

Report on Focus Group with Midwifery Supervisors

Prepared by: Wendy Martin

Presented to: The Canadian Midwifery Regulators Consortium

Le Consortium canadien des ordres
de sage-femmes / Canadian
Midwifery Regulators Consortium

*Projet sur une nationale
d'évaluation de la
pratique sage-femme*

*National Midwifery
Assessment Strategy
Project*

July 2005

Table of Contents

1.0	Introduction	3
2.0	Goal of focus group with Midwifery Supervisors	3
3.0	Methodology	4
4.0	Characteristics of the Participants	5
5.0	Findings	6
	Orientation to Canadian practice	6
	Other challenges	7
	Supervisors experience of supervising	8
6.0	Recommendations	8
	Appendix A: Introduction letter	10
	Appendix B: Teleconference pre-reading	12

1. Introduction

The National Midwifery Assessment Strategy (NAS) project is a project of the Canadian midwifery Regulators Consortium (CMRC), an umbrella group of regulatory organizations in the five provinces where midwifery is currently regulated. The project is supported by midwifery associations and education programs and funded by Human Resources and Skills Development Canada and members of the CMRC.

The goal of this research project is to determine an efficient, effective, and fair pan-Canadian strategy for assessing internationally-educated midwives (IEMs) who wish to register to practice in a Canadian province or territory. More specifically, the project aims to:

- increase access by internationally educated midwives to the profession;
- build on the high degree of similarity in professional requirements and standards across the country to create an efficacious inter-jurisdictional process;
- honor the unique aspects of midwifery in each province and territory; and
- support each regulator in carrying out its legislated responsibility to protect the public.

The project is divided into four phases. The developmental phase involved literature review and interviews with regulators to determine the best research plan. This was successfully completed in March 2004. Phase One took place from April 2004 to March 2005 and included additional focused literature reviews, interviews with over 30 stakeholders, a questionnaire for professional regulators internationally, focus groups with assessment candidates, and focus group with midwifery supervisors, and the development of the *Canadian Competencies for Midwives* document. Phase Two commenced April 2005 and will focus on the development of assessment tools. Phase Three will be evaluative.

2. Goal of Focus Group with Midwifery Supervisors

This report documents the results of the focus group with “midwifery supervisors” from British Columbia, Alberta, Manitoba, Ontario and Quebec. These midwives supervise IEMs in clinical practice during the final stage of the process towards full registration in a Canadian jurisdiction. Periods of supervision range from six

weeks to a full year, and in most cases include both the opportunity to fill gaps in competencies and competency assessment. Quebec's process is slightly different in that it focuses on competency assessment following a strict evaluation system.

The focus group with midwifery supervisors aimed to consider:

- a) how well the assessment processes to date have identified candidates' gaps in knowledge or skills, and
- b) how well the supervision process itself has worked to remedy gaps in knowledge, skills, and experience, and
- c) how ethnocultural and language differences impact the supervision process.

3. Methodology

Participants were purposively selected by regulators based on their level of experience as supervisors and their type of experience. The NAS project coordinator worked closely with regulators to compose a group that had the maximum amount of experience, including experience with midwives educated in a wide range of countries and who spoke English as a second language. In addition, a balance of supervisors from the five regulated jurisdictions was sought. As midwifery supervisors work directly with and for regulators to fulfill their role, it was determined that a conflict of interest did not exist in having regulators and the project coordinator involved to this degree in the selection process.

Participants were initially contacted by the regulator in their province and then follow up emails and phone calls were made by project staff to confirm participation and provide additional information including date, time, and dial-in information. A confirmatory letter (appendix A) was also emailed to participants, along with a brochure explaining the project, and pre-reading materials about supervision processes across Canada (appendix B). The latter was designed to inform participants of the similarities and differences between supervision processes so that they could better understand each others comments and ideas. Information about confidentiality and ethical issues was also included in the mailing.

The focus group took place over 1.5 hours by teleconference. It was facilitated by Wendy Martin, NAS project coordinator & lead researcher after full written and

verbal disclosure of her role in the project and in assessment processes in BC. With participant permission, the discussion was taped and notes were taken by a research assistant. The focus group was conducted in English.

Limitations

In some provinces, small numbers of midwives with experience as supervisors meant that it was challenging to find available participants. Ultimately, one province was represented by only one supervisor during the focus group discussions. In addition, some supervisors had more limited experience than had been anticipated. Only a few supervisors had experience dealing with cultural diversity outside of UK and US educated midwives where the cultural integration issues were relatively minor and didn't include dealing with English as a second language.

Supervision in Quebec is organized differently than it is in the other provinces. In addition, it is focused exclusively on assessment as opposed to being an integrated educational and evaluative process as in the other provinces. For this reason, some of the questions and participant comments were not entirely relevant for the Quebec experience.

Due to finances, only one focus group was achievable within the scope of phase one. It was determined that this had to be unilingual in English in order to ensure participation from all five regulators jurisdictions.

4. Characteristics of the Participants

In all, nine supervisors took part in the focus group, with two from each province except one where only one supervisor was available to participate. All were currently registered and actively practicing midwifery. Each supervisor had supervised between one and “dozens” of internationally educated midwives, with most supervising between two and four. Most of the IEMs that they had supervised were from the United States and the United Kingdom. Other countries of origin mentioned include China, Nigeria, and Iran.

The vast majority of IEMs supervised spoke English or French as their first language (as appropriate for the province they were working in). The supervisors worked with IEMs in a variety of settings reflecting the diversity of midwifery across Canada.

5. Findings

Supervisors strongly supported supervised practice as a crucial component of the process towards full registration for internationally-educated midwives. In fact they ***unanimously agreed that supervised practice is critical for ensuring that midwives are safe and competent practitioners by the time they gain registration.*** “No-one could get through who wasn’t competent” was the general sentiment.

Orientation to Canadian Practice

Supervisors agreed that supervised practice provided an important opportunity for IEMs to become oriented to the Canadian health care system and model of midwifery practice. They noted that the model of midwifery practice in other parts of the world is usually quite different from the Canadian model and IEMs usually need to adapt their practice and/or expectations.

The supervision process is significantly important to assisting these midwives to make the profound cultural transition to the Canadian model of midwifery care.

Several participants also felt that supervision is important as a “welcoming into the community”.

While supervisors agreed that the orientation to Canadian midwifery was a key benefit of supervision, this was not without its challenges. They discussed the difficulty of teaching the Canadian model of practice, especially the skill of offering clients informed choice. It was sometimes difficult assisting IEMs to learn to work in a broader or narrower scope of practice than what they were used to.

Some [IEMs] have practiced to a much larger scope . . . so ignoring their other skills [that are outside of our scope of practice] has been an issue.

These teaching challenges were sometimes compounded by IEMs’ resistance to learning the Canadian model of practicing midwifery.

[The IEMs] would want the woman to stay home as much as possible for as long as possible . . .and I was saying no, if you think that something’s deviating from the norm . . .we have to work with them in the hospital setting.

Another important area is assisting supervisees to learn to work in settings that they are not familiar with. Many IEMs are familiar with only hospital-based practice or only out-of-hospital based practice. Supervision gives them the opportunity they need to learn how to work in the setting that they are not familiar with. Often this is a difficult transition and learning experience for the IEM.

We've had a midwife who was with us who was not really exposed very much to hospital situations and she finds it extremely stressful when she needs to go into the hospitals.

The people that have more hospital experience and then when they're in an out-of-hospital birth settings . . . it's a more stressful situation.

Supervisors also identified challenges in assisting some IEMs to adjust to the lifestyle of a Canadian midwife, in particular to the on-call nature of the profession. Differing cultural expectations of the IEMs or their families regarding what a midwife should do had also been challenging at times.

Most midwives who have come through have been used to working designated hours. Most often in hospital settings. And [it is difficult] for them to acculturate to the on-call and working in the community.

The country of origin's respect for the midwifery profession has been a factor in my experience.

Other challenges

Supervisors discussed the difficulties in ensuring that the supervisee acts as a professional. By that they specified that a few IEMs had challenges with:

- ethical considerations - especially, maintaining client confidentiality;
- wearing dress appropriate to professional situations;
- interacting appropriately and professionally with clients;
- ensuring professional communication with other health professionals.

Supervisors found that the supervision process worked well in terms of ensuring competency in frequently used competency areas. However, they noted that certain competencies are not used often by midwives (e.g. performing episiotomies) and these are therefore often difficult to teach and assess.

The few supervisors who had worked with IEMs who had English as a second language identified this as a huge challenge. They found that many had not sufficiently mastered the English or French language to the level needed for the Canadian midwifery profession. It was difficult for them to communicate appropriately and effectively with clients and other health professionals. Supervisors noted that this could be a real safety concern.

The [IEMs] written language skills may be totally adequate for getting through the examination process and portfolio review, but in real, clinical, everyday midwifery practice, has been, in some cases, a real challenge.

Supervisors Experience of Supervising

All supervisors agreed that the experience of supervising internationally-educated midwives has been “gratifying”. Some said it had been “enjoyable”. They also stated that it was a “two-way street”, an educational experience where supervisors learn in the process of supervising.

All supervisors found the experience “challenging”, and “more time-consuming than expected”. A few found it “very stressful” although at the same time gratifying and useful for the IEM.

Those supervisors who had been involved in supervising for a number of years indicated that they had seen improvements in the “caliber of candidates” from the first years of a province’s assessment to now. They felt that the “fine-tuning” that had been done over the years to assessment processes in their provinces (BC, MB, ON) had resulted in better prepared supervisees and this meant that supervision processes also worked better and were easier for all involved.

6. Recommendations

Supervisors were asked to provide suggestions that could be taken into consideration during the development of a national strategy for assessing the competencies of internationally educated midwives.

The overriding sentiment from participating supervisors was that the supervision process is critical for providing an effective orientation to the Canadian health care system and midwifery model and for determining whether an IEM will be able to provide safe and competent care in the Canadian model of midwifery practice. They unanimously supported maintaining this process as part of a national assessment strategy.

This did not preclude supervisors from making a number of specific recommendations for improvement to the supervision processes, as detailed below:

1. Supervisors need to know and acknowledge that the Canadian model is different from the model practiced in most places in the world and that an important part of their job is to “train them in our way that a midwife practices midwifery”.

2. Supervisors have found that it is critical to have an opportunity to provide an overview assessment report where they indicate whether or not an IEM is able to practice within the Canadian model of midwifery practice. Providing feedback on specific competencies only can sometimes preclude providing an assessment of how the IEM integrates all the components of practice to be able to competently function in the Canadian environment. This opportunity was provided to many supervisors but not to all.
3. Gaps in experience in hospital or out-of-hospital birth settings should be assessed during portfolio assessment. (It was pointed out that this is in fact currently done in at least some provinces.) One supervisor suggested that gaps in these areas should be addressed by the applicants prior to supervision; all agreed that these gaps tend to be significant and attention needs to be paid to ensuring IEMs have adequate opportunities to become comfortable and confident in both birth settings.
4. Competency gaps in certain areas should be addressed by means other than in supervised practice with midwives. These could be addressed instead via workshops or by following another appropriate health care provider for a period of time. This was particularly recommended for hospital orientation, discrete skills such as IV, and for some of the competencies that midwives do not practice frequently enough for teaching and assessment purposes (e.g. episiotomies).
5. Several participants suggested that more structured guidelines and support for supervisors would be helpful.
6. In Quebec's supervision process the ability for supervisors to provide feedback to IEMs is limited due to the focus on assessment. Supervisors felt that this was unfortunate and that giving feedback is a very important part of any supervision process.
7. Supervisors unanimously supported the development of a bridging program, such as Ontario's International Midwifery Pre-registration Program (IMPP), for applicants outside of Ontario. They felt that it could provide additional support for IEMs in the challenging areas identified above, prior to their period of supervision, and that IEMs would then be able to come into supervision even more prepared for practice in a Canadian environment.

Appendix A – Introduction Letter

Projet sur une stratégie nationale d'évaluation de la pratique sage-femme National Midwifery Assessment Strategy Project

*Le Consortium canadien des ordres de sages-femmes / Canadian Midwifery Regulators Consortium
210 – 1682 West 7th Ave. Vancouver, BC V6J 4S6 * 604-742-2232 * nas@cmbc.bc.ca*

February, 2005

Dear NAME OF PARTICIPANT,

Thank you for agreeing to participate in a national teleconference call with midwifery supervisors. As promised, I am writing now to confirm details and to send you additional information.

National Midwifery Assessment Strategy project

The Canadian Midwifery Regulators Consortium is currently carrying out a national research project aimed at determining a strategy for the best way to assess internationally-educated midwives who wish to work in Canada. The project is expected to:

- Increase access to the profession for internationally-educated midwives;
- Build upon the high degree of similarity in professional requirements and standards across the country;
- Honour the unique aspects of midwifery in each province and territory; and
- Support each regulator in carrying out its legislated responsibility to protect the public.

A number of data collection strategies are being employed including interviews with midwifery regulators, educators, and various experts in assessment; a questionnaire to international regulators; focus groups with former assessment candidates; literature analysis; and the teleconference call with midwifery supervisors. I have attached a project pamphlet which provides additional information about the National Midwifery Assessment Strategy (NAS) project.

Supervisors Teleconference

The supervisors teleconference aims to consider:

- a) how well the assessment processes to date have identified candidates' gaps in knowledge or skills, and
- b) how well the supervision process itself has worked to remedy gaps in knowledge, skills, and experience
- c) how ethnocultural and language differences impact the supervision process.

The teleconference will include one or two midwifery supervisors from each of BC, Alberta, Manitoba, Ontario, and Québec. I will facilitate the call and research assistant Dena Morgan will take notes. With your permission, we will also tape record the session in order to ensure accuracy of the notes. The call will take approximately one and one-half hours. Due to lack of funding for interpretation or for additional teleconference calls and the particular make-up of the group of eligible participants, this call will be conducted in English only.

A set of questions has been developed as a guide to your conversation. Some of the questions, such as the introductory question, will be asked in a round robin format (each person answers the question separately). However, most of the questions are intended to spark discussion amongst you and lead to a dynamic generation of thoughts and ideas about the supervision and assessment process.

Ethics

In keeping with ethical guidelines, I must disclose to you that I am a staff member of the College of Midwives of British Columbia where I manage the assessment of internationally educated midwives. As was explained in our initial contact with you, participation in this teleconference is entirely voluntary and neither your participation nor non-participation will have any consequences for you. You can also decline to answer any particular question or to end your participation in the call at any time.

The information obtained during this call will be confidential and we ask that you not talk about it outside of the group, unless prior permission is granted by the individuals involved. A summary report, without identifiers, will be written and this is what will be presented to the project steering committee and included in the final report.

Pre-reading

Enclosed you will find a list of the questions that will be asked during the teleconference call. In addition, we will be sending a document that describes the supervision processes in each province. It is important that you read this prior to the conference call as we do not have time set aside to review that information during the call. While the supervision process has many similarities across jurisdictions there are also some important differences that need to be known to understand the context for each person's comments during the teleconference call.

Logistics

The teleconference call will take place at 1 pm BC time **on February 21, 2005**. We ask that you phone in to the call at exactly [LOCALTIME, PROVINCE] time by dialing 1-877-385-4099 and punching in access # 91873. While the teleconference process will take about one and one-half hours, the call will remain open for an additional 10 minutes to allow you to talk to one another about other issues if you wish (this will not be recorded or considered part of the process, unless you ask that it be so).

If you discover that you are unable to participate in the call, please contact Dena at 604-875-2643 as soon as possible. If you have technical difficulties or need to contact us during the call, please call my cell phone at [NUMBER].

Thanks again for agreeing to participate. We are anticipating a lively and interesting discussion. If you have any further questions or concerns, please do not hesitate to contact me at 604-742-2232 (Mon-Wed) or plea@cmbc.bc.ca.

Sincerely,

Wendy Martin
Project Coordinator and Lead Researcher

Appendix B – Pre-Reading Material

Teleconference pre-reading: *Supervision of Internationally-educated midwives in Canada*

All regulated jurisdictions in Canada have had processes designed to assess internationally-educated midwives. In each province, this has included some form of supervised practice. A brief summary of how the process works in each jurisdiction is provided below. It is hoped that this will provide some understanding of the experiences of the other supervisors who will be joining you on the February 21st teleconference call.

British Columbia

Prerequisites to supervised practice

Once a candidate has successfully completed the Prior Learning and Experience Assessment (PLEA) process which includes portfolio assessment, and both written and clinical exams, she must attend a six day orientation to practice program that includes presenters on a variety of pertinent topics including BC recordkeeping requirements, drugs and diagnostics, and insurance. Any candidate who has had competency gaps identified in the assessment process, or who does not meet clinical experience requirements for general registration, must then do a period of supervised practice of up to one year (and extension of up to another 12 months may be granted for special circumstances such as maternity leave).

Goal of supervised practice

The overall goal of supervision is to ensure that BC midwives are fully competent to practice as primary caregivers in the full legislated scope of practice for midwives in BC and with the BC Model of Practice. It allows the supervised midwife to gain needed competencies and experience required for general (full) registration in BC. Supervision is a learning process and an evaluation process.

Process

The candidate is required to find a principal supervisor who meets the qualifications set by the College. The midwife writes to the College stating her willingness to take on this role and, if she meets the criteria, she is approved by the Supervision Panel, a panel of the registration committee. Additional supervisors may also be approved. Usually they are from the same practice group. Upon candidate request, the College drafts a Supervision Plan based upon standardized modules for specific competency clinical experience gaps and adapted to reflect the individual candidate's exam results. Supervision starts with observation of the supervisor in practice, then moves on to direct supervision of the conditional registrant in the identified areas of practice, and then moves to more independent practice supervised by retrospective chart review (although conducting homebirths must always be directly supervised). Regular chart review and peer case review are standard components of all plans, as is at least two weeks in a practice other than that of the principal supervisor. Reports of progress are submitted to the College's Supervision Panel every two months. Supervision Plans are modifiable if additional gaps are identified by either the supervisor or conditional registrant during supervision. New supervisors can also be added and occasionally a supervisor will resign and be replaced by the Panel. Supervisors are considered the most responsible care provider at all times and are expected to take charge of a situation to avert risk of harm, if necessary.

Before a conditional registrant can gain general registration, the principal supervisor is responsible for signing a final report verifying that the midwife has completed her plan and that she is fully competent to function independently as a primary caregiver within the midwife's scope of practice. The Supervision Panel makes the final determination regarding whether the supervision requirements have been met.

Payment

A midwife who is being supervised has applied for and been granted "conditional registration" by the Approval Panel of the Registration Committee. She pays a slightly lower annual registration fee than a general registrant and carries her own liability insurance. Conditional registrants are not paid on a standardized system; whether they are paid and how much they are paid depends on the practice with whom they work. It is highly variable and a significant number receive little or no pay. Some are paid partial birth fees but are also required to pay a portion of practice costs (e.g. portion of office rent, staff, supplies, etc.). In other practices conditional registrants are able to bill the Medical Services Plan and carry a caseload as soon as they are finished the direct-supervision part of their plans and are able to work more independently. Midwifery supervisors are paid a caseload variable for their supervisory work. This means that they can bill one additional course of care for every five courses of care that they supervise to cover the time they spend teaching, doing chart and case review and reporting. More recently, supervisors have also been allowed to carry and bill for up to five additional course of care about the 40 course cap.

Criteria for Supervisors

Supervisors must be approved by the Supervision Panel. Criteria include:

- ❖ general registration in BC without conditions on certificate;
- ❖ a minimum of one year as general registrant in BC or equivalent in another jurisdiction;
- ❖ attendance at a minimum of 20 primary care births since becoming a general registrant;
- ❖ have a letter of recommendation from a supervisor or educator;
- ❖ meet requirements of the New Registrants Policy;
- ❖ be approved by the Supervision Panel.

Principal supervisors must also have been an additional supervisor on a plan at least once previously and be recommended by the principal supervisor on that plan as being ready to undertake the role of principal supervisor.

(Note: supervision of in-hospital births and a limited number of continuity of care requirements may be provided by an approved physician working in collaboration with a registered supervising midwife. Supervision of a discrete skill area such as IV skills may be provided by any health professional authorized to provide such care designated by principal supervisor.)

Alberta

Prerequisites of supervised practice

An applicant who is eligible for registration following portfolio assessment, written and clinical exams, may be granted full or restricted registration. Restricted registration requires that the midwife be supervised.

Goal of supervised practice

Restricted registration with supervised practice allows the supervised midwife to address any competency gaps that were identified in the examination process and to gain the clinical experience required for unrestricted registration. Supervision is a learning process as well as an evaluation.

Process

The Midwifery Health Disciplines Committee decides if an applicant will gain full or restricted status, based on their assessment results. After successful completion of exams, the applicant will receive from the MHDC a) notification of eligibility for restricted registration and the need for candidate to find a supervisors, b) forms to be completed, including an agreement form to be signed by supervisor and supervised midwife, and c) Supervision Plan, which is a list of the gaps and clinical experience that must be addressed in supervision. In addition to addressing the gaps and experience requirements, supervised midwives are required to work in an established practice for three months and participate in peer reviews for twelve months. The Plan does not proscribe the method of supervision, rather it is left to the supervised midwife and supervisor to determine what form the supervision will take.

The applicant is only registered once she has signed the “Supervision Agreement”. The duration is set in the supervision agreement and can be extended if the supervised midwife has not met requirements satisfactorily and the Committee feels that extending the time period is beneficial (there is no maximum length).

Supervisors must provide written reports, signed by both supervisor and supervisee, to the Midwifery Health Disciplines Committee at least every six months for the duration of the supervision period. Any concerns of either supervisor or supervisee can, after notification of the other party, be brought to the Committee. The supervisor must submit a final report stating whether or not the supervised midwife has addressed all the requirements set out in the Supervision Agreement. The Committee makes the final decision about whether to grant full registration.

Payment

Applicant is not paid during this period of supervision, unless she has devised an agreement with the supervisor (which is unusual). Supervisors are not paid for their supervisory work.

Criteria for Supervisors

Supervisors must be approved by the Midwifery Health Disciplines Committee. Criteria include:

- ❖ fully registered midwife in good standing;
- ❖ practice in Alberta for a minimum of one year;
- ❖ principal midwife at a minimum of 80 births of which at least 40 were in Alberta and at least 20 were in the last two years.

Manitoba

Prerequisites of Supervised Practice

Following successful completion of the Prior Learning and Experience Assessment (PLEA) program including portfolio assessment, and written and clinical exams, a candidate must attend a five day orientation to practice in Manitoba program. Every

candidate must then complete a period of supervised practice for a period of six months to one year.

Goal of Supervised Practice

The goal of supervised practice is to ensure that all midwives fully understand the Manitoba Model of Practice and how to apply the model in a variety of practice settings. It also enables candidates to fill any competency gaps that were noted during the assessment. It is thus both a learning and evaluative process.

Process

Midwives hired by an RHA:

One of the midwives in the practice group where she is hired will become her Primary Supervisor, and her colleagues will become Alternate Supervisors.

Midwives in private practice:

A midwife who opts for private practice is responsible for arranging a supervisor for the required period of time. She cannot be registered until the supervision arrangement is approved by the CMM.

The Registrar develops and Board of Assessors approves all supervised practice arrangements based on the results of the candidate's assessment (portfolio, exams). All PLEA graduates will have general supervision and be supervised in all aspects of practice.

A Supervision Plan dictates what must be supervised during the period of supervised practice. There are standardized modules for specific competency gaps. Supervision will start with observations, then direct supervision, and then will move to retrospective chart review (although births must always be directly supervised). It is expected that the midwife under supervision will actively seek out appropriate opportunities for learning. Plans are modifiable if additional gaps are identified.

Quarterly reports, signed by both the supervised midwife and the supervisor, are required. A final report which indicates that the supervisor feels supervision requirements have been met is also submitted, signed by both parties. The Board of Assessors makes the final determination regarding whether the supervision requirements have been met.

Payment

All supervised midwives are employees of the Regional Health Authority from whom they receive payment and liability coverage. They must pay their registration fees to the College. Supervisors are also employees of the Regional Health Authority and while they do not receive pay specifically for supervision, they are higher on the pay scale than new midwives.

Criteria for Supervisors

Supervisors have to meet the following criteria:

- ❖ Must be a registered practicing midwife with demonstrated midwifery knowledge
- ❖ Must have clinical experience that meets or exceeds requirements for initial registration
- ❖ Must have demonstrated experience in the Manitoba Model of Practice

- ❖ Must have practiced for one year without conditions on her own registration.

(Note: supervision of in-hospital births may be provided by an approved physician working in collaboration with a registered supervising midwife and supervision of a discrete skill area (such as IV skills) may be provided by any health professional authorized to provide such care)

Ontario

Prerequisites to supervised practice

All candidates participate in the International Midwifery Pre-Registration Program (IMPP), a combined bridging and assessment program offered by Ryerson Continuing Education. This program includes academic and clinical upgrading and orientation to the Ontario Model of Practice and a one-term clerkship that is very similar to that done by 4th year students of Ontario's Midwifery Education Program. Following successful completion of IMPP, all candidates are supervised for a minimum of three months. This allows them to fill registration requirements and address any competency gaps noted at the conclusion of the IMPP program.

Most supervised midwives take between 6-12 months to complete their supervision plan. No person may hold a supervised certificate of registration for more than 12 months.

Goals of supervised practice

The goal of supervised practice is to enable IMPP graduates to meet clinical experience requirements for general registration and to allow graduates with discrete competency gaps the opportunity to address them.

Process

A Supervision Plan dictates what must be supervised during the period of supervised practice. There are standardized modules for specific competency gaps. The College does not proscribe the amount and method of supervision. It is left to the individual supervisor to determine how much supervision the supervisee requires and what form that supervision will take. The supervised midwife must attend births with an experience midwife in the practice and may not attend births with midwives from another practice.

Regular reports, signed by both the supervised midwife and the supervisor, are required. A final report which indicates that the supervisor feels supervision requirements have been met is also submitted, signed by both parties.

Payment

Supervised midwives are paid per course of care at the same rate as any other new registrant. Some practices will pay supervised midwives on a salary until she has billables come in; others do not and supervised midwives only get paid once they receive their billable. Supervisors are paid as well, based on a formula.

Criteria for Supervisors

- ❖ Must be General registrants with the CMO
- ❖ Must have been a General registrant for a minimum of one year prior to undertaking a supervisory position
- ❖ Must not be under investigation by the CMO

- ❖ Must not have entered into any undertakings with the CMO

Québec

Prerequisites to supervised practice

Once a candidate has successfully completed portfolio assessment, and written and clinical exams, she is eligible to apply for evaluation in a clinical setting (this is called the “stage”). The stage is at least four months long; it must be completed within 18 months from successfully completing exams.

Goal of supervised practice

The stage is designed as an evaluation tool. Its goal is to assess how well a candidate is able to apply their midwifery knowledge and skills to clinical practice, and in particular, how well they are able to work as an autonomous practitioner within the Québec Model of Practice.

Process

Once a candidate has passed the OSCE (the previous step in the evaluation process), she can apply to do her stage. She gives the Ordre her preferences for where she would like to do her stage and the Ordre makes the arrangements (at least partly based on availability). An agreement must be signed by the CLSC (birth center), the candidate and the Ordre’s President-Executive Director prior to commencement of the stage. Before the agreement is signed, the candidate must have proof of NRP and completion of a one-week observation period at the birth center where she will complete her clinical evaluation. The agreement includes a specific number of prenatal visits, births as principal midwife, births as second midwife, prenatal classes, and continuity of care that the candidate must undertake. Additional requirements can be added to the plan based on the results of the assessment to date.

The Admissions Committee recommends and the Board approves a minimum of two midwife-evaluators. Evaluation is carried out by the use of specially designed evaluation grids in nine areas (e.g. first prenatal visit, intrapartum care, urgent transfer, and ethical practice). These are detailed grids on each area where the evaluator ticks off a letter A-E for each specific topic, and provides information for any grade lower than C. Each answer is weighted differently and, in order to avoid bias, only a small group of staff and midwives are privy to the calculations. A global evaluation is provided by the midwife-evaluators which includes a statement indicating if they think the supervised midwife has passed the evaluation. If no, or if yes with reservations, they tick off the reason and provide description. The grids are returned by the midwife-evaluators to the Ordre staff who calculate the score and then pass on the grids with calculations and all other information to a midwife who writes up a recommendation to the Admissions Committee. The Admission Committee recommends to the Board if the supervised midwife be given a permit or not.

Payment

The candidate must pay \$2000 for this clinical evaluation. Insurance is paid by the CLSC. To date, midwife-evaluators have received payment (\$2000 divided proportionately amongst evaluators).

Criteria for supervisors (evaluators)

Supervisors (evaluators) are suggested by CLSC, recommended by the Admissions Committee, and approved by the Board of the Ordre. Criteria include:

- ❖ Must be experienced, registered midwives in Québec
- ❖ Must not have any conflict of interest with the candidate
- ❖ Must have available clients