



# WHAT WE HEARD

PROPOSED *MIDWIFERY PROFESSION REGULATIONS*  
UNDER *HEALTH AND SOCIAL SERVICES PROFESSIONS ACT*

OCTOBER | 2025

Government of  
Northwest Territories

Une version française de ce document est disponible.

K'áhshó got'íne xadā k'é hederí ɬedjhtl'é yeriníwə nɪ dé dúle.  
Dene Kádá

ɬerihth'ís Dēne Sų́líné yatı t'a huts'elkēr xa beyáyatı theɬą ɬat'e, nuwe ts'ēn yóltı.  
Dēne Sų́líné

Edı gondı dehgáh got'je zhatıé k'éé edat'éh enahddhə nıde naxets'é edahłı.  
Dene Zhatıé

Jii gwandak izhii ginjik vat'atr'ijāhch'uu zhit yinothtan jı', diits'at ginohkhii.  
Dinjii Zhu' Ginjik

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.  
Inuvialuktun

Ć'ᑦᑲᑦ ᑎᑎᑦᑲᑦ ᐱᑦᐱᑦ ᐃᑦᑲᑦ ᐱᑦᐱᑦ, ᐃᑦᑲᑦ ᐃᑦᑲᑦ.  
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.  
Inuinnaqtun

kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.  
nēhīyawēwin

Tłjchq yatı k'èè. Dı wegodi newq dè, gots'o gonede.  
Tłjchq

**Indigenous Languages**  
request\_indigenous\_languages@gov.nt.ca

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# Executive Summary

## Introduction

The Department of Health and Social Services (Department) is working on moving the regulation of the midwifery profession from the *Midwifery Profession Act* to the *Health and Social Services Professions Act* (HSSPA).

From May 8 to June 12, 2025, Indigenous governments, residents of the Northwest Territories (NWT) and other interested parties were invited to provide comments and feedback on the [“Proposed Key Elements - Midwifery Profession Regulations Under the Health and Social Services Professions Act”](#) (Proposed Key Elements). The Proposed Key Elements outline the main components being considered for inclusion in the future *Midwifery Profession Regulations*.

Highlights of the proposal included:

- 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 Proposed Key Elements were 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, and are informed by extensive cross-jurisdictional research.

## Objective

Moving the regulation of the midwifery profession under the HSSPA will allow for modernization of the midwifery regulatory framework in the NWT, ensuring the new Regulations are aligned with best practices across Canada and consistent with other professions regulated under the HSSPA.

The Department aims to be at the forefront of midwifery regulation in Canada, allowing NWT registered midwives, who are highly skilled, autonomous primary health care providers, to practice to the full scope of their training and expand upon the health care services they can offer to NWT residents.

## Methodology

The Proposed Key Elements for the public engagement were designed to elicit engagement and feedback.

The following materials were developed and made available to the public on the [GNWT's Have Your Say](#) website:

- [Proposed Key Elements - Midwifery Profession Regulations Under the Health and Social Services Professions Act](#)

## Results

In total, there were seven (7) written submissions received. Respondents identified support, areas of concern, and raised questions, which are summarized below.

## 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. Following an application from the Midwives Association of the NWT (MANWT) in November 2022, the Department began work on moving the regulation of the midwifery profession from the *Midwifery Profession Act* to the HSSPA through the development of profession-specific regulations.

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, 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.

## Public Engagement

Engagement on the midwifery profession regulations took place between May 8 and June 12, 2025, when the "[Proposed Key Elements – Midwifery Profession Regulations](#)" were made available on the GNWT's website.

The goal of the engagement was to solicit feedback from Indigenous governments, midwives, NWT residents and other interested parties on the Proposed Key Elements.

This report provides a summary of the feedback received. The views represented in this report reflect the priorities and concerns of respondents. Responses should not be construed as representative of the Department's position or views. Conclusions or recommendations based on the concerns raised are not provided.

The feedback from this engagement, as summarized in this report, will be considered by the Department in developing the *Midwifery Profession Regulations*.

## What We Heard

The Department requested feedback on the Proposed Key Elements document and received seven (7) emailed responses from:

- The Midwives Association of the NWT (MANWT);
- The Canadian Midwifery Regulators Council (CMRC);
- Canadian National Midwifery Organizations (joint submission from the Canadian Association of Midwives, the National Council of Indigenous Midwives, the Canadian Association for Midwifery Education, and the Canadian Alliance of Racialized Midwives);
- The Northern Birthwork Collective (NBC);
- The College and Association of Nurses of the Northwest Territories and Nunavut (CANNN);
- One (1) registered midwife; and
- One (1) Indigenous Birthworker.

Summaries of the responses are provided below and are organized by key element as laid out in the Proposed Key Elements document. General responses that are not specific to the key elements are also included below.

Some feedback received was outside of the scope of this project and unrelated to the regulation of midwifery in the NWT. These submissions were forwarded on to the appropriate program area for consideration.

This report provides a summary of comments received during the engagement period only (and those of respondents who requested an extension). Any additional feedback received following the engagement period will still be considered by the Department when moving forward with this work.

## Responses

### Overall Support for the Proposed Key Elements

- Many respondents supported the Proposed Key Elements overall, backing the proposal to allow midwives to operate within their full scope and broaden access to healthcare for NWT residents, while upholding the sovereignty of Indigenous midwifery.

### Registration Committee

- Two respondents requested that there be representation from Indigenous midwives on the Registration Committee.
- One respondent suggested that the Registration Committee should be responsible for communicating with the regulator and advising on other professional matters like standards, codes of ethics, and continuing competence.

## **Categories of Registration / Licence**

- Several respondents supported the proposed categories of registration, emphasizing the benefit of allowing midwives to practice in a variety of ways.
- One comment recommended the inclusion of an option for non-clinical registration or registration for midwives working within a narrower scope than the General Register outlines.
- Concerns were raised from several respondents about the proposal to grant labour mobility applicants registration if they are registered in good standing in a province or another territory with no restrictions on their licence. Respondents expressed concern that this may unintentionally present a barrier to labour mobility given that other jurisdictions may not have comparable categories or may indicate specific restrictions on licences that imply a midwife is safely working within a narrower scope of practice, a scope that could be beneficial to practice in the NWT.

## **Eligibility Requirements for General Register**

- One respondent supported the move away from a narrow birth-count model for clinical practice requirements.
- Support was received for the multiple proposed paths to registration.
- The Department sought feedback about whether practice currency should be included as an eligibility requirement on the General Register. Several respondents strongly encouraged the addition of a practice currency requirement, suggesting 1,600 hours of clinical practice within four (4) years prior to application. One respondent suggested that these hours should be required to be completed after passing the Canadian Midwifery Registration Exam.
- Two respondents suggested a change to the requirement for professional liability insurance to be the responsibility of the registrant, as usually, liability protection is covered under the insurance policy of the employer or university.

## **Eligibility Requirements for Expanded Register**

- One respondent recommended including a practice currency requirement for the Expanded Register.

## **Eligibility Requirements for Student Register**

- Two respondents suggested that a student's supervisor may be someone other than a registered midwife, e.g. family physician or obstetrician. Another comment suggested removing the supervisor requirement altogether and requiring only proof of registration in a recognized education program.

## **Eligibility Requirements for Provisional Register**

- Support was provided for the proposal to add a Provisional Register in order to encourage recruitment and retention of a sustainable midwifery workforce.

- One respondent suggested that a four (4) year window would be most appropriate for a previous registrant to be able to apply for reinstatement following a lapse in registration, corresponding with the currency requirements for the General Register.

### **Eligibility Requirements for Courtesy Register**

- Support for the introduction of a Courtesy Register was received.
- One respondent had a question about what would constitute a locum and when they would be required to register under the General Register.

### **Indigenous Midwifery**

- Multiple respondents supported the Department's proposed approach to Indigenous midwifery, noting that this approach would support Indigenous-led midwifery and help reduce systemic barriers to education and practice for Indigenous midwives.
- One respondent requested that acknowledgement of the inherent rights of Indigenous peoples be included in the Regulation.
- Additional comments encouraged the development of transparent criteria for Ministerial approval of education programs in partnership with Indigenous midwives.

### **Protected Titles**

- Two respondents supported the continued exclusion of the title "midwife" as a protected title, stressing the importance of ensuring Indigenous midwives who choose not to be registered be permitted to use the title.

### **Scope of Practice**

- All respondents who provided feedback on the proposed scope of practice were in support of a broadened scope of practice. Some reiterated that this will ensure full utilization of midwifery competencies and help to address longstanding barriers to inclusive healthcare, particularly in underserved regions.
- Two respondents supported a framework wherein midwives, as autonomous care providers, self-determine their competency and specific scope of practice rather than relying on discrete lists of procedures, medications, or conditions.

### **Scope of Practice for General Register**

- Several respondents expressed that midwives should be able to provide well-child and well-woman care within their scope of practice to all people, not just existing clients.
- One response stated that in other jurisdictions, using the term "vaccines" has been limiting. They suggested using "immunizing agents" instead.



- Two respondents supported the proposed move away from lists of skills, procedures, tests, and drugs.

### **Scope of Practice for Expanded Register**

- A question was received asking about how additional skills within the expanded scope of practice will be identified.

### **Continuing Competency**

- Two respondents requested the inclusion of Indigenous-specific content and anti-Indigenous racism training as part of continuing competencies.
- While one respondent supported removing the requirement for active clinical practice (noting, however, that this may affect labour mobility for NWT midwives to other jurisdictions), several other respondents encouraged the inclusion of a requirement for clinical skill currency, as has existed previously.

## **Next Steps**

The public engagement process on the Proposed Key Elements represents the beginning stages of development of the *Midwifery Profession Regulations* under the HSSPA. The results of the public engagement, along with cross-jurisdictional reviews and additional policy research, will inform the proposed *Regulations*.