

# PROFESSIONAL DEVELOPMENT PORTFOLIO

## QUALITY ASSURANCE PROGRAM



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

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# INTRODUCTION

The College of Midwives of Ontario's Quality Assurance Program is a requirement set out in the College's Quality Assurance Regulation (O. Reg 669/20). The Quality Assurance Program is defined as a *program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members.*

An important part of the College's Quality Assurance Program is the Professional Development Portfolio. The Professional Development Portfolio, informed by midwives and approved by Council, is designed to encourage and support midwives to continually engage in self-assessment, continuing education, and professional development.

The Professional Development Portfolio is comprised of a self-assessment, continuing education, and professional development activities and a declaration of completion every three years. This document describes the Professional Development Portfolio, how midwives will meet their Professional Development Portfolio requirements, and the College's process for reviewing midwives' participation in the Professional Development Portfolio portion of the Quality Assurance Program.

# PARTICIPATION

Completing the Professional Development Portfolio is a requirement for midwives registered in the General, Supervised Practice, Transitional, and Inactive classes. Midwives must submit evidence of a completed Professional Development Portfolio three years after they become registered with the College and every three years thereafter. The number of peer reviews required is based on the length of time a midwife is registered in the General class during their three-year reporting cycle. More information about this is found in the section *Participate in case reviews (peer and interprofessional).*

Midwives who experience barriers to participating in, or reporting on, their Professional Development Portfolio can be accommodated to the point of undue hardship. Midwives who are unable to participate in, or report on, their Professional Development Portfolios can apply for an exemption (see Exemptions).

# MAINTAINING RECORDS

Midwives are required to keep their Professional Development Portfolio (i.e., Self-Assessment, Learning Plan, and Case Reviews in the formats specified by the College), as well as any supporting documentation for their CE/CPD activities for the previous two reporting cycles. This means a midwife submitting their Professional Development Portfolio will still retain their two previous Professional Development Portfolios but may discard any records prior to that. Midwives may be asked to submit their Professional Development Portfolio to either the College or an assessor as part of the College's Professional Development Portfolio review (see below) or a peer and practice assessment. There is always the possibility that a midwife's Professional Development Portfolio will be reviewed by the College, therefore it is essential that they are complete.

A complete Professional Development Portfolio is one where the following is evident:

- Learning Plans and Reflections are descriptive
- The required number of peer case reviews have been attended and documented
- Supporting documentation about CE/CPD activities are maintained by the midwife (e.g., evidence of course completion, references for journal articles reviewed).

Since the Professional Development Portfolio is designed for midwives to stay engaged in the midwifery profession by participating in ongoing learning, midwives may want to keep their records for their own files to document the changes to their practice throughout their professional careers.

# REPORTING CYCLE

Midwives are required to report on their Professional Development Portfolio every three years, by October 1 of their reporting year (i.e., midnight on September 30). A midwife's reporting year is determined in the following way:

A midwife's first reporting cycle begins on the date of their first registration renewal after initial registration with the College. This means completion of the first Professional Development Portfolio for midwives may be longer than three years. For example, if a midwife registers on July 7, 2022, their first renewal would have been on October 1, 2022. Thus, the midwife's first Professional Development Portfolio report will be due on October 1, 2025.

A midwife's reporting cycle does not change if they change classes. This means that a midwife's reporting cycle will always be three years from the date of their first registration renewal or the third October after initial registration with the College and does not go on hold if they register as inactive.

Only activities a midwife participates in during their reporting cycle Professional Development Portfolio cycle are eligible as reportable activities. Any Professional

Development Portfolio activities completed between the date of submission and the actual submission deadline cannot be carried forward to the next reporting cycle.

# SUBMISSION TO THE COLLEGE

All reporting midwives will be required to submit a declaration of completion in the Member Portal of the database by the reporting deadline.

Falsely declaring completion of the Professional Development Portfolio is an act of professional misconduct. Should a midwife submit a declaration of completion for the Professional Development Portfolio and a College review of their records finds they do not have the supporting evidence to demonstrate completion, the midwife may be referred to Inquiries, Complaints, and Reports Committee (ICRC) under s. 80.2 of the Code.

# COLLEGE REVIEWS

Each year, 20% of reporting midwives will be selected by the College to have their Professional Development Portfolio reviewed for completion. Midwives who have been selected for a College review will have 30 days to submit their Professional Development Portfolio and any supporting documentation. Professional Development Portfolios must be submitted on the College's template. Supporting documentation includes certificates, diplomas, conference proceedings, and other forms of documentation that demonstrate participation in learning activities when such evidence exists. Not submitting the required records for review is considered non-compliance. Details about non-compliance are described below.

# COMPLIANCE

## Midwives submitting a declaration only

Midwives who submit their declaration of completion and are not randomly selected for review are considered compliant with the Professional Development Portfolio requirements.

## Midwives selected for review

Midwives who submit their declaration of completion **and** are randomly selected for review **and** submit complete CE/CPD records by the assigned deadline are considered compliant with the Professional Development Portfolio.

Midwives who are considered compliant will receive a notice of compliance.

# NON-COMPLIANCE

## Midwives who fail to submit a declaration

Midwives who do not submit a declaration of completion or who are selected for review and do not submit a completed Professional Development Portfolio will receive a notice of non-compliance and must pay an administrative fee pursuant to Article 11 (9) of the College's Fees and Remuneration By-Law. Midwives marked non-compliant may make a written submission regarding their non-compliance to the Quality Assurance Committee (QAC) within 30 days of receiving the notice. Submissions will be reviewed by a panel of the QAC.

## Outcome of non-compliance

Following a review of a midwife's documents, a panel of the QAC may make the following decisions:

### **Take no Action**

The panel may choose to take no action

### **Peer and Practice Assessment**

The panel may order the midwife to undergo a peer and practice assessment. The midwife will bear all costs (not more than \$2,500) for the peer and practice assessment pursuant to Article 7(2) of the College's Fees and Remuneration By-Law.

## Remediation

After considering the assessor's report of the peer and practice assessment, the QAC may choose to do one or more of the following, listed in subsection 80.2 (1) of the Health Professional Procedural Code:

- Require individual midwives whose knowledge, skill, and judgment have been assessed and found to be unsatisfactory 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 midwife.
  - where the midwife's knowledge, skill, and judgment are assessed and found to be unsatisfactory;
  - if, following a SCERP and reassessment, the midwife's knowledge, skill, and judgment is still deemed to be unsatisfactory; or
  - if the midwife does not comply with the direction to participate in, or successfully complete a SCERP
- Disclose the name of the midwife and allegations against them 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.

# EXEMPTIONS

Midwives who are unable to meet their Professional Development Portfolio requirements due to exceptional circumstances such as illness, parental leave, or disability leave can be granted an exemption from any, or all, of the program requirements under Section 4 of the Quality Assurance Regulation. A full exemption means the midwife has no reporting obligations for the entire three year Professional Development Portfolio cycle for which the exemption was requested. A partial exemption means the midwife will complete some, not all of the Professional Development Portfolio requirements for the three year reporting cycle.

Midwives must apply for an exemption at least 15 business days prior to their reporting deadline by submitting an Exemption Request form. The Exemption Request form is designed to facilitate the request and not to pose a barrier for those midwives who have experienced barriers to completing their Professional Development Portfolio requirements. If the exemption is not warranted, the midwife will be considered non-compliant with the Professional Development Portfolio if they remain unable to meet the requirements.

# CONFIDENTIALITY

The Code has special confidentiality requirements that protect information gathered by the College as part of the Professional Development Portfolio. The purpose of these special confidentiality requirements is to encourage midwives' candid participation in the program.

According to the Code (s. 83), information that midwives provide to the College as part of their Professional Development Portfolio is confidential and cannot be shared with other committees such as the Registration Committee. This means that midwives can be forthright in their Professional Development Portfolio knowing that the QAC generally cannot share this information.

There are, however, exceptions to the confidentiality provisions and the QAC can disclose information to the ICRC under the following circumstances:

- if the QAC is of the opinion that the midwife may have committed an act of professional misconduct or may be incompetent or incapacitated
- if the midwife knowingly gave false information to the QAC.



# PROFESSIONAL DEVELOPMENT PROGRAM COMPONENTS

Midwives in Ontario have a professional responsibility to ensure that they are competent to practise. At entry to practice, midwives' competence is assured by the entry to practice requirements but maintaining competence requires ongoing learning. The Professional Development Portfolio is designed to support midwives maintain competence by encouraging ongoing learning through self-assessment and participation in continuing education and professional development activities that include self-reflection and attendance at case reviews.

The following components of the Professional Development Portfolio are designed to support midwives maintain competence.

## 1. Self-Assessment

Self-assessment is “... the ability of a health worker to reflect on his or her own performance strengths and weaknesses to identify learning needs, conduct a review of his or her performance, and reinforce new skills or behaviors in order to improve performance.”<sup>1</sup>

The self-assessment built into the Professional Development Portfolio is designed to assist midwives identify their learning needs and can serve as the foundation for creating their Learning Plan.

Unlike other components of the Professional Development Portfolio (e.g., case review reports), the self-assessment is designed for the midwife only and will not be accessible to, or reviewed by, the College.

Although midwives are only required to complete and report on completion of their self-assessment every three years, annual completion is recommended as a way of continually assessing their knowledge and skills related to the standards of the profession.

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<sup>1</sup> Bose, S., Oliveras, E., & Edson, W. N. (2001). How can self-assessment improve the quality of healthcare. *Operations research issue paper*, 2(4), 1-27. Page 4

## 2. Continuing Education and Professional Development

There are two sections that must be completed in this part of the Professional Development Portfolio:

- i. **Develop and complete a Learning Plan**
- ii. **Participate in case reviews (peer and interprofessional)**

### i. **Develop and complete a Learning Plan**

Midwives will develop a Learning Plan based on areas that have been identified as in need of updating or expanding. These areas, or learning needs, can be identified in a number of ways including the self-assessment, issues brought up during a peer case review, challenges during a client interaction, or a breakdown in communication with another health care provider. Any area of a midwife's professional life that requires extra attention can be a learning need. These identified learning needs then become learning goals which will form the basis of the Learning Plan. Midwives may benefit from asking colleagues for information and feedback about this part of the Professional Development Portfolio.

A minimum of one learning goal will be met per year. Setting one learning goal per year means midwives can select short term goals to be met the first year and long-term goals to be met in years two and three of their reporting cycle. In the Learning Plan, midwives will be asked to demonstrate how they will meet their learning goals, dates for expected completion and the ways in which those goals will be achieved. There should be at least one learning activity for each goal and some goals will require different types of activities.

### Goals should be SMART which is an acronym for:

- **Specific** – what it is you want to learn
- **Measurable** – quantify the goal
- **Attainable** – make sure the goal is achievable and realistic
- **Relevant** – make sure the goal is relevant to your practice of midwifery
- **Time-limited** – put a time limit on the goal so it doesn't go on indefinitely

More information on SMART learning goals is included in the Learning Plan section of the Professional Development Portfolio.

The College does not specify the types of learning goals required. Midwives are encouraged to choose goals that include technical skills and non-technical skills. Technical skills are tangible skills that can be objectively measured, such as measuring a blood pressure or performing the maneuvers in a shoulder dystocia. Non-technical skills are the cognitive and social skills that complement technical skills such as having an informed choice discussion with a client about the benefits and risks to a clinical intervention or coordinating the care and assigning tasks during an emergency. Non-technical skills tend to be more difficult to define, so the College is sharing the following table with examples of non-technical skills<sup>2</sup> that could be included as a learning goal or as activities in a Learning Plan.

Non-technical	Description
<b>Communication</b>	The exchange of information, feedback or response, ideas and feelings
<b>Teamwork</b>	The collection of skills required to work in a team (e.g., conflict resolution)
<b>Leadership</b>	Directing and coordinating the activity of team members, encouraging them to work together, assessing performance, assigning tasks, developing team knowledge, skills and abilities
<b>Situation awareness</b>	Knowing what is going on around you
<b>Decision making</b>	The process of reaching a judgment or choosing an option, sometimes called a course of action to meet the needs of a given situation
<b>Managing stress and fatigue</b>	A particular relationship between a person and the environment that is appraised by the person as taxing or exceeding their resources and endangering their well-being

<sup>2</sup> Flin, R., & O'Connor, P. (2017). Safety at the sharp end: a guide to non-technical skills. CRC Press.

## Participate in activities that meet the chosen learning goals

Midwives are required to meet their learning goals by identifying and participating in learning activities. Midwives should choose learning activities that meet their own individual learning style as well as activities that are delivered in a way that meets their goal.

Some learning goals may require only one learning activity. For example, attending a fetal health surveillance workshop may be all that is required to meet a learning goal about intermittent auscultation.

Other learning goals will require more than one activity. For example, reviewing the recent literature about communication methods and attending a communication workshop may be required for a learning goal about communicating in emergency situations.

Examples of learning activities that can be used to meet learning goals

- Participating in workshops, webinars, teleconferences
- Completing courses
- Reading recent primary research studies or reviews
- Developing protocols and practice guidelines
- Teaching, mentoring, precepting
- Research, project work, publication, presentation
- Reflecting on feedback and keeping a practice journal
- Active participation in a relevant College or Association board, council or committee
- Undertaking relevant undergraduate or graduate courses
- Participation or certification in quality assurance/improvement committees
- Peer mentoring.

**Note: Participating in an obstetrical emergency skills program, a neonatal resuscitation program, and a cardiopulmonary resuscitation program are continuing competencies required for registration and so cannot be used as a learning activity for meeting a learning goal.**

## Reflect on learning

After all learning activities are completed, midwives must engage in a reflection of their learning. Reflection involves drawing on the activities that were undertaken to understand how they met the learning goals. *Reflection is a deliberate and structured process of drawing on past events to understand what has happened and ... is the basis of reflective learning and reflective practice*<sup>3</sup>. More information about reflective learning and practice can be found in the Learning Plan section of the Professional Development Portfolio.

### ii. Participate in case reviews (peer and interprofessional)

Case reviews are formal gatherings to discuss specific clinical cases with the goal of learning. The learnings from clinical scenarios should be applicable to midwifery practice. For the purpose of the Professional Development Portfolio, case reviews must be held with at least two midwifery practice groups or among a group of interprofessional colleagues. Each year, midwives who are registered in the General, Supervised Practice, or Transitional class for 12 months or more are required to attend four case reviews per year of registration in the General, Supervised Practice, or Transitional class for a total of 12 case reviews attended over the three year cycle. This means that midwives registered in the General, Supervised Practice, or Transitional class for less than three years report on fewer case reviews.

The requirement for attending and obtaining evidence of attendance at case reviews is specified below (please note that the time registered in General, Supervised Practice, or Transitional class need not be consecutive).

Midwives who are registered in the General, Supervised Practice, or Transitional class for less than 12 months of the reporting period are not required to participate in, or obtain evidence of, attendance at case reviews. This part of the program was designed to address the barriers to attending peer case reviews that may be experienced by midwives who are not associated with a clinical setting attending case reviews as well as the limited relevance for inactive midwives working only in non-clinical roles.

An important component of any case review is establishing parameters around conducting the review. The College does not specify the details of how to conduct a case review, however it is expected that case reviews be conducted in accordance with a framework that is agreed upon by the participants. There are numerous resources that can be used to provide guidance to midwives about participating in case reviews. More information on conducting and tracking participating in case reviews is included in the case review section of the Professional Development Portfolio.

Note that case reviews conducted as part of the College's Professional Development Portfolio are distinct from quality of care reviews conducted at hospitals and birth centres pursuant to the *Quality of Care Information Protection Act, 2016* (QCIPA); however, midwives may count their attendance at QCIPA reviews toward satisfying the required case reviews for the College's Professional Development Portfolio. QCIPA contains specific rules relating

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<sup>3</sup> Andre, K., & Heartfield, M., & Cusack, L. (2017). *Portfolios for Health Professionals*. Third edition. Elsevier Australia.

to quality of care reviews and what information from QCIPA meetings and reviews must be protected as confidential.

## Confidentiality of case reviews

Midwives have both legal and ethical responsibilities to protect the confidentiality and privacy of clients' personal health information. For more guidance, see to the *Personal Health Information Protection Act (PHIPA), 2004* and the College's *Guide on Compliance with the Personal Health Information Protection Act*, both available on the College's website.

Unless a client has provided their express consent<sup>4</sup> to disclose their personal health information as part of a case review, midwives should remove all client identifiers from cases that are presented. This may require modifying details about the client, health care providers, and anyone else with information that is discussed. In some situations, some of the extraneous details of a case should be changed to protect the client's identity. It should be made clear at the case review that all identifying features of the client have been removed or changed.

The information discussed as case reviews should be treated as confidential and midwives should not disclose information learned at a case review unless required by law. More information about reporting obligations can be found in the College's *Guide on Mandatory and Permissive Reporting*.

Questions about the Quality Assurance Program's Professional Development Portfolio can be directed to the Quality Assurance Department at [gap@cmo.on.ca](mailto:gap@cmo.on.ca).

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<sup>4</sup> Express consent is an unequivocal expression of consent that is direct and clear. It can be given orally or in writing (Guide to the Health Care Consent Act)



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