

# Governance



**Midwifery Council of New Brunswick**

**Conseil de l'Ordre des sages-femmes  
du Nouveau-Brunswick**

*Adapted with permission from the College of Midwives of Ontario's Governance Education Modules (2019)  
Prepared by Kelly Ebbett, January 2021*

# Health Care in Canada



In Canada, healthcare is a right afforded to residents as described under the *Canada Health Act*.

The *Canada Health Act* describes healthcare policy as the duty to:

*“protect, promote and restore physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers”*

*The Canada Health Act 1984, c. 6 s. 3.*

Health system delivery is the responsibility of individual provinces and territories.

# Health Care in New Brunswick



In New Brunswick, health professionals and the care they provide, are governed under provincial Acts. These acts are either public or private acts.

Private acts related to health care are proposed by an organization or group for the purpose of self regulation and are introduced by a Member of the Legislative Assembly (MLA) who is not a cabinet minister.

Public acts are usually related to a matter of public policy and are prepared and introduced by a Minister in cabinet (executive branch of the government).

The Department of Health funds health care. The Regional Health Authorities administer health care programs. These publicly funded programs are covered under Medicare. Midwifery is publicly funded.

# History of MCNB

**1996 - 2006:** Background work was being done on midwifery.

**May 2007,** the Minister of Health Hon. Michael Murphy, announced the New Brunswick's Government intention to integrate midwifery services in the provincial healthcare system.

Primary factors supporting this decision were :

- A desire to enhance access to quality primary maternity care for New Brunswick women;
- Increasing interest in midwifery services by New Brunswick women;
- Increasing C-section rates and low breastfeeding rates;
- Declining numbers of family physicians practicing obstetrical care;
- Increasing recruitment challenges for obstetrician/gynecologist specialists.

# History

**June 2007**, the Department of Health established a Midwifery Stakeholder Committee to advise the Department on midwifery legislation.

**October 2007**, the Midwifery Stakeholder Committee presented their report containing findings and recommendations to the Minister. Recommendations were on the following key elements :

- ✓ Scope of practice of midwives
- ✓ Form of regulatory body
- ✓ Entry into practice requirements
- ✓ Protected titles for midwives

**2010: Proclamation of the Midwifery Act and creation of the Midwifery Council** operated by the Department of Health. Midwifery became recognized as a regulated publicly funded health profession in NB. From that point on, government started to explore ways to incorporate midwives into the healthcare system.

# History

**2013:** Midwifery Council activities halted as Government funding suspended.

**2014:** New Government Platform Commitment announced. The Midwifery Council was reinstated and once again operated by the Department of Health.

**Spring 2015:** Department of Health Implementation Committee was established. Action plan developed to address the following responsibilities; legislation, human resources, ambulance services, evaluation, RHA selection, communication plan, financing,

**September 2015 - November 2016:** Midwives are to be employees of the RHA and unionized with the New Brunswick Union of Public and Private Employees (NBUPPE), consequential amendments approved, RHA By-laws ready for approval. Midwifery Council hires independent Registrar - Kelly Ebbett. Council remains funded by a grant-agreement with the Government and operates at arm's length.

**December 2016:** Demonstration site announced by Hon. Minister of Health Victor Boudreau for Fredericton, under the management of Horizon Health Network. Four midwives to be hired and implemented into the health care system in 2017.

# History

## 2017

January 20<sup>th</sup> 2017 - Horizon's Midwifery Planning Day

May 2017 - 1<sup>st</sup> Midwife registered and hired

June 2017 - 2<sup>nd</sup> Midwife registered and hired

July 2017 - 1<sup>st</sup> MCNB Annual report published for 2016-2017

October 10<sup>th</sup> 2017 - Opening of midwifery practice at the Fredericton Downtown Community Health Center

November 2017 - 3<sup>rd</sup> Midwife registered and hired

November 30<sup>th</sup>, 2017 - First baby born into the hands of NB Registered midwives

# History

## 2018

March 19<sup>th</sup>, 2018 - Opening of the Fredericton Midwifery Centre at 528 MacLaren Ave.

May 2018 - A New Brunswick Registered midwife is appointed to the Council for the first time.

August 2018 - 4<sup>th</sup> Midwife registered and hired

August 2018 - MCNB Website launched

## 2019

January 2019 - Midwives on maternity leave. 3 more midwives registered and hired to cover leaves of absence.

July 2019- Horizon's "Report on the Implementation of the Fredericton Midwifery Program" complete.

July 2019 - 100+ babies born with registered midwives in NB!

## 2020

June 2020 - MCNB's 1st Honorary Membership bestowed upon outgoing Chair of Council - Dr. Deborah Harding RM.

# MCNB's Vision, Mission and Mandate

## Vision:

The people of New Brunswick have access to comprehensive, high quality midwifery care provided by regulated midwives.

## Mission:

To serve the public interest by regulating and advancing safe, professional midwifery care throughout the province of New Brunswick

## Mandate:

As per the *Midwifery Act* includes;

- a) to regulate the practice of midwifery,
- b) to establish, maintain and promote standards of the practice of midwifery,
- c) to establish, maintain, develop and promote standards of professional ethics in the practice of midwifery.

# Role of the Midwifery Council

Registering midwives who meet the requirements established by the *Midwifery Act*.

Ensuring that midwives meet the standards of practice established by the Council.

Requiring midwives to maintain active practice and to be engaged in the continued development of their knowledge and skills (see Continuing Competence and Professional Development Policy).

Responding to or investigating any concerns or complaints about the care provided by midwives.

The Council is accountable to the Minister of Health who oversees our regulatory activities.

# Governance Principles

- Accountability to the public and commitment to protecting the public interest
- Accountability to the Government
- Transparency in its regulatory activities and providing relevant information to the public
- Strategic/Policy Leadership
- Distinction of Council, Committee, Registrar and Executive Director roles
- Evidence-based collective decision making
- Risk-based regulation with a proactive focus

# Governance Policies

Governance policies aim to focus attention and direction of the Council towards the accomplishment of the vision, mission and mandate of the Council.

In order to promote harmonization and regulatory expertise, MCNB maintains membership in the following networks:

- [Canadian Network of Agencies for Regulation \(CNAR\)](#)
- [Member of the Canadian Midwifery Regulators Council \(CMRC\)](#)
- Member of the New Brunswick Health Profession Regulators Network

Since 2016, Council has focused on revising and further developing policies and guidelines related to midwifery practice.

In 2018, Council further developed its governance structure by adopting by-laws and in 2019 engaging in further governance policy development.

# Role of the Regulator versus the Role of the Association

<u>Regulator (MCNB)</u>	<u>Association (MANB)</u>
Acts in the interest of the Public.	Acts in interest of the midwives.
Governed by an interprofessional Council including midwives and public members.	Governed by a board of directors consisting of only midwives.
Protects public by regulating members to ensure provision of safe, effective, quality care.	Supports midwife members by advocating for increased midwifery services and funding by lobbying the Government.
Works in collaboration with Government by engaging in regulatory process and strategic planning in the public interest.	

# Council Composition

Council composition and terms are set out in the *Midwifery Act*.

All members are appointed by Government. The Council Chair is elected from within Council and may be a midwife or public member in accordance with the By-Laws.

- 2 Professional Members (Midwives)
- 3 Professional Members from other disciplines (a physician, a pharmacist and a nurse)
- 1 Department of Health member
- 1 Public Member

*Professional and public members provide valuable perspectives and professional expertise to regulatory discussions and decisions of the Council.*

- A Council term consists of three years and up to a maximum of two consecutive terms (six years).

# Council Members and Roles

**Council Members:** are appointed by Government. Their roles are outlined in the [MCNB Position Description for Council members](#). These include; regular attendance at meetings in order to ensure quorum, participation in Council work, fiduciary duty, and confidentiality.

**Chair of Council:** is elected yearly at the annual general meeting by Council members. The Chair ensures the integrity of Council's processes and, where appropriate, represents Council to outside parties - as outlined in the [MCNB Guidelines Chairperson](#). The Chair works closely with the Registrar/Executive Director. The Chair can be a professional or public member of the Council.

# Registrar/Executive Director

The Registrar/Executive Director is a dual position, the sole employee of the Council, a non-voting member and accountable to the Council and employed 3 days a week.

As Registrar, the role pertains to registration and complaint processes.

As Executive Director, the role pertains to the administrative/financial details and manages operations. The Executive Director is responsible for leading the Council in fulfilling their statutory responsibilities and implementing strategic goals as directed by the Council.

# Duties of the Registrar/Executive Director

- Daily operations of the Council.
  - Registrations and renewals.
  - Preparation of bi-monthly Council meetings and the Annual General Meeting.
  - Preparation and submission to Government of the MCNB Annual Report and Budget.
  - Preparation and submission of Government Appointments.
  - Maintenance of the [MCNB website](#).
  - Administrative support to the Therapeutics Committee.
  - Registrar is a named director on the Canadian Midwifery Regulators Council (CMRC) Board and attends meetings with the Chair.
  - Attends the yearly Canadian Network of Agencies for Regulation (CNAR) conference with Chair or Council member.
  - Attends NB Regulator Network meetings.
- A performance review is completed every 2-3 years.

# Meetings and Council Business

- Council meetings are held virtually every 2 months or as needed.
- Council meetings are currently attended by Council members, who are voting members. Registered Midwives are invited to attend as non-voting members.
- The Annual General Meeting (AGM) is held in June or July of each year.
- As per the *Midwifery Act*, the MCNB Annual Report is approved at the AGM and subsequently submitted for Government approval by **July 31<sup>st</sup> each year**. The MCNB budget and financial statements are also approved at the AGM and subsequently submitted for Government approval by **October 31<sup>st</sup> each year**.
- As per MCNB Honoraria Policy, Council members receive an honoraria based on attendance at meetings.

# Committees of Council

## Statutory Committees

- Therapeutics Committee
- Registration Appeals Committee
- Complaints Committee - formed when needed from a Council approved roster
- Discipline Committee - formed when needed from a Council approved roster

For more information, please see the Terms of Reference and/or [Professional Complaints Manual](#).

Additional sub-committees or working groups can be formed to serve additional regulatory functions of the Council.

# Fiduciary Duty



Council and committee members have the duty of undivided loyalty and diligence to the Council and its public interest mandate.

Avoidance of conflict of interest and bias  
Confidentiality and privacy obligations  
Behaving ethically and respectfully



It is important to note that most Council members are involved in various professional and community organizations - in other words “wearing many hats”. Therefore, an awareness of their responsibility to adhere to the Midwifery Council process and its mandate for the duration of their appointed term is required.



The expectation is that all members act honestly, in good faith and with a view to the best interests of the public.

# Confidentiality

All information obtained by individuals governing or administering Council work is presumed confidential unless deemed otherwise, or a matter of public record.

This is mandated by the *Midwifery Act* and the [MCNB Policy on Confidentiality](#).

# Conflict of Interest

“Council and committee members must avoid circumstances where a conflict of interest or bias might compromise, or appear to compromise, the integrity or impartiality of the Council. Members ensure that the public interest is considered and takes priority over the interests of the midwifery or any other profession, or of a member of that profession.

Given the legislated work as mandated by the *Midwifery Act*, the composition of Council, and the vision and mission of MCNB, it is likely that conflicts of interest will arise from time to time .

Disclosing conflicts of interest or potential conflicts of interest is not an admission of wrongdoing when shared at the time of awareness and is encouraged so that a strong decision can be reached by Council and in the best interest of the public .

Decisions made as a Council or committee should not be affected or be perceived to be affected by personal/professional gain or interest. Council and committee members should endeavor to keep distinct and separate any other memberships, directorships, volunteer, paid positions or affiliations from work undertaken as a member of the Council.”

*MCNB Policy Conflict of Interest (2020)*

# Speaking with one voice

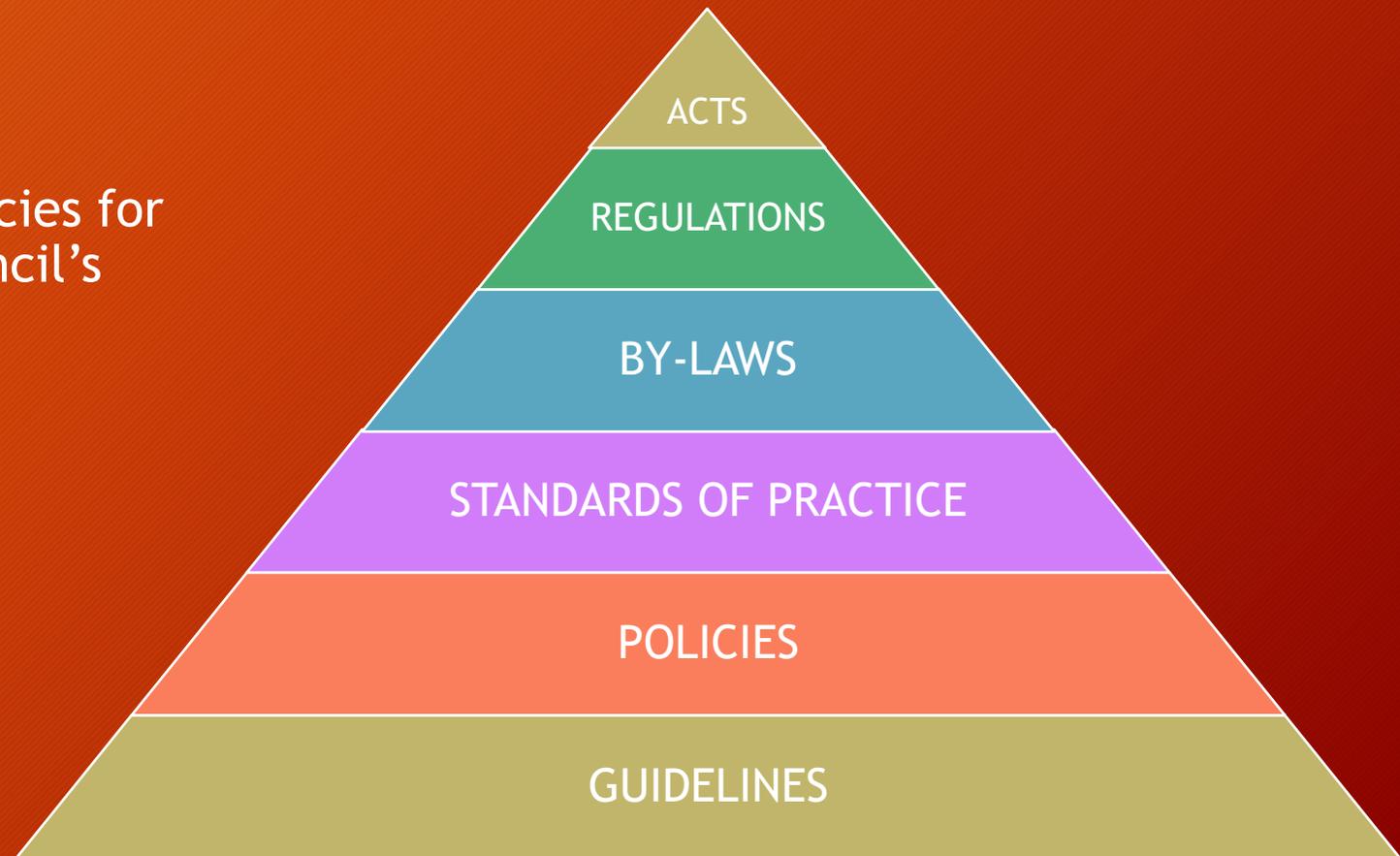
Council & committee members do not represent themselves in any official capacity to external media or on social communications platforms. As per MCNB by-laws, the Council Chair and Registrar/Executive Director are the official spokespeople of the Council.

The individual perspectives of Council and committee members are encouraged during the decision-making process, but once a final decision is made, the collective voice of the Council takes precedence.

Speaking with “one voice” ensures communications regarding Council decisions and activities are clear, consistent and coordinated.

# Governance

Developing by-laws, standards and policies for the midwifery profession is one of Council's core regulatory functions.



# Midwifery Act and Regulations

## The Midwifery Act - S.N.B. 2008, c. M-11.5

When the NB *Midwifery Act* was drafted, it was done so as a public Act. This is likely because there was no established professional body ready and able to govern the profession.

Under the *Midwifery Act*, additional rules called regulations exist that contribute to the regulation of the midwifery profession.



# Self-Regulation

Self-regulation means that the government has delegated its regulatory authority to a body that has the specialized knowledge required to do the job. These regulatory bodies are called Colleges or Councils.

A self-regulating profession protects the public by setting out standards of competency and conduct, and ensures members meet the standards.

Most health professions in New Brunswick (and nationally) are self-regulated and are governed under private acts.

# Regulating in the Public Interest



The Midwifery Council of New Brunswick has the duty to regulate the profession of midwifery in accordance with the *Midwifery Act* and in the public interest.

The desired outcome is that the public, when choosing midwifery care, can trust that they will receive ethical care from registered midwives who are competent, skilled and qualified to practise.

# Title Protection

Under the *Midwifery Act*, registration with the Council allows access to a "restricted title".

“A person whose name is not entered in the active practice register shall not practise as a midwife or hold herself or himself out as a midwife, or take or use the designation “midwife”, “registered midwife” or “sagefemme” or “sage-femme inscrite” or other initials or designations, either alone or in combination with other words, letters or description, that imply the person is entitled to practise as a midwife.” *Midwifery Act*, S.N.B. 2008, c. M-11.5

# By-Laws

MCNB By-laws are the rules that govern how the Council operates. They mostly deal with internal or administrative matters.

In order to amend the by-laws the following is required:

- ✓ Proposal at the AGM or by calling a special meeting
- ✓ 30 days notice required to Council members
- ✓ Ratification by 75% of Council members in attendance at the meeting.



BY-LAWS

# Midwifery Scope of Practice

The midwifery scope of practice is defined in the *Midwifery Act* as:

“In this Act, “practice of midwifery” means the care, assessment and monitoring of women during normal pregnancy, labour and the postpartum period and of their healthy newborns, and the management of low-risk, spontaneous vaginal deliveries.” *Midwifery Act*, S.N.B. 2008, c. M-11.5.



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## **Scope of Midwifery Practice in New Brunswick**

The midwifery scope of practice in New Brunswick is the care, assessment, and monitoring of women during normal pregnancy, labour, and the postpartum period, and of their healthy newborns and the management of low-risk, spontaneous vaginal deliveries.

As set out in the standards of practice of the regulations of the *Midwifery Act*, the midwife may, within her scope of practice, consult with, make a referral to or transfer care to a medical practitioner, prescribe and administer drugs in accordance with the regulations, order and interpret screening and diagnostic tests in accordance with the regulations, and provide other health care services within the practices of midwifery.

*MCNB Scope of Midwifery Practice in New Brunswick  
(2015)*

# Standards of Practice

MCNB Standards of practice set the minimum expectations that must be met by a practising midwife. Standards of practice are approved by the Council.



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## Standards of Midwifery Practice

Midwives are registered health care professionals who meet all requirements of registration and licensing, continuing competency, accountability and safe, ethical midwifery practice, as defined by the Midwifery Council of New Brunswick. Midwives may work in a variety of settings, including clinics, hospitals, birth centers and homes and are committed to providing community based primary maternity and new born care. Midwives are required to practice in accordance with the *Midwifery Act* and Regulations, the policies and standards of the Midwifery Council of New Brunswick, evidence-informed maternity care standards and policies of the employment setting in the best interest of the public.

The Midwifery Council of New Brunswick adopts the Canadian Association of Midwives' *Model of Care Position Statement* (September 2015).

STANDARDS OF PRACTICE

# Schedules for Ordering

The [MCNB Schedules for Ordering](#) were last approved by the Government in 2017 and outlines the list of tests, labs and medications that can be ordered or prescribed by the midwife.



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## **Schedules for Ordering**

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# Policies

Council policies describe in greater detail issues that are set out in the legislation, regulation or by-laws. Policies are developed and approved by Council.



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## **Policy: Continuing Competency and Professional Development**

Continuing Competency and Professional Development (CCPD) is the means by which midwives develop and maintain knowledge, skills, attitudes, behaviours, and clinical judgement through a self-directed process. It is also the means by which midwives broaden the interpersonal and interprofessional skills required to improve client care (CMBC, 2017).

In accordance with the Code of Ethics and the Standards of Practice, the Midwifery Council of New Brunswick (MCNB) requires for registration renewal, all midwives to participate in CCPD to demonstrate on an ongoing basis how they have maintained their competence and enhanced their practice.

**Continuing Competency and Professional Development consists of five (5) essential components:**

POLICIES

# Guidelines

Guiding documents are created by the Council to provide additional direction and support in helping members understand legal requirements and obligations.



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**Consultation, Shared Primary Care, and Transfer  
of Care Midwifery Practice Guidelines**

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*MCNB Consultation, Shared Primary Care, and Transfer of  
Care Midwifery Practice Guidelines (2017)*

GUIDELINES

**Thank you for learning more about MCNB!**



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