



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Peer and Practice Assessment Guide

November 2019

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Peer and Practice Assessments

Peer and practice assessments are a component of the College of Midwives of Ontario's (College) Quality Assurance Program (QAP). This program is a requirement of all regulated health professionals under the *Regulated Health Professions Act, 1991* (RHPA). Participation in a peer and practice assessment allows members of the College to demonstrate their professional knowledge, skills and judgment with a peer assessor during the assessment process. The QAP is intended to ensure the provision and maintenance of safe, appropriate, effective and ethical care that is expected of Ontario midwives as primary care providers during pregnancy, labour and the postpartum.

Peer and practice assessments are grounded in the assumption that midwives are practicing competently while recognizing that the changing dynamics of practice environments and best practices create the need for continued learning and development. Striving to improve professional practice is a career-long expectation and goal.

Peer Assessors

Assessors are midwifery professionals who have been trained by the College to conduct assessments. The purpose of the assessment is not to criticize or judge the way a member practises, but to have one's professional practice reviewed and evaluated by one's peer for the purpose of quality improvement and practice development.

The College's Peer and Practice Assessment Program is based on criteria established by regulations, College policies, competencies for midwives and the standards of practice for midwifery in Ontario.

Assessment Components

Selection

The process for selecting members for assessment is determined by the Quality Assurance Committee and is currently done by random selection. The number of members selected for assessment will vary, but every year approximately 10% of members eligible for assessment will be selected. Eligibility for assessment is determined by the member's current registration class. Members in the General or Supervised Practice class are all eligible to be assessed.

Types of Assessment

There are two components to the assessment process that are applicable to all practising midwives selected for assessment; distance and in-person. Depending on the outcome of the distance assessment, participation in an in-person assessment may not be required.

Distance Assessment

A distance assessment is conducted virtually between the assessor and the member being assessed and takes approximately one hour to complete. The assessor will ask the member a series of short scenario-based questions designed to allow the member to demonstrate their knowledge of midwifery practice, professional standards, and the regulations that govern the profession. The questions are pre-selected from a bank of

questions based in practice context. A sample of the type of questions that are asked during the distance assessment are available on the website.

Distance Assessment Evaluation

Midwives who indicate scores of 75% or above in the distance assessment are streamed out of the process and not required to participate in an in-person assessment. Their names are also removed from the assessment selection pool for five years.

In-person Assessment

Members who were not streamed out of the process will continue with the in-person assessment. Components of the in-person assessment include chart reviews, chart stimulated recall interviews, and a review of a member's QAP submission history. Parts of the assessment will also include disclosure of client chart information. Peer assessors are authorized through provisions under the RHPA to access this information despite privacy legislation, such as the *Personal Health Information Protection Act, 2004* (PHIPA). All information collected by the peer assessor is confidential and cannot be shared with any other committee of the College.

Chart Review

During the chart review, the assessor will ask for a sample of client charts to review. The criteria for the selection of these charts will be provided to the member during the pre-assessment discussion.

The chart review is an interactive process wherein the assessor will review the charts using the tool and then conduct an interview with the member. Members are not required to be present for the chart review process but must be for the interview portion of the review. The chart review tool is available [on the College's website](#).

Chart Stimulated Recall

Chart stimulated recall is where the member and assessor discuss the same client charts that were reviewed. This will allow the assessor to clarify things and ask for more detailed information that was not evident through the chart review. The questions are open-ended to allow members the opportunity to describe their approach to the care provided, including testing and treatment options, informed choice discussions, collaborative care, and management plans.

During and after the interview, the assessor will provide feedback highlighting areas for improvement and give direction to resources that might be used to support those potential areas of improvement.

Quality Assurance Program Submission History Review

This portion of the assessment includes a review of the member's QAP submission history. In accordance with the General regulation, members are required to retain copies of their QAP activities for five years. Together with the member, the assessor will look at potential opportunities for practice improvement through case reviews and continuing professional development activities.

A full in-person assessment will take approximately three to four hours.

In-person Assessment Evaluation

For the in-person assessment evaluation, assessors use the information gathered during the assessment process to summarize the member's knowledge and their application of midwifery legislation, standards and best practices in the provision of client care.

Evaluations are completed in a fair and consistent manner using assessment tools with performance indicators that are based on what is expected from a competent midwife.

The assessor's role is to facilitate the process and gather information to complete the assessment. All information is submitted to the Quality Assurance Committee (QAC) for review and determination of outcomes.

Assessment Outcomes

The QAC is the committee responsible for administering the QAP. A panel of the committee is tasked with reviewing of the in-person assessment reports to determine the outcome and recommendations, if any, to the member.

Meets Standards

If the assessment report shows that the member who was assessed demonstrated the knowledge, skills and judgment required for the provision of safe, appropriate, effective and ethical care, then the assessment process is considered complete and the member is removed from the assessment selection pool for five years. The member will receive a copy of the assessment report along with any advice or recommendations.

Does Not Meet Standards

If after considering the assessment report, a panel of the QAC determines that the member who was assessed was unable to demonstrate the knowledge, skills and judgment required for the provision of safe, appropriate, effective and ethical care, the panel may decide to do one or more of the following:

- Issue advice or recommendation.
- Require individual members to participate in specified continuing education or remediation programs (SCERP).
- Direct the Registrar to impose terms, conditions or limitations (TCL) for a specified period to be determined by the Committee on the certificate of registration of a member.
- Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the member may have committed an act of professional misconduct or may be incompetent or incapacitated.

The outcomes of the QAC panel review are documented in a decision that is issued to the member. If it is the committee's intention to give direction to the Registrar on any of the above-mentioned actions, the member has 14 days to make written submissions to the committee.

For any further information about the Peer and Practice Assessment process, please contact the Quality Assurance department at gap@cmo.on.ca.



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