

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA



# **ANNUAL REPORT 2005 ~ 2006**

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## BOARD MEMBERS

### Elected Professional Members

Angela Spencer	Victoria	from Oct 2001
Catherine Holland (President)	New Westminster	from Sep 2002
Terry Lyn Evans	Vancouver	from Oct 2004
Sadie Parkin	Courtenay	from Mar 2005
Susan Eyres	Sooke	from Oct 2005
Barbara Barta	Kelowna	from Dec 2005
Sharyne Fraser	Penticton	to July 2005
Julia Atkins	Salt Spring Island	to Oct 2005

### Appointed Public Members

Rhoda Witherly	Prince Rupert	from Jun 2002
Elizabeth Gilbert	Surrey	from Mar 2003
Sandy McCormick	Vancouver	from Jul 2004

## COLLEGE STAFF

Registrar & Executive Director	Jane Kilthei
Director of Operations	Mary Burgoyne
Assessment Manager	Wendy Martin
Assessment Coordinator	Jelena Putnik
Administrative Assistant	Dena Morgan
Complaints Officer	Jackie Ferguson

## COMMITTEE & PANEL MEMBERSHIP<sup>1</sup>

### **Executive Committee**

Chair: Catherine Holland RM (President)  
 Members: Elizabeth Gilbert (Vice-President)  
 Terry Lyn Evans

### **Registration Committee**

Chair: Terry Lyn Evans RM  
 Members: Catherine Holland RM; Sandra Pullin RM; Leanne Yeates RM; Carol Carr;  
 Elizabeth Gilbert

#### ⇒ **Education Sub-committee**

Chair: Deb Little RM  
 Members: Luba Lyons Richardson RM; Angela Spencer RM; Jean Campbell

#### ⇒ **Active Practice Panel**

Members: Deb Little RM; Luba Lyons Richardson RM; Angela Spencer RM; Sandy McCormick; Jennifer Wickens

#### ⇒ **Approval Panel**

Members: Irene Callander RM; Deb Little RM; Sadie Parkin RM; Elizabeth Ryan RM; Angela Spencer RM; Carol Carr; Elizabeth Gilbert

#### ⇒ **Review Panel**

Members: Terry Lyn Evans RM; Catherine Holland RM; Sandra Pullin RM; Leanne Yeates RM; Elizabeth Gilbert

#### ⇒ **Supervision Panel**

Members: Camille Bush RM; Terry Lyn Evans RM; Catherine Holland RM; Carol Carr; Elizabeth Gilbert

### **Quality Assurance Committee**

Co-Chairs: Julia Atkins RM (to 12/05); Susan Eyres RM (from 12/05); Kim Campbell RM  
 Members: Camille Bush RM; Sadie Parkin RM; Jillian Pearman RM; Lisa Mitchell; Kate Scott-Moncrieff

### **Inquiry Committee**

Chair: Rhoda Witherly  
 Members: Anne Barkham RM; Sylvia Clark RM; Jane Morris RM; Catherine Ruskin RM; Elizabeth Ryan RM; Angela Spencer RM; Julia Menard; Rita Stern; Carrie Whitney-Brown

### **Discipline Committee**

Chair: Sylvia Robinson  
 Members: Ilene Bell RM; Joanne Daviau RM; Deb Little RM; Luba Lyons Richardson RM; Sandra Pullin RM; Elizabeth Gilbert; Ellen Liberman

### **Client Relations Committee**

Chair: Ilene Bell RM  
 Members: Grace Brinkman RM; Catherine Ruskin RM; Debbie Clelland; Lynn van Deursen

### **Committee on Aboriginal Midwifery**

Chair: Sharyne Fraser RM  
 Members: Jeanne Lyons RM; Sherry McGillis RM; Mary Clifford; Angie Todd-Dennis

<sup>1</sup> At March 31, 2006.

## MESSAGE FROM THE PRESIDENT

In the past year the College of Midwives of British Columbia (CMBC) has continued to pursue its goal of expanding access for women across the province of British Columbia to competent, qualified registered midwives. Given the growing demand from families in both rural and urban areas, this effort will likely be a significant focus for the foreseeable future. Growth in registration comes from both the University of British Columbia Midwifery Education Program and our own Prior Learning and Experience Assessment (PLEA) process, designed to bring internationally-educated midwives into registration.

As of March 31, 2006, 137 midwives have been registered in BC since 1998. Ninety-four of those midwives were currently practicing at the end of the fiscal year and 18 were non-practicing midwives. This is an increase of six practicing midwives overall since March 31, 2005, with thirteen new registrations between April 2005 and March 31, 2006, balanced by seven leaves or retirements during the same period.

Considerable work has gone into updating the PLEA process. There were no fall PLEA examinations in 2005. This left a gap of 18 months between exams. The schedule changes were required to shift the exams to the late spring, outside of the university's academic year, in order to have access to appropriate exam space. Now that we are back to our annual cycle, examinations will be held in May of 2006. We look forward to welcoming those midwives who will join us from that process.

The College Board has also been re-evaluating the BC midwifery scope of practice, especially in the light of the demands of rural and remote practice. The Board supported the addition of a number of competencies for specialized practice to the *Competencies for Registered Midwives* in order to reduce barriers to collaborative practice and assist midwives in meeting the needs of women in a variety of situations. The Quality Assurance Committee is doing a phenomenal job of drafting frameworks for certification in these competency areas, such as vacuum assisted births and induction and augmentation of labour for rupture of membranes and postdates pregnancy.

There is a request to government to support this specialized practice approach in the *Midwives Regulation* and in our bylaws, as well as to switch to a category-based approach to the regulation's *Schedule 1 – Drugs and Substances* as opposed to its current named-drug format. We still remember the anxiety experienced a couple of years ago around our "urgent" request to substitute the emergency drug Misoprostol for Ergonovine maleate when the latter became unavailable. That process took 14 months. Subsequently, with the Ministry of Health's support, we have put in place a process to have the BC Reproductive Care Program (BCRCP) advise both our College and the Ministry itself on proposed changes to midwives' drug and diagnostic testing schedules. This is a logical role for BCRCP to play as they are the provincial specialists in maternal-newborn care. We are hopeful that this collaboration can streamline and shorten the time from a request for a change to the implementation of that change, and be a stepping stone toward having category-based schedules and a multidisciplinary Standards of Practice Committee within the College with the authority to evaluate and make changes to the details of midwives prescribing and test ordering authority within an evidence-based framework. We are grateful to BCRCP for their willingness to work with us in this way.

The Board has also asked for midwifery to be designated under Part 4 of the *Health Professions Act* related to health profession corporations. This would mean an amendment to the *Midwives Regulation* and to the Bylaws for the College of Midwives putting in place a framework for midwifery practices to incorporate in a way that is consistent with the *Act* and that would provide the advantages of incorporation without limiting the midwife's responsibility and accountability as a regulated health professional.

Nationally the college continues to work as a part of the Canadian Midwifery Regulators Consortium (CMRC) to address issues that reach beyond provincial and territorial borders, including those involving federal health regulation. For many years we have been seeking changes to federal narcotics regulation to enable midwives to prescribe, order and administer narcotic analgesics for labour and postpartum. The process is taking years longer than was initially hoped for or anticipated, but it is happening. Once the federal government has amended their regulations to pass authority to provincial and territorial governments to give prescribing authority for specific drugs to particular practitioners, we are hopeful that the provincial process will be straightforward. The Quality Assurance committee has begun work on the guidelines for the requested drugs and will also be looking at policies related to preventing abuse and diversion of controlled substances. The College is also looking into education sessions for midwives in the prescribing, ordering and administration of narcotics.

The CMRC continues to look at the issue of approving medical leave under the provisions for Employment Insurance. Midwives can sign for a straightforward maternity leave currently, but only medical practitioners have the authority to verify a leave in pregnancy based on other clinical indications. One of the concerns is that many women who see midwives across the country have no family doctor and thus need to be referred to a specialist to confirm clinical indications for leaving work early resulting in additional visits for the women and costs to the health care system.

The CMBC has continued to manage the National Assessment Strategy (NAS) project on behalf of CMRC. This project, begun with HRSDC funding in December 2003, is focused on developing a national approach to the assessment of internationally-educated midwives and is very ably led by Wendy Martin, the project's manager and lead researcher. This year the project has primarily focused on the development of a national registration examination as well as the development of a national website with information for internationally-educated midwives. It can be viewed at <http://cmrc-ccosf.ca>. The CMBC also contributes bookkeeping and other support to the NAS project.

I am sure most people are aware of the number of midwives who contribute on a volunteer basis to the running of the college; they are members of the various committees of the college, as well as members of other committees at the provincial and national level. And every BC midwife is involved in communities and organizational work within her own community in some way. We also have public members on all college committees, these women bring a public perspective and a wonderful community insight to the work of the committees and into the challenges the committees face. I extend a very large thank you to you all.

*Catherine Holland R.M.*

## REGISTRAR'S REPORT

This year the College of Midwives of British Columbia entered its ninth year regulating midwifery practice. Over the past year the profession has continued to grow and the College Board and its committee's have continued to work hard in the service of the public interest, with support from College staff.

### **UBC grads registered**

In June and July of 2005, we were pleased to register the first seven graduates of the University of British Columbia's four-year degree program in midwifery. The program was granted interim status as a CMBC approved education program just prior to their graduation. Full approval of the program is anticipated to be in place by 2007, after the last stage of the program's evaluation process, which will include input from graduates after their first year of registration.

In 2005 - 06 the Board also established a reduced registration fee for practicing midwives who work half-time or more as education program faculty.

### **October AGM**

The Board also approved a policy on Honorary registration and was pleased to confer the College's first certificate of honorary registration upon UBC Midwifery Education Program Director Elaine Carty at the College's Annual General Meeting on October 17, 2005. Elaine has a long history of involvement with midwifery in British Columbia, having worked as a midwife in the Midwifery Pilot Project at Vancouver's Grace Hospital in the 1980's. She was the founding director of the UBC program and has been instrumental in bringing innovations such as the centering pregnancy model of antenatal care to BC.

This year's AGM guest speaker was Dr. Shaila Misri, Clinical Professor of Psychiatry and Obstetrics/Gynecology at UBC and Director of Reproductive Mental Health Programs at St. Paul's and BC Women's Hospitals. Dr. Misri gave an informative presentation on "Depression in the Perinatal Period" which was followed by an engaging discussion with the many midwife participants. Dr. Misri also expressed her support for the College's efforts to have psychiatrists added to the MSP list of physicians paid a consultation fee for accepting a direct referral from a midwife. Given the urgent timeframe around some of these referrals it is important to eliminate barriers that delay access to care. As of March 31, 2006, we are still waiting for this change to be made.

### **Growth of the profession**

Over the past year a new midwifery practice was established in Delta and another in Fernie, and midwifery practices in other parts of BC expanded to meet the growing demand for midwifery care. Overall, while growth of the profession has remained steady, the number of registrants is still insufficient to meet the demand for midwifery services in BC, a demand that is reflected in the calls received at the College's office and visits to our website. For specifics on the numbers of registrants and growth of the profession over the past year, see the President's and Registration Committee chair's reports.

Building on work begun in 2004, the College has been moving forward with a number of projects designed to support increasing capacity within BC midwifery.



Throughout the year the College, with the support of the Midwives Association, the Ministry of Health and a number of BC hospitals with existing midwifery services, revised and updated the publication *Implementing Midwifery Services in British Columbia - A Manual for Hospitals and Health Regions*, which was first published in 1997. In addition to basic information on bringing midwifery services into a new region or hospital, the manual contains new material on collaborative practice and ways midwifery services can be integrated into hospitals in rural communities with GP-based maternity services and limited specialist or surgical access. The *Manual* is available in Portable Document Format (PDF) and will soon have it posted on our website for easy access.

While it is hoped that this manual will be of assistance to hospitals and to midwives establishing new practices in communities that have been lacking service, the Board is very aware of the large burden of development and integration that still falls directly on the midwives in these situations. The Board hopes to be able to pursue further discussions with the Midwives Association, the Ministry of Health and the Health Regions about how to bring midwifery into new communities in a way that supports safe and collaborative care.

Having revised the *Competencies for Registered Midwives* last year to include a list of advanced competencies for specialized practice, the Quality Assurance Committee is now well underway in developing competency-based certification frameworks so that midwives can become certified in the specific additional skills needed in their communities. The College is also continuing its dialogue with government around the amendments to the *Midwives Regulation* and the College Bylaws that are needed to move this initiative forward.

#### **Midwives' prescribing authority**

Similarly, the College Board remains in dialogue with government around the CMBC's request to change *Schedule 1- Drugs and Substances* to the *Midwives Regulation* from its current named-drug format to a category-based schedule. This proposal, combined with a proposed bylaw change that would create a multidisciplinary Standards of Practice Committee, was received positively in meetings with government representatives this year. The Standards of Practice Committee would be similar to the committee created within the bylaws of the College of Registered Nurses to address nurse practitioners' prescribing authority. The committee would include a physician, a pharmacist and a government representative in addition to professional midwife and public members and would review and approve specific changes to named drugs within each category in *Schedule 1* as well as the content of *Guidelines* setting the parameters for midwives prescribing, ordering or administering each medication. The Board believes that this approach will allow the College to keep midwives' prescribing authority up-to-date in a way that is safe and consistent with the best evidence in maternity care. In the meantime, the Quality Assurance Committee is moving forward on revisions to the current prescribing and diagnostic testing schedules with the consultation and support of the BC Reproductive Care Program. For details, see the Quality Assurance Committee report.

Nationally the CMBC continues to work with other midwifery regulatory bodies through the Canadian Midwifery Regulators Consortium (CMRC) and with Health Canada's Office of Controlled Substances to move forward on the steps necessary to change federal drug regulations so that midwives can independently order narcotics when appropriate in labour and the immediate postpartum.

**Working with the CMRC – national exam development**

The College of Midwives has continued to be actively involved in the work of the CMRC, particularly in our role as the lead organization coordinating the National Assessment Strategy (NAS) project to develop a comprehensive national approach to assessing and registering internationally-educated midwives. This project has been funded by Human Resources and Skills Development Canada (HRSDC) and the CMBC's Wendy Martin has continued to act as project manager and lead researcher.

Early in the year the document *Canadian Competencies for Midwives*, developed at meetings in Calgary in 2004, was approved by all of the midwifery regulatory bodies across Canada. This document was then able to be used as a foundation for the development of the *Canadian Midwifery Registration Examination (CMRE)* which will be used as Canada's national midwifery registration exam as of 2008.

The NAS Steering Committee worked with the consulting group Assessment Strategies Inc. (ASI), who have experience developing high stakes national exams for regulated professions, on the next stage of this project. The *Canadian Competencies for Midwives* were used as the basis for an exam blueprint developed through a survey instrument whereby regulators weighted the various competency areas to be tested through the exam. Examination item-writing sessions in English and French took place in Ottawa and Quebec over the summer, and the exam was pilot-tested by a group of experienced midwives in Halifax in November 2005, in conjunction with the Canadian Association of Midwives' annual conference. This was followed by a validation process that reviewed and incorporated feedback from the pilot. Further meetings were set for April 2006 in Winnipeg to determine an appropriate pass mark for the first exam form so that it would be ready for a spring exam offering for international applicants in BC, Alberta and Manitoba. The Steering Committee is working toward having the exam ready to be used nationally for all new registrants by 2008.

The CMRC also hopes to be able to follow-up on other NAS recommendations in future, including the development of a distance-accessible multi-jurisdictional Bridging Program for international applicants who need more gap training, midwifery-specific English or French language upgrading, and support for integration into the Canadian health care system. Most individual provincial and territorial regulatory bodies do not currently have the capacity to offer this level of support.

**PLEA expands the profession**

Meanwhile our own Prior Learning and Experience Assessment (PLEA) process for international applicants has remained a significant work focus for the CMBC. The last PLEA exams were held in the fall of 2004 when it was determined that we needed to change the assessment cycle to a fall application and spring exam schedule in order to have access to a safe and appropriate exam venue. The extra six months between cycles also provided an opportunity to update a number of our assessment processes, as well as incorporate staff changes and work on the national exam. In the fall of 2005 a new cycle began with 25 portfolios to assess.

The assessment process is coordinated by staff and carried out by trained midwife assessors and examiners. We are very grateful to all of the BC midwives who have volunteered to train and to work in these roles. Without this dedicated cadre of volunteers, the profession would not be able to grow and expand its diversity in this way.

We are also appreciative of all the midwives who work as preceptors within the midwifery education program. Their dedication to clinical teaching is also key to the quality, safety and growth of midwifery in BC. The College remains hopeful that UBC will continue to pursue the possibility of an advanced-entry stream within the midwifery education program that could allow nurses with a degree and significant maternity experience to complete the four-year midwifery degree in a shorter period, possibly an 18-month intensive, as another way to address the need for midwives across the province.

### **Inter-professional issues**

In March of 2006 CMBC President Catherine Holland, Vice President Betty Gilbert and I met with College of Physicians and Surgeons Registrar, Morris VanAndel, and Deputy Registrar, Doug Blackman, to discuss possible changes to the College of Physicians and Surgeons' (CPSBC) *Policy Statement on Midwifery*, which has been in place since 1997. We approached them in the hope that they would consider language that is more supportive of collaboration between physicians and midwives; language similar to that used in the updated policy statement on midwifery from Society of Obstetricians and Gynecologists of Canada:

*"The SOGC is confident that the integration of midwifery into the obstetrical health-care team is fostering excellence in maternity care for Canadian women and their families, which is the goal of our organization. This goal is being realized with the development and maintenance of excellent educational standards and of mechanisms that bring midwifery into the existing health-care structure for mothers and babies. The SOGC promotes the building of inter-professional relationships between midwives and other obstetrical care providers, in the interests of providing excellent health care for women and their babies."*

Drs. VanAndel and Blackman have promised to take our request forward to their board.

### **Unregulated practice**

While registered midwifery in BC continues to grow surely and steadily, expanding access to midwifery care to more women and to new areas of the province, the College still periodically receives concerning reports about individuals practicing midwifery illegally.

In 2004 an untrained birth attendant named Amy Labadie cared for a woman labouring at home in Sooke, BC. The baby, which was known to be in a breech position, died after a prolonged labour. Labadie was charged, and in the spring of 2005 she plead guilty to criminal negligence causing bodily harm. She was given a 12 month sentence of house arrest, during which time she was also ordered to have no contact with pregnant women.

Reports of illegal midwifery practice persist in a number of areas of the province. This continues to be a matter of concern for the College. Reports of illegal practice generally reveal individuals who present themselves as skilled to attend childbirth when, in fact, they are unable to recognize when a labour has deviated from a normal course, and are unprepared to respond to emergency situations, sometimes leading to tragic results, as in the case in Sooke. While our primary role as a college is to regulate and ensure the safe practice of registered midwives, whenever we receive a report of an unregulated practitioner engaging in illegal actions with the potential to endanger the public, these concerns are documented and complainants are referred to BC law enforcement authorities.

The College continues its efforts to educate the public about the benefits of working with registered midwives who offer the choice of home or hospital birth and are accountable for

practicing within the standards and ethics of the profession. As well as being available to attend home births, BC midwives have privileges to attend women who choose planned hospital births, and can continue to provide primary care in hospital for any woman planning a home birth who needs or chooses to move from home to hospital during labour. BC midwives have low intervention rates for births in both settings. The College continues to work with the Perinatal Data Registry at the BC Reproductive Care Program supporting the ongoing collection of BC midwifery data, encompassing care provided in both hospital and out-of-hospital settings, so that midwifery outcomes and the quality of midwifery care continues to be monitored.

For more information on the activities of the College and its committees this year, please see the various committee reports contained in this Annual Report

*Jane Kilthei*

## COMMITTEE REPORTS

### Registration Committee

#### Registration

At this time there remain three routes to registration as a midwife in British Columbia. Prior Learning and Experience Assessment (PLEA), graduation from an approved degree program in midwifery and through the mutual recognition agreement for inter-provincial registration reciprocity between the Canadian provinces and territories that currently regulate midwifery. The CMBC is actively involved in increasing access to registration both through our own PLEA process and through the National Assessment Strategy (NAS) project.

As of March 31, 2006 the College of Midwives of British Columbia had 94 practicing midwives, 18 non-practicing and one suspended midwife for a total of 113 registered midwives.

General Registration is granted to those applicants who meet the registration requirements set out in the bylaws, and conditional registration may be granted to an applicant who has passed all examinations and been assessed as safe and competent and able to practice without “risk to public safety”, but who may not fully meet the general registration requirements set out in the bylaws. Any gaps identified during portfolio assessment or examinations are addressed in a *Plan for Supervised Practice* approved by a panel of the Registration Committee. At any given point in time the college usually has between three and six conditional registrants in the process of completing supervision plans.

The Registration Committee is composed of four panels (supervision, approval, review and active practice) and a sub committee focused on midwifery education issues. These committees and panels met regularly or as needed throughout the year.

#### Approved Education Programs

The Registration Committee of the College has given the UBC Midwifery Education Program interim approval as a midwifery education program acceptable under CMBC Bylaw 46 (2) (a) (i). Full approval will be considered after the last stage of the evaluation process, which seeks input about the experience of graduates in their first year of registration, is complete. The UBC program now joins Ontario’s Midwifery Education Programme, offered jointly at McMaster Ryerson and Laurentian Universities, as a CMBC approved program.

In the summer of 2005 the first seven graduates of the UBC program became general registrants of the College. One graduate of the Ontario Midwifery Education Program registered in BC immediately after graduation in 2004-05.

#### Prior Learning and Experience Assessment (PLEA)

The PLEA process continues to be offered to allow internationally-educated midwives to apply for registration in BC following a multi-part assessment.

Jelena Putnik was hired this year as the assessment coordinator, and ably mentored by former program coordinator, Wendy Martin. This year’s PLEA deadline was November 28, 2005. Exams and orientation were set to take place in May and June of 2006.

The Registration Committee approved the use of the Canadian Midwifery Registration Examination (CMRE) created as a part of the NAS process for use, along with our BC-Specific Exam, as our PLEA written exams this cycle. The CMRE will become the national registration exam that all applicants for registration will sit for registration in any Canadian jurisdiction as of 2008.

Twenty-five PLEA applications were assessed in the 2005-06 cycle. A significant portion of the applicants were graduates of schools in the US and abroad with which the PLEA department had no previous experience. Therefore preparation for the portfolio assessment required much more research and time than usual. In addition, a larger percentage of applications were more complicated than in previous cycles.

#### PLEA policy revisions

The policy regarding applications from senior students allowed applicants from a two year program to apply with a significant amount (potentially a whole quarter ) of their program left to complete. Revisions to the policy were proposed to ensure that applicants were close enough to graduation that their portfolios could be adequately assessed. As of March 31, 2006 these revisions were awaiting committee approval.

The out-of-province applicant policy also underwent changes. Changes were necessary because the CMBC cannot afford to subsidize the assessment of candidates who are planning to register and work in another province or territory in the same way that it subsidizes the process for those who will register and work in BC. If another province or territory wishes to use the CMBC's process to assess their applicants, that jurisdiction needs to register the individual through a special procedure and pay additional fees.

The requirement to provide an *Affidavit for English Language Fluency* for exemption from English testing was the issue that had received the highest number of complaints each cycle. Revisions to the policy were made to streamline and simplify the process for those who have lived or studied in an English dominant country for the required time period. Now, instead of this process being done separately from the main application and thus requiring a separate affidavit, it is incorporated into the PLEA application which is covered by an overall affidavit certifying the truth of the material in the application as a whole.

#### PLEA Budget and Fees

The PLEA process does not recover its costs from the fees charged to applicants and each year the program has a significant budget deficit that is covered out of the College's general operating funds. In the past the \$200 PLEA application fee has been applied toward both the cost of assessing the candidate's portfolio and to processing the candidate's application for registration some months later. This one time fee has never come close to recovering the actual cost for assessing both the portfolio and the registration application of an international applicant. The Registration Committee requested that a \$200 portfolio assessment fee be added to the Schedule 3 fee schedule in the College's bylaws to cover some more of the actual costs of the portfolio assessment and this was put in place for the 2005-06 cycle. The \$200 registration application fee is now charged to all applicants for registration, regardless of the route of entry.

#### UBC Pre-Exam PLEA Workshops

Based on consistent feedback from prior candidates that significant parts of the information provided in Orientation would be useful to have prior to exams, PLEA staff and the Registration Committee looked at the orientation content and agreed that some of the

material covered would be appropriate to include in a pre-exam educational component, leaving the balance of the material for a post-exam orientation. UBC was approached to see if they had an interest in offering the pre-exam component.

Staff met with Elaine Carty, Director of the UBC midwifery program, and UBC faculty member, Kim Campbell, who expressed an interest in taking a proposal to the whole of faculty regarding UBC delivering four days of pre-exam workshops, including an OSCE preparation component, to all eligible candidates. Under this plan CMBC agreed to provide objectives and previous course content from orientation, while UBC agreed to update materials, develop lesson plans and provide instructors. College registrar, Jane Kiltnei, agreed to act as a resource person for information directly related to regulation as she does for UBC students. PLEA candidates would register directly with and pay fees directly to UBC for this exam preparation phase.

Because fees paid by candidates to UBC will be an additional charge this year in order to make these improvements, the CMBC decided to adjust its orientation fees downward slightly in 2006 to make this change less financially difficult for applicants already in the process.

### **Inter-provincial Registration Reciprocity**

Registered midwives from other Canadian jurisdictions continue to seek registration in BC under the Mutual Recognition Agreement (MRA) on Midwifery. This year four midwives joined us through this agreement and none moved from BC to other Canadian provinces. The Canadian Midwifery Regulators Consortium (CMRC) met in Halifax in the fall of 2005 and ratified amendments to the MRA, completing a process begun the previous March. The Northwest Territories, the most recent Canadian jurisdiction to regulate the practice of midwifery, became a signatory to the agreement at that time.

### **National Assessment Strategy Project**

In April of 2006 the HRSDC funded National Assessment Strategy (NAS) Project, which the CMBC has taken the lead role in coordinating, will enter its third and final phase, primarily focused on project completion and evaluation.

The NAS website [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca) has all of the project reports posted for easy access and has become a major communication link for internationally-educated midwives seeking registration in Canada. The site is being updated regularly and has the *Canadian Midwifery Competencies* document and all of the NAS research reports available in both languages. The mobility agreement is posted in English and awaiting final translation in French. As information for international applicants is developed it is translated and posted.

NAS Project Manager, Wendy Martin, has continued to work on completing the ongoing research and on logistics regarding the national exam, the CMRE. A brochure, with information about the CMRE becoming a requirement for registration across the country in 2008, went out to all Canadian approved midwifery education programs for distribution to their students in January and a faxed update was also sent by provincial regulators to all registered midwives across the country.

BC, Manitoba and Alberta have confirmed their intention to have all internationally-educated candidates write the CMRE in 2006 and 2007. It was projected that there will be sufficient numbers taking the exam by 2008 that it may be possible to have ASI or another external exam agency take over the administration of the exam unless CMRC considers that it has

developed the capacity to carry on this function itself by that point. An exam fee is yet to be determined.

During the NAS steering committee meetings in Winnipeg in April of 2006, Wendy will facilitate a panel of experts in the Angoffing process designed to set the passing score for the first form of the CMRE. Following the first administration of the exam, the inter-provincial NAS Steering Committee will review exam item statistics prior to confirming the pass score and providing score reports to regulators for their candidates.

In addition to the CMRE, provinces may offer short province-specific exams. CMBC will implement a 1-2 hour BC specific exam at some point during the PLEA process.

Margaret Haworth Brockman, Executive Director of the Prairie Women's Health Centre for Excellence, has agreed to be the external evaluator for the NAS process. She was a peer reviewer for the NAS Research Plan and has been a project advisor throughout, so she has a good context for carrying out the evaluation. This NAS project evaluation will also take place in April.

The CMBC in conjunction with CMRC have submitted a number of funding applications to carry out some of the development work that has been recommended by the NAS research and is currently waiting to see if funding will be available for this work to go forward. This work includes further development of the credential evaluation database and focused research into the development of a largely distance accessible multi- jurisdictional Bridging Program that would support more in-depth gap training, profession-specific language upgrading and cultural integration for internationally educated midwives. The research phase of this project is designed to include a review of best practices in bridging programs, a needs assessment based on data from each regulator, and an environmental scan for specific existing courses that could be included.

*Terry Lyn Evans R.M.*

## **Quality Assurance Committee**

During the eighth year of regulated midwifery practice in British Columbia, the CMBC's Quality Assurance Committee has continued its work on a number of important initiatives. In December, 2005, Committee member Susan Eyres replaced Julia Atkins as co-chair.

### **Advanced Competencies**

The Committee has continued to develop *Frameworks for Certification* in the areas of advanced competency for specialized practice that were added to the CMBC's *Competencies for Registered Midwives* last year. This work is in support of the Board's request that government amend the *Midwives Regulation* and the *Bylaws for the College of Midwives* to put in place the regulatory framework for specialized practice so that midwives can become certified in these areas of advanced skill.

Specialized practice certification will reduce barriers to collaborative practice with physicians in rural and remote communities, as well as support midwives in working with special needs populations. These advanced competencies include primary care responsibility for induction



and augmentation of labour under specific circumstances, vacuum assisted birth, acupuncture for pain relief in labour, first surgical assist at cesarean sections, and umbilical vein catheterization in the newborn. *Frameworks for Certification* will set out both the didactic and clinical requirements for midwives to become certified as competent in these areas. The frameworks will have the flexibility to allow for the recognition of competence gained in certification programs outside of BC and set out bench marks allowing the College to identify whether an existing course or program meet certification requirements. In some skill areas hospitals may be able to provide certification. In other cases the College may need to ask UBC or another educational institution for support in offering education modules. Access to certification in all regions of the province has been identified as desirable. The first certification frameworks should be ready to go to the Board for approval in the June of 2006.

### **Midwives Prescribing and Diagnostic Test Ordering Authority**

On July 27, 2005, the addition of the components for Jack Newman's Nipple Cream and the prenatal and postpartum vitamin-mineral supplement PregVit, (which contains sufficient folic acid to require prescription) to *Schedule 1, Drugs and Substances*, of the *Midwives Regulation* was approved by Order-in-Council (OIC). As part of that same OIC, parvovirus B19 serology, varicella-zoster serology and amniocentesis for advanced maternal age, were approved for addition to *Schedule 2 – Screening and Diagnostic Tests*. All of these changes were requested in January 2005.

Over the past year the College has also formalized its relationship with the BC Reproductive Care Program (BCRCP) related to the program's role in providing consultation advice to the College Board and QA Committee and recommendations to the Ministry of Health regarding changes to midwifery drug and diagnostic testing schedules.

In November 2005 the CMBC Board formally requested that government change *Schedule 1* from its current form, based on specific named drugs, to a category-based schedule as developed by the QA Committee. This request has received support within the Ministry of Health and is still in process. This change has been proposed together with a proposal for the creation of a multidisciplinary CMBC Standards of Practice Committee that would include a pharmacist and a physician as well as midwife and public members. This committee would continue to consult directly with BCRCP, as the QA Committee does now regarding schedule changes, about adding medications to the *Guidelines for Prescribing, Ordering and Administering Drugs* within approved categories in the schedule. This would support the College in responding in a more timely way to changes in the evidence and in maternity care practice. The QA Committee strongly believes that this change is in the public interest. The current process can take six months to a year to get a new medication added to the schedule, even when that medication is already approved and commonly in use in BC maternity care.

Until such changes are made, the College will continue to seek changes to the schedules on a drug by drug and test by test basis. Currently under consideration are requests from the membership to add Domperidone and antibiotics for breast infections to *Schedule 1* and thyroid function testing and fetal fibronectin to *Schedule 2*. Rationales and evidence-based guidelines are being drafted for the consultation process.

### **Updated Policies and Guidelines**

This year the QA Committee has continued to review, amend and develop policies and guidelines to meet the needs of BC's registered midwives. The following policies have been revised and approved by the Board:

- *Guidelines for Prescribing, Ordering and Administering Drugs* – This guideline was revised to keep up-to-date with the changes requested to midwives’ prescribing authority noted above.
- *Guidelines for Ordering and Interpreting Diagnostic Tests* - This guideline was revised to keep up-to-date with the changes requested to midwives’ test ordering authority noted above.
- *Home Birth Handbook* – This resource for women considering out-of-hospital birth was updated to include the CMBC’s *Policy for Home Birth Transport Plan*, changes to BC Ambulance policies acknowledging the midwife’s role as “medical escort” in a transport from home to hospital; clarification of the role of an “approved second birth attendant” when a second midwife is unavailable; and new references to research on home birth published since the handbook was last updated in October 2000.
- *Statement on Home Birth* – This document was also revised to include the above research references, in particular Dr. Patti Janssen’s research based on the Home Birth Demonstration Project that was published in the *Canadian Medical Association Journal* in 2002 and a 2005 study of planned home birth in North America published in the *British Medical Journal*.
- *Required Equipment and Supplies for Home Birth Setting* – Epinephrine was added to the list of required medications in this policy and, in anticipation of the addition of training in the use of a newborn laryngeal mask airway (LMA) to NRP certification in 2006, laryngeal mask airways were added effective April 1, 2007.
- *Indications for Discussion, Consultation and Transfer of Care* – The footnote addressing the management of labour in the presence of meconium-stained amniotic fluid was expanded to further clarify consultation requirements.
- *Policy on Continuing Competency in Emergency Skills* – The MORE<sup>OB</sup> program (Managing Obstetrical Risk Efficiently) was added to the list of acceptable programs through which midwives can meet recertification requirements.
- *New Registrants Policy* – This policy was further revised to clarify that a second registered midwife does not need to be present with a new registrant who is a general registrant at a hospital birth. That registrant may be assisted at the birth by a registered nurse.
- *Competencies of Registered Midwives* – Acupuncture was added to the list of competencies in which a midwife may obtain certification for specialized practice. The College will continue to work with the College of Traditional Chinese Medicine and Acupuncture to define and appropriate framework for certification.

### **Quality Assurance Program**

The amendments to the *Health Professions Act* requiring every health regulatory college to have a Quality Assurance Program have not yet been brought into force. After evaluating quality assurance processes for health professionals in other jurisdictions last year, the Quality Assurance Committee has begun work on the various components of a proposed Quality Assurance Program that the Committee believes will be suitable for midwives here in British Columbia. Some aspects of this proposed program are already in place and may be further enhanced. These include:

- continuing competence recertification,
- peer case review, and
- provision of clinical information for outcome analysis.

New elements of the QA process that are currently under development include:

- a framework and process for conducting annual random practice audits, and

- a mechanism for gathering information on client satisfaction that can be used for quality assurance purposes.

Some training of quality assurance auditors for the practice audit process has already taken place. However, the Committee does not anticipate implementing the practice audit component of the QA program until it is further adapted to BC practice and the new legislation is brought into force with its added protection for the confidentiality of the audit process, as well as for the peer review process. Pilot audits within the group of midwife auditors and further consultation with the membership are also planned to take place before the program is fully implemented. The committee sees the practice audit as a central tool for practical, peer-supported quality improvement over the long term.

*Kim Campbell R.M. &*

*Susan Eyres R.M.*

## **Inquiry Committee**

The Inquiry Committee investigates complaints about the conduct of registrants as required under the *Health Professions Act*. Once it is referred to the Committee by the registrar, a complaint is investigated by a three-person panel made up of professional and public members who are appointed by the chair of the Inquiry Committee. The College's complaints officer provides administrative support for the committee chair and the appointed panels, as well as for the Registrar in inquiry matters.

The Inquiry Committee started this year with one outstanding matter from the previous year. The Inquiry panel had requested the member sign a Consent Agreement and the terms of this agreement were still under negotiation at year end.

During the past year five new matters were referred to the Inquiry Committee for investigation. Of these five matters, one was referred for a Citation for a hearing by the investigating panel and the member was suspended under section 35 of the *Act*. Another matter was resolved by a Consent Agreement, and the other three matters remained in process.

Since midwives became self-regulated in 1998, the College has received twenty-four complaints involving a total of twenty-three midwives. Five were from physicians, thirteen were directly from clients of midwives, one was from the family of a client, one from a midwife, one from both a midwife and a physician, one from both a client and a physician, and two were from hospitals. Four of these matters were still in process as of March 31, 2006.

In eight of the complaints investigated over the past eight years the investigating panel took no further action as the panel was of the view that the midwives' conduct was satisfactory and consistent with the standards of practice of the profession.

Nine investigations resulted in consent agreements or letters of undertaking between the College and the midwives involved. These agreements are individual, usually clarify agreements about future conduct and can have educational components. Several of the

agreements signed over the past years involved agreeing to some degree of supervised practice. In most agreements, the midwife agrees to modify certain aspects of her practice in an effort to ensure that issues reflected in the complaint do not arise again. In one case a midwife declined to sign an agreement and the matter was not pursued as the individual was no longer eligible for re-registration due to changes in registration requirements.

The Inquiry Committee has also made recommendations to the Quality Assurance Committee regarding the clarification of standards and policies when issues have appeared to have relevance for the profession as a whole.

In 2003 the Committee made its first referral of a case for a citation for a disciplinary hearing. This hearing resulted in a finding of professional misconduct. Details of the Discipline Committee's order were reported in the 2003-04 annual and in the College's Fall 2004 newsletter. In 2005 another matter was referred for a citation. This matter is in process at the present time.

Last year a more detailed information sheet for anyone who has lodged a complaint or is considering lodging a complaint against a registered midwife was developed to assist the public in understanding the inquiry process, and more information about the process was posted on the College's website.

*Rhoda Witherly*

## **Discipline Committee**

The Discipline Committee is responsible for conducting hearings into matters of professional misconduct set down by citation at the direction of the Board or the Inquiry Committee. Dispositions from a Discipline Panel can include: dismissal of the case; a reprimand; imposition of limits or conditions; suspension or cancellation of registration; a fine and/or assessment of costs. The Committee is made up of a pool of both public and professional members who periodically attend training sessions to prepare them for appointment to a Discipline Panel.

In the spring of 2004 the Board submitted a resolution to government requesting amendment of the CMBC's bylaws to clarify that Discipline Panel decisions would be published, including the name of the member(s) involved, unless the Panel specifically directed otherwise. This resolution was based on the Board's belief that publication was generally in the public interest and could have educational value for the membership. We are still awaiting approval of these changes.

In February of 2006 the Board submitted to government a resolution requesting the addition of a Schedule of Costs to the CMBC's bylaws. This schedule was approved on a deposit-only basis and now provides a framework for assessing costs at any future disciplinary hearings.

Thus far the College conducted one disciplinary hearing in March of 2004. The Discipline Panel's findings were reported in the 2003-04 Annual Report and more extensively in the

College's Fall 2004 Newsletter. No further matters were referred to the Discipline Committee in the 2004-05 fiscal year.

In the fall of 2005 a Panel of the Inquiry Committee referred a second matter to the Discipline Committee for a citation for a hearing. The citation will be issued upon receipt of the expert's report. This process is ongoing as of March 31, 2006.

*Sylvia Robinson*

## **Client Relations Committee**

The Client Relations Committee has the responsibility of creating policy and process governing the conduct of registrants with their clients, especially around issues of professional misconduct of a sexual nature.

*A Policy on Appropriate Client Relations* is included in the Registrant's Handbook.

No concerns were brought to this Committee in the past year.

*Ilene Bell R.M.*

## **Committee on Aboriginal Midwifery**

Under the College bylaws, the Committee on Aboriginal Midwifery can make recommendations to the Board of the CMBC regarding bylaw requirements for registration, education and standard of practice for Aboriginal Midwives. The Committee, which must have a least three aboriginal members to fulfill bylaw requirements, currently has four aboriginal members (two public and two professional) and one additional professional member.

Across Canada aboriginal midwifery is more and more taking its rightful place in the provision of maternity care. The model practiced is adapted from place to place and uniquely suited to the women served, as the programs blend traditional aboriginal cultural values and teachings with Western medicine and knowledge. To date there are aboriginal midwives working and training others in these Canadian locations: Six Nations Birthing Center: Tsi Non:welonnakeratstha Ona:. Ontario, Nunavik territory of Northern Quebec, and Rankin Inlet, Nunavut.

An Aboriginal Midwifery Education Program (AMEP) is also being developed for delivery of midwifery education in northern Manitoba in a partnership between Manitoba and Nunavut with the support of Health Canada and funding from the Aboriginal Envelope of the Primary Health Care Transition Fund. AMEP will employ innovative learning models and strategies designed for adult learners within a four-year degree program designed specifically for

Aboriginal students, particularly those living in northern Manitoba. Aboriginal is defined as including Métis, First Nations and Inuit.

In BC the Maternity Care Enhancement Project Report, published in December 2004, had made several recommendations including proposing a BC-based Maternity Care Pathway for delivering maternity care in this province. Following this report, the Ministry of Health requested a tandem process to enhance Maternity Care for Aboriginal Women. Dr. Elizabeth Whynot, President of BC Women's Hospital, Deborah Schwartz, Executive Director for Aboriginal Health at the Ministry of Health, and Joan Gerber, Director of Women's Maternal and Child Health at the Ministry, began discussion of how to help ensure delivery of optimal maternal health services to aboriginal women. The Provincial Health Services Authority identified a number of key concerns related to maternity care, with infant mortality and the need for women to leave their home communities in order to give birth topping the list. This led to the development of the Aboriginal Maternal Health Steering Committee. As chair of the CMBC Committee on Aboriginal Midwifery I was invited to participate.

The Steering Committee is in discussions to determine ways to eliminate gaps between Aboriginal and non-Aboriginal women's and children's health. The committee has broad membership and representation. The larger vision of this group will be to engage communities to hear their concerns, develop partnerships locally, provincially and nationally, restore traditional knowledge and practices in the delivery of maternity care, consider demonstration projects and pursue educational programs for aboriginal health care providers. Last fall, the committee conducted a survey at the Elders gathering in Prince George. Over 300 elders completed the survey.

I am pleased to be able to participate in the Aboriginal Maternal Health Steering Committee on behalf of the Committee on Aboriginal Midwifery. The CMBC Committee on Aboriginal Midwifery continues to honor the presence of aboriginal midwives in British Columbia and across Canada and to appreciate the support of those working with them to co-create a model of care that respects cultural beliefs and values.

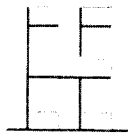
*Sharyne Fraser R.M.*

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**FINANCIAL STATEMENTS**  
**MARCH 31, 2006**

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MANNING ELLIOTT

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## AUDITORS' REPORT

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To the Members of  
**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

We have audited the statement of financial position of **THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA** as at March 31, 2006, and the statements of revenue and expenses, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2006, and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Manning Elliott LLP*

Chartered Accountants

Vancouver, British Columbia

May 29, 2006



**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**STATEMENT OF FINANCIAL POSITION**

<b>MARCH 31</b>	<b>2006</b>	<b>2005</b>
<b>ASSETS</b>		
CURRENT ASSETS		
Investment - Operations and Funds	\$ 225,863	\$ 248,862
Accounts receivable	68,838	40,553
Prepaid expenses	<u>6,497</u>	<u>7,208</u>
	301,198	296,623
CAPITAL ASSETS (Note 4)	<u>19,445</u>	<u>25,093</u>
	<u>\$ 320,643</u>	<u>\$ 321,716</u>
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
Cheques written in excess of funds on deposit	\$ 32,860	\$ 27,421
Accounts payable and accrued liabilities	38,733	35,940
Deferred revenue	<u>833</u>	<u>169</u>
	<u>72,426</u>	<u>63,530</u>
COMMITMENTS (Note 5)		
<b>NET ASSETS</b>		
ASSESSMENT PROGRAM	(59,940)	(2,929)
NATIONAL ASSESSMENT STRATEGY	<u>(2,268)</u>	<u>(794)</u>
	<u>(62,208)</u>	<u>(3,723)</u>
OPERATIONS		
ADJUDICATIVE FUND	234,505	190,217
SPECIAL LEGAL FUND	3,329	3,329
ABORIGINAL FUND	7,550	7,550
QUALITY ASSURANCE PROGRAM FUND	13,000	13,000
INVESTED IN CAPITAL ASSETS	19,445	25,093
UNRESTRICTED	<u>32,596</u>	<u>22,720</u>
	<u>310,425</u>	<u>261,909</u>
	<u>\$ 320,643</u>	<u>\$ 321,716</u>

Approved by the Directors:

*ER Hillier* Director  
*Ellen...* Director



THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

STATEMENT OF CHANGES IN NET ASSETS - OPERATIONS

YEAR ENDED MARCH 31, 2006

	Invested in Capital Assets	Adjudicative Fund	Special Legal Fund	Aboriginal Fund	Quality Assurance Program Fund	Unrestricted	Total
BALANCE AT BEGINNING OF YEAR	\$ 25,093	\$ 190,217	\$ 3,329	\$ 7,550	\$ 13,000	\$ 22,720	\$ 261,909
Excess of revenue over expenses for the year	-	4,288	-	-	-	44,228	48,516
Amortization of capital assets	(6,640)	-	-	-	-	6,640	-
Investment in capital assets	992	-	-	-	-	(992)	-
Transfer to Adjudicative Fund	-	40,000	-	-	-	(40,000)	-
<b>BALANCE AT END OF YEAR</b>	<b>\$ 19,445</b>	<b>\$ 234,505</b>	<b>\$ 3,329</b>	<b>\$ 7,550</b>	<b>\$ 13,000</b>	<b>\$ 32,596</b>	<b>\$ 310,425</b>

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THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

STATEMENT OF REVENUE AND EXPENSES - OPERATIONS

YEAR ENDED MARCH 31	2006	2005
<b>REVENUE</b>		
Registration fees	\$ 149,663	\$ 135,458
Grant - Ministry of Health of B.C.	175,000	175,006
Investment income and other	9,909	8,113
Loss on disposal of asset	(1,021)	-
	<u>333,551</u>	<u>318,577</u>
<b>EXPENSES</b>		
Personnel Costs		
Salaries	136,299	152,103
Statutory benefits	12,997	16,966
Professional development	91	2,325
Travel and expenses	4,493	5,527
Contracted staff	4,201	5,416
	<u>158,081</u>	<u>182,337</u>
Board and Committee Expenses (Schedule)		
Board and Executive Committee	11,604	14,342
Registration Committee	3,425	4,606
Other Committees	3,845	5,796
	<u>18,874</u>	<u>24,744</u>
Operating Expenses		
Rent and utilities	21,963	11,533
Amortization	6,640	5,488
Office supplies	4,385	5,012
Communications	7,268	6,082
Printing and photocopying	850	3,144
Bank charges and interest	1,273	1,480
Advertising and promotion	232	-
Library	1,439	1,892
Newsletter and website	4,365	875
Miscellaneous	707	886
Members' Meeting	2,399	2,913
Systems	3,100	7,184
	<u>54,621</u>	<u>46,489</u>
Legal, Professional and Insurance		
Legal	15,333	5,244
Legal - Special Legal Fund	-	1,231
Legal - Adjudicative Fund	5,990	3,313
Accounting and audit	4,386	3,611
Inquiry investigations	14,138	-
Employee assistance plan	2,935	2,338
CMRC Travel and membership	1,737	1,391
Insurance	8,940	8,231
	<u>53,459</u>	<u>25,359</u>
	<u>285,035</u>	<u>278,929</u>
<b>EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR</b>	<u>\$ 48,516</u>	<u>\$ 39,648</u>



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THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

STATEMENT OF REVENUE, EXPENSES AND NET ASSETS - ASSESSMENT PROGRAM

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YEAR ENDED MARCH 31	2006	2005
REVENUE		
Call for applications	\$ 1,750	\$ 1,065
Application assessment	8,500	4,400
Written exam	1,950	11,467
Clinical exam	2,569	31,443
Orientation fees	3,391	11,370
Other assessment revenue	<u>-</u>	<u>470</u>
	<u>18,160</u>	<u>60,215</u>
EXPENSES		
Call for applications	2,998	247
Application assessment	12,517	8,239
Written exam	273	2,926
Clinical exam	5,456	22,025
Orientation	1,978	7,289
Travel	-	542
PLEA salaries	46,537	46,647
PLEA credential evaluation	5,412	1,686
PLEA English program development	<u>-</u>	<u>643</u>
	<u>75,171</u>	<u>90,244</u>
EXCESS OF EXPENSES OVER REVENUE FOR THE YEAR	(57,011)	(30,029)
NET ASSETS AT BEGINNING OF YEAR	(2,929)	9,100
TRANSFER FROM OPERATIONS	<u>-</u>	<u>18,000</u>
NET ASSETS AT END OF YEAR	<u>\$ (59,940)</u>	<u>\$ (2,929)</u>



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THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

STATEMENT OF REVENUE, EXPENSES AND NET ASSETS - NATIONAL ASSESSMENT STRATEGY

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YEAR ENDED MARCH 31	2006	2005
REVENUE		
HRDC contribution (Note 6)	\$ <u>155,980</u>	\$ <u>82,525</u>
EXPENSES		
Contracted consultants	68,160	14,396
Salaries	43,389	40,816
Travel	19,289	12,820
Translation	14,118	4,378
Postage and courier	619	860
Materials and supplies	1,541	1,820
Telecommunications	8,993	6,284
Legal	-	229
Other	<u>1,345</u>	<u>1,172</u>
	<u>157,454</u>	<u>82,775</u>
EXCESS OF EXPENSES OVER REVENUE FOR THE YEAR	(1,474)	(250)
NET ASSETS AT BEGINNING OF YEAR	<u>(794)</u>	<u>(544)</u>
NET ASSETS AT END OF YEAR	<u>\$ (2,268)</u>	<u>\$ (794)</u>



THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31	2006	2005
<b>CASH PROVIDED BY (USED FOR):</b>		
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year - operations		\$ 48,516
\$ 39,648		
Excess of expenses over revenue for the year - assessment	(57,011)	(30,029)
Excess of expenses over revenue for the year - National		
Assessment Strategy	(1,474)	(250)
Amortization, an item not involving cash	6,640	5,488
Loss on disposal of asset, an item not involving cash	<u>1,021</u>	<u>-</u>
	(2,308)	14,857
Changes in non-cash working capital balances:		
Accounts receivable	(28,285)	(10,461)
Prepaid expenses	711	(1,997)
Accounts payable and accrued liabilities	2,793	4,541
Deferred revenue	<u>664</u>	<u>102</u>
	(26,425)	7,042
INVESTING ACTIVITY		
Purchase of capital assets	<u>(2,013)</u>	<u>(17,775)</u>
CHANGE IN CASH RESOURCES DURING THE YEAR	(28,438)	(10,733)
CASH RESOURCES AT BEGINNING OF YEAR	<u>221,441</u>	<u>232,174</u>
CASH RESOURCES AT END OF YEAR	<u>\$ 193,003</u>	<u>\$ 221,441</u>

Cash and equivalents consist of bank overdraft and investments in money market instruments. Cash and equivalents included in the cash flow statement comprise of the following balance sheet accounts:

Investment - Operations and Funds	\$ 225,863	\$ 248,862
Cheques written in excess of funds on deposit	<u>(32,860)</u>	<u>(27,421)</u>
	<u>\$ 193,003</u>	<u>\$ 221,441</u>



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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**NOTES TO FINANCIAL STATEMENTS**

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**MARCH 31, 2006**

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1. PURPOSE OF THE ORGANIZATION

The College of Midwives of British Columbia was established in March of 1995 following approval of the practice of midwifery as a designated Health Profession under the Health Professions Act.

The College's responsibilities include regulating the profession of midwifery and protecting the public by developing a code of ethics, reviewing complaints and setting standards of practice, education and qualifications for registration.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Amortization

Capital assets are recorded at historical cost and amortized over their estimated useful lives applying the declining balance method at the following annual rates:

Office equipment	20%
Computers and software	30%

The policy of the College is to capitalize items costing more than \$500, and to record one-half of the annual amortization in the year that an asset is purchased.

b) Operations Fund

The Operations Fund encompasses all of the activities of the College except for the Assessment program. The net assets of the operations fund have been invested in capital assets and reserved into funds for the following purposes:

i) Adjudicative Fund

The Adjudicative Fund is set up to reserve funds that may be needed for future disciplinary hearings.

ii) Special Legal Fund

The Special Legal Fund is set up to reserve funds for responding to concerns about unregulated midwifery practice.

iii) Aboriginal Fund

The Aboriginal Committee is mandated to recommend by-laws to create a parallel structure for the regulation of aboriginal midwifery. The Aboriginal Fund is set up to reserve amounts previously budgeted, but not yet spent, for Aboriginal Committee activities.

iv) Quality Assurance Program Fund

The Quality Assurance Program Fund is set up to reserve funds for the development of a comprehensive Quality Assurance Program.



**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**NOTES TO FINANCIAL STATEMENTS**

**MARCH 31**

**2006**

**2005**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net assets in excess of the amounts invested in capital assets and reserved for specific purposes are presented as unrestricted.

c) Assessment Program

The Assessment Program was developed primarily to support the prior learning and experience assessment of internationally educated midwives.

d) Use of estimates

The preparation of the financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty and the effect on the financial statements of changes in such estimates in future periods could be significant.

3. FINANCIAL INSTRUMENTS

The College's financial instruments consist of investments, accounts receivable, cheques written in excess of funds on deposit, accounts payable and lease commitments. In management's opinion the College is not exposed to significant interest rate risk, currency exchange rate risk or credit risk arising from these financial instruments. The fair values of these financial instruments approximate their carrying values.

4. CAPITAL ASSETS

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>2006 Net Book Value</u>	<u>2005 Net Book Value</u>
Office equipment	\$ 19,686	\$ 10,367	\$ 9,319	\$ 11,073
Computers and software	<u>27,633</u>	<u>17,507</u>	<u>10,126</u>	<u>14,020</u>
	<u>\$ 47,319</u>	<u>\$ 27,874</u>	<u>\$ 19,445</u>	<u>\$ 25,093</u>

5. COMMITMENTS

The College rents its premises under a long-term lease. The lease expires September 30, 2010. The lease commitment during the next five years are:

2007	\$ 39,822
2008	40,313
2009	40,805
2010	40,805
2011	<u>20,402</u>
Total	<u>\$ 182,147</u>





6. NATIONAL ASSESSMENT STRATEGY

This project, to research the development of a National Assessment Strategy, is fully funded by ("HRSDC"). The College has taken the lead role for the project on behalf of the Canadian Midwifery Regulators Consortium.



**SCHEDULE OF BOARD AND COMMITTEE EXPENSES**

YEAR ENDED MARCH 31, 2006

	Honoraria	Travel and Meals	Telecom- munications	Projects	Other	Total
Board and Executive	\$ 6,250	\$ 5,168	\$ 186	\$ -	\$ -	\$ 11,604
Registration Committee	2,525	575	50	-	275	3,425
Inquiry	1,055	-	1,021	-	70	2,146
Quality Assurance	1,075	195	18	-	-	1,288
Discipline	-	-	-	-	9	9
Aboriginal	<u>200</u>	<u>202</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>402</u>
	<u>\$ 11,105</u>	<u>\$ 6,140</u>	<u>\$ 1,275</u>	<u>\$ -</u>	<u>\$ 354</u>	<u>\$ 18,874</u>

