required to notify CMBC regarding access details and where in BC their records are securely stored.

Record storage can be expensive and registrants should factor in the cost of storage and destruction of medical records into business, retirement and estate planning.