College of Midwives of British Columbia
ANNUAL REPORT 2014-15
CONTENTS

4 Message from the President and the Registrar & Executive Director
6 CMBC Board of Directors
7 Committee Reports
8 Registration Committee
11 Quality Assurance Committee
15 Standards of Practice Committee
17 Inquiry Committee
21 Discipline Committee
22 Client Relations Committee
23 Committee on Aboriginal Midwifery
24 Balance Sheet
25 Income Statement
26 CMBC Staff & Contact Information
DEDICATED TO ENSURING THAT WOMEN AND THEIR FAMILIES RECEIVE A HIGH STANDARD OF MIDWIFERY CARE
This year has been a year of change. Ten years ago the College of Midwives of BC (CMBC) had outgrown its 362 square foot office at Children’s and Women’s Health Centre and had just moved to its new offices at 1682 West 7th Avenue. Jump forward a decade and, as this fiscal year ended, the CMBC office was in the midst of packing up and purging after ten years at the 1682 West 7th offices. It is incredible to think about how much information and documentation ran through those offices and how freeing it was to purge the obsolete.

The CMBC office is now located at 601 West Broadway, one block from the City Hall sky train station. As of March 31, there were 276 registered midwives in BC, an increase of over 160% in ten years. The Midwifery Program of the University of British Columbia (UBC) is now admitting an annual class size of 20 students and has just announced funding for a new bridging program for the assessment and bridging of 8 internationally educated midwives a year. The Inquiry Committee is up to its 85th complaint since 1998. The Quality Assurance Committee still takes home the ‘Hardest Working Committee’ award, as it updates, revises, creates, and improves standards, policies, and guidelines. A notable contribution this year is the revamp of the ‘Homebirth Handbook’ into the ‘Place of Birth Handbook’.

After more than 17 years of service, CMBC’s longstanding Registrar and Executive Director Jane Kilthei retired. We would like to take this opportunity to again thank Jane for her time and devotion to the profession of midwifery and to the College. It is not many who get to retire with the legacy of having established a profession (with the help of some avant-garde practitioners and the first board members).

Also notable is the retirement from midwifery of the College’s first Board Chair Luba Lyons Richardson. Luba caught her first baby in August 1975 (his parents helpfully named him August) and she recently announced that she will be retiring after 40 years of clinical practice in August 2015.

CMBC’s team of staff ensured the smooth functioning of the College during the leadership transition and was instrumental in training and integrating CMBC’s new Registrar, Louise Aerts. Louise previously served on the Board at CMBC as a publically-appointed member for three years (2009-2012) and so was familiar with the College’s mandate and operations. She has also used midwives for the births of both her sons and therefore brings the lens of a midwifery client to her role. Louise understands that self-regulation is a privilege and is working to strike a balance of protecting the public with the ideal amount of regulation required to do so.

HIGHLIGHTS FOR THE YEAR:

Scope and Model of Practice Review

Although no outside funding has been received, the College and the Midwives Association of British Columbia (MABC) continued to work on the Scope and Model of Practice Review with a revised timeline and modified parameters. To date the College has published on its website two papers – *Improving Midwifery Care for Marginalized Women and Communities: Implications for the Midwifery Model of Practice*; and a *Jurisdictional Review of Midwifery Scopes and Models* (http://www.cmbc.bc.ca/MENU-Scope-Model-Review.shtml). A request for proposal (RFP) to write a paper looking into the safety of the current model of midwifery in BC was issued early in March.

As reported last year the need for a number of changes to midwives’ scope and role have already been demonstrated and in March 2014 the Board submitted a request to amend the *Midwives Regulation (BC Reg 155/2009 April 9, 2009)*. The amendments include well-woman care, well-baby care, performing a newborn frenectomy, evacuation of the uterus, prescribing and inserting IUDs, application of ultrasound, ordering and administering of controlled substances for analgesia in labour and the immediate postpartum, and the addition of anti-coagulants to Schedule A. To date this request has not been actioned by the Ministry of Health. The College has worked to gather letters of support and momentum to have the regulation amended as quickly as possible and will continue to do so.
Annual General Meeting

The CMBC AGM was held on October 27, 2014 and 71 registrants attended, including student midwives. The guest speakers were Dr. Unjali Malhotra with the presentation *Intrauterine Contraception: The Freedom of Choice* and Grant Warrington speaking on the topic *Adverse Events, Trends, Complaints and Legal Issues: The Role of MPP.* After the meeting adjourned, the new Registrar and the Board remained available for additional discussion. A survey was administered after the AGM to all registrants and the results will be used to improve the AGM’s useful value beyond its business functions.

Collaboration

A new group was formed in 2014 called the Midwifery Leaders’ Consortium. The membership includes the Midwifery Program Director from UBC, Midwifery Department Leaders (currently Vancouver Coastal Health, Fraser Health Authority, and Island Health Authority), Perinatal Services BC Primary Care Lead – Midwifery, MABC President, CMBC Registrar, and Rural Representatives. This group meets six times a year to foster a collaborative and strategic approach to the development of midwifery practice, education and research in BC.

CMBC’s Registrar continues to attend meetings of the Health Professions Regulators of BC (HPRBC). The 23 colleges represented within HPRBC regulate more than 100,000 health care professionals. This group works together to create synergies to protect the public by providing qualified, ethical and safe care. Some of the work involves a large public awareness media campaign, regular meetings with the Ministry of Health Regulatory Branch as well as workshops and seminars for boards and staff.

CMBC’s President and Registrar work actively with the Canadian Midwifery Regulators Council (CMRC) to achieve national goals for the profession of midwifery. This includes an annual face to face meeting with all board chairs and registrars of each midwifery regulatory college from across the country in conjunction with the Canadian Association of Midwives’ annual conference. The CMRC is creating a funding proposal to undertake a number of important initiatives including a national and international midwifery education program approval process, a national assessment strategy and process for internationally-educated midwives, and a review and enhancement of the Canadian Midwifery Registration Examination.

Christy Raynolds RM
President

Louise Aerts
Registrar & Executive Director
CMBC BOARD OF DIRECTORS 2014-15

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Registration

The College has registered a total of 346 midwives since January 1, 1998. As of March 31, 2015, we had 230 practicing midwives (229 General and 1 Temporary), and 46 Non-practising 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).

Recognized Midwifery 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 midwifery education programs of the CMBC. The Multi-jurisdictional Midwifery Bridging Program (MMBP), which has been closed due to a lack of sustainable ongoing funding, had received interim program recognition status. In 2014-15 the College registered 7 graduates from UBC, 10 graduates from Ontario's Midwifery Education Programme, and 3 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 7 midwives came to practice in BC through the AIT, and the College issued 8 letters of good standing for BC midwives seeking to register in other regulated jurisdictions across Canada.

Internationally-Educated Midwives and Bridging Program

The Multi-jurisdictional Midwifery Bridging Project program for internationally-educated midwives (IEMs) is still suspended while Canadian provincial and territorial midwifery regulators and educational partners continue discussions with governments to look for collaborative ways 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.

In January 2015 University of British Columbia (UBC) announced that they have received funding from the BC government to offer a bridging program for IEMs wishing to seek registration and practice in BC. The UBC Internationally Educated Midwifery Bridging Program (IEMBP) will accept eight students per year starting in January 2016 and will pilot in spring 2015 with four students.

Registration Bylaws Amendments

Amendments to the CMBC registration bylaws were approved by the Minister of Health and went into force on June 9, 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.
Further, Schedule 6 regarding recognized midwifery education programs and application forms were added to the bylaws. The amended bylaws can be viewed online at http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-04-02-Bylaws-of-the-CMBC-Complete.

Registration Policies Updated in 2014-15

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

- New Registrants Policy
- Policy on Inter-provincial Registration Reciprocity
- Conditional Registration and Supervised Practice Policy
- Expectations of Supervisors
- Policy on Changing Registration Status and Resignation
- Leave of Absence Requirements for Continuing Competency in NRP, CPR and Emergency Skills Policy
- Policy on BC Jurisprudence Examination – Sittings by Students from UBC Midwifery Education Program
- Policy on Re-grading and Re-attempting of the BC Jurisprudence Examination
- Policy on Timeframe for Registration – Approved Program Graduates
- Policy on Timeframe for Completion of Application for Registration

The Committee also worked on defining Continuity of Care as a relational competency which would be considered in the Midwifery Scope and Model of Practice Review.

Thea Parkin RM
Chair
52 Midwives practicing in communities under Fraser Health

- Abbotsford: 11
- Agassiz: 1
- Chilliwack: 4
- Coquitlam: 6
- Delta: 3
- Langley: 6
- Maple Ridge: 3
- Mission: 2
- New Westminster: 5
- Surrey: 10
- White Rock: 1

58 Midwives practicing in communities under Island Health

- Campbell River: 3
- Chemainus: 1
- Comox: 4
- Courtenay: 4
- Duncan: 6
- Errington: 1
- Gabriola: 1
- Ladysmith: 1
- Nanaimo: 4
- Parksville: 2
- Salt Spring Island: 2
- Sooke: 1
- Victoria: 28

8 Midwives practicing in communities under Northern Health

- New Hazelton: 1
- Prince George: 5
- Smithers: 1
- Haida Gwaii: 1

33 Midwives practicing in communities under Interior Health

- Cranbrook: 3
- Creston: 1
- Gray Creek: 1
- Invermere: 1
- Kamloops: 4
- Kaslo: 1
- Kelowna: 7
- West Kelowna: 2
- Nelson: 4
- Penticton: 4
- Revelstoke: 1
- Trail: 1
- Vernon: 3
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 2014-15

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 was revised as follows:

- The list of current medical conditions in the consultation section was replaced with the following wording: current medical conditions that may affect pregnancy or are exacerbated due to pregnancy.
- HIV status was changed from an indication for transfer of care to an indication for consultation. This request was made as the management for care necessitates a consultation for medication and follow up blood work but does not necessarily impact the management of labour and birth.
- The insertion of "pain which persists, worsens and/or is unresponsive to therapy within the midwife’s scope of practice" was added as a requirement for consultation in both the antenatal and postpartum period on the recommendation of the Inquiry Committee.
- Fetal demise prior to 23 weeks was moved to a discussion as no certificate of death is required at that gestational age. Fetal demise as a category under consultation was amended to "fetal demise requiring medical intervention".
- Prolonged rupture of membranes was removed as a required consultation to reflect the varied and community dependent standards and management around prolonged rupture of membranes.
- Minor changes have been made throughout the document in keeping with gender neutral language.

The Policy on Requirements for Registrants with Active Practice Shortfalls was updated to enable registrants who successfully completed a two year Active Practice Plan an immediate roll into a five year reporting cycle.

The Indications for Planned Place of Birth referenced the newly named document "Place of Birth Handbook" and the list of examples for home birth specifics within the document was removed.

The Planned Place of Birth Consent formerly called Home Birth consent was revised and note made that this consent is not mandatory but serves as a tool as assurance that informed choice discussions around place of birth has taken place.

The Home Birth Transport Plan form was revised to emphasize that there is a requirement for the antenatal records to be forwarded to hospital at 20 and 36 weeks and a footnote added stating antenatal records should be sent both to the hospital where a client intends to give birth and the closest community hospital.

The Requirements for Active Practice was edited to reflect changes to the new bylaw.
requirements for active practice for midwives with a full
time faculty appointment.

The Policy on Continuing Competency in Emergency Skills
now includes the Midwives Association of Manitoba’s ES
course as an acceptable course. Clarification was made
that all programs must be offered in Canada to meet the
requirements. The ALSO program will be removed from
the list of acceptable courses from the policy once all
certifications expire in June 2016 as this program is no
longer offered in Canada.

A new Policy for Midwives Caring for Clients with Restricted
Mobility is under development. This policy is part of a
mediated resolution from an Inquiry Committee appeal that
went forward to the Health Professions Review Board.

The Policy for Client Requests outside Midwifery Standards of
Practice and Required Procedures for Midwife-Initiated
Termination of Care was updated mostly for language
changes referencing “women” to “client”. The policy also
clarifies the use of the Planned Place of Birth Informed
Consent on Planned Place of Birth.

The Midwifery Guidelines for Course of Postpartum Care
were revised to change the requirement for consultation
for a newborn who has not passed meconium by 36 hours
instead of 24 hours.

The Guideline for Cervical Ripening with a Balloon Device was
created to provide application guidance for midwives.

The Guideline for Managing the Second Stage of Labour
was thoroughly revised to ensure proper terminology and
evidence based practice. This revision was requested by
Canadian Midwifery Registration Examination item writers.

The Place of Birth Handbook formerly called Homebirth
Handbook for Midwifery Clients has been revised and
updated 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 includes 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. Next steps and
additions proposed for the Handbook are for the QA
Committee to consider researching the risks associated
with hospital births.

Ongoing Projects

Midwifery Scope and Model of Practice Review

The College in partnership with the MABC is undertaking
a Midwifery Scope and Model of Practice Review, to inform
discussions of scope, model, standards, policies and
guidelines. To date two discussion papers as part of the
Midwifery Scope and Model of Practice Review have been
produced: 1) caring for marginalized women and 2) a
jurisdictional literature review. There are several
priority pieces for the next phase that have been identified.
First would be an additional literature review/research to
establish safety benchmarks, followed by a review of rural
and remote issues, with the third priority being a survey of
midwives following publication of the first two initiatives.
Request for proposals will go out early in the new year for
the first two pieces. Finally, the College will need to look
at the needs and requests of childbearing families, with a
further review of any literature that may exist and other
research. The pilot projects using collaborative models
require evaluation which dovetails with the Scope and
Model of Practice Review.

Midwifery Projects Serving Women and Communities with
Diverse Needs

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 – are working together according to the 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. Data has been
received for the first steps of the evaluations.
UBC Postdoctoral Fellow Kathryn Stoll has been approved as the lead evaluator for all three projects. The evaluations are aimed to be complete by the summer of 2016. 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.

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. 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.

- The College continues to issue specialized practice certifications in Acupuncture Pain Management for Labour and the Immediate Postpartum to the midwives who complete the approved program and their practicums.

- The first approved Hormonal Contraceptive Certification course became available to midwives at BCIT in 2014 and the College has issued certifications to a number of qualified midwives since.

- CMBC approved the Midwife Certification for Prescribing and Insertion of Intrauterine Contraception course. Physician delegation from the College of Physicians and Surgeons also was confirmed which enabled the implementation of the pilot training project for Intrauterine Device (IUD) insertion for midwives. Midwives trained and certified in prescribing and inserting IUDs via a CMBC approved pilot project are authorized to accept delegation of these restricted activities from a physician licensed by the College of Physicians and Surgeons of BC (CPSBC). This project is underway and has been extended until October 2015 while the CMBC awaits approval for changes to the midwife regulation.

- The College approved a First Assist for Cesarean Section certification module developed by UBC and McMaster and has been offered in Ontario for a number of years based on the framework that was originally developed by the CMBC. The first course is expected to be ready by April 2015 and will consist of approximately 40 hours of online instruction and a two day workshop in Vancouver followed by supervised practice in the home community.

- The College continues to liaise with UBC Midwifery Program who is working with Family Practice and two pharmacists to develop an online module for prescribing controlled substances. Having this course in place is a first step towards implementation and obtaining approval from the provincial government to move forward with changes to the Midwives Regulation.

- The College continues to liaise with BCIT to develop a course to include midwives for the purposes of Midwife certification in Sexually Transmitted Infections (STI) Management which includes prescribing. This course will enable midwives to obtain the necessary skills to appropriately prescribe for the treatment of STIs.

- UBC has ordered vacuum trainers in anticipation of developing a training course for vacuum assisted birth. No firm timeline has been established at this time.

- The Framework for Midwife Certification for Intrauterine Contraception and Framework for Midwife Certification for Surgical First Assist for Cesarean Section footnotes were revised to state that an approved pilot project for intrauterine contraception and an approved course for the surgical first assist for cesarean section were now in place for midwife certification.
Random Practice Review

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 under development is the Random Practice Review process. This development has now resumed with the main focus of providing registrants with as much information and tools through communications which will be regularly featured items in the CMBC newsletter.

Committee Membership

The Quality Assurance Committee welcomed new professional member Dina Davidson and public member Donna Read. I would like to thank professional member Sylvia Fedyk and public member Laura Masini Pieralli for their contributions to the Committee.

Patrice Latka RM
Chair
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. It also recommends to the Board the standards of practice for prescribing, ordering and administering drugs. Another responsibility of the Committee is to review and recommend to the Board the screening and diagnostic tests that midwives may order and interpret, and to make recommendations regarding the standards of practice for ordering and interpreting screening and diagnostic tests. The Standards of Practice Committee is a multidisciplinary 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 Hilary Rowe was appointed to the Standards of Practice Committee as the Pharmacist representative replacing Connie Harris. The Committee also welcomed Carol Robinson as new public member.

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 document was updated to reflect gender neutral language, for example with "woman" changed to "client" and "baby" changed to "newborn" where applicable;
- Nitroglycerin was updated to include current information on dosage and administration and the entry was updated to include more information in the list of contraindications. The pregnancy and lactation categories were updated to that listed in Medications and Mother's Milk by Hale and Rowe and in the Drugs in Pregnancy and Lactation by Briggs. References to these were removed from the body of the document and moved to the footnotes. Methemoglobinemia was added as a potential side effect. The maximum dosage was decreased to 200 mcg and a repeat of 3-5 minutes based on an updated reference as noted in the footnotes of the document;
- A revision was made to the new section of Cervical Ripening/Induction Agents that was added to the standards. This section is in preparation for a course development in certification for specialized practice for induction and augmentation of labour;
- Revisions were made to include trimester specific values for Thyroid Stimulating Hormone (TSH) and Free Thyroxin (FT4);
- The interactions between Metronidazole and alcohol was included in the Metronidazole (Flagyl®) section;
- A revision to the Pregnancy and Lactation Risk Category will be updated over time as per the Food and Drug Administration (FDA) suggested revisions to the use of the pregnancy and lactation risk categories. Medications and Mother's Milk by Hale and Rowe has been phasing out the use of these...
categories and Drugs in Pregnancy and Lactation by Briggs phased out the categories in 2009. For the purposes of updating the Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs document, the new categories will be applied to all new drugs, and the previously written drug entries will be updated over time;

- A review of Carbetocin and use for the prevention of postpartum haemorrhage is currently underway by Hilary Rowe and recommendations will be brought forward at a future meeting.

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

- The document was updated to reflect gender neutral language, for example with “woman” changed to “client” and “baby” changed to “newborn” where applicable;
- The footnoted information on typical versus standard reference ranges was removed and a note was included in the preamble section of the document regarding the differences between the two, and each entry was labeled either “standard” or “typical” as appropriate;
- The reference to depression and thyroiditis was removed from the entry on TSH;
- The reference to rule out sepsis was removed from the entry on C-Reactive Protein;
- The section on maternal serum screening was revised to be in line with the information provided by PSBC, and NIPT was included. The Pegasus Study which had been providing NIPT screening free of charge was wrapping up, therefore is no longer referenced in the entry;
- The section on amniocentesis and CVS was edited to include more information for whom these tests should be offered. Minor edits were made, a table from the PSBC’s guideline for prenatal screening (guideline #17) will be inserted as part of the next revisions;
- The sections on ultrasound and Nuchal Translucency were updated and a PSBC table will be inserted here as well.

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

- Additions were made to add C-Reactive Protein and TPO Antibody testing to the list of tests that midwives can now order;
- Additions were made to add Dermatology and Orthopedic Surgeon to the list of specialists that midwives can now directly refer to.

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

The Committee has finalized the sections on controlled substances in the Standards, Limits & Conditions for Prescribing, Ordering and Administering Drugs in preparation for requested amendments to the Midwives Regulation to be approved. This will enable midwives to prescribe, order, and administer controlled substances to their clients in labour and in the immediate postpartum period to reflect the changes made to federal regulations in 2012. 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 the standards and policies necessary to safely implement these changes to prescriptive authority for registered midwives are 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 controlled substances. The College continues to liaise with the UBC Midwifery Program to develop an online module for prescribing controlled substances and to develop an exam.

Yarra Vostrcil RM
Chair
The Inquiry Committee investigates complaints regarding the conduct of registrants as required under the Health Professions Act (HPA). 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 Registrar, if authorized by the Board, may dismiss or address a complaint without reference to the Inquiry Committee if the Registrar determines that the complaint is a) trivial, frivolous, vexatious, or made in bad faith; b) does not contain allegations that are subject to the HPA; or c) contains allegations that are not a serious matter. Such authorization to the Registrar was given by the Board in March 2015.

The Inquiry Committee started this year with 11 outstanding matters from the previous year. Out of these 11 complaints:

- 3 complaints the Panel decided to take no further action as a result of the investigation;
- 5 of them were resolved by having the midwives sign consent agreements;
- 2 complaints, each involving two midwives, the Panel took no further action against one midwife and resolved the complaint by asking the other midwife to sign a consent agreement; and
- 1 investigation remained ongoing as of March 31, 2015.

During the past year 11 new complaints were referred to the Inquiry Committee for investigation and 2 new complaints were reviewed by the Registrar under the Board’s authorization. The Inquiry Panel also, on its own motion, investigated a registrant regarding her practice. Out of these 14 new cases:

- 3 matters the Panel decided to take no further action after the investigation;
- 1 case, involving two midwives, the Panel took no further action against one midwife and resolved the complaint by asking the other midwife to sign a consent agreement; and
- 10 investigations remain in process as of March 31, 2015.

The College has seen a steady rise in the number of midwives over the course of its history as evidenced by the chart below. We have seen a relatively low number of complaints. The number of complaints received in a year has jumped in the past two years. Historically there has been an average of 1 complaint for every 28 midwives. In the past two years, this has changed to 1 complaint for every 20 midwives.
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 17 years since midwives became self-regulated in 1998, the College has received 85 complaints involving a total of 88 midwives. Out of the 85 complaints:**

- 19 complaints the Panel took no further action after investigation as the panel was of the view that the midwives’ conduct was satisfactory and consistent with the standards of practice of the profession;
- 5 complaints each involving two midwives, the Panel took no further action against one midwife and resolved the complaint by asking the other midwife to sign a consent agreement;
- 1 complaint, involving three midwives, the Panel took no further action against one midwife and resolved the complaint by asking the other two midwives to each sign a consent agreement;
- 46 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;
- 1 complaint, which was investigated in 1998, the midwife declined to sign the agreement requested by the Panel. The matter was not pursued as the individual was no longer eligible for re-registration due to changes in registration requirements;
- 2 complaints were referred for citation for disciplinary hearings, one in 2003 and the other in 2005; and
- 11 investigations as noted above, are still in process as of March 31, 2015.

![Number of Complaints Chart](chart.png)
The following chart looks at the decisions of the Inquiry Committee over the course of all the complaints it has reviewed.

Complaint Resolution

- No further action: 3%
- Consent Agreement: 31%
- Referred to discipline: 66%

The following chart demonstrates who has complained about BC Midwives over the past 17 years. The *Health Professions Act* does not dictate who can make a complaint and therefore the complaints originate from a number of sources.
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. The review was resolved by mediation between the complainant, the midwives and the College.

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 we 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. We are also very grateful to the CMBC staff for their professionalism, attention to detail and support of committee members, midwives and the public.

Angela Spencer RM
Chair (April-Dec 2014)

Heather Wood RM
Chair (Feb-Mar 2015)
The Discipline Committee is responsible for conducting hearings into matters of professional misconduct set down by citation at the direction of the Board or the Inquiry Committee. Dispositions from a Discipline 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 both 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. Both hearings (2004 and 2009) resulted in a finding of professional misconduct.

Discipline Panel findings are reported in the College's Annual Report and posted on the College's website.

In 2014-2015 the Discipline Committee had no new cases and there are no active cases outstanding from previous years.

Sylvia Fedyk RM
Chair
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 complaints of professional misconduct of a sexual nature.

The midwife/client relationship, as described in the Midwifery Model of Practice, 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 and 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
The CMBC Committee on Aboriginal Midwifery met three times this year focusing on getting more Aboriginal persons to join the committee and looking into appropriate cultural competency training courses available for access by midwives.

Acknowledging the importance of meeting regularly with other stakeholders, including the Midwives Association of BC’s Aboriginal Committee, the UBC Committee for Aboriginal, Rural & Remote, and the National Aboriginal Council of Midwives (NACM) who share a mutual interest in increasing access to midwifery care within Aboriginal communities, supporting maternity services for Aboriginal women and inspiring interest of Aboriginal students in pursuing midwifery education, the Committee also explored and worked on coordinating another joint meeting.

The Committee’s strategic goal for 2013-2017 is “to better identify and meet the needs of Aboriginal women, families and communities”. Interest and involvement of the members in the committee was consistent throughout the year.

Sarah Devison
Chair
## CMBC Statement of Financial Position

**As at March 31, 2015**

### ASSETS

#### CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and equivalents</td>
<td>$592,413</td>
<td>$317,771</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>2,557</td>
<td>163,962</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>13,129</td>
<td>1,796</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>608,099</td>
<td>483,529</td>
</tr>
</tbody>
</table>

#### CAPITAL ASSETS (Note 4)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22,279</td>
<td>26,998</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PREPAID RENT EXPENSE

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,216</td>
<td>5,709</td>
</tr>
</tbody>
</table>

|                      |          |          |
|                      | 635,594  | 516,236  |

### LIABILITIES

#### CURRENT LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$37,139</td>
<td>$60,069</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>86,573</td>
<td>333</td>
</tr>
</tbody>
</table>

|                      |          |          |
|                      | 123,712  | 60,402   |

#### COMMITMENTS (Note 5)

#### CONTINGENT LIABILITY (Note 6)

### NET ASSETS

#### UNRESTRICTED

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55,275</td>
<td>53,947</td>
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</tbody>
</table>

#### INTERNALLY RESTRICTED

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>603,620</td>
<td>575,782</td>
</tr>
</tbody>
</table>

#### CANADIAN MIDWIFERY REGISTRATION EXAMINATION FUND ASSESSMENT FUND

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(202,948)</td>
<td>(202,948)</td>
</tr>
</tbody>
</table>

|                      |          |          |
|                      | 511,882  | 455,834  |

|                      |          |          |
|                      | 635,594  | 516,236  |
## CMBC STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2015

### REVENUE

<table>
<thead>
<tr>
<th>Source</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$520,657</td>
<td>$450,999</td>
</tr>
<tr>
<td>Grant - Ministry of Health BC</td>
<td>$160,000</td>
<td>$160,000</td>
</tr>
<tr>
<td>Application fees, rent, interest and other</td>
<td>$41,998</td>
<td>$41,984</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$722,655</td>
<td>$652,983</td>
</tr>
</tbody>
</table>

### PERSONNEL COSTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>$452,088</td>
<td>$415,673</td>
</tr>
<tr>
<td>Travel, professional development and other</td>
<td>$12,581</td>
<td>$8,650</td>
</tr>
<tr>
<td>Recruitment</td>
<td>$4,726</td>
<td>$40,571</td>
</tr>
<tr>
<td><strong>Total Personnel Costs</strong></td>
<td>$469,395</td>
<td>$464,894</td>
</tr>
</tbody>
</table>

### BOARD AND COMMITTEE EXPENSES (Note 7)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Board and Committee Expenses</strong></td>
<td>$39,331</td>
<td>$33,776</td>
</tr>
</tbody>
</table>

### OPERATING EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent and utilities</td>
<td>$65,882</td>
<td>$66,064</td>
</tr>
<tr>
<td>Communications</td>
<td>$15,449</td>
<td>$12,282</td>
</tr>
<tr>
<td>Systems</td>
<td>$11,618</td>
<td>$16,068</td>
</tr>
<tr>
<td>Bank charges and interest</td>
<td>$10,848</td>
<td>$7,628</td>
</tr>
<tr>
<td>Library, exam marking, members’ meeting and other</td>
<td>$7,228</td>
<td>$6,973</td>
</tr>
<tr>
<td>Amortization</td>
<td>$7,016</td>
<td>$8,222</td>
</tr>
<tr>
<td>Office expenses and small equipment</td>
<td>$6,969</td>
<td>$2,625</td>
</tr>
<tr>
<td>Loss on disposal of capital assets</td>
<td>$1,716</td>
<td>$2,401</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$126,726</td>
<td>$122,263</td>
</tr>
</tbody>
</table>

### LEGAL, PROFESSIONAL AND INSURANCE

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$16,740</td>
<td>$2,253</td>
</tr>
<tr>
<td>Membership, CMRC travel and HPRB review</td>
<td>$16,639</td>
<td>$3,440</td>
</tr>
<tr>
<td>Accounting and audit</td>
<td>$12,123</td>
<td>$7,500</td>
</tr>
<tr>
<td>Insurance</td>
<td>$5,540</td>
<td>$5,586</td>
</tr>
<tr>
<td>Projects</td>
<td>$4,056</td>
<td>$20,934</td>
</tr>
<tr>
<td>Training and investigations</td>
<td>$1,939</td>
<td>$5,124</td>
</tr>
<tr>
<td><strong>Total Legal, Professional and Insurance</strong></td>
<td>$57,037</td>
<td>$44,837</td>
</tr>
</tbody>
</table>

**Total Expenses**

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$126,726</td>
<td>$122,263</td>
</tr>
<tr>
<td><strong>Total Legal, Professional and Insurance</strong></td>
<td>$57,037</td>
<td>$44,837</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$183,763</td>
<td>$167,100</td>
</tr>
</tbody>
</table>

### EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES
FROM OPERATIONS

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess (Deficiency) of Revenue Over Expenses</strong></td>
<td>$30,166</td>
<td>$(12,787)</td>
</tr>
</tbody>
</table>
OUR STAFF 2014-2015
COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Registrar & Executive Director - Louise Aerts
Deputy Registrar & Director of Finance - Doris Chan
QA & Clinical Practice Policy Director - Joanne Daviau
Director of Operations - Mary Burgoyne
Office Manager - Lisa Robinson
Executive Assistant - Kamila Krol-DeProphetis

CONTACT US
COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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