



North Carolina Obstetrical & Gynecological Society

P. O. Box 27167 • Raleigh, NC 27611

Tel: 919-833-3836 • ncobgyn@nemedsoc.org

NCOGS Policy Concerning Licensure of Certified Nurse Midwives and Physician Collaboration

March 2017

The North Carolina Obstetrical and Gynecological Society (NCOGS) has approved a change in the Society's position concerning physician supervision of Certified Nurse Midwives. The NC Ob/Gyn Society's Executive Committee supports this change for a variety of reasons, including:

- The need to reflect the most recent research concerning midwives and patient safety in NCOGS policy;
- A desire to bring NCOGS into closer alignment with ACOG on collaboration policy as it concerns midwives;
- Agreement that the vast majority of midwives and physicians in North Carolina are already working together in a cooperative, consultative manner – and that the Society's policies should reflect this reality;
- Agreement that the state's health care system is quickly evolving in a manner that requires and incentivizes cooperative healthcare management strategies; and
- A desire to focus the resources required to maintain the current physician supervision requirement on other policy initiatives that are of more direct benefit to NCOGS members and their patients.

Current NC Law

Proof of Physician Supervision

The applicant CNM shall furnish the licensing committee evidence that the applicant will perform the acts authorized by the Midwifery Practice Act under the supervision of a physician who is actively engaged in the practice of obstetrics in North Carolina. Such evidence shall include a description of the nature and extent of such supervision and a delineation of the procedures to be adopted and followed by each applicant and the supervising physician responsible for the acts of said applicant for the rendering of health care services at the sites at which such services will be provided. Evidence to be provided to the committee shall include:

- Mutually agreed upon written clinical practice guidelines which define the individual and shared responsibilities of the midwife and the supervising physician(s) in the delivery of health care services;
- Mutually agreed upon written clinical practice guidelines for ongoing communication which provide for and define appropriate consultation between the supervising physician(s) and the midwife;
- Periodic and joint evaluation of services rendered, e.g. chart review, case review, patient evaluation, and review of outcome statistics; and

- Periodic and joint review and updating of the written medical clinical practice guidelines.

Definition of Supervising Physician

"Primary Supervising Physician" means the licensed physician, who by signing the certified nurse-midwife application, is held accountable for the on-going supervision, consultation, collaboration and evaluation of the medical acts performed by the certified nurse-midwife as defined in the site specific written clinical practice guidelines. A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician. A physician in a graduate medical education program who is also practicing in a non- training situation may supervise a certified nurse-midwife in the non-training situation if fully licensed.

Revised NCOGS Collaboration Policy

NCOGS' new position supports licensure of CNMs as independent medical practitioners by the Midwifery Joint Committee of the North Carolina Board of Nursing with the following requirements:

- Requiring CNMs to submit a physician collaboration agreement to the NC Joint Midwifery Board as a condition of licensure;
- Requiring the collaborating physician to also be the receiving physician in the event of a transfer of patient care from the CNM;
- A limit on the number of collaboration agreements in which a physician may participate;
- A requirement that collaborating physicians must have privileges at a facility offering the full scope of obstetrical services;
- A requirement that the terms of the collaboration agreement must be consistent with the physician's obligations as a member of a medical staff;
- Collaboration agreement must specify conditions under which patient care is transferred from the CNM to the collaborating physician;
- A requirement that the Midwifery Joint Committee develop transfer of care protocols for collaboration agreements; and
- A requirement that the Midwifery Joint Committee consider existing NC CNM scope of practice standards as well as transfer of care protocols used by NC public health departments in developing transfer of care protocols for collaboration agreements.