

PEER AND PRACTICE ASSESSMENT PROGRAM

QUALITY ASSURANCE PROGRAM



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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INTRODUCTION

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). The requirement for midwives to participate in peer and practice assessments is set out in the Quality Assurance Regulation (O. Reg 669/20). Participation in a peer and practice assessment allows midwives of the College to demonstrate their professional knowledge, skills and judgment with a peer assessor. 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 AND PRACTICE ASSESSORS

Peer and practice assessments are conducted by peer and practice assessors (assessors). Assessors are midwifery professionals who have been appointed by the Quality Assurance Committee and trained by the College to conduct assessments. Information about the recruitment, expectations, roles, and responsibilities of assessors who conduct peer and practice assessments for the Quality Assurance Program (QAP) on behalf of the College are set out in the Quality Assurance Program Assessor Guide.

ASSESSMENT SELECTION

The Quality Assurance Regulation sets out the criteria by which midwives can be assessed. The process for selecting a midwife for assessment is determined by the Quality Assurance Committee and is currently done by random selection. The number of midwives selected for assessment will vary, but every year approximately 10% of eligible midwives will be randomly selected. Eligibility for random assessment is determined by the midwife's current registration class and history of assessments. Midwives in the General or Supervised Practice class are all eligible to be assessed as well as anyone who has not been randomly assessed in the previous five years (i.e., 60 months).

When random sampling is stratified based on a set of criteria, these criteria must be approved by the QAC in advance of the assessment selection process and be posted on the College's website at least three months before the midwives are selected on the basis of those criteria.

PEER AND PRACTICE ASSESSMENT

The purpose of the assessment is 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 minimum standards of practice established by regulations, College policies, and essential competencies for midwives in Ontario. Assessments may involve a number of activities as set out in Section 3 of the regulation such as an interview with the midwife, an inspection of the premises where the midwife practices, or an inspection of the midwife's records.

There are two components to the assessment process that are applicable to all practising midwives selected for a random peer and practice assessment, the first is the peer assessment or peer interview, and the second is the practice assessment. Depending on the outcome of the peer assessment, participation in a practice assessment may not be required.

Peer Assessment Component

A peer assessment is conducted virtually between the assessor and the midwife being assessed and takes approximately one hour to complete. The assessor will ask the midwife a series of short scenario-based questions designed to allow the midwife to demonstrate their knowledge of midwifery practice, standards of practice, and the regulations that govern the profession. Questions are not necessarily focussed on clinical care and can include other aspects of midwifery practice such as interprofessional care. These questions ask midwives to think about midwifery as broader than that of their own specific practice locations. The questions are pre-selected from a bank of questions. Sample questions are available on the College's website.

A pre-selected percentage of midwives who receive scores of 75% or above will be streamed out of the process and not required to participate in the practice assessment. Their names are then removed from the assessment selection pool for five years.

Practice Assessment Component

Midwives who were randomly selected to participate in both components of the peer and practice assessment and midwives who were not streamed out of the process based on their scores in the peer assessment continue with the practice assessment. Components of the practice assessment include chart reviews, chart stimulated recall interviews, and a review of the midwife's Quality Assurance Program/Professional Development Portfolio activities. Parts of the assessment include disclosure of client chart information. Assessors are authorized to do so through provisions under the RHPA despite privacy legislation, such as the *Personal Health Information Protection Act, 2004* (PHIPA).

Chart Review

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

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

Chart Stimulated Recall

During chart stimulated recall, the midwife and assessor discuss the same client charts that were reviewed. This interview 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 midwives the opportunity to describe their approach to the care provided, including testing and treatment options, informed choice discussions, collaborative care, and management plans.

During 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.

Review of a Midwife's Participation in the Quality Assurance Program History Review

This portion of the assessment includes a review of the midwife's Professional Development Portfolio (not including the self-assessment requirement) in accordance with Subsection 5(2) of the regulation. In accordance with the time specified by the Quality Assurance Committee, midwives are required to retain copies of their Professional Development Portfolio for their previous two reporting cycles. Together with the midwife, the assessor will look at potential opportunities for practice improvement through case reviews and continuing professional development activities.

A practice assessment will take approximately three to four hours.

ASSESSMENT EVALUATION

For the assessment evaluation, assessors use the information gathered during the assessment process to summarize the midwife's knowledge 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 tools. The assessor does not make any judgments during the process of assessment. All information is summarized and compiled into a report that is submitted to the Quality Assurance Committee (QAC) for review and determination of outcomes. Reports must be received by the College within two weeks of the assessment.

ASSESSMENT OUTCOMES

The QAC is the committee responsible for administering the QAP. A panel of the committee is tasked with reviewing assessment reports to determine the outcomes and recommendations, if any, to the midwife. Midwives will be notified of the outcome with four weeks of the peer assessment portion and be provided with a report within four weeks of the practice assessment.

Meets Standards

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

Does Not Meet Standards

If, after considering the assessment report, the panel determines that the knowledge, skills, and judgment of the midwife are unsatisfactory, the QAC may decide to do one or more of the following:

- Require the midwife to participate in a 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 midwife.
- Disclose the name of the midwife and allegations against the midwife to the Inquiries, Complaints, and Reports Committee (ICRC) if the QAC is of the opinion that the midwife 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 midwife. If it is the committee's intention to give direction to the Registrar on any of the above-mentioned actions, the midwife has 30 days to make a written submission to the committee.

All information collected by the peer assessor is confidential. Information from peer and practice assessments can be shared only with the QAC and not with any other committee of the College except in limited circumstances.

Under the following limited circumstances, information provided by a midwife as part of the QAP could be shared:

- The QAC can disclose the name of a midwife and allegations against the midwife to the Inquiries, Complaints, and Reports Committee (ICRC) if the QAC is of the opinion that the midwife may have committed an act of professional misconduct, or may be incompetent or incapacitated, or
- The QAC can disclose information that demonstrates the midwife knowingly gave false information to the QAC. An example of this would be if a midwife submits a declaration of completion regarding the QAP but a random selection of their report shows that they have not actually completed all the activities, the information provided to the QAC could be shared with the ICRC or the Discipline Committee.

Questions about the Peer and Practice Assessment program can be directed to the Quality Assurance Department at gap@cmo.on.ca.



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