Restricted Activities Policy
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Preamble

The *Health Professions Act (2000)* was developed to regulate health professions allowing for non-exclusive overlapping **scopes of practice**. No single profession has exclusive ownership of a specific skill, **restricted activity** or health service, and different professions may provide the same health service. Midwifery **clients** benefit from having access to multiple providers who can meet their perinatal and reproductive healthcare needs. Efficiency is improved within the health care system when midwifery **clients** are able to receive timely access to health care services through their midwife provider.

The *Health Professions Restricted Activity Regulation* (*HPRAR, 2023)* outlines **restricted activities** and **advanced authorizations** for each regulated health profession in Alberta and specific activities that midwives may provide. CMA registrants' provision of **restricted activities** outlined in *Sections 34, 35 and 36* of *HPRAR* contributes to their unique model of care and enhances both the continuity and quality of care delivered to midwifery **clients**.

The legislative mandate of the College of Midwives of Alberta (CMA) is to serve and protect the public by ensuring that midwives as **Primary Care Providers,** deliver safe, competent, ethical, compassionate, and **evidence-informed** midwifery care to diverse populations in any practice setting. *Schedule 13* of the *Health Professions Act (2000)* outlines the legislated **scope of practice** for the profession of midwifery.

Each of these documents along with the following midwifery regulatory documents support registrants to work to their full **scope of practice**: CMA *Standards of Practice (2022), CMA Code of Ethics (2019), Alberta Competencies for Midwives (2021) and Canadian Midwifery Regulators Council (CMRC) Competencies (2021and 2024).*

CMA supports registrants as a co-governance organization (includes both the Registered Midwives and Public Members). The CMA is the key organization that oversees and manages **restricted activities** for midwifery practice in Alberta.

Purpose

This policy specifically addresses the activities known as the **restricted activities,** as per *Section 34 of the HPRAR*. The CMA sets out this policy to support **evidence-informed** best practice around: registrant achievement and maintenance of **competence;** professional conduct;

restricted activities performance in the health care system; facilitating learners; CMA role and responsibilities; registrant responsibilities related to **competence** with the CMA-identified **restricted activities** and key risk management strategy areas. These areas include but are not limited to: mitigation strategies, **disclosure**, **adverse event** reporting, audit and **quality improvement** functions.

The CMA Competence Committee has developed a *Reference List of Identified Restricted Activities* which aligns with the language of *Section 34 of the HPRAR*. This list appears in **Appendix A** of this policy and on the CMA website in the *Continuing Competence Program Manual*.

Scope

This policy is developed for all CMA General, Provisional and Courtesy registrants. Subgroups specifically addressed in this policy include:

1. Initial registrants
2. Registrants returning to practice
3. Learners and facilitators in the following categories:
    a. Undergraduate students precepted by CMA registrants
    b. New Registrants supported by CMA Mentors
    c. Internationally educated supervisees and their CMA registrant Supervisors.

Definitions

Advanced Authorization: Restricted activities for CMA registrants requiring advanced training and specific authorization from CMA as set out in *Section 35* of the *Health Professions Restricted Activity Regulation* (2023), for a registrant to perform.

Advanced Practice Activity: A CMA reference term for **advanced authorizations** and **enhanced restricted activities.** Both sets of activities are related to the **entry-to-practice competencies** (*CMRC 2021, and 2024, CMA 2021*), and address the **competence** included in the legislated **scope of practice** *(Schedule 13, HPA).* **Advanced Practice Activities** require additional training and specific approval by the CMA Registrar or the Competence Committee to perform the activity, as set out in *Section 35 of the HPRAR (2023).*

Adverse Outcome: An unintended and unanticipated injury, complication or harm that results in a negative impact to the **clients**' health or quality of life. This may include outcomes where there is a need for ongoing hospitalization, additional treatment, severe morbidity or mortality.

Cervical Ripening: The use of pharmacological or mechanical means to soften, efface and dilate the cervix prior to induction of labour (IOL) to increase the likelihood of a successful vaginal birth. (SOGC, 2022).

Client: A person or persons who contracts with the midwife or a midwifery group for the professional service of midwifery care. **Client** also includes the newborn infant of the person who enters the contract for midwifery services.

Competence: The ability to apply the knowledge, skills, judgement and personal attributes to practice safely and ethically in a designated role and setting.

Competence Assessments: Continuing education components for CMA registrants, designed to maintain currency in midwifery knowledge, skills and judgement.

Conditions: Describes circumstances under which a CMA registrant can practice midwifery as determined from applicable legislation through registration, **competence** and professional conduct components.

Continuing Competence: the ongoing ability to apply the knowledge, skills, judgement and personal attributes to practice safely and ethically in a designated role and setting. This is demonstrated periodically through portfolios, exams and other measures that help the CMA determine if a registrant has remained competent.

Disclosure: Providing a factual explanation of what happened and explaining the steps taken to manage the incident and prevent reoccurrence.

Enhanced Restricted Activity: Restricted activities identified by CMA from the *Standards of Practice* and the *Alberta Competencies for Midwives* that require specific and additional education and skills to perform safely. These activities are in addition to those listed in *Section 35 of the HPRAR* and require the same CMA approval process as **advanced authorizations**.

Entry to Practice Competencies: The set of basic knowledge, skills, attitudes and judgement expected upon completion of a midwifery education program (or substantial equivalence) in order to provide safe, ethical, competent care in both institutional and community settings in Alberta. These are also the minimum competencies required for ongoing registration with the CMA and are contained in the following documents: *Alberta Competencies for Midwives* (2021) and the *CMRC Canadian Competencies* (2021).

Episodic Care: Refers to those situations where the registrant provides midwifery care for a **client** within a single or discrete number of occasions. **Episodic care** differs from a full routine

course of care and may take place for a defined segment of funded care or may take place outside of currently funded care. Neither the midwife or the **client** have the expectation of continuing an ongoing **therapeutic relationship**. This may include, but is not limited to: locum work, second birth attendant situations, early pregnancy care, postnatal care, sexual and reproductive health care.

Evidence-Informed: Actions or information based on successful strategies shown to improve **client** outcomes and derived from a combination of critically-appraised sources including but not limited to: **client** perspectives, research, national guidelines, consensus documents, expert opinion and **quality improvement** data.

Facilities Midwifery Procedures List: A list of identified procedures that CMA registrants may perform within **health care organizations** or facility settings. This list has been designed in collaboration with the CMA Competence Committee in 2023.

Health Care Facility (ies): These are the administrative organizations for health services (hospitals) in Alberta. Currently Alberta Health Services (AHS) and Covenant Health Services represent this group.

Incidental to the practice of midwifery: A broad term that encompasses all health care provided to **clients** by a CMA registrant that is aligned with the **scope of practice** (*Schedule 13*) and *Standards of Practice* of a CMA registrant. This term is found in the *HPRAR, sections 34 and 35*. See also **Obstetrical Purposes** below.

Material risk: Any significant potential for harm that a reasonable person would want to consider when making a decision about undergoing a treatment or procedure.

Obstetrical Purposes: A broad term that encompasses all health care provided to **clients** by a CMA registrant that is aligned with the **scope of practice** (*Schedule 13)* and *Standards of Practice* of a CMA registrant. This term is found in the *HPRAR, sections 34 and 35*. See also **Incidental to the practice of midwifery** above.

Primary Care Provider (PCP): A regulated health care provider who is the initial access point to the health care system. **PCPs** diagnose and manage a health condition, provide non-emergent treatment of a health issue or injury and offer health care or wellness advice and programs. Depending on the circumstance, **PCPs** may provide emergency measures as indicated, within their knowledge and skills until more expert care can be obtained.

Quality Improvement: A systematic, formal approach to the analysis of practice performance and efforts to improve performance.

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Remediation: Actions on the part of the registrant to complete, provide or upgrade required documents or activities. Also includes undertaking education to fill a gap in **competence**.

Restricted Activities: Activities performed as part of providing a health service that requires specific **competence** to be carried out safely. **Restricted Activities** are authorized for midwives in Alberta to perform and are listed in *Sections 34 and 35* of the *Health Professions Restricted Activity Regulation (2023). Section 34* is below; *Section 35* is addressed in the CMA *Advanced Practice Activities Policy.*

Schedule 1 Drugs: Drugs that require a prescription to fill and are dispensed by a pharmacist.

Schedule 2 Drugs: Drugs that are available without prescription but must be obtained through a pharmacist.

Scope of Practice: Activities a midwife is authorized to perform as set out in legislation including *Schedule 13* below and the *HPRAR* (2023) and as described by the CMA *Standards of Practice and Competencies* and subject to any limits or conditions imposed in accordance with the *Act.* As defined by *Schedule 13 of the HPA:*

"In their practice, midwives do one or more of the following:

(a) provide comprehensive prenatal, labour, birth and postpartum care to clients experiencing normal pregnancy (a.1) provide preventative monitoring, health education and advice to clients,

(b) provide counselling, education and emotional support related to the client's physical, psychological and social needs,

(c) provide restricted activities authorized by the regulations, and

(d) teach, manage and conduct research in the science, techniques and practice of midwifery."

Self-Identified Competence: A CMA registrant, as a regulated health care provider can communicate by declaration that they are professionally competent to provide a *Section 34* **restricted activity** as listed on the CMA Reference List of Identified Restricted Activities, or provide an activity that fits within the midwifery **scope of practice** (Schedule 13).

Therapeutic Relationship: A planned, goal-directed, interpersonal process occurring between the midwife and the **client** that is established for the advancement of **client** values, interests and the promotion of **client** health and well-being.

Unprofessional Conduct: as per the *HPA* definitions categories:

"(pp) "unprofessional conduct" means one or more of the following, whether or not it is disgraceful or dishonourable:

(i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;

(ii) contravention of this Act, a code of ethics or standards of practice;

(iii) contravention of another enactment that applies to the profession;
(iv) representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled;
(v) representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;
(vi) failure or refusal (A) to comply with the requirements of the continuing competence program, or B) to co-operate with a competence committee or a person appointed under section 11 undertaking a practice visit;
(vi.1) failure or refusal (A) to comply with a request of or co-operate with an inspector; (B) to comply with a direction of the registrar made under section 53.4(3);
(vii) failure or refusal (A) to comply with an agreement that is part of a ratified settlement, (B) to comply with a request of or co-operate with an investigator, (C) to undergo an examination under section 118, or (D) to comply with a notice to attend or a notice to produce under Part 4;
(viii) contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);
(ix) carrying on the practice of the regulated profession with a person who is contravening section 98 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4); ..."

Policy Key Points

Section 34 Midwives Restricted Activities *HPRAR*

HPRAR Section 34 is as follows:

"For the purposes of section 1.3 and Schedule 13 to the Act, a regulated member on the general register, provisional register or courtesy register, in the practice of midwifery, may perform in accordance with standards of practice the following restricted activities:

(a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform other invasive procedures on body tissue below the dermis or the mucous membrane;
(b) to insert or remove instruments, devices, fingers or hands
(i) beyond the cartilaginous portion of the ear canal,
(ii) beyond the point in the nasal passages where they normally narrow,
(iii) beyond the pharynx,
(iv) beyond the opening of the urethra,
(v) beyond the labia majora, but not for the purpose of inserting an intrauterine contraceptive device, or
(vi) beyond the anal verge;
(vii) to prescribe a Schedule 1 drug, other than a vaccine that has not been authorized under clause (g) or a Schedule 1 drug that is a controlled substance, oral contraceptive, contraceptive device or uterotonic drug, when
(viii) the prescription is incidental to the practice of midwifery, and
(ix) the purpose is not to induce or augment labour;
(x) to dispense a Schedule 1 drug or Schedule 2 drug, other than a vaccine or a Schedule 1 drug or a schedule 2 drug that is a controlled substance, oral contraceptive, contraceptive device or uterotonic drug, when
(xi) dispensing the drug is incidental to the practice of midwifery, and
(xii) the purpose is not to induce or augment labour;
(c) to order non-ionizing radiation in ultrasound imaging for obstetrical purposes;
(d) to manage labour or deliver a baby;
(e) to prescribe or administer hepatitis B, measles, mumps and rubella vaccines;

(f) to prescribe or administer anesthetic gases, including nitrous oxide, for the purpose of anesthesia or sedation;

(g) to prescribe or administer RhD immune globulin."

CMA Role and Expectations

CMA supports registrants to maximize their **restricted activity** capabilities to serve their client needs. If midwives have a broader **scope of practice**, there is less professional burnout, increased retention and midwifery services are better positioned to address client health care needs. In addition, when midwifery **scope of practice** is maximized, the overall contribution to the health care system is enhanced (CMRC, 2021).

The CMA role is to support and ensure that registrant **restricted activities** are carried out to produce optimal client outcomes. The CMA protects the public through registration, competence and professional conduct processes to ensure that each registrant has achieved the minimum level of **competence** required to perform a **restricted activity** safely.

Settings

Restricted activities can take place in the hospital and/or community as deemed appropriate by CMA registrants as **PCPs** and others involved in the activity (clients, other health care providers, etc.) and may be performed as part of segmented care or **episodic care.**

Funding for Restricted Activities

The CMA has no role in determining whether or how specific **restricted activities** are included for compensation within current midwifery funding models.

During a routine course of midwifery care (prenatal - postpartum), CMA expects registrants to perform **restricted activities** within their scope without seeking additional compensation outside of standard public funding.

For situations where registrants opt to provide **episodic care** when outside of the full midwifery care (i.e. after 6 weeks postpartum, sexual and/or reproductive healthcare for non-pregnant people, etc.) certain **restricted activities** may be eligible for compensation through publicly funded billing processes or through private pay when appropriate. Please refer to the CMA *Registered Midwives Contracting Private Pay Policy.*

CMA Expectations

All registrants on the CMA General, Provisional and Courtesy registers are expected to be competent in as many of the **restricted activities** in *HPRAR Section 34* as possible. Ultimately, registrants choose the **restricted activities** they incorporate into their practice and are responsible for determining the limits of their own **competence.** This determination is based on self-assessment of **competence** and capacity, geographical location (e.g. urban, rural, remote), community needs and other pertinent factors.

The CMA expects registrants to:

1. Have knowledge in all **restricted activities** that are listed within the *HPRAR* and the CMA *Reference List of Identified Restricted Activities* (see *Appendix A*)
2. Create a consistent level of **competence** among all CMA registrants to meet **entry to practice competence** and maintain professional reputation
3. Strive to be competent in the CMA *Reference List of Identified Restricted Activities* (see *Appendix A*)
4. All current registrants are required to have previously completed the CMA *Restricted Activities Survey* to determine achievement and gaps in **competence**
5. All initial registrants to the CMA, are required to complete the *Restricted Activities Survey* within six months of their initial registration date with the CMA. Initial registrants include:
    a. New registrants
    b. New Canadian graduates
    c. Registrants from other Canadian jurisdictions and
    d. Internationally educated midwives (IEMs)
6. Any CMA registrant returning to full **scope of practice** after a two-year hiatus, either from an Inactive registration status, or the CMA *Alternate Practice Program (draft 2024),* as appropriate, will be required to complete *Alberta Competencies for Midwives* and *Restricted Activities Survey* with an expectation that identified gaps in **competence** will be addressed prior to returning to full **scope of practice**. **Restricted activities** cannot be performed until identified gaps are addressed and **competence** regained.

NOTE: **Restricted activities** will <u>not</u> be noted on individual registrant Practice Permits or on the CMA Public Register.

Restricted Activities: Conduct and Manage Vaginal Breech Birth and Vaginal Twin Birth

Historically, vaginal breech and twin birth management have been regarded as part of midwifery **scope of practice** only during unplanned or emergency situations, which remains a

required **competence** for all registrants under emergency skills management certification.

CMA acknowledges that both vaginal breech and twin birth are normal variations of birth that fall under midwifery **scope of practice**. Registrants who **self-identify competence** to offer care for planned midwifery-led vaginal breech and twin birth may do so following comprehensive informed choice discussions with their **client**, which would include **disclosure** of education, skill level and experience.

These **restricted activities** may not be universally practiced within every registrant's midwifery work setting. CMA does not expect all registrants to conduct and manage planned breech and twin birth and it is reasonable to consult and transfer care to an obstetrician or another midwife.

Registrant Responsibilities

Midwifery education programs in Canada include **entry to practice** competencies and **restricted activities** in the curriculum. Practicum placements aim to provide skills development and experience in those areas. After graduation in Canada, or in establishing substantial equivalence for internationally educated midwives, if registrants identify a need to achieve and maintain **competence** in an individual **restricted activity**, they will consider options for education and skills that meet ethical, professional and legislative obligations.

Achieving Competence for Restricted Activities - Key Requirements

1. Educational content will reflect adequate **entry to practice** level information as well as comprehensive activity-specific information that includes **evidence-informed** information: indications, contraindications, practice considerations, trouble-shooting and complication management
2. Registrants will regularly use/consult with *HIROC Risk Reference Sheets (HIROC website)* for mitigation strategies on key **restricted activities** such as: *Failure to Appreciate Deteriorating Pregnant and Postpartum Persons, Mismanagement of Neonatal Resuscitation, Mismanagement of Shoulder Dystocia, Mismanagement of Trial of Labour After Caesarean (TOLAC), etc,* to enhance their understanding of **evidence-informed** best practice
3. Skills development will be obtained within the coursework and/or within additional clinical opportunities/facilitation
4. **Competence** targets will be met within recommended time frames for knowledge updates and skills renewal with appropriate documentation. CMA encourages

registrants to track their personal practice outcomes and statistics for new or infrequently performed **restricted activities** in a log format to aid in completing CMA **competence**-related self-reflection processes. When new skills and knowledge are acquired, CMA registrants are encouraged to upload coursework documentation (eg. certificates or record of attendance) to the CMA registrant portal as CMA may request these documents for initial registration, professional conduct complaints and for audit processes

5. As per CMA *Standards of Practice* and *Alberta Competencies for Midwive,* informed choice discussions will occur and documentation of the **client's** decisions will reflect a comprehensive assessment of benefits, material risks, midwifery care planning, ethical, professional and legal considerations and clinical pathways to appropriately address complications and/or **adverse outcomes**
6. Registrant **competence** in a **restricted activity** will be communicated to **clients**/the general public/other health care providers. This may include clarification of the registrant's role within **health care facilities** for the benefit of other healthcare providers who may not be familiar with the nuances within midwifery **scope of practice**
7. Resources and any assistance that may be required for safe and competent practice will be identified by the registrant and communicated to the **client** and others involved
8. Appropriate documentation of the **restricted activity** on the **client** record is required for accountability purposes. Documentation to be included:
    a. Informed choice discussion prior to performance of the activity
    b. Preparation for and performance of the **restricted activity**
    c. Any assistance needed by the registrant
    d. Complications encountered
    e. **Client** outcome following the activity
    f. Disclosure of harm and **adverse outcome** documentation and reporting as appropriate

NOTE: For learners, documentation is required stating that the CMA registrant consents to facilitate a **restricted activity** learning experience

Registrant use of CMA References

All registrants are responsible for reviewing and maintaining up to date knowledge of key CMA documents. **Restricted activities** are referenced in the following documents. Please see the CMA website for specific details.

1. CMA Standards of Practice

The CMA *Standards of Practice* detail the minimum requirements for registrants performing all midwifery activities, including **restricted activities.** Registrants will adhere to all *Standards of Practice* that are relevant to the care they are providing for **clients**.

2. Competence

The Alberta *Competencies for Midwives* are the comprehensive **entry-to-practice** competencies that registrants perform in the course of their midwifery care, including the CMA-identified **restricted activities** (*see Appendix A*)**.** The Canadian Midwifery Regulators Council (CMRC) also provides the overarching **entry to practice** competencies that every Alberta registrant is expected to meet when providing midwifery care through the *Canadian Competencies for Midwives*.

Registrants are also required to participate in the CMA *Continuing Competence Program* (see *Continuing Competence Program Manual*) and complete regularly scheduled **competence assessments** such as CPR, Emergency Skills, Fetal Health Surveillance, and NRP as well as compulsory self-directed activities. The *Restricted Activities Self Assessment Survey* (see CMA Continuing Competence Program Manual) can be incorporated in meeting these self-directed requirements.

As autonomous providers, CMA registrants are ethically, professionally and legally obligated to communicate any limitations to their capability and **competence** in **restricted activities** to **clients** and other health care providers, including consultants (*CMA Code of Ethics and CMA Standards of Practice).* They are expected to then arrange for consultation to another **Primary Care Provider** when they identify that they do not possess the requisite **competence** necessary to proceed with a **restricted activity**, even if the activity would normally fall within midwifery **scope of practice** as part of *Section 34 of the HPRAP*.

Registrants may also possess **self-identified competence**, where, as a **PCP**, they can verbally and/or in writing self-identify that they possess the **competence** to provide a **restricted activity** as listed on the *CMA Reference List of Identified Restricted Activities* or provide an activity that fits within the midwifery **scope of practice** as per *Schedule 13*. This identification requires the midwife as a **PCP** to be competent at the activity before offering to provide and/or perform the activity. An example may include the ability to initiate an intravenous catheter for a newborn, where the registrant has adequate knowledge and past experience to perform the activity with a high level of **competence.**

3. Restricted Activity Repository of Coursework

CMA has identified and recommended **continuing competence** learning opportunities for specific **restricted activities.** Please see the *Continuing Competence Program Manual* on the CMA website. A section has been set up for a repository of high quality coursework options for registrants to consider. Registrants are invited to share additional useful coursework with the CMA Registrar: registrar@albertamidwives.org

Navigating Facility Imposed Restriction of Regulated Midwifery Scope

Open, collaborative communication and conflict resolution remain the CMA goal and expectation in all interprofessional interactions. To this end, a **Facilities Midwifery Procedures List** has been developed in conjunction with the CMA Competence Committee. **Health care facilities** and administrators are generally supportive of CMA registrants with hospital privileges in performing **restricted activities** they are competent to perform as per CMA registration status and Practice Permit. However, it is understood that **health care facility** administrators do have the authority to place limitations around which **restricted activities** CMA registrants can provide within the facility, based on facility resources. This may result in a reduction of midwifery **scope of practice** within **health care facilities**, and may differ between individual facility sites.

Any known **health care facility**-imposed restrictions on midwifery **scope of practice** will be clearly communicated to **clients** by their midwife provider during choice of birthplace informed decision-making. **Clients** will be made aware that **health care facility** policy may impact their access to full scope midwifery care and by proxy, impact the facility support for the **client's** ethical and legal rights to informed decision making. **Clients** who identify that **health care facility** policies may negatively impact their ability to access midwifery care in the **health care facility** of their choice are directed to discuss their concerns with medical ethics and patient relations at a site level. **Clients** can agree to the **health care facility** restrictions or choose to transfer to another facility where their midwife has privileges.

Navigating Other Health Care Provider Attempts To Restrict Regulated Midwifery Scope

Open, collaborative communication and conflict resolution remain the CMA goal and expectation in all interprofessional interactions. Individual health care providers working within **health care facilities** (including obstetrical consultants), do not have the authority to

independently assess, interpret or restrict midwifery **scope of practice** and are not permitted to impede CMA registrants from performing **restricted activities** that they have been authorized by the CMA to perform. If interprofessional challenges to midwifery **scope of practice** arise, CMA recommends registrants contact the CMA Registrar and the designated Zone Clinical Lead and Site and Provincial leads, for assistance with addressing and resolving these challenges.

Maintenance of Restricted Activities Competence

Registrants are expected to continually reflect on their **competence** with **restricted activities,** related to how often and how recently they have performed the **restricted activity** and their related level of professional confidence and will complete regular self assessment of activities they are performing to ensure ongoing **competence**.

If deficiencies are identified, registrants are obligated to obtain the necessary education, training, and/or facilitation in order to continue to provide **restricted activities.** Please see *Registrant use of CMA References* section previously in this policy.

Section 35 HPRAR Midwives Restricted Activities

Section 35 outlines areas registrants can further their **scope of practice** under the CMA umbrella term of **advanced practice activities**. This aspect of **restricted activities** is related to legislated **advanced authorizations** and the CMA-identified category of **Enhanced Restricted Activities**. Please see CMA *Advanced Practice Activities Policy (2024)* on the CMA website in the *Continuing Competence Program Manual* for more information on how registrants obtain approval to perform these activities. This CMA *Restricted Activities Policy* serves as a companion policy to the *Advanced Practice Activities Policy.*

Section 36 HPRAR CMA Registrant Facilitators and Learners Performing Restricted Activities

HPRAP Section 36 addresses CMA learners:
"*Restricted activities for regulated members on student register*

> ***36*** *A regulated member on the student register who is enrolled in a program approved by the council or by the council of another regulated health profession and who, in the course of that program, is receiving training in the performance of a restricted activity for midwives under sections 34 and 35 is permitted to perform that restricted activity in accordance with standards of practice under supervision of a regulated member who has expressly consented to supervise the restricted activity."*

The *CMA Standards of Practice 5A: Supervision of Internationally-Educated Midwives, Approval (2) and (3), 5B: Acting as Preceptors, (4), and Standard of Practice 6: Acting as a Mentor, (2), align* with *Section 34, 35 and 36 of the HPRAR* and address this specific area of education and training facilitation in midwifery practice. In addition, CMA has published the following policies on the CMA website: *Student Clinical Placement and Registration Policy (2022)*, *New Registrant Policy and Handbook* (2024) and the *Supervision Policy (2000).*

In alignment with *Section 36* and the *CMA Standards of Practice*, CMA registrants who have **self-identified competence** in the *CMA Reference List of Identified Restricted Activities* and/or the *Schedule 13* **scope of practice**, and **self-identify competence** in a **restricted activity**, can provide facilitated learning opportunities for:

1. Midwifery students (undergraduate and graduate)
2. New registrants
3. New graduates from an approved Canadian Midwifery Education Program
4. Supervised Internationally Educated Midwives (IEM) and
5. Students registered in Alberta from other health professions
6. Other CMA registrants who want to achieve **competence** in a specified CMA-identified **restricted activity**

Any above identified learner who is receiving education and/or training in CMA **restricted activities** may perform the **restricted activity** on the CMA *Reference List of Restricted Activities* under the supervision of a CMA registrant who expressly consents and has **self-identified competence** to perform the individual **restricted activity** being learned; or another health care provider who expressly consents and is competent to perform the individual **restricted activity** being learned.

Undergraduate Preceptors, New Registrant Mentors and Supervisors of internationally educated midwives are encouraged to obtain and maintain **restricted activities competence** from the *CMA Reference List of Restricted Activities*, to provide comprehensive facilitation that enhances the learner experience, increases midwifery **scope of practice** and advances the profession of midwifery.

The CMA registrant facilitating the **restricted activity** learning opportunity will ensure that **competence** has been achieved prior to facilitation of that specific **restricted activity**. (see previous section *Achieving Competence for Restricted Activities Key Requirements)*

The learner participating in the **restricted activity** learning opportunity is responsible for seeking out foundational education prior to requesting support for skill development from the CMA registrant. (see previous *Achieving Competence for Restricted Activities Key Requirements*

section of this policy).

While hands-on participation provides an excellent opportunity for the learner to increase their knowledge and skill set within a facilitated environment, all aspects of the *Achieving Competence for Restricted Activities Key Requirements* listed previously, and **competence** need to be achieved before learners can provide the **restricted activity** independently.

CMA Risk Management and Quality Improvement Functions

With performance of any health care activity there is risk involved. CMA incorporates this reality into all CMA documents and processes, focussing on **quality improvement** through transparency and normalizing review processes.

CMA Quality Improvement Functions

The CMA **quality improvement** goal is to achieve desired **client** care outcomes related to all aspects of **restricted activities** and prevent/avoid further occurrence in both individual and group practice. **Quality improvement** functions include mapping practice against CMA expectations, use of CMA references, and registrant responsibilities in maintaining competence in restricted activities. Attention to HIROC Risk Reference Sheets is incorporated into each aspect of **restricted activities** to attain and maintain high quality midwifery care. Registrants are expected to constantly strive to improve midwifery practice, whether through **evidence-informed** practices or through reflection and learning from situations that have occurred.

Additional **quality improvement** processes may be initiated by CMA including but not limited to: further investigation, newsletter communications, *Guidance to the Profession* topic development, remediation and accountability processes conducted with registrants, changes to CMA policies and changes to *Standards of Practice* documents.

Performance demonstrated below the minimum standard for **restricted activities** outlined previously could result in **unprofessional conduct.** This also includes performance related to information on the *HIROC Risk Reference Sheets* related to **restricted activities**. The CMA Competence Committee has authority to recommend and enforce a wide range of conditions and remedial activities. (see section below).

If there is evidence of **unprofessional conduct** around these **restricted activities** on the part of the CMA registrant, any health care provider (including other CMA registrants), **clients** and members of the public may independently initiate a formal complaint with the CMA.

Disclosure of Harm To Clients

Registrants, as **primary care providers** strive to meet the goal of maintaining trust and a **therapeutic relationship** with their clients through **disclosure** of harm. As per the *CMA Code of Ethics*, CMA registrants will disclose to the **client** any harm sustained while under midwifery care. **Clients** want to know what happened, why and what will be done to ensure that this will not happen again (HIROC).

If an **adverse outcome**, clinical error or other forms of harm have been sustained by the **client** while under midwifery care the **Primary Care Provider** is expected to conduct the following immediate disclosure process as per the CMA *Code of Ethics:*

*"9. Disclose to the **client** any harm sustained to them while under their care. Disclosure must include:*

9.1 the facts of the incident

9.2 anticipated short term and long term effects

9.3 recommended actions to address the consequences"

NOTE: the following process is intended to take place in the days or weeks after the clinical event(s) have occurred, when immediate health of the **client** and/or the **client's** newborn have been stabilized.

1. Timing of **disclosure:**
   a. As soon as possible after an **adverse outcome** has been identified
   b. When either the registrant or the **client** identifies that the **client** has suffered harm as a result of clinical care management
   c. If there is potential for ongoing immediate or long term effects that may negatively impact the **client's** health or wellbeing
   d. If a change in **client** care or additional monitoring will be needed as a result of an **adverse outcome**
   e. As new information comes forward

2. **Disclosure** processes will be **client**-centred, trauma informed and accountability focused and will include whenever possible:

   a. Time for the **client** to ask questions about the care they received so they can obtain as complete an understanding of the clinical care situation as possible
   b. Time for the **client** and support people (if applicable) to provide their own perspective around how they experienced the clinical situation
      i. **Clients** may disclose additional physical, emotional or psychological harms not

initially identified from a clinical care perspective

ii. **Clients** may identify areas where communication was unclear or where their perception of the situation differs from the clinical narrative

c. Time for **clients** to have their concerns heard, validated and to receive further support as needed

d. Initial and ongoing offer of human and other resources available to support the **client** and/or family

3. **Disclosure** will include:

a. Communication that is truthful, compassionate, empathic, honest and transparent, without including speculation or assigning blame for the outcome

b. Acknowledgement and apology for harms caused

c. Review of the clinical care situation, including but not limited to:

i. The clinical timeline of events

ii. Any relevant clinical observations, signs or symptoms that were documented

iii. Clinical care informed choice discussions, clinical recommendations and/or care that was provided

d. If there are any potential impacts to the client's immediate or future health or care planning as a result of the clinical harm

e. What changes will be made to individual and/or group clinical practice to avoid recurrence of harm in the future

f. Efforts to achieve conflict resolution

i. Changes to individual clinical practice

ii. Accountability to address competence concerns

iii. Initiating further investigation to address systemic issues

4. Timing of consultations and/or transfers of care that were recommended and/or initiated

a. If there are any potential impacts to the **client's** immediate or future health or care planning as a result of clinical harm

b. **Quality Improvement** changes will be made to individual and/or group clinical practices to avoid recurrence of harm in the future

i. Accountability to address **competence** concerns

ii. Initiating further investigation to address systemic issues

5. Documentation of **disclosure** will include:

a. Date, time and location of **disclosure**
b. Who was present during the **disclosure** process
c. Acknowledgement and apology for harm
d. The clinical facts presented
e. Current or future implications for the **client's** health that were discussed
f. Questions raised by the **client** and responses provided
g. Support offered to the **client**
h. **Quality improvement** plans discussed for preventing future **adverse outcomes**
i. Plan for follow up with the **client**

Adverse Outcome Reporting

Registrants are required to report to CMA within 72 hours of identifying or being made aware of an **adverse outcome**. Report **Adverse outcomes** to CMA: registrar@albertamidwives.org

These situations may include outcomes where there is a need for unexpected ongoing hospitalization, significant additional treatment and severe morbidity or mortality as a result of health care provider actions or clinical care management. Please note, the definition of an **adverse outcome** does not include the known **material risks** or common complications that may be associated with a **restricted activity**, unless the complication was exacerbated beyond what could normally be anticipated.

After the initial reporting to the CMA by the registrant, the CMA will perform an initial review and determine whether the registrant should pause provision of the **restricted activity**, depending on factors including but not limited to, the severity of situation/outcome.

If the CMA determines that the **adverse outcome** occurred as a direct result of performing a **restricted activity** and/or a question of **competence,** the CMA has the authority to require the registrant to stop performing the **restricted activity** until CMA investigation has been completed and the Registrar has given permission for the registrant to resume the activity with or without **conditions**.

Registrants will also be familiar with **health care facility** specific policies around reporting **adverse outcomes** within the facility setting, including how to document an **adverse outcome,** when to report and to whom.

Continuing Competence Audit and Competence Committee Role

CMA audit processes may occur as determined by the Competence Committee after Annual CMA Renewal, an **adverse outcome** and/or **competence** issues are identified after a formal professional conduct complaint process.

CMA Competence Committee can audit registrant **competence** in **restricted activities** and conduct **competence assessments**. **Competence assessments** can include, but are not limited to, examinations, modules, interviews, practice visits, field reviews and other methods of evaluation.

The Competence Committee has authority to recommend and enforce a wide range of activities and **conditions**, including cancelation of a practice permit and/or referral to the Complaints Director if registrants:

1. Do not complete the **continuing competence** requirements
2. Provide false or misleading information
3. May be incapacitated or unfit to practice
4. Have incomplete records
5. Have unsatisfactory results from a **competence assessment**
6. Fail to comply with either a direction or a **condition** imposed, or
7. Have displayed conduct that constitutes **unprofessional conduct** not remedied by means of a **continuing competence** program.

As per the CMA *Standard of Practice 3- Continuing Competence* and the *Continuing Competence Audit Policy (2024)*, registrants must comply with directions imposed in accordance with legislation *(HPA s.51(5) (b) (ii) and Midwives Profession Regulation 22-24)* and will, upon request, provide evidence of having met the requirements of the Continuing Competence Program through the audit process. Registrants will also undertake any **remediation** in response to direction from the Competence Committee in accordance with *Section 40(1) of the HPA.*

Questions and Comments

Discussion with and feedback to the CMA is also welcome. For any questions, comments and/or feedback, please contact the CMA Registrar at: registrar@albertamidwives.org

References

Canadian Midwifery Regulators Council. (2021*). Canadian Competencies for Midwives.*

Government of Alberta. (2000). *Health Professions Act (HPA)*

Government of Alberta. (2000). *Health Professions Act, Schedule 13.*

https://www.qp.alberta.ca/documents/Acts/h07.pdf

Government of Alberta. (2023). *Health Professions Restricted Activity Regulation. Sections 34, 35 and 36.*

Government of Alberta. (2023) *Midwives Profession Regulation*

HIROC (Health Insurance Reciprocal of Canada). Risk Reference Sheets. hiroc.com

Society of Obstetricians and Gynecologists of Canada (SOGC). *(2022) Definition of Cervical Ripening.*

Related CMA Policies and Documents

Advanced Practice Activities Policy (draft 2024)
Alberta Competencies for Midwives. (2021)
Alternate Practice Program Policy/Handbook. (draft, 2024)
Code of Ethics. (2019)
Continuing Competence Audit Process Policy (draft 2024)
Continuing Competence Program Manual (2024)
Continuing Competence Program Policy (2024)
New Registrant/New Graduate Policy and Handbook (2024)
Registered Midwives Contracting Private Pay Clients Policy (2016)
Restricted Activities Self-Assessment Survey (2024)
Standards of Practice for Registered Midwives in Alberta. (2022)
Standards of Practice 3: Continuing Competence (2024)
Standards of Practice 5A: (2022) Supervision of Internationally-Educated Midwives
Standards of Practice: 5B: (2022) Precepting of Clinical Placements for Midwifery Students
Standards of Practice 6: (2022) Mentoring of New Registrants
Student Clinical Placement and Registration Policy (2022)
Supervision Policy (2000)

Marianne Lij

Council Chair
College of Midwives of Alberta

October 3, 2024
Date

Appendix A - CMA Restricted Activities Policy

CMA Reference List of Identified Restricted Activities (September, 2024)

Please refer to Section 34 of the *Health Professions Restricted Activity Regulation (2023) for the foundational language on which CMA developed this reference list and for definitions of terms* ***bolded*** *below.*

Preamble

All registrants on the CMA General, Provisional and Courtesy registers are expected to be competent in as many of the **restricted activities** in *HPRAR Section 34* as possible. Ultimately, registrants choose the **restricted activities** they incorporate into their practice. This determination is based on self-assessment of **continuing competence** and capacity, geographical location (e.g. urban, rural, remote), community needs and other pertinent factors.

Restricted activities- *Section 34* will not be listed on a registrant's Practice Permit or the CMA Public Register.

Registrants are ethically and legally obligated to disclose any limitations with their **scope of practice** to their **clients** and other health care providers, including consultants. Registrants are expected to offer to arrange consultation/collaboration to another **Primary Care Provider** when they have limitations to **restricted activities**.

CMA recognizes that there are identified **restricted activities** such as conducting and managing planned vaginal breech and twin birth. Historically, vaginal breech and twin birth have been regarded as part of midwifery **scope of practice** only during unplanned or emergency situations, which remains a required **competence** for all registrants under emergency skills management certification. CMA acknowledges that both vaginal breech and twin birth are normal variations of birth that fall under midwifery **scope of practice**. Registrants who identify that they have the **competence** to offer care for planned midwifery-led vaginal breech and twin birth may do so following comprehensive informed choice discussions with their **client**, which would include disclosure of education and skill level.

The above **restricted activities** may not be universally practiced within every registrant's midwifery work setting. CMA does not expect all registrants to conduct and manage planned breech and twin birth and it is reasonable to consult and transfer care to an obstetrician or another midwife education and skill level.

Registrants who work to their full scope as detailed in *Competencies for Alberta Midwives (2021)*, including **restricted activities**, do so under the authorization of the CMA. Please note

that **health care facility** administrators have authority to impose limits on **restricted activities**, based on facility resources. Individual health care providers are however not permitted to limit midwifery **restricted activities**.

Note: that this list is not exhaustive. CMA may consider and/or revise restricted activities.
All restricted activities are only performed when **incidental to the practice of midwifery.**

Birthing Person

1. Perform intravenous catheter initiation
2. Perform intramuscular injections
3. Perform subcutaneous and intradermal injections
4. Perform local anesthetic infiltration
5. Order non-ionizing radiation (ultrasound) for obstetrical and reproductive healthcare purposes
6. Conduct and manage vaginal cephalic presentation birth
7. Conduct and manage vaginal breech birth
8. Conduct and manage vaginal twin birth
9. Conduct and manage a water birth
10. Order, insert and manage **cervical ripening** including mechanical and medication modalities
11. Manage oxytocin induction and augmentation of labour, including Contraction Stress Test (CST), after consultation and order for oxytocin, provided by another authorized health care provider
12. Order consultation for epidural anesthesia and provide epidural management as per provider orders post epidural placement
13. Perform episiotomy
14. Assess genitalia for tears and perform repair of vulvar, vaginal and perineal tears including 1st and 2nd degree lacerations and episiotomy
15. Remove sutures and/or staples
16. Insert or remove instruments, devices, suppositories, fingers or hands beyond the labia majora, but not for the purpose of inserting an intrauterine contraceptive device. Including but not limited to:
    a. Cervical ripening devices (e.g. foley catheter)
    b. Internal fetal scalp electrode
    c. Amnihook for artificial rupture of membranes
    d. Intrauterine contraceptive device removal
    e. Vaginal speculum

   f. Vaginal and endocervical swabs
   g. Instruments for inspection of vaginal and cervical tears
   h. Urinary catheter (in and out/indwelling)
17. Perform rectal digital assessments, e.g. for tears; give enemas, insert rectal medications
18. Prescribe and/or administer RhD immune globulin
19. Prescribe and/or administer Hepatitis B vaccine, measles mumps and rubella vaccine
20. Prescribe and/or administer anesthetic gases (including nitrous oxide) for anesthesia or sedation
21. Prescribe, dispense and administer Schedule 1 drugs **incidental to the practice of midwifery** (excludes prescription of: controlled substances, oral contraceptives, contraceptive devices, vaccines not identified or uterotonic drugs for induction and augmentation of labour). Dispense and administer Schedule 2 drugs
22. Prescribe and administer uterotonic drugs for 3rd stage and to manage postpartum hemorrhage
23. Perform manual removal of placenta
24. Perform digital manual rotation of the fetal head

Newborn/Infant

All restricted activities are only performed when **incidental to the practice of midwifery.**

1. Perform Neonatal Resuscitation Activities (Advanced Provider Level)
   a. Insert suction catheter
   b. Insert nasogastric tube
   c. Insert endotracheal tubes and Laryngeal Mask Airways (LMA's)
   d. Suction Endotracheal tubes
   e. Insert umbilical venous catheter
2. Perform rectal digital exams ie. assess for imperforate anus; insert rectal suppositories
3. Prescribe, dispense and administer Schedule 1 drugs (except for controlled substances) **incidental to the practice of midwifery**
4. Prescribe and administer hepatitis B vaccine and immune globulin
5. Conduct a heel poke for newborn screening and testing
6. Perform intramuscular injections
7. Assess and perform frenotomy of oral tethers (including lingual, maxillary and buccal tethers)
8. Order non-ionizing radiation (eg. ultrasound) for obstetrical follow up purposes (i.e.. newborn conditions identified during antenatal ultrasound or on newborn examination).
9. Assess, order, and manage phototherapy for the newborn