

Standard:	Supervision of Midwives
Approved By:	Council
Date Approved:	May 2016
Date to be Reviewed:	
Effective Date:	September 2016



SUPERVISION of MIDWIVES **For Midwives Practicing in Newfoundland and Labrador**

The Registration Committee of the Newfoundland and Labrador Council of Health Professionals (NLCHP) grants registration to practice to midwives in Newfoundland and Labrador. They may have General Status registration but require further assessment, or have General Temporary Status registration, but have not yet successfully completed the requirements requested by the Registration Committee, such as waiting for the results from the national midwifery examination (Midwives' Regulations (2016), sections 5 and 6).

Midwives with General Temporary Status may not practice midwifery unless they are supervised in a manner acceptable to the College of Midwives of Newfoundland and Labrador (CMNL) and the NLCHP. Ideally, the supervisor will be another midwife who is registered with General Status and whose registration is not subject to conditions or restrictions (Midwives' Regulations (2016), section 7.1.a). When a midwife with General Status is unavailable, the supervisor may be a medical practitioner registered under the *Medical Act 2011*, whose registration is not subject to conditions or restrictions (Midwives' Regulations (2016), section 7.1.b).

Prior to the Supervision Period

Before a midwife can practise under supervision, she/he must agree in writing to the Supervision Agreement established by the NLCHP in consultation with the CMNL.

The supervising midwife must be approved by the CMNL and have fulfilled the requirements of the NLCHP Registration Committee for General Status registration. The team leader of a supervisory team must be a registered midwife with General Status.

The supervisory relationship must be documented in a Supervision Agreement and agreed to by the CMNL, the NLCHP, the supervising midwife and the midwife who is to be supervised.

The Required Qualifications for Supervisors

The purpose of this supervision is to ensure that the midwife is able to provide safe and competent care by the time she/he gains General Status registration. The supervisor must be an experienced practitioner with the ability to:

- a) Identify gaps in knowledge and skills;
- b) Facilitate understanding of the Canadian midwifery model of practice;
- c) Provide appropriate learning opportunities to enable the supervised midwife to attain competencies;
- d) Provide appropriate feedback and assessment to the supervised midwife;
- e) Provide evidence of the supervised midwife's competencies, knowledge and skills;
- f) Act as a role model (College of Midwives of Alberta (CMA)).

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Supervisors

Midwives with General Status registration, without conditions or restrictions, may be approved as supervisors. When a midwife is unavailable, physicians who meet the requirements of the Midwives' Regulations may be approved to supervise a midwife with General Temporary Status. They should have appropriate knowledge and understanding of the standards and scope of midwifery practice, as well as having the expertise to provide the necessary supervision of both the skill and the required documentation.

Family physicians, who provide the full continuum of primary maternity/ newborn care (including delivery), may supervise a midwife with General Temporary Status providing prenatal care, attending births and caring for women and newborns in the immediate postpartum period in hospital settings. They may also oversee certain skills or procedures such as suturing.

Obstetricians, who provide primary maternity care, may supervise a midwife with General Temporary Status at births, in care of the woman in the immediate postpartum period in hospital settings, and with certain skills or procedures such as suturing.

Paediatricians and Neonatologists may provide supervision of a midwife with General Temporary Status when performing a neonatal assessment, including vision and hearing tests, or when requested by a midwife for updating performance of a specific procedure.

Aspects of practice specific to the scope and model of midwifery care, such as out-of-hospital birth, continuous labour support, prenatal or postnatal home visits and informed choice discussions, must be supervised by a midwife. Supervised midwives may act as second attendants for births managed by their supervisors in out-of-hospital settings.

In the event that there is disagreement on the management of care, the supervisor is considered to be the most responsible caregiver and is expected to take charge of a situation to avert risk or harm.

The supervisor, who is the team leader, is responsible for obtaining and incorporating feedback on the progress of supervision from other approved supervisors and reporting to the NLCHP. Feedback, both positive and negative, should be documented at the time it is given, and this documentation should include any agreed upon revisions to the Supervision Agreement.

General Status Midwives Identified as Requiring Supervision

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The Registration Committee may attach conditions or restrictions to a registration that it considers appropriate, including limits on the activities the member may perform, and setting requirements for supervision of the member which may specify the form or duration of the supervision. A member shall comply with all conditions and restrictions that are attached to his or her registration by the Registration Committee (Midwives' Regulations (2016), section 7). The Quality Assurance Committee of the NLCHP may recommend that a midwife be assessed (Health Professions Act 2010, section 24).

The above supervision conditions apply and in addition:

The Supervision Agreement must clearly outline the areas of practice that will be supervised and the requirements that the midwife needs to meet. The Agreement also names the main supervisors and other supervisors, such as other midwives and physicians, who will be involved in observing and evaluating the registrant's practice.

The supervisor must be made aware of all clients booked under the supervised midwife's care, and monitor that care through regular chart review at least every two weeks. As a supervisor is required to be in attendance at the births of all of the supervised midwife's clients for the entire period of supervised practice, the supervisor should expect to meet each client at one or more prenatal visits, minimally one visit prior to 37 weeks gestation. The supervisor and the midwife may work together providing care to clients in a shared care arrangement.

Once the midwife has been assessed as ready to move to partial supervision, the two midwives would see the woman for alternating visits, complemented by chart reviews.

When the Supervision Agreement requirements have been satisfactorily completed and while awaiting approval of the NLCHP, the midwife may be permitted to attend births in hospital with a nurse in the role of second birth attendant (College of Midwives of BC (CMBC)).

If the NLCHP determines that the midwife has not satisfactorily fulfilled the supervision requirements the NLCHP may:

- a) Extend the supervision period;
- b) Revise the supervision requirements and/or registration restrictions accordingly;
- c) Direct that the supervised midwife undertakes additional training, education or practice experience,
- d) Refer for mediation and/or to the Complaints Authorization Committee as a possible risk to public safety

The supervisor is responsible for assessing overall competence in the areas set out in the Supervision Agreement (CMBC). A written progress report must be submitted to the NLCHP at least quarterly for the duration of the supervised period. Failing to submit this report within two

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weeks of the reporting period may result in sanctions for failure to comply with the NLCHP requirements and the supervised midwife's expectations (CMA).

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