

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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*... dedicated to ensuring women and their families receive a high standard of midwifery care.*

# **ANNUAL REPORT**

## **2013 - 14**

## COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## About the College

The College of Midwives of British Columbia (CMBC) regulates the profession of midwifery in the province of British Columbia (BC), Canada, in the public interest according to the *Health Professions Act*, the *Midwives Regulation*, and the CMBC Bylaws.

Midwives in British Columbia offer primary care to healthy pregnant women and their normal newborn babies from early pregnancy, through labour and birth, and up to three months postpartum. The Standards of Practice for Midwifery and the BC Midwifery Model of Practice support a relational approach to care where women have access to continuity of care from known caregivers, including during their labour and birth, and are supported in making informed choices about their care, including the choice of giving birth at home or in hospital.

BC residents interested in midwifery care can check the Register of Current and Former Registrants under Find a Midwife on the CMBC website, [www.cmbc.bc.ca](http://www.cmbc.bc.ca).

In order to practice midwifery in BC, registration with the College is required. The College registered BC's first midwives on January 1, 1998.

## Mandate

The College's mandate and legislated duty is to serve and protect the public interest by regulating the practice of midwifery. The College registers qualified, competent midwives to provide safe, high quality care to women and their families in the province of British Columbia.

The College has the following objects:

- to superintend the practice of the profession and govern registrants in the public interest according to the *Health Professions Act*, the *Midwives Regulation* and the Bylaws of the College;
- to establish the conditions or requirements for registration as a member of the College;
- to establish, monitor and enforce standards of practice that enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants;
- to establish and maintain a quality assurance program to promote high practice standards among registrants;
- to establish a client relations program to seek to prevent professional misconduct of a sexual nature;
- to establish, monitor and enforce standards of professional ethics among registrants;
- to require registrants to provide individual clients with access to their health care records in appropriate circumstances;
- to inform individuals of their rights under the *Health Professions Act* and the *Freedom of Information and Protection of Privacy Act*;
- to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair; and
- to administer the affairs of the College, while promoting and enhancing: collaborative relationships with other colleges, health authorities and educational institutions; inter-professional collaborative practice; and registrants' ability to respond to changes in practice and emerging issues in health care.

## **College Staff** (As of March 31, 2014)

Registrar & Executive Director	Jane Kilthei
Deputy Registrar & Director of Finance	Doris Chan
QA & Clinical Practice Policy Director	Joanne Daviau
Director of Operations	Mary Burgoyne
Executive Assistant	Lisa Robinson
Administrative and Registration Assistant	Mark Corbett

## **Our Commitment to Sustainability**

The Board and staff of the CMBC believe that everyone has a responsibility to be a part of creating a sustainable future in the face of the pressing global problem of climate change. As midwifery regulators, our role in public protection makes this a particularly relevant issue for us, just as it is for our registrants who care for families and children every day, and also care about their future health and well-being. We are a profession that believes in the importance of applying evidence to decision-making. We believe that the evidence on this issue is compelling and merits strong and immediate action on the part of individuals, agencies and governments.

In June 2008, College staff successfully completed Ecotrust Canada's Climate Smart program (<http://www.climatesmartbusiness.com/home/welcome>). This program allowed us to take action on climate change by measuring and committing to reduce our greenhouse gas emissions. A scholarship provided by Vancity allowed us to participate in this program. We continue to reduce our carbon footprint each year.

The College continues in its efforts to reduce energy consumption in a number of areas, including turning off office equipment and lights when not in use, using recycled paper and envelopes for all mailouts, reducing the number of essential mailouts, using public transportation whenever possible and purchasing carbon offsets for necessary air and private vehicle travel. We have also eliminated all disposable items such as Styrofoam or paper plates, plastic cutlery, paper towels, etc. for day to day and meeting use in the office.

We have made the entire Registrant's Handbook available in the Members Section of the College Website. Our primary means of providing information and policy updates to members will continue to be by email and through the use of this on-line Handbook, further reducing our paper consumption.

This Annual Report is distributed as an electronic document and is available on our website as part of our continuing commitment to the health and safety of both individuals and the environment.

We hope to continue to monitor our footprint in an effort to maintain a carbon neutral position.

*Mary Burgoyne, Director of Operations*

## Message from the President and the Registrar & Executive Director

This Annual Report from the College of Midwives of British Columbia (CMBC) covers the period April 1, 2013 to March 31, 2014. As of March 31, 2014 we had 221 General Registrants, 1 Temporary Registrant, 2 Conditional Registrants and 36 Non-practicing Registrants. For information on membership and the routes to registration, including bridging for internationally-educated midwives (IEMs), please see the Registration Committee Report.

### Strategic Plan 2013-2017

The Board met in November 2013 to develop its new Strategic Plan. Highlights include the following goals:

- complete the Midwifery Scope and Model of Practice Review, including gathering and integrating feedback from BC childbearing women and registered midwives;
- identify how to better meet the needs of Aboriginal women, families and communities;
- based on the Review's recommendations, update midwifery standards, policies and guidelines, and request recommended scope of practice amendments to better serve the needs of women, including ensuring BC midwives have the capacity to provide women from diverse and vulnerable populations with access to safe care;
- continue developing and implement the random practice review component of the College's Quality Assurance Program; and
- continue to support multiple routes of entry to registration for qualified midwives.

The full Strategic Plan can found on pages 13 to 15 in this Annual Report and on the College's website at <http://cmbc.bc.ca/pdf.shtml?Board-Strategic-Plan>.

### Midwifery Scope and Model of Practice Review

BC midwives continue to face a number of challenges in delivering the care needed by women and their newborns throughout BC, and in particular in serving rural, remote, First Nations and new immigrant communities across the province.

In May of 2013, following work done in 2011 and 2012, the College presented a framework for collaboration with the Midwives Association of BC (MABC) on the proposed Midwifery Scope and Model of Practice Review to the MABC's Annual General Meeting. In June the CMBC and the MABC signed an agreement to work together on the first steps of the review process by jointly contracting with midwife Sarah Hilbert-West to produce an updated international literature review and Canadian and international jurisdictional comparisons of midwifery scopes, models and standards of practice. This work was ongoing at the end of the fiscal year.

In July 2013 an updated joint proposal for the Review was submitted to the Ministry of Health. The proposal emphasized the urgent need to move forward with the Review, and especially the importance of hearing from both BC midwives and childbearing women after more than 15 years of regulated midwifery in BC, in order to consider what changes to midwifery scope, standards and policies are needed to better serve BC families. In November an updated Midwifery Scope and Model of Practice Review Framework and Work Plan was posted in the members' section of the CMBC website.

In preparation for the review, a number of focused literature reviews and evidence-based discussion papers are being developed. These include a paper on the provision of perinatal care to marginalized women in BC being worked on by registered midwives Martha Roberts and Cora Beitel, and a paper looking at the relevance of research on safety in maternity care to how midwives work within the midwifery model of care.

The current *Home Birth Handbook for Midwifery Clients* is being revised and will become a *Choice of Birth Place Handbook for Midwifery Clients* incorporating up-to-date research evidence to support women and their midwives in discussing options for where to give birth. This updated handbook will also be used to support Scope and Model of Practice consultations.

Discussions are also under way on how to develop the most accessible process for consulting with Aboriginal women.

### ***Primary Maternity Care: Moving Forward Together – BC Ministry of Health***

In February 2014, after almost three years of consultations aimed at creating a provincial maternity care action plan, the Ministry of Health published *Primary Maternity Care: Moving Forward Together*. This document, which places maternity care as a priority area at the Ministry's Integrated Primary, Acute and Community Care Committee (IPACC) table, is aimed at assisting multiple stakeholders wrestle with complex issues and create momentum for positive systems change. It includes a number of recommendations relevant to midwifery in BC, including support for the provincial regulatory changes needed for midwives to prescribe and order narcotic pain relief, as well as for specialized practice certification for midwives and home birth training for physicians to increase capacity and shared care opportunities between midwives and physicians in rural and remote communities.

The document confirms the Ministry's intention to continue collaborating with both the CMBC and the MABC in the exploration of flexible approaches to meeting the needs of families and diverse communities, including shared and interdisciplinary approaches to care. The College believes that a CMBC-MABC partnership on a Midwifery Scope and Model of Practice Review is a good fit with the directions set out in *Primary Maternity Care: Moving Forward Together*. The Review will provide an essential foundation for the consideration of system changes, whether or not the Ministry decides, as is suggested in the document, to task a multidisciplinary advisory panel to carry out a broad review of the regulatory supports for, and barriers to, physician/midwife/nurse practitioner shared primary maternity care under the *Health Professions Act*.

### **Request to Expand Midwives Scope & Role in the Midwives Regulation**

While the College believes that an in-depth review of the BC midwifery scope and model of practice is important, the need for a number of changes to midwives' scope and role has already been clearly demonstrated. In March of 2014 the Board of the College formally requested amendments to midwives' legislated role and scope of practice as described in the *Midwives Regulation (B.C. Reg. 155/2009, April 9, 2009)*. These requested changes address issues and concerns raised by both midwives and physicians in inter-professional consultations and as highlighted in the Ministry's paper *Primary Maternity Care: Moving Forward Together*.

BC Midwives attend approximately 16% of the province's births and this number is steadily growing. While there are midwives working in a number of northern and rural communities, as well as providing care to First Nations, immigrant and marginalized populations, midwives' current role and scope, as set out in regulation, limits their ability to serve these women, and makes establishing new midwifery practices in smaller rural and remote communities difficult.

The College regularly hears from BC women who cannot access midwifery care and who are traveling unsafe distances to access maternity services. We also hear regularly from women who would like to receive their well-woman care and well-baby care in the first year of their child's life from their midwives. Sometimes this is a preference, but often these women do not have local access to a family doctor who can provide this care. Our College has also heard from midwives, individually and through the Midwives Association of BC, and from Health Authorities, about these concerns.

Over the past three years the College has looked in detail at the gaps in role and scope that urgently need to be addressed and how to best address them in the public interest. We have been in discussion with the Midwifery Education Program at UBC to determine which areas are most appropriately addressed as entry level competencies covered within the program's baccalaureate curriculum and which competencies would be best addressed under certification for specialized practice.

We believe that these changes are in the public interest and can be implemented safely. Registrants have told us that they are prepared to update their skills and maintain the competencies required to provide the care outlined in the requested amendments below.

Requested Expanded Role or Scope of Practice	Rationale	Entry Level Competency or Specialized Practice Certification	Standards of Practice and Certification Development for Implementation
<p>Well-woman care</p> <p>The expansion of the midwife's role under the definition of "midwifery" in the <i>Midwives Regulation</i> to include the provision of services in the preconceptional and interconceptional periods, including the addition of "well-woman care" under (d) is requested.</p>	<p>Midwives currently have the competencies to provide well-woman care and are providing this care to parturient women, including nutrition and mental wellness screening and support, cervical screening, breast examinations and contraceptive services, and could effectively provide this care to women of childbearing age.</p>	<p>Entry Level</p>	<p>Because midwives' role has been limited under regulation to providing care from conception to three months postpartum and midwives are currently only funded for care to 6 week postpartum, a refresher module will be offered to currently practicing midwives followed by a competency exam. Well-woman care will be included in the education of all UBC midwifery students.</p>



<p>Well-baby care</p> <p>The expansion of the midwife's role under the definition of "midwifery" in the <i>Midwives Regulation</i> to include the provision of services in the preconceptional and interconceptional periods, including the addition of "care for newborns and young infants in the first year of life" under (e) is requested.</p>	<p>Midwives currently have the competencies to provide well-baby care in the first year of life, and are providing this care to newborns up to three months and could effectively provide this care for the child's first year of life. Adding well-woman and well-baby care to the midwife's role will support families in getting preventative care and screening close to home.</p>	<p>Entry Level</p>	<p>Because midwives' role has been limited under regulation to providing well baby care in the first three months postpartum and midwives are only funded for care to 6 weeks postpartum, a refresher module will be offered to currently practicing midwives followed by a competency exam. Well-baby care will be included in the education of all UBC midwifery students. Immunizations for the first year of life will be added to the CMBC's <i>Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs</i>.</p>
<p>Newborn Frenectomy</p> <p>The addition of "performing a frenectomy" as a restricted activity to the <i>Midwives Regulation</i> under 5 (1) (b) (iv) is requested.</p>	<p>Tongue-tie is frequently responsible for significant breastfeeding problems; the procedure is simple and appropriate to midwifery practice</p>	<p>Entry Level</p>	<p>This skill is part of well-baby care and is taught to many midwifery students within their interdisciplinary placements in the Midwifery Education Program. It will be a part of the education of all UBC midwifery students in future. Midwives who do not have experience with frenectomy will be required to be mentored by an experienced provider.</p>
<p>Evacuation of Uterus</p> <p>The addition of "evacuating the uterus" as a restricted activity to the <i>Midwives Regulation</i> under 5 (1) (g) (iv) (E) is requested.</p>	<p>This is a hospital procedure that is needed to prevent blood loss and in emergency situations where there are retained products, either in the case of a missed abortion or postpartum bleeding. Midwives with this training will be better able to support access to safe care when a physician is not readily available, especially in those hospitals where there is not always a physician on site.</p>	<p>Specialized Practice Certification</p>	<p>Framework for certification and certification process to be developed</p>
<p>Contraception Management/ Prescribing and Inserting IUDs</p> <p>The addition of 'inserting or removing a contraceptive device' as a restricted activity to the <i>Midwives Regulation</i> under 5 (1) (g) (iv) (F) is requested.</p> <p>The addition of (G) "other purposes as required for midwifery practice" is also requested.</p>	<p>Current evidence shows that intrauterine contraceptive devices are one of the safest, most effective and best tolerated methods of contraception in the postpartum period. (G) is requested, similar to 5(1) (f) (vii), to allow the CMBC to develop standards that keep pace with emerging evidence and best practices.</p>	<p>Specialized Practice Certification</p>	<p>The framework for certification is in place. Being certified to prescribe oral contraceptives (certification now available) is a prerequisite. A pilot certification project has been developed to allow midwives to train and practice with delegation and under the supervision of physicians while the amendment is in process. Midwives receiving delegation has been approved by the CMBC Board and physicians providing delegation has been approved by the Board of the CPSBC.</p>

<p>Application of Ultrasound</p> <p>Expansion of the purposes for which a midwife is authorized to apply ultrasound under the <i>Midwives Regulation</i> 5 (1) (i) (ii) to include “the purpose of determining fetal presentation, viability, placental location or amniotic fluid level” is requested.</p>	<p>Maternity units use ultrasound during labour to determine such things as whether a baby is breech or if a low lying placenta is obstructing labour. It is important for midwives to be able to use ultrasound in this way to inform their management of care and consultation decisions to ensure timely and appropriate care.</p>	<p>Specialized Practice Certification</p>	<p>The Framework for Certification is under development. Obstetrical Point of Care Ultrasound certification courses are readily available and these courses will be evaluated in more detail once the Framework for Certification is in place so that options for certification are accessible throughout BC.</p>
<p>Controlled substances for use for analgesia in labour and the immediate postpartum</p> <p>The addition to Schedule A of the <i>Midwives Regulation</i> of the following two categories is requested:</p> <ul style="list-style-type: none"> <li>• Narcotics for the purpose of pain relief in labour or the postpartum; and</li> <li>• Benzodiazepines for the purpose of therapeutic rest in prodromal labour and/or for short term management of excessive anxiety during the postpartum</li> </ul>	<p>This request is consistent with changes to federal drug regulations under the New Classes of Practitioners Regulation (SOR/2012-230) which came into force in November 2012. Changes to provincial regulation to include the prescribing, ordering and administering of these substances in midwifery scope of practice are required.</p>	<p>Entry Level</p>	<p>The CMBC Board has approved <i>Standards, Limits and Conditions for Prescribing Ordering and Administering Controlled Substances</i> developed by the College’s multidisciplinary Standards of Practice Committee. The College of Physicians and Surgeons of BC is providing support for implementation. Once the <i>Midwives Regulation</i> is amended currently practicing midwives will be required to take an on-line education module &amp; an exam to demonstrate competence; once implemented, the prescribing, ordering and administering controlled substances will be taught in the UBC midwifery program and these competencies examined through the Canadian Midwifery Registration Examination.</p>
<p>Anti-coagulants</p> <p>The addition to Schedule A of the <i>Midwives Regulation</i> of the category “anti-coagulants for the purpose prophylaxis or treatment of thrombosis” is requested.</p>	<p>The evidence-based approach to addressing thrombosis in pregnancy and/or the postpartum is to treat with low molecular weight heparin. This approach is commonly used in care that is otherwise within midwifery scope of practice.</p>	<p>Entry Level</p>	<p>The College’s multidisciplinary Standards of Practice Committee supports this addition and will add this item to the CMBC’s <i>Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs</i>. An educational module will be provided to current practitioners. Use of anticoagulants in pregnancy and the postpartum is included in the curriculum of the UBC Midwifery Education Program.</p>

The UBC Midwifery Education Program is undertaking the development of a professional development module on Prescribing Narcotics for Pain Management in Labour, Birth and the Postpartum that will be required for midwives once this prescribing authority is added to the *Midwives Regulation*.

### Areas of Specialized Practice

The College has developed Frameworks for Certification in Specialized Practice for all of the areas of advanced practice which were added to the *Midwives Regulation* in 2009. Certification can now be obtained through approved certification programs in

Acupuncture for Pain Relief in Labour and the Immediate Postpartum; and in Contraceptive Management and other certification programs are under development.

The UBC Midwifery Education Program is developing midwifery certification programs for Specialized Practice for Prescribing Oxytocin and Prostaglandins for Managing Induction and Augmentation of Labour, and for Vacuum Assisted Birth. UBC Midwifery and McMaster University have developed a Surgical First Assist for Cesarean Section certification course that will be offered in Ontario in June 2014 at the SOGC meeting in Niagara Falls. Once this course is approved for certification in BC, UBC will explore an offering in the fall of 2014.

The Quality Assurance Committee is creating Frameworks for Specialized Practice in those areas that the Board has asked the government to add to the *Midwives Regulation*, as outlined above, in anticipation of these amendments.

### **Midwifery Pilot Projects Serving Women and Communities with Diverse Needs**

In September 2013 the Board met with eight representatives of three interdisciplinary maternity care projects established in the Lower Mainland – South Community Birth Program, Surrey Community Birth Program, and Fraser Valley Maternity Group. These projects are piloting approaches to care that vary from those described in the *Midwifery Model of Practice*, including delivering care to women in larger multidisciplinary teams. At this meeting it was agreed that the creation of an arms-length evaluation process that is culturally appropriate for the projects' target populations was important in order to move forward on those evaluations.

On March 8, 2014, Jane Kilthei, Christy Raynolds and Laura Masini Pieralli, from the CMBC Quality Assurance Committee, met with Lee Saxell, Linda Knox, Trang Duong and Julia Atkins, representing the three pilot projects, to finalize the framework for evaluations. The following week the College and representatives from the three projects signed pilot project agreements which provide for arms-length project evaluations under the CMBC's *Policy on Midwifery Pilot Projects to Serve Women with Diverse Needs*. UBC Postdoctoral Fellow Kathryn Stoll has been approved as the lead evaluator for all three projects. The evaluation framework is described in more detail in the Quality Assurance Committee Report. The Board believes this evaluation of interdisciplinary care will also be important to consider as a part of the Midwifery Scope and Model of Practice Review.

### **Bylaw Amendments to Create New Classes of Registration**

In July 2013 Registrar Jane Kilthei and Deputy Registrar Doris Chan worked with Ministry of Health Director of Professional Regulation Daryl Beckett on a detailed review of the College's proposed amendments to the College registration Bylaws which were first submitted to government in 2010. In March 2014 the Ministry signed off on these proposed amendments. The amendments were reposted on the College's website providing notice to the public and registrants of the College. Consultation notices were sent to the various health regulatory colleges in BC and to provincial and territorial midwifery regulatory bodies across Canada seeking feedback. The expected implementation date is June 15, 2014.

These amendments, under Part V of the Bylaws, add classes of registration for conditional (remedial), conditional (return to practice), temporary (limited scope), and temporary (emergency), and make provisions for experienced midwives with full-time

faculty appointments to remain general registrants in clinical practice with reduced 5-year clinical experience requirements.

## **AGM**

The College's Annual General Meeting on November 25, 2013, was well attended. UBC Associate Professor Saraswathi Vedam provided an update on the community-based research project she is leading that is exploring women's experience of access to maternity care. The project is funded by the Vancouver Foundation and is being carried out jointly by UBC and the MABC. It is hoped that the findings of this study will be of value and can be integrated into the Midwifery Scope and Model of Practice Review. VIHA Perinatal Clinical Pharmacist Connie Harris presented an overview of medications that were added to the CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs* over the previous year. Connie also gave a highlight review of SSRIs with a special focus on their impact during pregnancy and breastfeeding, followed by a lively discussion.

A number of member resolutions were also considered at the 2013 AGM related to second birth attendant requirements, registration fees, continuing competency requirements and bylaw requirements for serving on College committee. After the resolutions were debated and voted upon, they were referred to the Board for consideration.

## **National and Inter-Provincial Work**

### Canadian Midwifery Regulators Consortium 2013

Jane Kilthei and Christy Raynolds attended the Canadian Midwifery Regulators Consortium (CMRC) meetings held in conjunction with the Canadian Association of Midwives annual conference in Ottawa, November 4 - 6, 2013. These meetings provided regulators with an opportunity to plan for the implementation of narcotics prescribing across the country, including discussing the need for a standardized accessible on-line exam to demonstrate competence. Each jurisdiction provided an update on current regulatory issues, ranging from the development of new standards to current challenges with illegal midwifery practice. There was also discussion of International Confederation of Midwives (ICM) global midwifery standards, cross-jurisdiction research initiatives, and progress towards implementing a national process for recognizing Canadian baccalaureate midwifery education programs and bridging programs to ensure common standards and access to registration across the country for program graduates.

### Bridging for Internationally-Educated Midwives

The future of bridging programs for internationally-educated midwives (IEMs) in Canada was discussed at length, following up on meetings held in Regina in February 2012. The Multi-jurisdictional Midwifery Bridging Program (MMBP) remains in suspension as an inter-provincial approach to ongoing sustainable funding has not been found. Currently there are bridging opportunities available through the International Midwifery Pre-Registration Program (IMPP) at Ryerson in Ontario, French language bridging at the University of Quebec in Trois-Rivières, and a bridging program is now under development in Manitoba. The focus of these programs is on supporting IEMs in the jurisdiction where these programs are located. Thus, a national process for program recognition will increase access while ensuring national standards are met. In British Columbia, UBC Midwifery has submitted a proposal to the Ministry of Advanced Education to offer bridging for internationally-educated midwives. They hope to have a response to their proposal by the fall of 2014. Much

of what was learned in the successful piloting of the MMBP can be integrated into these new programs.

#### The Canadian Midwifery Registration Examination

The Committee for the Canadian Midwifery Registration Examination (CMRE) provided its report to the CMRC. The next sitting of the national registration exam will be held on May 22, 2014.

#### A Pan-Canadian Approach to Midwifery Education Program Recognition

On February 26, 2014, Jane worked with midwifery regulators from across the country to complete the framework for a national approach to *Education Program Recognition for Baccalaureate and Bridging Programs* in alignment with ICM's global standards for midwifery education. At the end of the day the working group was confident in the policy directions established, and ready to recommend to the CMRC that federal funding be sought to develop the application process and program assessment tools, to recruit and train assessors who have midwifery, education and assessment expertise and to pilot the program recognition process with an existing Canadian baccalaureate and bridging program.

The following day the CMRC met to formalize the organization's status as a non-profit society, including approving a name change to the Canadian Midwifery Regulators Council.

#### **Collaboration and Consultation**

In addition to having opportunities to participate in the multi-stakeholder consultations leading up to the publication of *Primary Maternity Care: Moving Forward Together*, the CMBC, along with other BC health regulatory bodies, met with Daryl Beckett, Director of Professional Regulation, and newly appointed Assistant Deputy Minister for Health Sector Workforce, Ted Patterson, in July 2013 to discuss Ministry directions and priorities, as well as the immediate challenges a number of Colleges were facing with illegal practice.

The College meets regularly with the MABC and the UBC Midwifery Education Program to ensure effective communication and coordination of our related organizational roles and responsibilities, and has continued to work with Perinatal Services BC to ensure accurate midwifery data collection for both hospital and out-of-hospital birth. College Registrar Jane Kilthei attended a number of Midwives Risk Management Committee meetings to discuss high level approaches to risk management with a focus on quality and best practices.

In June 2013 the CMBC published a newsletter to update members on the Midwifery Scope and Model of Practice Review, remind members that new home birth equipment requirements passed in February were coming into force on July 1<sup>st</sup>, announce upcoming acupuncture certification courses, and keep members informed about the ongoing dialogue with BC Ambulance Service to continue to ensure smooth transfer from home to hospital when needed.

#### **Illegal Practice**

Reports from the public, BC registered midwives, hospitals and the BC Ambulance Service about untrained individuals continuing to represent themselves as qualified to attend women in childbirth remain of concern to the College and a number of investigations are ongoing. Illegal practice is a public safety concern for all BC

health regulatory bodies. The CMBC is appreciative of the opportunity to work with other BC Health Regulators on a public awareness campaign about the importance of working with qualified and registered care providers, as well as letting the public know how to make a complaint about regulated providers. More information on this campaign can be found at: <http://bchealthregulators.ca/assurance.html>.

### **Board Training**

Several Board members participated in training from the Council on Licensure, Enforcement & Regulation in early March. Some members attended sessions aimed at increasing their effectiveness as members of governing bodies, while members of the College's Inquiry Committee participated in skills training related to conducting Inquiry investigations.

### **Search for a New Registrar and Executive Director**

Early in 2013 Jane Kilthei, who has served as the College's Registrar and Executive Director since 1997, prior to the registration of BC's first midwives, announced plans to retire from her position in May, 2014. A search for a new Registrar and Executive Director was commenced in May of 2013, and a search firm was engaged to assist with the search in the fall. At this writing the search is ongoing. Further information can be found at: <http://www.cmbc.bc.ca/pdf.shtml?Opportunity-Profile-2014>.

*Christy Raynolds RM, President*

*Jane Kilthei, Registrar and Executive Director*

#### **BOARD MEMBERS:**

Dina Davidson RM	from Dec 2013
Elizabeth Ebers RM	to Oct 2013
Sylvia Fedyk RM	from Dec 2008
Heidi Hoi Ling Mok RM	to Dec 2013
Thea Parkin RM	from Jun 2011
Christy Raynolds RM	from Nov 2010
Yarra Vostrcil	from Sep 2013
Leanne Yeates RM	to Apr 2013
Pauline Blais	from Jul 2010
Laura Masini Pieralli	from Jun 2008
Maureen McGrath	from Dec 2012

# CMBC Strategic Goals and Directions



## COLLEGE OF MIDWIVES OF BRITISH COLUMBIA STRATEGIC PLAN

2013-2017

**Mission Statement:**“... dedicated to ensuring women and their families receive a high standard of midwifery care.”

### General Strategic Goals

**1:** To serve the public interest by inspiring and supporting midwives to provide a high standard of care and to continuously improve their practice.

**2:** To conduct a BC Midwifery Scope and Model of Practice Review in the public interest and in collaboration with other stakeholders by:

- a) reviewing the relevant grey and published literature;
- b) reviewing the scope and model of practice for midwifery in jurisdictions across Canada and other selected international jurisdictions; and
- c) gathering evaluation feedback from childbearing women and registrants.

**3:** To work in the public interest, in partnership with other stakeholders, to increase women's access to midwifery care and to support the midwifery profession's ongoing capacity to self-regulate by:

- a) providing public education about midwifery and the role of the college;
- b) fostering relationships with other organizations involved in regulation, education and service delivery in midwifery and maternity care;
- c) tracking feedback received from childbearing women related to gaps in access to midwifery care and sharing that feedback with the appropriate organizations;
- d) supporting routes of entry to registration as described in the CMBC bylaws;
- e) supporting the retention of midwives in practice; and
- f) supporting the integration of midwifery into communities and hospitals.

**4:** To build and sustain our organizational capacity by:

- a) working to fulfil our mandate and, when broad strategic issues are identified within the mandates of other midwifery organizations, communicating with those organizations;
- b) enhancing the effective use of our staff and supporting the current team;
- c) planning for the future, including succession planning re: retirement of senior staff;
- d) enhancing the effective use of board and committee members by providing orientation and information to support greater engagement;
- e) continuing to recruit new board and committee members;
- f) securing and enhancing the effective use of our financial and other resources; and
- g) implementing our sustainability plan to limit our environmental footprint and reduce greenhouse gas emissions associated with the regulation of midwifery in BC.

December 9, 2013



## CMBC Committee Strategic Directions

To continually review and update CMBC standards, policies and guidelines to ensure a high standard of woman-centred midwifery care, including:

- a) responding to and integrating feedback from the Midwifery Scope and Model of Practice Review, from QA, Inquiry, Discipline and Client Relations processes and other best practice sources, into midwifery standards;
- b) seeking and integrating feedback from childbearing women and registrants; and
- c) supporting the Board and other stakeholders in undertaking a comprehensive Midwifery Scope and Model of Practice Review.

To support approaches to care that best serve the diverse needs of women, families and communities within the standards of practice for midwifery in BC by:

- a) working within the established policy framework to ensure that women with social or other risk factors and from diverse demographic populations are able to access midwifery care;
- b) reviewing and approving pilot projects, and arms-length evaluations for those projects, to provide ongoing processes to learn how to best serve women with social or other risk factors and from diverse demographic populations; and
- c) considering feedback from the Midwifery Scope and Model of Practice Review in making changes to the College's standards and policy framework to best serve the diverse needs of BC childbearing women.

To evaluate, through the Midwifery Scope and Model of Practice Review, and implement expansion of the midwife's scope of practice to better serve the diverse needs of women, families and communities by:

- a) supporting the values of woman-centred care and the fundamental principles of informed choice, choice of birth place and continuity of caregivers in evaluating what scope of practice changes are needed; and
- b) giving midwives more access to skill training and flexibility for providing a high standard of care to women with diverse needs and in diverse circumstances, based on evaluation findings, including:
  - expanded scope and specialized practice certification;
  - expansion of the midwives' role in providing well-woman care to women of child bearing age and well-baby care ;
  - access to care for rural, urban, suburban and aboriginal women, families and communities; and
  - options for collaborative practice with physicians and nurse practitioners.

To continue to develop and implement our Quality Assurance Program to enhance midwifery practice by:

- a) developing and implementing our random peer practice review process, with the goal of reinforcing best practice and providing midwives with constructive feedback;
- b) incorporating feedback from the Midwifery Scope and Model of Practice Review in the random peer practice review;
- c) monitoring quality assurance developments for other health professions to ensure best practice, including:
  - changes in BC legislation and regulation; and
  - the development and implementation of QA programs by:
    - other BC health regulatory bodies and
    - midwifery regulatory bodies across Canada.



**Standards  
of Practice  
Committee**

To review and update CMBC standards for prescribing and diagnostic test ordering to keep midwives' practices up-to-date with the current evidence and ensure a high standard of midwifery care by:

- a) reviewing and updating the CMBC *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*;
- b) developing and implementing midwifery *Standards, Limits and Conditions for Prescribing, Ordering and Administering Controlled Substances* consistent with amended federal and provincial regulations; and
- c) reviewing and updating the CMBC *Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests*.

**Registration  
Committee**

To assess and register qualified midwives to increase access to midwifery care for women in BC by:

- a) approving accessible routes of entry to registration for internationally-educated midwives (IEMs) and supporting their integration into BC midwifery practice;
- b) registering graduates from approved Canadian midwifery education programs;
- c) registering general registrants from other Canadian regulated jurisdictions who apply under the Agreement on Internal Trade; and
- d) supporting the Canadian Midwifery Registration Examination.

**Committee  
on  
Aboriginal  
Midwifery**

To better identify and meet the needs of aboriginal women, families and communities in BC by:

- a) supporting the assessment and registration of aboriginal and culturally competent midwives;
- b) supporting and collaborating with existing initiatives to increase access to culturally appropriate midwifery and maternity services for aboriginal women, families and communities;
- c) increasing access to cultural competency training for all registrants; and
- d) seeking input from aboriginal women and communities through the BC Midwifery Scope and Model of Practice Review.

**Inquiry,  
Discipline  
and Client  
Relations  
Committees**

To process complaints against registered midwives in a fair, timely and transparent manner by:

- a) adhering to established policies, procedures and applicable legislation;
- b) regularly reviewing and evaluating policies, procedures and outcomes;
- c) providing regular orientation and training opportunities for committee and panel members; and
- d) educating and informing registrants about inquiry and discipline policies, procedures and applicable legislation.

## Committee Reports

### Registration Committee

#### REGISTRATION

##### COMMITTEE MEMBERS:

Thea Parkin RM (Chair)  
Camille Bush RM  
Allison Campbell RM  
Angela Spencer RM  
Jenny Finnegan  
Janet Person

##### Approval Panel Members

Thea Parkin RM  
Annabelle Sproule RM  
Carol Carr  
Laura Masini Pieralli

##### Supervision Panel Members

Anne-Marie Cayer RM  
Hedieh Montazer Haghighi RM  
Angela Spencer RM  
Carol Carr  
Jenny Finnegan

The College has registered a total of 319 midwives since January 1, 1998. As of March 31, 2014, we had 224 practicing midwives (221 General, 1 Temporary and 2 Conditional), and 36 non-practicing midwives. To become registered as a midwife in British Columbia a candidate may apply through one of the following routes: graduation from a recognized Canadian degree program in midwifery, through recognition of midwifery registration in another Canadian province or territory, or through successful completion of a recognized bridging program for internationally-educated midwives (IEMs).

#### Approved education programs

The Midwifery Program at the University of British Columbia, along with Ontario's Midwifery Education Programme (offered jointly at McMaster, Ryerson, and Laurentian universities), are recognized programs of the CMBC. The Midwifery Education Program at the University of Quebec in Trois-Rivières and the Multi-jurisdictional Midwifery Bridging Program (MMBP) have been approved for interim program recognition. In 2013-14 the College registered 11 graduates from UBC, 8 graduates from Ontario's Midwifery Education Programme, and 4 graduates from the MMBP.

#### Inter-provincial Registration Reciprocity

Registered midwives from other Canadian jurisdictions seek registration in our province through the Federal Provincial Agreement on Internal Trade (AIT) under the CMBC's *Policy on Inter-Provincial Registration Reciprocity*. This year 4 midwives came to practice in BC through the AIT, and the College issued 5 letters of good standing for BC midwives seeking to register in other regulated jurisdictions across Canada.

#### Internationally-Educated Midwives & the Multi-Jurisdictional Midwifery Bridging Program

The MMBP was a pan-Canadian initiative of the Canadian Midwifery Regulators Consortium (CMRC), partnering with educational institutions, for internationally-educated midwives (IEMs) who are seeking registration in British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia, Northwest Territories and Nunavut. As noted above, this year the CMBC registered 4 MMBP graduates, one as a General Registrant and three as Conditional Registrants with supervision requirements.

The Multi-Jurisdictional Midwifery Bridging Project (MMBP) program for internationally-educated midwives (IEMs) has been suspended as Canadian provincial and territorial midwifery regulators continue to engage with governments in the participating jurisdictions seeking sustainable ongoing funding to support accessible bridging for IEMs. The International Midwifery Pre-registration Program at

Ryerson in Ontario and the French language program at the University of Quebec in Trois-Rivières are presently the only bridging options for IEMs within Canada. A bridging program is currently under development in Manitoba. The CMRC is working to create a process for recognizing existing provincial bridging programs so that IEMs in these programs can complete their clinical placements in other provinces and territories and be eligible for registration in those jurisdictions.

#### **Proposed Bylaw amendments**

On February 20, 2014, the Board of the College approved final amendments to the CMBC registration Bylaws. These amendments have been in process since 2010. Notice of these amendments was provided to the public and registrants of the College via the CMBC website and to various health regulatory colleges in BC and relevant provincial and territorial midwifery regulatory bodies across Canada seeking feedback. The expected implementation date is June 15, 2014.

These amendments, under Part V of the Bylaws, add classes of registration for conditional (remedial), conditional (return to practice), temporary (limited scope), temporary (emergency), and make provisions for experienced midwives with full-time faculty appointments to remain general registrants in clinical practice with reduced 5-year clinical experience requirements. The Bylaws may be viewed online at <http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-04-02-Bylaws-of-the-CMBC-Complete>.

#### **Registration Policies Developed and Updated in 2013-14**

Over the past year the Registration Committee has developed and revised the following policies which were approved by the Board:

Developed Policy:

- Policy on BC Specific Written Midwifery Exam - Sittings by Students from UBC Midwifery Program

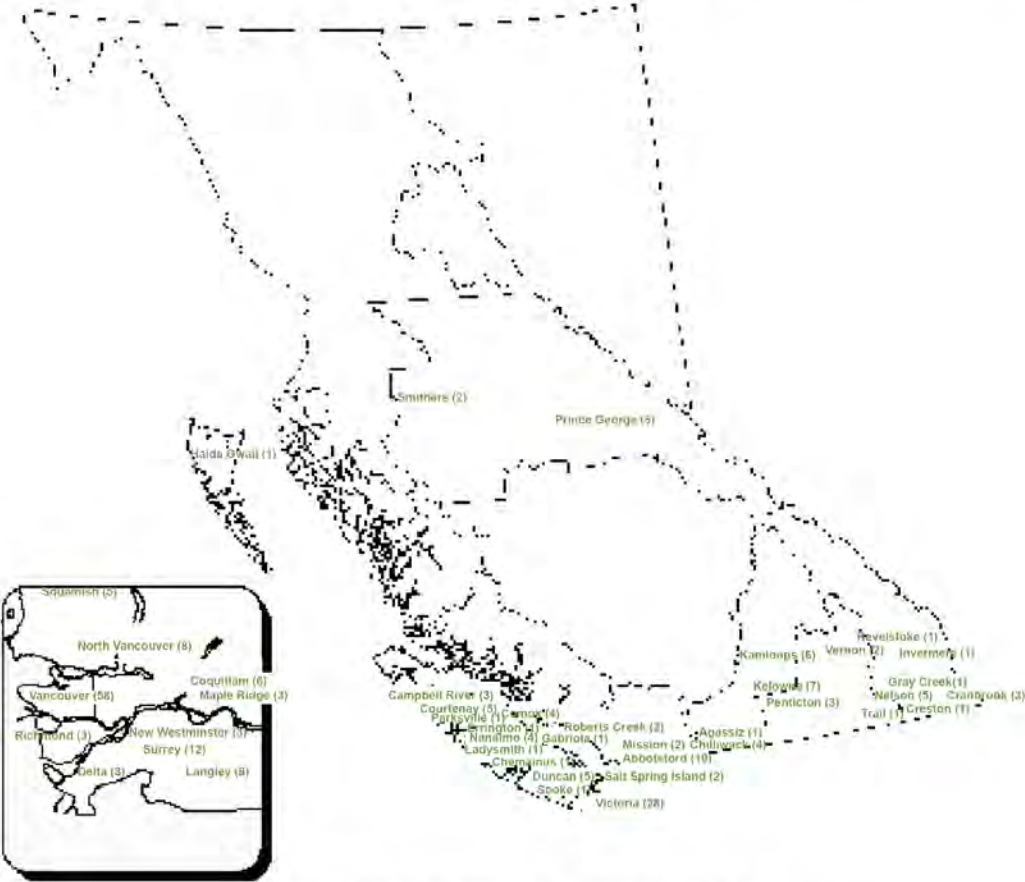
Revised Policy:

- Policy on Timeframe for Registration of Graduates from CMBC Approved Midwifery Education Programs

*Thea Parkin RM, Chair  
Registration Committee*

# REGISTERED MIDWIVES IN BRITISH COLUMBIA

March 31, 2014



\* Numbers in brackets above refer to practicing midwives

As of March 31, 2014, we have 224 practicing midwives and 36 non-practicing midwives.

## Quality Assurance Committee

### Reviewing and Updating Standards

The Quality Assurance Committee is responsible for reviewing and updating midwifery standards of practice and related policies and clinical practice guidelines to enhance the quality of midwifery practice among registrants and for making recommendations to the Board.

### Standards, Policies and Guidelines Updated in 2013-14

Over the past year the QA Committee has continued to review, amend and develop standards-related policies and guidelines in the public interest and to meet the needs of BC's registered midwives.

The following standards, policies and guidelines were revised and approved by the Board:

- The *Indications for Discussion, Consultation and Transfer of Care* were revised as follows:
  - “History of trauma or sexual abuse” was added as an indication for discussion under Initial History and Physical Examination;
  - Insulin Dependent Gestational Diabetes Mellitus (IDGM) was moved from a required Transfer of Care to a Consultation after a *Guideline for Managing Gestational Diabetes Mellitus* prepared by a QA working group was approved by the Board;
  - “Temperature over 38°C” was moved from a Transfer of Care to a Consultation under the section on Labour and Delivery, and both “Cephalohematoma” and “Excessive Moulding” were moved from a Consultation to a Discussion under Postpartum (Infant) to allow more discretion to evaluate when consultation is necessary; and
  - Nurse practitioners were added as potential consultants under sections on prenatal and postnatal care as consider appropriate to their scope of practice and areas of specialty and the section on Shared Primary Care was added to create more flexibility in planning shared care arrangements that meet the needs of the client.
- The *Midwifery Model of Practice* policy was revised to add clarity for the public about BC midwifery practice related to what continuity of care means and the range of care providers a woman may encounter working with her midwives, both in the home and hospital settings. The changes clarify and do not change the standards described in the policy and the College's Bylaws.
- The *Policy on Continuing Competency in Cardiopulmonary Resuscitation* was revised to update the names and levels of courses accepted to meet continuing competency requirements.
- The *Policy on Continuing Competency in Neonatal Resuscitation* was revised, replacing references to certification and recertification with, “The midwife will maintain provider status through annual completion of an NRP provider course.” The policy now further clarifies that it is the midwife's responsibility to regularly review and practice her NRP skills to maintain competence.

#### QUALITY ASSURANCE COMMITTEE MEMBERS:

Patrice Latka RM (Chair)  
Cora Beitel RM  
Sylvia Fedyk RM  
Jennifer Spurr RM  
Barbara Kelly  
Laura Masini Pieralli

#### Active Practice Panel Members

Jane Blackmore RM  
Camille Bush RM  
Susan Eyres RM  
Heidi Hoi Ling Mok RM  
Pauline Blais  
Carol Carr

#### QA Approval Panel Members

Cora Beitel RM  
Sylvia Fedyk RM  
Heidi Hoi Ling Mok RM  
Laura Masini Pieralli  
Donna Read

- The *Policy on Continuing Competency in Emergency Skills* was revised to change the recertification requirement from every three years to every two years as recommended by Midwifery Emergency Skills course instructors and UBC faculty to better ensure continued competence. This is now feasible as there is better and more frequent access to courses throughout the province. To give registrants adequate lead time for recertification, the change in policy will not go into effect until the next registration year starting April 1, 2014.
- The *Requirements for Active Practice* policy was updated to lower the active practice requirements for registrants with faculty appointments consistent with and pending the amendment of the College's registration Bylaws. Language around continuity of care was also clarified. The *Policy on Requirements for Registrants with Active Practice Shortfalls* was also revised to be consistent with these changes.
- The *Shared Primary Care Policy* was updated to clarify the roles appropriate for nurse practitioners in shared care arrangements and that a midwife in an approved shared care arrangement with a physician may work with that physician as a second birth attendant without additional second attendant approval from the College. The midwife is responsible for ensuring that the physician is current in CPR and neonatal resuscitation.
- The *Peer Case Review Policy* was revised to set out the chart review requirements for peer case review in greater detail, including requirements for ensuring client confidentiality and steps to help focus the review process on learning and practice improvement. A *Peer Review Log* has been approved as a recording tool that also protects confidentiality for midwives to use as they fulfill the requirements of this policy. Participation in regular peer case review is a requirement of the College's Quality Assurance Program.
- The *Policy for Client Requests Outside Midwifery Standards of Practice and for Termination of Care* was renamed *Policy for Client Request Outside Midwifery Standards of Practice and Required Procedures for Midwife-Initiated Termination of Care* to better reflect the scope of the policy, which addresses such things as requirements for midwife-client discussions and client notice, whenever a midwife is considering terminating client care, either during prenatal care or in the postpartum period. The policy addresses all situations where termination of care is being considered, and not just when a client's requests are outside of midwifery standards. The intention of the policy is to support improved midwife/client communications and minimize the potential for gaps in a woman's or newborn's care, while supporting midwives in navigating those difficult situations where terminating care is unavoidable.
- The *Policy for Second Birth Attendants* was revised in response to member resolutions passed at the CMBC's fall 2013 Annual General Meeting to streamline the application process for approval of second birth attendants, with a particular focus on facilitating more currently employed labour and delivery-trained nurses becoming second attendants. Application fees in some cases have been reduced. Continued annual renewal of NRP for all home birth attendants was strongly supported by the QA Committee and the Board. Second birth attendants are also strongly encouraged to take the emergency skills program with the midwives with whom they work. Midwives remain responsible for ensuring that their second birth attendants are appropriately oriented to their roles and responsibilities and supported in keeping up their skills. It is hoped that these policy changes will help to address some of the challenges facing rural midwives in ensuring access to the choice of out-of-hospital birth.

- The *Policy on Midwifery Projects to Serve Women with Special Needs* was renamed *Policy on Midwifery Pilot Projects to Serve Women with Diverse Needs* and updated to clarify the requirement for an arms-length pilot project evaluation carried out by a neutral external evaluator. A project evaluation must assess how well the project is serving its target population or community, including gathering feedback directly from the women served using tools and supports appropriate and accessible to the target population.
- The *Guideline for Vaginal Birth after One Previous Low Segment Cesarean Section* was revised to include a reference noting that community standards are informed by documents such as the SOGC guidelines.
- The *Guideline for the Use of Water in Labour and Birth* was updated following a literature review on the administration of narcotics in labour and its implications for giving birth in water. Evidence continues to suggest that water immersion during the first stage of labour can reduce the use of epidural/spinal analgesia and the duration of the first stage of labour. There is limited information for other outcomes related to water use during first and second stage due to intervention and outcome variability. There is no evidence of increased adverse effects to the fetus/neonate or woman from labouring in water. The guideline clarifies that if narcotic analgesia is administered to a woman within four hours of delivery, birth in water is contraindicated, and that women should be advised that there is currently no available research regarding the risk to the newborn of birth in water following the administration of narcotics at any point in labour. Caution is advised.

The following new policies and guidelines were approved:

- The *Policy on Hospital Privileges* was created to clarify the College's requirements when a midwife is registered, has applied for hospital privileges and those privileges are not yet in place. This policy addresses how a midwife who is in good standing with the College may continue to engage in clinical practice while her application is in process, including during any appeals process, and what collaborative working relationships with other providers need to be in place to ensure clients have access to timely admission and care in hospital when it is needed.
- The *Guideline for the Management of Gestational Diabetes Mellitus* was created to support the category change of appropriate midwifery management of gestational diabetes, including appropriate specialist consultation and co-management when insulin is required to stabilize blood sugars.

### **Midwifery Scope and Model of Practice Review**

While the QA Committee regularly reviews and updates policies and guidelines related to midwifery standards of practice, in 2011 the Board of the College identified that a more comprehensive review that looked at the effectiveness of College standards and policies in meeting the needs of women and families would be in the public interest. The Board set a strategic goal to embark upon a review of BC midwives' regulated scope and model of practice by the time regulated midwifery was 15 years old. Last year a reference group made up of public and professional members worked on a framework and work plan for this review, which will consider feedback from BC childbearing women, as well as from practicing midwives. This year, in partnership with the MABC, the background research for the review, to inform discussions of scope, model, standards, policies and guidelines, was begun. This initiative is discussed in more detail in the President and Registrar's Report.

### **Ongoing Projects**

- The QA Committee is setting up a working group to create a guideline for the management of meconium during labour that addresses births in all settings, including informed decision-making related to transfer to hospital when meconium presents at different stages of labour when a home birth is planned.
- The *Homebirth Handbook for Midwifery Clients* is being reviewed and updated to become a *Choice of Birth Place Handbook for Midwifery Clients* to reflect the CMBC's commitment to choice of birth place as a core midwifery standard of practice. Designed to be accessible and useful to the majority of birthing women in BC, the handbook will include the most current literature on both home birth and hospital birth to support both midwifery clients and midwives in engaging in informed decision-making discussions to support women in choosing where they give birth. The QA Committee worked with a task force led by Saraswathi Vedam from UBC Midwifery to get this project started. The Committee hopes to complete the handbook revisions in the coming year.

### **Certification in Specialized Practice**

The QA Committee is also responsible for reviewing and recommending to the Board criteria, policies and procedures for continuing competency certifications, establishing certification requirements and recommending certification programs for areas of specialized practice to the Board.

The College continues to develop Frameworks for Certification and tools for the evaluation of certification programs for those areas of specialized practice requiring advanced training. This year the first six specialized practice certifications in *Acupuncture Pain Management for Labour and the Immediate Postpartum* were issued to the midwives who completed the approved program and their practicums.

The first approved Hormonal Contraceptive Certification course became available to midwives at BCIT in 2014 and the College expects to issue certifications to the first group of qualified midwives by May or June of 2014.

The College has also requested that government add some additional areas of specialized practice to the *Midwives Regulation*, including “inserting or removing a contraceptive device” and “applying ultrasound for the purpose of determining fetal presentation, viability, placental location or amniotic fluid level”. Point-of-Care Ultrasound (POCUS) training for third trimester of pregnancy and labour assessments is being evaluated as a likely approach to certification in this latter area of practice.

The *Framework for Midwife Certification for Intrauterine Contraceptive Management* developed last year was revised to require Hormonal Contraceptive Certification as a prerequisite for Intrauterine Device (IUD) insertion training. A course evaluation tool is under development for the review of the proposed certification course. The College has also passed a motion that midwives trained and certified in prescribing and inserting IUDs via a CMBC approved pilot project be authorized to accept delegation of these restricted activities from a physician licensed by the College of Physicians and Surgeons of BC (CPSBC). The College has requested support from the CPSBC for physician delegation to midwives under a pilot project for IUD insertion training so that this pilot can go forward in the coming year, while the College awaits approval of the changes to regulation.



The following frameworks for certification in specialized practice were also revised this year:

- The *Framework for Midwife Certification for Surgical First Assist for Cesarean Section* was revised to shift requirements to proof of competency rather than documentation of numbers, with competency verified via a letter from the supervising obstetrician. The Course Evaluation Tool has been developed and approved for use.
- The *Framework for Midwife Certification for Induction and Augmentation of Labour in Hospital* was revised to focus on proof of competency. Certification will enable midwives to prescribe, order and administer induction and augmentation of labour in hospital without a physician order in situations such as pre-labour rupture of membranes at term and post-dates pregnancy. The Course Evaluation Tool has been developed and approved for use.
- The *Framework for Midwife Certification for Acupuncture Use in Labour and in the Immediate Postpartum* was revised to include a caution about the use of acupuncture when oxytocic agents are used. An activity log for the purposes of recertification has been created.

Qualified registrants will receive a specialized practice certificate and their areas of specialization will be listed on the back of their annual registration card.

The College continues to liaise with the Midwifery Education Program at UBC on the development of certification programs for induction and augmentation and surgical first assist.

#### **Midwifery and the BC Ambulance Service**

CMBC reps met with BC Ambulance Service (BCAS) reps to provide feedback on the BCAS's document, *Working with BC Registered Midwives* which is intended to assist BCAS personnel in better understanding the scope of practice and competencies of BC registered midwives and the shared responsibilities of midwives and ambulance personnel when transport from home to hospital is required.

#### **Midwifery Projects Serving Women and Communities with Diverse Needs**

The QA Committee is pleased to report that in March 2014, the College of Midwives of BC and representatives of three interdisciplinary maternity care projects in the Lower Mainland – South Community Birth Program, Surrey Community Birth Program, and Fraser Valley Maternity Group – signed pilot project agreements which provide for arms-length project evaluations under the CMBC's *Policy on Midwifery Pilot Projects to Serve Women with Diverse Needs*. UBC Postdoctoral Fellow Kathryn Stoll has been approved as the lead evaluator for all three projects.

The evaluations, aimed to be complete by the summer of 2016, will address: 1) the *Priorities and Criteria* in the CMBC *Policy on Midwifery Pilot Projects to Serve Women with Diverse Needs*, in particular any areas of innovation/variation from the *BC Midwifery Model of Practice* being piloted; 2) numbers of clients served, both from within and outside of the project's target population, to determine how well the project is reaching its target group; 3) key outcome data related to safe and effective care, including such things as cesarean section and other intervention rates, breastfeeding rates at six weeks postpartum, etc.; 4) how well the care satisfies the needs of women in the project's target population using feedback obtained directly from the women served and gathered using tools and supports that are culturally

appropriate and accessible to the target population; and 5) how the project is responding to community needs.

Committee members believe that what the College will learn from these evaluations will be valuable in the Scope and Model of Practice Review as the College considers potential revisions to standards, policies and guidelines to better serve childbearing women in BC, including women from vulnerable populations, and how to best support interdisciplinary practice.

### **Quality Assurance Program**

The QA Committee is also responsible for the College's Quality Assurance Program. The components of this program are described in the CMBC's *Quality Assurance Program Framework*.

The main component of the Quality Assurance Program that is still under development is the Random Peer Practice Review process. This development has been temporarily suspended and will resume once the Scope and Model of Practice Review is complete to ensure that the peer practice review process is based on updated standards and policies.

### **Committee Membership**

The Quality Assurance Committee welcomed new professional members Cora Beitel and Jennifer Spurr. I would like to thank professional members Katie McNiven Gladman and Heidi Mok for their contributions to the Committee and especially thank Heather Wood for her work as Committee chair.

*Patrice Latka RM, Chair  
Quality Assurance Committee*

## Standards of Practice Committee

The Standards of Practice Committee is responsible for reviewing and recommending to the Board the drugs and substances that midwives may prescribe, order and administer consistent with the midwife's scope of practice and Schedules A and B of the *Midwives Regulation*, and for recommending to the Board the standards of practice for prescribing, ordering and administering drugs. The Committee is also responsible for reviewing and recommending to the Board the screening and diagnostic tests that midwives may order and interpret, and recommending to the Board the standards of practice for ordering and interpreting screening and diagnostic tests.

The Standards of Practice Committee is a multi-disciplinary Committee of 11 persons appointed by the Board including: four general registrants; four public representatives; an obstetrician/gynaecologist or a family physician in obstetrical practice confirmed by the College of Physicians and Surgeons of BC; a pharmacist confirmed by the College of Pharmacists of BC; and a person nominated by the Ministry of Health.

The Committee meets every three to four months. This past year Yarra Vostrcil RM replaced Leanne Yates as Chair. The Committee also welcomed public Board member Maureen McGrath, and general registrants Tanya Momtazian and Patrice Latka as new members.

### Updates

The Standards of Practice Committee recommended revisions and additions to the *Standards, Limits and Conditions* on the following drugs and diagnostic tests in order to keep midwives' practice up-to date. The following changes have been approved by the Board:

Revisions to the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs* are as follows:

- The section on Naloxone Hydrochloride was revised to indicate IV or IM as preferred routes for administration;
- Nitroglycerin was updated to include current information on dosage and administration;
- Anti-D immunoglobulin (WinRho) was updated to include current standard information regarding dosages including a note that various labs and institutions may have different protocols in place;
- Oxytocin was revised to include information on induction of labour and augmentation which midwives may carry out on a physician's order, and updates were made to the contraindications section. The revisions to the oxytocin section will also support course development for certification for specialized practice for independently ordering and managing induction and augmentation of labour in specific circumstances.

### STANDARDS OF PRACTICE COMMITTEE MEMBERS:

Yarra Vostrcil RM (Chair)  
Kim Campbell RM  
Patrice Latka RM  
Tanya Momtazian RM  
Rachael Craggs MD  
Connie Harris Pharm  
Debbie McLachlan MOH  
Meghan Donaldson  
Maureen McGrath  
Sylvia Robinson  
Sarah Slack

Additions to the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs* are as follows:

- The cervical ripening agent Prostaglandin E2 (Cervidil®) was newly included in the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs* to support midwives in their current practice of using this cervical ripening agent on a physician's order and in preparation for a course development for certification for specialized practice for induction and augmentation of labour; and
- Acetaminophen with Tramadol to relieve acute short term ( $\leq 5$  days), moderate to severe pain in the postpartum period following vaginal and/or operative delivery was also added.

Revisions to the *Standards, Limits and Conditions for Ordering and Interpreting Diagnostic Tests* are as follows:

- The Blood Glucose section was revised to include updated reference ranges for random glucose, fasting glucose and 2 hour glucose as well as flow charts for 1 step and 2 step gestational diabetes testing. These revisions reflect current best practice standards and will, along with the new *Guideline for the Management of Gestational Diabetes* from Quality Assurance, support midwives as they more often work collaboratively with physicians in caring for women with gestational diabetes, including those whose blood sugars are being stabilized with insulin;
- The reference range values were updated in the section on Thyroid Stimulating Hormone (TSH) and Free Thyroxin (FT4). The Board has also asked the Committee for trimester specific reference ranges in this section. These are currently pending committee feedback; and
- Guidelines for swabs culture and sensitivities were updated with more detail on testing instructions.

*Standards, Limits and Conditions for Prescribing, Ordering and Administering Controlled Substances:*

The Committee has been finalizing the sections on controlled substances in the *Standards, Limits & Conditions for Prescribing, Ordering and Administering Drugs* in preparation for the passage of requested amendments to the *Midwives Regulation* so that midwives can prescribe, order, and administer controlled substance to women in labour and the immediate postpartum period in line with the changes made to federal regulations in 2012. Recent updates include changes to the sections on Fentanyl Citrate, Morphine sulphate and Meperidine to reflect the most current literature. Meperidine is not recommended for pain relief in labour and may only be used in the case of a true morphine allergy.

The CMBC continues to work with health regulators for the other professions named in these federal regulatory changes, nurse-practitioners and podiatrists, with the support of the College of Physicians and Surgeons of BC, to ensure that we have the standards and policies necessary to safely implement these changes to prescriptive authority for our registrants in place.

The CMBC continues to work in partnership with the Canadian Midwifery Regulators Consortium (CMRC), to ensure there is a consistent approach to public protection in BC and across the country

Currently practicing midwives will be required to complete a College approved education and testing module prior to being granted the authority to prescribe or order these substances. Once standards are finalized, the College will work with UBC and with other Canadian midwifery regulators and educators to create online modules for study and to develop an examination. New graduates will have their competency tested through the Canadian Midwifery Registration Examination (CMRE) as narcotic pain management in labour and the postpartum will be an entry-level competency.

*Yarra Vostrcil RM, Chair  
Standards of Practice Committee*

## **Inquiry Committee**

The Inquiry Committee investigates complaints regarding the conduct of registrants as required under the *Health Professions Act*. Once referred to the Committee, a complaint is investigated by a three-person panel made up of professional and public members appointed by the chair of the Inquiry Committee.

The Inquiry Committee started this year with five outstanding matters from the previous year. Three of these complaints were resolved by the signing of consent agreements. The Panel decided to take no further action on the fourth as a result of the investigation, and the fifth investigation remained ongoing as of March 31, 2014.

During the past year 12 new complaints were referred to the Inquiry Committee for investigation. Two were resolved by consent agreement, and the rest remain in process as of March 31, 2014. Section 50.55 of the *Health Professions Act* sets out the timeline requirements for the disposition of complaints. This legislation can assist the Inquiry Committee in moving unresolved matters forward.

In the 16 years since midwives became self-regulated in 1998, the College has received 71 complaints involving a total of 73 midwives. In 16 of the 71 complaints investigated the 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. Forty-four investigations resulted in consent agreements or letters of undertaking between the College and the midwives involved. These agreements are individual. They often clarify agreements about future conduct, and can have educational or supervised practice components. As of March 31, 2014, 11 investigations, as noted above, are still in process.

### **INQUIRY COMMITTEE MEMBERS:**

Angela Spencer RM (Chair)  
Camille Bush RM  
Susan Eyres RM  
Jill Pearman RM  
Sandy Pullin RM  
Christy Reynolds RM  
Natasha Sára RM  
Carolyn Thibeault RM  
Heather Wood RM  
Leanne Yeates RM  
Pauline Blais  
Carol Carr  
Laura Masini Pieralli  
Donna Read  
Sarah Slack  
Rita Stern  
Rhoda Witherly

As required under Section 39.3(1)(b) of the *Health Professions Act*, the public is notified of the information in a consent agreement when that agreement relates to a serious matter. This is done through a posting on the College's website at <http://cmbc.bc.ca/pdf.shtml?Undertakings>.

This year the College received a notice from the Health Profession Review Board that a complainant had filed an application for the review of the resolution of a complaint by the Inquiry Committee. This review remains in process as of March 31, 2014

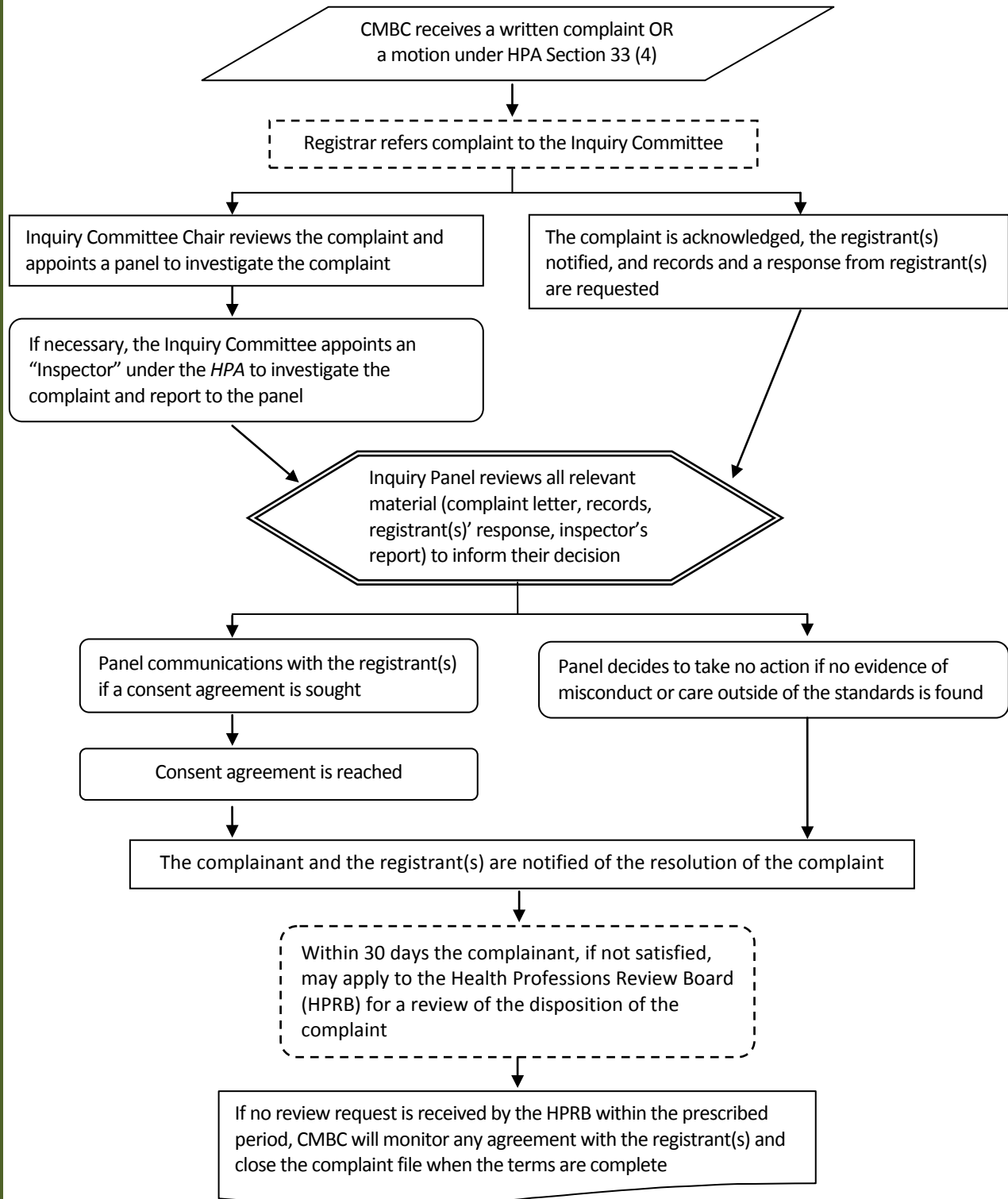
The College also has policies and procedures for alternative dispute resolution or mediation in place to resolve complaints under appropriate circumstances. Information on the inquiry process and how to lodge a complaint is posted on the College's website at <http://cmbc.bc.ca/Making-a-Complaint.shtml>.

In chairing the committee I especially have valued the input from our public members, as they bring an important perspective to our investigations and ensure we continue to function in the public interest.

*Angela Spencer RM, Chair  
Inquiry Committee*

The flowchart below summarizes the inquiry process.

*Pursuant to Health Professions Act (HPA), Part 3 – Inspections, Inquiries and Discipline, and Part V of the College Bylaws*



## Discipline Committee

### DISCIPLINE COMMITTEE MEMBERS:

Sylvia Fedyk RM (Chair)  
Beth Ebers RM  
Allison Campbell RM  
Terry Lyn Evans RM  
Sylvia Robinson

The Discipline Committee is responsible for conducting hearings into matters of professional misconduct set down by citation at the direction of the Inquiry Committee or the Board. Dispositions from a Discipline Committee 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 public and professional members who periodically attend training sessions to prepare them for appointment to a Discipline Panel.

To date, two matters have been referred by citation from Inquiry to Discipline. The first hearing which concluded in 2004 resulted in a finding of professional misconduct and the second hearing which concluded in 2009 also resulted in a finding of professional misconduct. Details of the discipline orders can be found on the College's website.

In 2013/14 the Discipline Committee had no new cases and there are no active cases outstanding from previous years. Sylvia Fedyk RM replaced Leanne Yeates as chair of the Discipline Committee this year.

*Sylvia Fedyk RM, Chair  
Discipline Committee*

## Client Relations Committee

### CLIENT RELATIONS COMMITTEE MEMBERS:

Laura Masini Pieralli (Chair)  
Christy Reynolds RM  
Natasha Sára RM  
Pauline Blais

The Client Relations Committee is responsible for developing policies and guidelines regarding the conduct of registrants with their clients related to appropriate professional boundaries. The Committee is responsible for establishing procedures to deal with and investigating complaints of professional misconduct of a sexual nature.

The midwife/client relationship, as described in the *Midwifery Model of Practice, Philosophy of Care, Standards of Practice, and Code of Ethics* is based on trust and mutual respect as the foundation for the provision of safe, individualized care. As such, the CMBC is committed to educating registrants to support a good understanding of appropriate professional boundaries, prevent sexual misconduct, and to addressing complaints through a sensitive and accessible process.

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

No complaints or reports of inappropriate behaviour were brought to this Committee in the past year.

*Laura Masini Pieralli, Chair  
Client Relations Committee*



## Committee on Aboriginal Midwifery

The Committee on Aboriginal Midwifery met three times this year with a continued focus on increasing access to midwifery education for Aboriginal students and on increasing access to midwifery care within Aboriginal communities. The committee continued to foster relationships with other organizations, including the Midwives Association of BC's Aboriginal Committee, representatives from the Midwifery Education Program at UBC and the National Aboriginal Council of Midwives (NACM), who share a mutual interest in supporting maternity services for aboriginal women.

The Committee's strategic goal for 2013-2017 is "to better identify and meet the needs of aboriginal women, families and communities". This affirms and supports the committee's efforts to reduce barriers to the education, assessment and registration of aboriginal midwives. The committee also feels it is important to continue to advocate for cultural competency training for all BC midwives to ensure that all aboriginal women and their families have equal access to culturally appropriate midwifery care.

Interest and involvement in the committee was consistent throughout the year. The committee is made up of four public members and three professional members. We welcome Sarah Devison as the new chair of the committee.

*Laura Masini Pieralli, Acting Chair  
Committee on Aboriginal Midwifery*

### COMMITTEE ON ABORIGINAL MIDWIFERY MEMBERS:

Sarah Devison (Chair)  
Dina Davidson RM  
Elizabeth Ebers RM  
Christy Reynolds RM  
Olivia Jim  
Laura Masini Pieralli  
Rachel Olson

**Audited Financial Statements, March 31, 2014**

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**THE COLLEGE OF MIDWIVES  
OF BRITISH COLUMBIA  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
MARCH 31, 2014**

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## INDEPENDENT AUDITOR'S REPORT

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To the Members of  
College of Midwives of British Columbia

We have audited the accompanying financial statements of College of Midwives of British Columbia (the "College"), which comprise the statement of financial position as at March 31, 2014 and the statements of revenue and expenses, changes in net assets and cash flows for the year then ended, and the related notes comprising a summary of significant accounting policies and other explanatory information.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Midwives of British Columbia as at March 31, 2014 and results of its operation and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

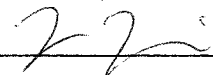
*Manning Elliott LLP*


Chartered Accountants  
Vancouver, British Columbia  
June 23, 2014

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT MARCH 31, 2014**

	2014	2013
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 66,451	\$ 78,322
Investments	251,320	380,183
Accounts receivable	163,962	2,661
Prepaid expenses	1,796	1,445
	483,529	462,611
CAPITAL ASSETS (Note 5)	26,998	26,692
PREPAID RENT EXPENSE	5,709	5,709
	\$ 516,236	\$ 495,012
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 60,069	\$ 33,740
Deferred revenue – College Operations	333	403
Deferred revenue – Canadian Midwifery Regulators Consortium's Projects	-	500
	60,402	34,643
COMMITMENTS (Note 6)		
<b>NET ASSETS (DEFICIT)</b>		
<b>CANADIAN MIDWIFERY REGULATORS CONSORTIUM'S PROJECT</b>		
CANADIAN MIDWIFERY REGISTRATION EXAMINATION	29,053	11,394
<b>ASSESSMENT PROGRAM</b> (Note 3b)	(202,948)	(202,948)
<b>OPERATIONS</b>		
ADJUDICATIVE DISCIPLINARY FUND	411,569	426,174
ADJUDICATIVE REVIEW FUND	43,030	43,030
ABORIGINAL FUND	7,775	7,775
QUALITY ASSURANCE PROGRAM FUND	51,156	51,156
MIDWIFERY SCOPE AND MODEL OF PRACTICE REVIEW FUND	42,252	33,737
DATABASE FUND	20,000	-
INVESTED IN CAPITAL ASSETS	26,998	26,692
UNRESTRICTED	26,949	63,359
	629,729	651,923
	455,834	460,369
	\$ 516,236	\$ 495,012

Approved by the Board:

 Director

 Director

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF CHANGES IN NET ASSETS – OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	Invested in Capital Assets	Adjudicative Disciplinary Fund	Adjudicative Review Fund	Aboriginal Fund	Quality Assurance Program Fund	Midwifery Scope and Model of Practice Review Fund	Database Fund	Unrestricted	2014	2013
BALANCE AT BEGINNING OF YEAR	\$ 26,692	\$ 426,174	\$ 43,030	\$ 7,775	\$ 51,156	\$ 33,737	\$ -	\$ 63,359	\$ 651,923	\$ 653,417
Excess (deficiency) of revenue over expenses for the year (Note 8)	-	5,395	-	-	-	(11,485)	-	(16,104)	(22,194)	(1,494)
Amortization of capital assets	(8,222)	-	-	-	-	-	-	8,222	-	-
Investment in capital assets	10,929	-	-	-	-	-	-	(10,929)	-	-
Loss on disposal of capital assets	(2,401)	-	-	-	-	-	-	2,401	-	-
Transfer to/from Unrestricted	-	(20,000)	-	-	-	20,000	20,000	(20,000)	-	-
<b>BALANCE AT END OF YEAR</b>	<b>\$ 26,998</b>	<b>\$ 411,569</b>	<b>\$ 43,030</b>	<b>\$ 7,775</b>	<b>\$ 51,156</b>	<b>\$ 42,252</b>	<b>\$ 20,000</b>	<b>\$ 26,949</b>	<b>\$ 629,729</b>	<b>\$ 651,923</b>

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**CANADIAN MIDWIFERY REGULATORS CONSORTIUM'S PROJECTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

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	<b>2014</b>	<b>2013</b>
BALANCE AT BEGINNING OF YEAR	\$ 11,394	\$ (3,723)
Multi-Jurisdictional Midwifery Bridging Pilot Deficiency of revenue over expenses for the year	-	(3,632)
Canadian Midwifery Registration Examination Excess of revenue over expenses for the year	17,659	18,749
<b>BALANCE AT END OF YEAR</b>	<b>\$ 29,053</b>	<b>\$ 11,394</b>

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF REVENUE AND EXPENSES – ALL FUNDS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<b>2014</b>	<b>2013</b>
<b>OPERATIONS</b>		
Revenue	\$ 652,983	\$ 569,776
Expenses		
Personnel costs	464,894	366,145
Operating expenses	122,263	111,302
Legal, professional and insurance	44,837	43,707
Board and committee expenses (Schedule 1)	33,776	36,349
College contributions to CMRC Projects	9,407	13,767
	675,177	571,270
DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR	(22,194)	(1,494)
<b>MMBP</b>		
Revenue	1,312	30,716
Expenses		
Canadian Simulated Midwifery Practice	-	21,332
College contribution	1,312	9,384
Repayment of MMBP funds	-	3,632
	-	34,348
DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR	-	(3,632)
<b>CMRE</b>		
Revenue	111,532	84,383
Expenses		
Exam contents renewal	38,546	29,595
Exam administration	35,965	24,060
Project costs	11,267	7,596
College contribution	8,095	4,383
	93,873	65,634
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	17,659	18,749
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR – ALL FUNDS	\$ (4,535)	\$ 13,623



**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF REVENUE AND EXPENSES – OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<b>2014</b>	<b>2013</b>
<b>REVENUE</b>		
Registration fees	\$ 450,999	\$ 373,938
Grant - Ministry of Health of B.C.	160,000	160,000
Investment income and other	14,599	14,257
Application income	14,460	7,795
Rental income	12,925	13,786
	<b>652,983</b>	<b>569,776</b>
<b>EXPENSES</b>		
<b>Personnel Costs</b>		
Salaries	371,796	316,088
Statutory and employment benefits	43,877	40,912
Employee recruitment	40,571	-
Travel and expenses	5,752	6,078
Casual staff	1,985	2,288
Professional development	913	779
	<b>464,894</b>	<b>366,145</b>
<b>Board and Committee Expenses (Schedule 1)</b>		
Board and Executive committee	22,510	15,424
Other committees	11,266	20,925
	<b>33,776</b>	<b>36,349</b>
<b>Operating Expenses</b>		
Rent and utilities	66,064	69,461
Systems	16,068	8,833
Communications	12,282	11,371
Amortization	8,222	8,478
Bank charges and interest	7,628	5,698
Office expenses and small equipment	2,625	3,100
Loss on disposal of capital assets	2,401	693
Members' meeting	2,265	579
Exam invigilation and marking	1,410	540
Library	1,090	995
Advertising and promotion	714	288
Newsletter and website	532	52
Donations	500	500
Printing and photocopying	462	714
	<b>122,263</b>	<b>111,302</b>
<b>Legal, Professional and Insurance</b>		
Midwifery Scope and Model of Practice Review	11,485	16,263
Other contracted services	9,449	-
Accounting and audit	7,500	10,500
Insurance	5,586	6,075
Inquiry/Discipline training and investigations	3,176	501
CMRC travel and membership	2,940	2,615
Legal	2,253	1,146
Board, Committee, Staff training	1,948	353
Health Profession Regulators of BC Membership and Contribution	500	500
Employee assistance plan	-	5,754
	<b>44,837</b>	<b>43,707</b>
<b>College Contributions to CMRC Projects (Note 4)</b>		
Contributions to CMRE	8,095	4,383
Contributions to MMBP	1,312	9,384
	<b>9,407</b>	<b>13,767</b>
	<b>675,177</b>	<b>571,270</b>
<b>DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR</b>	<b>\$ (22,194)</b>	<b>\$ (1,494)</b>

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF REVENUE AND EXPENSES – CANADIAN MIDWIFERY REGULATORS**  
**CONSORTIUM’S PROJECT: MULTI-JURISDICTIONAL MIDWIFERY BRIDGING PILOT**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<b>2014</b>	<b>2013</b>
<b>REVENUE</b>		
College contribution	\$ 1,312	\$ 9,384
BCMJTI contribution - Canadian Simulated Midwifery Practice	-	21,332
	<b>1,312</b>	<b>30,716</b>
<b>EXPENSES</b>		
College contribution	1,312	9,384
Canadian Simulated Midwifery Practice	-	21,332
Repayment of MMBP funds	-	3,632
	<b>1,312</b>	<b>34,348</b>
<b>DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR</b>	<b>\$ -</b>	<b>\$ (3,632)</b>

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF REVENUE AND EXPENSES – CANADIAN MIDWIFERY REGULATORS**  
**CONSORTIUM'S PROJECT: CANADIAN MIDWIFERY REGISTRATION EXAMINATION**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<b>2014</b>	<b>2013</b>
<b>REVENUE</b>		
Candidate fees	\$ 95,437	\$ 72,000
College contribution	8,095	4,383
CMRC contribution	8,000	8,000
	<b>111,532</b>	<b>84,383</b>
<b>EXPENSES</b>		
Exam contents renewal	38,546	29,595
Exam administration	35,965	24,060
Projects costs	11,267	7,596
College contribution	8,095	4,383
	<b>93,873</b>	<b>65,634</b>
<b>EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR</b>	<b>\$ 17,659</b>	<b>\$ 18,749</b>

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	2014	2013
CASH PROVIDED BY (USED FOR):		
OPERATING ACTIVITIES		
Deficiency of revenue over expenses for the year		
- Operations	\$ (22,194)	\$ (1,494)
Deficiency of revenue over expenses for the year		
- Multi-Jurisdictional Midwifery Bridging Pilot	-	(3,632)
Excess of revenue over expenses for the year		
- Canadian Midwifery Registration Examination	17,659	18,749
	(4,535)	13,623
Items not involving cash:		
Amortization	8,222	8,478
Loss on disposal of capital assets	2,401	693
	6,088	22,794
Changes in non-cash working capital balances:		
Accounts receivable	(161,301)	166,539
Prepaid expenses	(351)	1,976
Accounts payable and accrued liabilities	26,329	824
Deferred revenue – College Operations	(70)	186
Deferred revenue – Canadian Midwifery Regulators Consortium Projects	(500)	(28,358)
	(129,805)	163,961
INVESTING ACTIVITIES		
Sale (purchase) of investments	128,863	(126,667)
Purchase of capital assets	(10,929)	(3,658)
	117,934	(130,325)
(DECREASE) INCREASE IN CASH DURING THE YEAR	(11,871)	33,636
CASH, BEGINNING OF YEAR	78,322	44,686
CASH, END OF YEAR	\$ 66,451	\$ 78,322

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

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**PURPOSE OF THE ORGANIZATION**

The College of Midwives of British Columbia (the "College") 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 is a not-for-profit organization under the Income Tax Act and, as such, is exempt from income taxes.

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.

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") under Part III of the CPA Canada Handbook - Accounting. Financial statements prepared in accordance with ASNPO are also in accordance with Canadian generally accepted accounting principles ("GAAP").

These financial statements have, in management's opinion, been prepared within reasonable limits of materiality using the significant accounting policies noted below:

a) Financial instruments

Measurement

The College's financial instruments consist of cash, investments, accounts receivable and accounts payable.

The College initially measures all of its financial assets and liabilities at fair value. The College subsequently measures all of its financial assets and liabilities at amortized cost.

Impairment

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of any write-down that is determined is recognized in the statement of revenue and expenses. A previously recognized impairment loss may be reversed to the extent of any improvement, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of revenue and expenses in the period in which it is determined.

b) Cash

Cash consists of cash on deposit.

c) 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.

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

c) Amortization (Continued)

The College monitors the recoverability of capital assets based on their long-term service potential. When a capital asset no longer has any long-term service potential to the College, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of revenue and expenses. Write-downs recognized under this policy are not reversed.

d) Revenue recognition

The College follows the deferral method of accounting for contributions.

Restricted contributions are recognized as revenue of the appropriate fund in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment income is recognized as revenue of the appropriate fund in the year in which the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

Registration fees are recognized as revenue of the Operations Fund in the year in which they are received.

Deferred revenue represents restricted funding received that is related to a subsequent period. Restricted funding for the purchase of capital assets that will be amortized is deferred and recognized as revenue on the same basis as the amortization expense related to the acquired capital assets.

e) Use of estimates

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions about future events that affect the reported amounts of assets, liabilities, revenue and expenses as at the end of or during the reporting period. Management believes that the estimates used are reasonable and prudent, however, actual results could differ from those estimates. Significant areas requiring the use of management estimates relate to the determination of the useful lives of assets for computing amortization, the amounts recorded as accrued liabilities, and the recognition of deferred revenue.

f) Allocation of expenses

The College reports its expenses by nature and provides supplementary information about expenses in the statements of revenues and expenses for Operations, Canadian Midwifery Regulators Consortium's projects: Multi-Jurisdictional Midwifery Bridging Pilot and Canadian Midwifery Registration Examination. Allocations in the statements are based on a direct assignment of costs attributable to each program.

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

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**2. FINANCIAL INSTRUMENTS RISKS**

The College's financial instruments are described in Note 1(a). In management's opinion, the College is not exposed to significant currency, credit, liquidity, interest rate, market or other price risks. In addition, the College is not exposed to any material concentrations of risk and there has been no change in risk exposures from the prior year.

**3. FUNDS, PROGRAMS AND PROJECTS**

The College presents its financial statements using fund accounting. The three main funds presented are the Operations Fund, Assessment Program and Canadian Midwifery Regulators Consortium's Projects. Further divisions within each fund are explained in the fund descriptions provided below.

a) Operations Fund

The Operations Fund encompasses all of the activities of the College except for the Assessment Program and the Canadian Midwifery Regulators Consortium's Projects. The net assets of the Operations Fund have been invested in capital assets and reserved into funds for the following purposes:

i) Adjudicative Disciplinary Fund

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

ii) Adjudicative Review Fund

The Adjudicative Review Fund is set up to reserve funds that may be needed for dealings with reviews before the Health Professions Review Board of British Columbia in relation to the College's decisions regarding registration and the timeliness and disposition of complaints.

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.

v) Midwifery Scope and Model of Practice Review Fund

The Midwifery Scope and Model of Practice Review Fund is set up to reserve funds for carrying out a review of the midwifery scope and model of practice after 18 years of regulated midwifery in British Columbia.

vi) Database Fund

The Database Fund is set up to reserve funds for the development of a comprehensive registrant database.

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

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**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

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3. FUNDS, PROGRAMS AND PROJECTS (Continued)

b) Assessment Program

The Assessment Program was developed primarily to support the assessment of internationally-educated midwives. However, since the offering of the Multi-Jurisdictional Midwifery Bridging Pilot, the College no longer assesses internationally-educated midwives.

While the College had endeavoured to run the Prior Learning Experience Assessment ("PLEA") program on as close to a cost recovery basis as possible, full cost recovery from applicant fees would mean setting fees at a level that would be beyond the reach of many qualified applicants. Thus, in order to keep the process affordable for internationally-trained midwives, the College intends to cover the program's annual deficit out of the College's general operating budget. This deficit as at March 31, 2014 of \$202,948 (March 31, 2013 - \$202,948) reflects an accumulation since April 2005.

c) Canadian Midwifery Regulators Consortium's Projects

The Canadian Midwifery Regulators Consortium's Projects develops a Canadian strategy for assessing internationally-educated midwives who wish to register and practice in a Canadian province or territory. It encompasses two main projects. The College has taken a leadership role in these projects on behalf of the Canadian Midwifery Regulators Consortium ("CMRC").

i) Multi-Jurisdictional Midwifery Bridging Pilot ("MMBP")

MMBP develops and offers a multi-jurisdictional midwifery bridging pilot program that is accessible to geographically dispersed, internationally-educated midwives. As of April 1, 2012, MMBP is governed by a non-profit Board and manages its own financial statements. The College no longer provides financial oversight of the MMBP for the CMRC.

ii) Canadian Midwifery Registration Examination ("CMRE")

CMRE manages and maintains the national Canadian Midwifery Registration Examination on behalf of CMRC. It was originally funded by Human Resources and Skills Development Canada ("HRSDC"), but now relies on candidate fees and CMRC contributions.

4. COLLEGE CONTRIBUTIONS TO CMRC PROJECTS

The College tracks its administration expenses incurred for CMRC projects and accounts for these expenses as a contribution by the College's Operations Fund to the respective projects.

In addition to the amounts recognized on the MMBP and CMRE statements of revenue and expenses, during the year, College staff contributed a portion of their time to CMRC projects as disclosed below. These amounts have not been allocated to the projects' statements of revenue and expenses:

		MMBP		CMRE
Hours contributed		17		4
Estimated value	\$	850	\$	200



**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

5. CAPITAL ASSETS

	Cost		Accumulated Amortization		2014 Net Book Value		2013 Net Book Value	
Office equipment	\$	48,255	\$	36,857	\$	11,398	\$	14,248
Computers and software		63,888		48,288		15,600		12,444
	\$	112,143	\$	85,145	\$	26,998	\$	26,692

6. COMMITMENTS

The College rents its premises under a long-term lease, which expires April 30, 2015. The anticipated lease payments during the next two years are estimated as follows:

2015	\$	68,514
2016		5,709
	\$	74,223

7. COMPARATIVE FIGURES

The comparative figures for 2013 have been reclassified to ensure comparability with those of the current period. Such reclassification does not have any effect on the assets, net assets, or excess of revenue over expenses previously reported.

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

8. ADJUDICATIVE DISCIPLINARY, ADJUDICATIVE REVIEW, QUALITY ASSURANCE PROGRAM AND MIDWIFERY SCOPE AND MODEL OF PRACTICE REVIEW FUNDS

	<b>2014</b>	<b>2013</b>
<b>ADJUDICATIVE DISCIPLINARY FUND</b>		
Revenue (expense)		
GIC interest	\$ 5,395	\$ 4,248
<b>Revenue over expenses for the year</b>	<b>\$ 5,395</b>	<b>\$ 4,248</b>
<b>ADJUDICATIVE REVIEW FUND</b>		
Revenue (expense)		
Legal and other expenses	\$ -	\$ -
<b>Expenses over revenue for the year</b>	<b>\$ -</b>	<b>\$ -</b>
<b>QUALITY ASSURANCE PROGRAM FUND</b>		
Revenue (expense)		
Project	\$ -	\$ (6,918)
<b>Expenses over revenue for the year</b>	<b>\$ -</b>	<b>\$ (6,918)</b>
<b>MIDWIFERY SCOPE AND MODEL OF PRACTICE REVIEW FUND</b>		
Revenue (expense)		
Project	\$ (11,485)	\$ (16,263)
<b>Expenses over revenue for the year</b>	<b>\$ (11,485)</b>	<b>\$ (16,263)</b>

**THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**  
**SCHEDULE OF BOARD AND COMMITTEE EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2014**

**SCHEDULE 1**

	Honoraria	Travel and Meals	Telecom- munications	Projects	Other	Total
Board and Executive	\$ 14,450	\$ 2,528	\$ 753	\$ 4,779	\$ -	\$ 22,510
Aboriginal	400	-	76	-	-	476
Inquiry	2,550	-	1,762	-	46	4,358
Quality Assurance	2,685	36	754	-	-	3,475
Registration	1,400	-	97	-	-	1,497
Standards of Practice	1,150	-	310	-	-	1,460
	<b>\$ 22,635</b>	<b>\$ 2,564</b>	<b>\$ 3,752</b>	<b>\$ 4,779</b>	<b>\$ 46</b>	<b>\$ 33,776</b>