MIDWIFERY PROFESSION REGULATIONS

PROPOSED KEY ELEMENTS

May 2025

Government of
Northwest Territories

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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

Tłı̨chǫ yatı k'ę̀è. Dı wegodı newǫ dè, gots'o gonede.
Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theɔ́ą ɔat'e, nuwe ts'ën yółtı.
Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́é edatł'éh enahddhę nıde naxets'é edahłí.
South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ɔedı̨htl'é yerınıwę nídé dúle.
North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

ᑖᒃᓂᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐃᖏᑦ ᐃᓄᒃᑎᑐᓪᓗᒍᑎᓄᑦ, ᐅᕙᑦᑎᓐᓄᓄᑦ ᐅᖃᒃᓯᓕᕆᓂᖅᑐᑎᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

Indigenous Languages:

French:
867-767-9348
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OVERVIEW

Objective

The Department of Health and Social Services (Department) is seeking feedback on the proposed key elements for new *Midwifery Profession Regulations* under the *Health and Social Services Professions Act* (HSSPA).

The Department encourages you to review the proposed key elements and welcomes all comments, suggestions, and questions by June 12, 2025.

Contact

Attention: Comments on Proposed Key Elements - *Midwifery Profession Regulations*

Policy, Legislation, and Intergovernmental Relations

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INTRODUCTION

The proposed key elements of the *Midwifery Profession Regulations* provide an overview of the main components being considered for inclusion in the new *Regulations* under the *Health and Social Services Professions Act* (HSSPA).

Consideration has been given to ensuring that the new legislation would be aligned with regulatory frameworks and best practices across Canada and consistent with other professions regulated under the HSSPA, while also taking into account our unique Northern context and the regulation capacity of the Department of Health and Social Services (Department). The Department aims to be forward-thinking and at the forefront of midwifery regulation in Canada, which would necessitate significant changes from the current NWT midwifery regulatory framework.

Highlights of the proposal include:

- A broad and expanded scope of practice;
- The addition of multiple new registration categories (Registers);
- A new route of registration for community-based education programs approved by the Minister; and
- A change in the continuing competency requirements to allow for some flexibility for Registered Midwives practicing non-clinically in the NWT.

The proposal aims to support midwives working to their full scope of training. It is the position of the Canadian Midwifery Regulators Council (CMRC) that midwives in Canada have adequate training to provide sexual and reproductive health care to the general public and should not have their scope restricted to pregnant and immediate postpartum clients, but rather should be enabled to apply their full competencies, knowledge, skills and judgement to provide sexual and reproductive health care to the general public, which includes providing access to safe abortion care (see Position Statement on Midwives Working to Full Scope of Training – CMRC). The Canadian Association of Midwives (CAM) asserts that providing abortion care and post abortion care is part of the role of Canadian midwives and that existing regulatory barriers must be removed in order for midwives to have access to all the means and education necessary to provide this care (see Position Statement on Midwives' Provision of Abortion - CAM).

Registered Midwives in the NWT, as regulated primary health care providers, could practice to the full legislative scope as would be set out in the *Midwifery Profession Regulations*, provided they have the necessary competencies to do so. Registered Midwives would be responsible for determining the limits of their own experience and competence, and consult with, or transfer care of the client to another provider, in situations where there are aspects of care in which they are not competent.

This proposal has been developed in collaboration with an Advisory Committee, which includes NWT Registered Midwives who are members of the Midwives Association of the NWT and the Registrar of Health and Social Services Professions (Registrar) and is informed by extensive cross-jurisdictional research.

As of March 17, 2025, there are 12 Registered Midwives actively licensed to practice in the NWT.

BACKGROUND

Registration and licensing of midwives in the NWT is currently provided for in the *Midwifery Profession Act*, which came into force in 2005, with only minor amendments since that time. The current legislative framework for the profession also includes *Midwifery Profession General Regulations* and *Screening and Diagnostic Tests Regulations*.

The midwifery profession has evolved significantly in the last two decades. In November 2022, the Midwives Association of the NWT applied for the profession of midwifery to be regulated under the HSSPA. Moving the regulation of the profession under the HSSPA will allow for modernization of the midwifery regulatory framework in the NWT.

The HSSPA, which came into force in March 2022, is an 'umbrella' Act that regulates different health and social services professions under one statute. The Act sets out general requirements that apply to each profession regulated under it, such as the responsibilities of the Registrar of Health and Social Services Professions (Registrar), registration and renewal procedures, appeal processes, and the handling of complaints and discipline. The intent of the HSSPA is to support a comprehensive and consistent framework for the regulation of health and social services professionals in the NWT.

The profession-specific regulations under the HSSPA establish registration and renewal criteria and requirements, outline scope of practice, protect professional titles, establish a code of ethics and standards of practice, and set out continuing competency requirements.

There are currently two professions regulated under the HSSPA: the psychology profession and the naturopathic profession. In addition to midwives, work is underway to bring pharmacists and dental hygienists under the HSSPA within the life of the 20th Legislative Assembly. The Department's intention is to work towards bringing all currently regulated health and social services professions under the HSSPA, with the exception of nursing professionals.

Further information can be found in the proposed key elements table on the following pages.

WHAT WE ARE PROPOSING

KEY ELEMENT	PURPOSE	PROPOSAL	ADDITIONAL INFORMATION
Registration Committee	A Registration Committee may be established to provide profession-specific expertise, if needed, respecting eligibility for registrations, renewals, and reinstatements. When established, the Registration Committee could be engaged as needed, at the discretion of the Registrar.	The Minister of Health and Social Services (Minister) would have the authority to establish a Registration Committee in respect of the profession of midwifery, on an as-needed basis. The Registration Committee would be composed of: • The Registrar, as chairperson of the Committee; • Two (2) Registered Midwives, in good standing, without conditions, on the General or Expanded Register; and • One (1) person who is a representative of the public and who has never been registered on the equivalent of the Midwifery Profession Register in a province or territory. A quorum of the Registration Committee would consist of three (3) members.	• Recent proposed amendments to the HSSPA would allow the Registrar to engage the Registration Committee, where one is established, on an as needed basis to streamline registrations, ensuring that straightforward registrations, renewals, and reinstatements may proceed without delay. • The proposed composition is in line with the requirements in section 51 of the HSSPA. • Alternate members would also be appointed to participate on the Registration Committee, when established, in the event that the principal member is absent, incapacitated or unable to participate as a member. • The Registered Midwife representatives on the Registration Committee, when established, would be nominated by the Midwives Association of the Northwest Territories.

Categories of Registration / Licence	Categories of registration and licensing help differentiate between levels of education, training, and experience as well as scope of practice.	Five (5) different categories of registration and licensure are being proposed: • General Register • Expanded Register • Student Register • Provisional Register • Courtesy Register	• There is only one registration category for Registered Midwives under the current NWT *Midwifery Profession Act.* Multiple registration categories would allow for more flexibility in registration and licensing for members at various points in their training and careers. • Students, new graduates and previously Registered Midwives returning to active practice would be permitted to practice in the NWT (under supervision), which could help with recruitment and retention of Registered Midwives in the NWT. • It should be noted that the addition of a Student Register and Provisional Register would require additional capacity by Registered Midwives in the NWT (on the General and Expanded Registers) as they would be responsible for supervising these members. As a result, the ability to use these Registers may be limited due to the small number of Registered Midwives currently practicing in the NWT.

General Register Eligibility Requirements	Eligibility requirements establish the minimum prerequisites for registration in the NWT and ensure everyone with a licence has the same basic knowledge and skills necessary for practice. The **General Register** would allow members who meet all registration requirements to provide professional services as a Registered Midwife in the NWT.	A person would be eligible to be registered and licensed on the **General Register**, if they meet the following: a) Has successfully completed a baccalaureate-level midwifery education program accredited by the Canadian Association for Midwifery Education Accreditation Council; b) Has passed the Canadian Midwifery Registration Exam; c) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; d) Is authorized to work in Canada; e) Holds valid certification in: a. Neonatal resuscitation; b. Adult and infant cardiopulmonary resuscitation; c. Obstetrical emergency skills; and d. Fetal health surveillance; f) Has completed 1,600 hours of clinical practice. **OR** a) Has successfully completed a midwifery education program approved by the Minister; b) Has passed the Canadian Midwifery Registration Exam; c) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; d) Is authorized to work in Canada; e) Holds valid certification in: a. Neonatal resuscitation; b. Adult and infant cardiopulmonary resuscitation;	• The proposed eligibility requirements would be in addition to those already required under the HSSPA, such as proof of identity and evidence of good character (see section 11(2) of the Act for details). • The current proposal does not include a currency associated with the completion of the 1,600 hours of clinical practice, i.e., the clinical experience requirements would not need to take place in a given time period prior to application for registration; however, consideration would be given to adding a currency based on feedback received. • Some examples based on currency requirements in other Canadian jurisdictions: ○ Applicants must have completed the required 1,600 hours of clinical practice within five (5) years prior to application for registration. ○ Applicants must have completed the required 1,600 hours of clinical practice within two (2) of the four (4) years prior to application for registration. ○ Applicants must have completed 1,000 hours of the required 1,600 hours of clinical practice within three (3) years prior to application for registration. • Currently, under the NWT *Midwifery Profession Act*, a person is required to graduate from a university-level midwifery program with a degree, diploma or certificate (or equivalent) to be eligible to be registered and licensed as a Registered Midwife in the NWT. A new proposed route of registration would

		c. Obstetrical emergency skills; and d. Fetal health surveillance; f) Has completed 1,600 hours of clinical practice. **OR** a) Is eligible to be registered or is registered in good standing on the equivalent of a General Register or Expanded Register in a province or another territory and is licensed to practice midwifery, without restrictions, in that jurisdiction; b) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister.	allow graduates from midwifery education programs other than baccalaureate-level midwifery education programs from accredited universities, such as community-based midwifery education programs to be registered in the NWT, provided that the program meets minimum standards of midwifery education and is approved by the Minister. • A person could demonstrate they are eligible to be licensed in good standing and to practice in another jurisdiction without restrictions by providing, for example, a letter from the regulator in that province or territory stating that they meet the requirements for registration.
Expanded Register Eligibility Requirements	The **Expanded Register** would allow members to provide additional services within the midwifery profession scope of practice in the NWT if they have supplementary education.	A person would be eligible to be registered and licensed on the **Expanded Register** if they meet the following: a) The eligibility requirements listed under the General Register; and b) Successful completion of training, approved by the Registrar, to perform the activities for which they are applying for registration.	

Student Register Eligibility Requirements	Eligibility requirements establish the minimum prerequisites for registration in the NWT and ensure everyone with a licence has the same basic knowledge and skills necessary for practice. The **Student Register** would allow students enrolled in a midwifery education program to practice under the supervision of a Registered Midwife on the General Register or Expanded Register.	A person would be eligible to be registered and licensed on the **Student Register** if they meet the following: a) Is enrolled in a baccalaureate-level midwifery education program accredited by the Canadian Association for Midwifery Education Accreditation Council; b) Has submitted a letter from the university confirming that the person will be completing a practicum in the NWT; c) Has submitted a letter of agreement for completing supervised practice in the NWT from one or more registered member(s) on the General Register and/or Expanded Register who will supervise the person; d) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; and e) Is authorized to work in Canada. **OR** a) Is enrolled in a midwifery education program approved by the Minister; b) Has submitted a letter from the educational institution (or equivalent) confirming that the person will be completing a practicum in the NWT; c) Has submitted a letter of agreement for completing supervised practice in the NWT from one or more registered member(s) on the General Register and/or Expanded Register who will supervise the person; d) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; and e) Is authorized to work in Canada.	• *NWT Standards for Supervision of Student and Provisional Registered Midwives* are in development and will be completed prior to the coming into force of the *Regulations*.

Provisional Register Eligibility Requirements	The **Provisional Register** would allow those who are in the process of fully meeting the requirements for registration on the General Register (for example, new graduates still completing the required 1,600 clinical practice hours or previously licensed Registered Midwives returning to active practice and undertaking the completion of the required 1,600 clinical practice hours) to practice under the supervision of a registered member on the General Register or Expanded Register.	A person would be eligible to be registered and licensed on the **Provisional Register**, if they meet the following: a) Has successfully completed a baccalaureate-level midwifery education program accredited by the Canadian Association of Midwifery Education Accreditation Council; b) Has submitted a completed supervision plan for completing supervised practice in the NWT, in accordance with the *NWT Standards for Supervision of Student and Provisional Registered Midwives*, endorsed by one or more registered member(s) on the General Register and/or Expanded Register who will supervise the person; c) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; d) Is authorized to work in Canada; and e) Holds valid certification in: a. Neonatal resuscitation; b. Adult and infant cardiopulmonary resuscitation; c. Obstetrical emergency skills; and d. Fetal health surveillance. **OR** a) Has successfully completed a midwifery education program approved by the Minister; and b) Has submitted a completed supervision plan for completing supervised practice in the NWT, in accordance with the *NWT Standards for Supervision of Student and Provisional Registered Midwives*, endorsed by one or more registered member(s) on the General Register and/or Expanded Register who will supervise the person;	• The Provisional Register would be used for: o New graduates who have yet to complete or receive their grade back for the Canadian Midwifery Registration Exam; o New registrants who have yet to complete 1,600 hours of clinical practice; and o Previously Registered Midwives returning to active practice after an extended absence. • Return to Active Practice: o A previous registrant on the General Register or Expanded Register whose registration lapsed within the last three (3) years would be eligible to apply for reinstatement. o They would be required to apply for registration on the Provisional Register and would need to complete 1,600 hours of supervised clinical practice before being eligible to return to the General Register or Expanded Register. • The supervision of the registrant on the Provisional Register could be direct supervision or indirect supervision/mentorship. The level of supervision would need to be agreed upon by both the supervising registered member(s) and the provisional registrant and documented in the supervision plan. • *NWT Standards for Supervision of Student and Provisional Registered Midwives* are in development and will be completed prior to the coming into force of the *Regulations*.

		c) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; d) Is authorized to work in Canada; and e) Holds valid certification in: a. Neonatal resuscitation; b. Adult and infant cardiopulmonary resuscitation; c. Obstetrical emergency skills; and d. Fetal health surveillance. Within two (2) years of the member's initial registration on the Provisional Register, (with the possibility of an extension by no more than one (1) year, if approved by the Registrar upon application from the registered member), a registered member on the **Provisional Register** would need to have: • Practiced under the supervision of one or more supervisor(s) who are registered member(s) on the General Register and/or Expanded Register; • Passed the Canadian Midwifery Registration Exam; and • Completed 1,600 hours of clinical practice.	

Courtesy Register Eligibility Requirements	The **Courtesy Register** would allow for midwives currently registered in other jurisdictions to practice in the NWT on a short-term basis and for a specific purpose (for example, time-limited practice such as providing locum services or services to a single client, teaching, or during a state of emergency).	A person would be eligible to be registered and licensed on the **Courtesy Register**, if they meet the following: a) Is registered and in good standing on the equivalent of the General Register or Expanded Register in a province or another territory and is licensed to practice midwifery, without restrictions, in that jurisdiction; b) Holds professional liability insurance, issued by a company authorized to carry on business in Canada, in at least the minimum amount approved by the Minister; c) Is authorized to work in Canada; and d) Requires registration to practice for a specified purpose.	• A person could be registered on the Courtesy Register for a period of up to three (3) months and a licence in connection with that registration could be issued for a period of up to three (3) months. • A person could apply for registration on the Courtesy Register and for a licence in connection with that registration not more than twice within the period beginning on November 1 in one year and ending on October 31 in the next year. • During an emergency declared under the *Public Health Act*, a person could be registered on the Courtesy Register to be entitled to practice temporarily in the NWT (for a period of up to three (3) months, which may be renewed as required). • Amendments to the HSSPA are being considered which propose to allow the Minister to direct the Registrar to register and issue licences for a designated profession if a state of emergency (under the *Emergency Management Act* or other GNWT statute) is declared.

Indigenous Midwifery	Midwifery has always been practiced in Indigenous communities in the NWT and is an inherent Aboriginal right. Recognizing that colonization and systemic oppression, including government laws and policies, have resulted in the suppression of Indigenous midwifery in NWT communities, proposed options aim to promote the revitalization of Indigenous midwifery and support Indigenous communities' and governments' right to self-determination in relation to midwifery.	In order to enable all approaches that Indigenous communities may want, the new *Midwifery Profession Regulations* would: • Provide a route for community-based midwifery care that would enable Indigenous midwives to practice without being registered under the HSSPA while continuing to use the title "midwife" (see Key Element: **Protected Titles**); and • Provide a route for graduates of community-based Indigenous midwifery education programs to be registered (see Key Element: **Eligibility Requirements**).	• These options were proposed following discussions with Indigenous midwifery advocates at the CMRC's Committee on Pathways for Indigenous Midwifery table and the Department's Cultural Safety and Anti-Racism and Community, Culture and Innovation Units.
Protected Titles	Title protection reserves certain titles for those who meet the established registration and licensing requirements. This ensures only those who hold a valid NWT licence can present themselves as a Registered Midwife to employers and the public.	The following titles would be protected: "Registered Midwife" - "R.M." or "RM"	• "Registered Midwife" is a protected title under the current NWT *Midwifery Profession Act,* while "midwife" is not. • The title "midwife" would continue to be excluded as a protected title for use by non-registered Indigenous midwives. "Midwife" is a commonly used English translation in several NWT Indigenous languages to describe the one who assists with sexual and reproductive health, pregnancy, birth and the newborn.

Scope of Practice	The scope of practice refers to a range of activities that Registered Midwives have the legislated authority to perform. Defining a scope of practice allows for increased public understanding of what services the profession provides.	A Registered Midwife on the **General Register** or **Expanded Register** would be entitled, subject to any terms and conditions set out in their certificate of registration, to practice midwifery in the NWT. A registered member engaged in the practice of midwifery and providing the services of that profession must do so in accordance with: a) the Northwest Territories Code of Ethics for Registered Midwives; b) the Northwest Territories Standards of Practice for Registered Midwives; and c) generally accepted professional standards and procedures.	• The proposed scope of practice for Registered Midwives in the NWT would be much broader than that of the current NWT *Midwifery Profession Act*. The specific wording will be developed in the drafting phase of the *Regulations*, encompassing the skills listed below, among others. • Registered Midwives would be expected to practice according to their level of training and experience, as well as their individual level of competence. • *NWT Standards of Practice for Registered Midwives* and the *NWT Code of Ethics for Registered Midwives* are in development and will be completed prior to the coming into force of the *Regulations*.

Scope of Practice General Register		The following skills, which are taught as part of basic midwifery education and/or considered entry-to-practice in many jurisdictions in Canada, would be included in the scope of practice under the **General Register**:
		• Prescribing controlled drugs and substances
		• Prescribing, ordering, administering, or removing contraceptives
		  o Would include intrauterine devices and contraceptive implants
		• Administering vaccines
		• Prescribing, ordering, or administering mechanical or pharmaceutical agents for induction and augmentation of labour
		• Monitoring and managing induction or augmentation of labour
		• Epidural monitoring
		• Ordering, performing, and interpreting ultrasounds
		• Performing vacuum-assisted birth in emergencies
		• Evacuation of uterus for purposes of retained placenta or retained products of conception
		• Suturing episiotomies and lacerations related to the birth process
		The following skills, which are newer to the midwifery scope of practice across Canada or are anticipated to be included in the midwifery scope of practice across Canada soon (and are lower-risk practices), would also be included in the scope of practice under the **General Register**:
		• Sexual and reproductive health care for the general public
		  o Would include medication abortion care
			• If registered on the **General Register**, the onus would be on the registered member to ensure competence before practicing skills included in the scope of practice under that Register. The registered member may have received the necessary training during their basic midwifery education, or they may require additional education, training, mentorship or experience in order to be competent to perform the skill.
			• The skills included here do not represent a comprehensive list of midwifery practice, but rather a selection of the more notable skills and/or skills that vary in terms of whether they are included in the legislated midwifery scope of practice across Canada.
			• While proof of training may not be required upon initial registration, the Registrar could ask for evidence of training or experience (for example, letter from employer or colleague) from the registered member at any time.
			• Currently, Registered Midwives are entitled to provide care to infants up to six (6) weeks of age and to birthing clients up to one (1) year postpartum. Our current proposal would extend the period of practice to ensure continuity of care beyond a limited timeframe, and only to existing clients and their children in early childhood. Well-adult and well-child care involves low-risk health screening and promotion for healthy individuals. The Registered Midwife would be responsible for ensuring competence before proceeding with provision of care beyond infancy and the postpartum period.

		• Well-adult care – health screening and promotion for existing clients beyond the pregnancy/perinatal period or when incidental to sexual and reproductive health • Well-child care – health screening and promotion for children of existing clients beyond the perinatal period up to five (5) years of age (early childhood)	• The current NWT midwifery legislative framework includes *Screening and Diagnostic Tests Regulations*, which sets out specific screening and diagnostic tests that Registered Midwives are authorized to perform, order and interpret, and a Pharmacy List within the NWT Midwifery Practice Framework, specifying the drugs and substances Registered Midwives are authorized to prescribe, order and administer. In order to respond to the evolving and progressive nature of midwifery practice, lists of drugs and substances and lists of screening and diagnostic tests, which can be difficult to manage and keep up-to-date, would not be included under the new *Regulations*, (or within the *NWT Standards of Practice for Registered Midwives*), in favour of granting Registered Midwives, as autonomous primary health care providers, broader authority to carry out interventions that are incidental to midwifery practice for the safe care of their clients. • While the provision of procedural (surgical) abortion care has not been proposed to be included in the midwifery scope of practice at this time, this skill would be considered for inclusion once training for Registered Midwives becomes available and other Canadian jurisdictions begin to authorize the practice as part of the midwifery scope of practice, which may occur prior to the coming into force of the *Regulations*.

Scope of Practice Expanded Register		The following skill, which is not typically taught as part of basic midwifery education and requires additional training, would be included under the **Expanded Register**. • Acting as primary surgical assist at Caesarian sections	• Members on the **Expanded Register** may provide additional services within the scope of practice of the regulated health profession, after completing supplementary approved education for that purpose. • Approved training would be listed outside of the *Regulations* to allow for quick updates, as needed.
Scope of Practice Student Register		The skills included in the scope of practice under the **Student Register** would be the same as those included in the scope of practice under the General Register, provided the member is practicing under the supervision of a Registered Midwife on the General Register or Expanded Register.	
Scope of Practice Provisional Register		The skills included in the scope of practice under the **Provisional Register** would be the same as those included in the scope of practice under the General Register, provided the member is practicing under the supervision of a Registered Midwife on the General Register or Expanded Register. Members on the **Provisional Register** who were previously registered on the Expanded Register and who are applying for reinstatement after a lapse in registration for longer than three (3) years may provide additional services listed within the scope of practice under the Expanded Register if they continue to hold valid certification in the skill(s) for which they are applying for registration.	

Scope of Practice Courtesy Register		The skills included in the scope of practice under the **Courtesy Register** would be the same as those included in the scope of practice under the General Register or Expanded Register. Members on the Courtesy Register may provide additional services within the scope of practice listed under the Expanded Register, if they hold valid certification in the skill(s) for which they are applying for registration.	

Continuing Competency	Continuing competency requirements ensure Registered Midwives maintain a standard level of competence.	Registered Midwives would be required to fulfill 20 hours of continuing competency activities per year for their licence renewal, beginning on November 1 and ending on October 31 of the following year. "Continuing competency activities" would include any of the following which contribute to a registered member's knowledge or skill in the practice of midwifery: a) Participation in courses, conferences, workshops, skills drills, seminars, clinical/grand rounds, knowledge-sharing circles, or discussion groups, either as a presenter or facilitator, including time spent preparing to present or facilitate, or as an attendee; b) Practice or consultation with professional peers to acquire knowledge and skills in the area of the practice of midwifery that are unfamiliar to the member; c) Self-directed learning or study, including reading or peer-reviewing professional journals or other reference sources, publishing research, or participating in Indigenous knowledge transfer; d) Mentorship activities, including supervision of a student registrant or a provisional registrant; e) Any of the activities listed in paragraphs (a) to (c) with a particular focus on clinical midwifery practice; f) Any of the activities listed in paragraphs (a) to (c) with a particular focus on Indigenous issues in midwifery, Indigenous health, cultural safety, intercultural competency, human rights, and/or anti-racism; g) Participation in Indigenous cultural awareness training; and h) Membership on a committee or board related to the practice of midwifery.	• The proposed continuing competency requirements are based on the existing requirements for professions already regulated under the HSSPA with additional midwifery-specific requirements from the current *Continuing Competency Program for Registered Midwives of the NWT*. • If a registered member were to complete more than 20 hours of continuing competency activities in one (1) year, the member would be able to apply those excess hours to the competency requirement for a subsequent year (maximum number of hours which may be carried over is 20 hours). • Continuing competency hours carried over to a subsequent year would need to be used for credit within two (2) years of the date of completion of the activity. • Registered Midwives would need to keep a record of all continuing competency activities completed which must: a) Include the following information: i. The date or dates on which the activity was carried out; ii. The duration, in hours, of the activity; iii. A brief description of the activity; iv. If applicable, the name of the mentee, the student registrant or provisional registrant; v. Any certificates obtained on completion of the activity; and b) Be retained for a minimum of five (5) years.

		A minimum of ten (10) hours each year would need to be completed from activities described in (e) above. A minimum of five (5) hours each year would need to be completed from activities described in (f) above. In addition to fulfilling 20 hours of continuing competency activities as described above, registered members would need to participate in a minimum of three (3) case reviews each year that include Registered Midwives from at least two practice locations per case review. At least two (2) of the case reviews would need to be midwifery peer reviews. Registered Midwives would be required to complete the following courses: • Neonatal resuscitation – once per year • Adult and infant cardiopulmonary resuscitation – once per year • Obstetrical emergency skills – once per two (2) years • Fetal health surveillance – once per two (2) years OR maintain their instructor status in the course and teach it as follows: • Neonatal resuscitation – once per year • Adult and infant cardiopulmonary resuscitation – once per year • Obstetrical emergency skills – once per two (2) years • Fetal health surveillance – once per two (2) years Registered members would be required to complete documentation of self-assessment, including reflection on client feedback where applicable, in a format approved by the Registrar.	• A Registered Midwife could be audited on their continuing competency activities at any time. • The proposed continuing competency requirements do not include a requirement for completion of active clinical practice hours or a requirement to attend births. This would allow for Registered Midwives working in a non-clinical field to maintain their licence without needing to take time away from their place of employment to complete hours/attend births in a clinical setting. Registered members would still be required to maintain a certain degree of clinical competence by completing clinical courses and case reviews each year. In addition, engagement in activities that focus on clinical midwifery practice would be required annually. The onus would be on the registered member to maintain competence in the area in which they are practicing and engage in professional development activities that support their competence. • While the absence of a requirement for active clinical practice hours/attendance of births would differ from the current *Continuing Competency Program for Registered Midwives of the NWT,* which requires Registered Midwives to attest to active clinical practice (recommending attendance at fifteen (15) births in the preceding three (3)-year period), it is not uncommon among continuing competency programs for other health care professions that work in a broad range of settings (e.g., nurses, dietitians etc.).

Thank you for your interest in this work. Your feedback is valuable.

Please submit comments and suggestions by June 12, 2025.

Your contributions will be considered in the development of the *Midwifery Profession Regulations* and included in a summary of *What We Heard*, which will be publicly available on the Government of the Northwest Territories' Have Your Say webpage.