



COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

NEWSLETTER

New College Offices

Fall 2004

Back in 1997, the College of Midwives of British Columbia opened an office in the Women's Health Centre at BC Children's and Women's (C&W). At that point the College had one staff member and then, with the passage of the bylaws in April 1997, two staff, and no registrants. The 362 square feet of room F503 seemed spacious.

Over the years, the College has grown. There are currently 97 midwives registered in the province, eleven more internationally-educated midwives will be ready for registration in December or January of 2005, and the first class graduates from the UBC Midwifery Education program in the spring.

In performing the regulatory duties mandated by the Health Professions Act, the College's complement of full-time staff has grown to four, with several part-time and casual assistants. In addition to tasks related to registration, developing and updating standards of practice, monitoring continuing competency requirements, and complaints and discipline, the College has been offering an annual program (PLEA) assessing internationally-educated midwives since 2000. In 2003, we also became the lead agency in a national HRSDC-supported research project (NAS) looking at how to develop a national approach to assessment. And we have partnered with BCRCP in collecting home birth data, setting up systems to ensure the accuracy of this data. Still to come is a Quality Assurance Program

mandated by recent changes in the Health Professions Act. And of course all this work and growth in registrants generates a great volume of records that must be stored securely, so numerous additional filing cabinets have been added to the crush. Our one room was bursting at the seams.

The College requested additional space from C&W and waited. In May of this year, the Board directed College staff to begin a broader search for additional space. By July, it was evident that no additional space would be available within the confines of the hospital and the College contacted several leasing specialists to look for office space.

Through a lease broker we found the perfect spot. Our new offices are located at **210, 1682 West 7th Avenue**, between Fir and Pine. We have slightly more than 900 square feet here, plus the space at F503 in the Women's Health Centre, which will serve as our Assessment Office as well as space for meetings and special projects.

It has been a challenge trying to schedule and complete a move in between PLEA exams, QA Audit workshops, Board and committee meetings, the Annual General Meeting, PLEA orientation and the everyday business of the College, but we have made it. Telephones, faxes and computer networks are all up and running and on November 16, we hosted an Open House.

Please feel free to come by and check out our new space.



The view from F503

Published by the College of Midwives of British Columbia as a means to share information with its members and subscribers. The Newsletter is mailed to all members, purchasers of the CMBC Registrant's Handbook and other interested parties. Questions, responses and suggestions regarding the content of the Newsletter are welcome, and should be directed to:

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Discipline Hearing Summary

The Discipline Committee is responsible for conducting hearings into matters of professional misconduct set down by citation at the direction of the Board or the Inquiry Committee. Dispositions from a Discipline Panel can include: dismissal of the case; a reprimand; imposition of limits or conditions; suspension or cancellation of registration; a fine and/or assessment of costs. The College publishes disciplinary hearing summaries in accordance with the Bylaws for the College of Midwives.

Hearing Date: March 29, 2004

Member: Sara Day – former member, registration #1037, resigned July 8, 2003

On July 23, 2001, the College received a letter of complaint from a family concerning care provided during and after the delivery of their child by registered midwife Sara Day. The complaint was investigated pursuant to the *Health Professions Act*, R.S. B. C. 1996. On October 28, 2003, a citation for a hearing was issued at the direction of the Inquiry Committee. As a result, the Discipline Committee convened a Panel made up of one public and two professional members to conduct a disciplinary hearing which took place on March 29, 2004. The allegations were presented by College counsel; the Panel was supported by separate legal counsel and the midwife was represented by her own counsel. The hearing was open to the public and a court reporter was present. At the outset it was noted that the respondent had voluntarily ceased practice, but it was agreed before the Panel that the Panel still had jurisdiction over her.

At the onset of the hearing Ms. Day admitted she was guilty of the allegations in section II and III of the Citation as follows:

- II. professional misconduct pursuant to Section 33 (4) (c) , 37 and 38 of the Health Professions Act, and a breach of Section 5 of the College's Code of Ethics in Appendix 2 of the College Bylaws; and
- III. a breach of the College's Bylaws pursuant to Section 33 (4) (a) of the Act.

The College withdrew the allegation of incompetence in section I. of the citation.

After reviewing the Act, the Bylaws and the Standards of Practice, and hearing the submissions of both counsel, the Discipline Panel found Ms. Day guilty of

professional misconduct and a breach of Section 5 of the Code of Ethics and Sections 60 (e), (m) and (r) of the Bylaws in respect of her having billed the Medical Services Plan for postpartum care that did not take place. In addition, the Panel found Ms. Day guilty of a breach of Bylaw 60 (e) in that she did not meet the standards applicable to midwives in British Columbia for appropriate care of a newborn and mother in the immediate postpartum period, particularly with respect to appropriate and timely follow up of rapid weight loss in the newborn.

Counsel for the College and Ms. Day made joint submissions on the nature of an appropriate penalty and presented a draft consent agreement for the approval of the Panel. The College also advised the Panel that Ms. Day had been subject to a prior period of supervision in 2000 as a result of an Inquiry investigation. The Panel agreed that the terms of the consent agreement presented were appropriate and would ensure that the public is adequately protected should Ms. Day choose to return to practice. They incorporated those terms into their Order:

Under Section 39 of the *Health Professions Act*, the College of Midwives of British Columbia Discipline Committee ordered that the following conditions be imposed on the Registrant's practice should she return to practice:

- 1) Ms. Day will be supervised for 20 courses of care. The supervisors will report to the Supervision Panel of the College every month regarding Ms. Day's progress and the practice issues described below. Ms. Day will be responsible for identifying a qualified Supervisor (s) acceptable to the Supervision Panel.
- 2) For each course of care, the supervision will consist of:
 - a) Weekly chart reviews of all postpartum midwifery care provided by Day to each client;
 - b) Direct supervision for one antenatal visit, the day-three postpartum visit (or the first at-home postpartum visit immediately after discharge from hospital if the mother and newborn remain in the hospital at day-three), and one additional postpartum visit for each of the 20 clients;
 - c) Ms. Day must notify a supervisor and discuss a plan of care at the onset of labour or induction for the first 10 of the 20 courses of care;

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- d) Ms. Day must attend in person with any client who is being induced, and contact a supervisor by phone at the commencement of the induction and thereafter as directed by the supervisor;
 - e) Ms. Day must notify a supervisor when a client has delivered in her care and discuss her plan for care for the immediate postpartum with her supervisor;
 - f) Direct supervision of the first five primiparous births. Intrapartum supervision will focus on assessment of fetal and maternal well-being, assessment of the progress of labour, including fetal position, the development and implementation of an appropriate plan of midwifery care consistent with those assessments and appropriate contemporaneous documentation.
- 3) Ms. Day will provide each client with a current copy of the College's *Indications for Discussion, Consultation and Transfer of Care* and discuss the document with each client.
- 4) An auditor appointed by the Supervision Panel will do a random audit of Ms. Day's charts, where care is completed to the final postpartum visit, every three months over one year or until a review of 20 charts is completed. This chart audit will include consideration of documentation of informed choice discussions; documentation reflecting an overall plan of care including assessments and management plans in the antepartum, intrapartum and postpartum; documentation of the assessment of the health, well-being, growth and development of the newborn, particularly in the first week of life; documentation of the assessment of the effectiveness of breastfeeding and strategies for establishing an adequate milk supply; documentation of the assessment of maternal well-being in the postpartum, particularly with respect to potential sources of postpartum infection; and an audit of the correlation between actual care provided and billings submitted to the Medical Services Plan. The auditor will have the discretion to decide if two additional chart audits are required after the complete of the audit of 20 charts.
- 5) Ms. Day's auditor and/or supervisor(s) will identify to the Supervision Panel of the College any concerns they have about unsafe practice, or practice that does not comply with the College Bylaws, the College's Statement of Competencies of Registered Midwives, its Standards of Practice, the Code of Ethics or the Model of Practice and the Supervision Panel may require Ms. Day to undertake further remediation if appropriate.
- 6) Ms. Day will attend courses approved by the Supervision Panel on the following topics:
- a) a communication course;
 - b) a documentation course with a focus on accurate documentation of events, assessments, informed choice discussions and an overall plan of care;
 - c) a lactation counseling or lactation consultant course with a focus on the skills needed to assess breastfeeding problems, to assess the health and well-being of the nursing newborn and to implement a plan of care to address problems; and
 - d) an ethics course with a focus of professional responsibility and ethical practice.

The Panel made further comment, directed to the Supervision Panel and any future supervisor(s), that a major focus during Sara Day's period of supervision should be "her understanding of the responsibilities of a midwife to a client, particularly with respect to follow up that assures the safety of mother and baby". Recognizing that a variety of clinical issues and issues of appropriate documentation did arise, the Panel emphasized that "Ms. Day's failure to understand the importance of ensuring follow up for a baby experiencing rapid weight loss in the first week of life" was their most significant concern. The Discipline Panel asked that the supervisor report specifically on this aspect of Ms. Day's care and that this report be passed on to the Discipline Panel.

A formal reprimand was ordered placed on Sara Day's file to the effect that she billed the Medical Services Plan for postpartum care visits that did not take place and that this constitutes professional misconduct.

Because Sara Day is not currently practicing, the Discipline Panel made their orders related to her future practice subject to Ms. Day meeting any and all requirements for reinstatement of her registration with the College. Expressing concern that her absence from practice not be too lengthy, the Panel required that, in order to return to practice as set out above, Ms. Day must apply for and meet the requirements for conditional registration by July 1, 2005.

Sara Day was also ordered to pay the sum of \$350 towards the cost of Discipline proceedings as agreed by both counsel.

Change of Practice Status - Non-Practising Registration

The College receives a number of requests for information each year from midwives wishing to take a leave of absence.

For most, the questions focus on how to reduce costs, in particular, liability insurance costs for the period of time on leave. A registrant must change her status to Non-practising registration if she is no longer covered by liability insurance. The information and forms required to do this are found in the Registration section of your Registrant's Handbook and include the *Leave of Absence Policy*, *Cessation of Practice* form and *Application for Non-Practising Registration*.

Currently within the midwives' self-insurance program, managed by the MABC and underwritten by the Risk Management branch of the Ministry of Finance, General and Conditional registrants must purchase their liability insurance by the quarter, unless the midwife is doing a locum for an already insured midwife. This means that if you work as little as one day in the quarter, you must pay for the entire quarter. Therefore, in order to realize the maximum financial benefit, your change of status application must be received before the end of a fiscal quarter to take effect at the beginning of a quarter. The fiscal quarters are April 1 to June 30, July 1 to September 30, October 1 to December 31 and January 1 to March 31. The quarters are the same for both MABC and CMBC, although the MABC membership year starts in January and the CMBC registration year in April.

To avoid paying for an additional quarter, you must ensure that your paperwork arrives at the College office at least one business day prior to the end of a quarter, so that notice can be sent out to both the Ministry of Finance and MABC. You may fax or mail both the *Cessation of Practice* form and *Application for Non-Practising Registration* to the College office. If your

leave is scheduled to start in the middle of a registration year (between April 1 and March 31), you need to return your annual certificate of registration and annual registration card to the CMBC as well. If your leave is to start April 1 of any year, you will need to include the \$250 annual fee for Non-practising registration. You do not need to maintain CPR, NRP or emergency skills certifications during the period you are non-practising and you must not practice midwifery or perform any reserved acts during this period. If your leave begins during the registration year, you may be eligible for a refund of fees from the CMBC. The College has applied for a change in its Bylaws to allow registration fees to be pro-rated by the month for newly registered midwives or those changing status and has now put this change into effect. Please contact Mary Burgoyne at the College office for specific details.

When returning to practice, you need to forward the *Return to Practice* form from the Registration section of your Registrant's Handbook along with copies of current certifications in NRP, CPR and emergency skills to the College office. Ideally, this should be approximately a month before you wish to return to practice, as this change of status request must go before the Approval Panel of the Registration Committee which generally meets monthly. You must also contact the MABC to reinstate your liability insurance. Again, you must pay for a full quarter of liability unless you are applying to do a locum as a temporary registrant, so you may wish to coordinate your return to practice with a fiscal quarter for maximum financial benefit.

Additions to the Register

Since January 1, 2004, 16 midwives have joined the register of the College of Midwives of British Columbia, nine through PLEA, four via inter-provincial reciprocity and three graduates from approved midwifery education programs. These new registrants are:

Date Joined	Name	Location	Current Status
06/01/04	Teresa Murray	Salt Spring Island	General
	Sherry McGillis	Vancouver	General
	Leah Barlow	Lister	General
15/01/04	Esther Palmer	Lister	General
21/01/04	Kelly Elizabeth Chisholm	Vancouver	General
17/02/04	Heather Fawn Shaw	New Westminster	Conditional
01/04/04	Christina M. Blackmore	Lister	General
	Trang Quynh Duong	Surrey	General
	Leslie Schear	Vancouver	General
02/04/04	Eileen K. McNally Hutton	Vancouver	General
01/07/04	Jane Ballaro	Abbotsford	General
01/10/04	Lorna Joan McRae	Victoria	General
	Ren Barrett	Vancouver	General
	Leanne J. Yeates	Vancouver	General
02/11/04	Ann Lovold	Abbotsford	Temporary
	Kyra Emily Warren	Kelowna	Temporary

PLEA 2004 - Bringing New Midwives to BC

2004 has been an exciting year in our Prior Learning and Experience Assessment (PLEA) process. As we near the end of this year's orientation program, the College looks forward to having eleven new internationally-educated midwives joining us, both in conditional and general registration categories, over the next few months. This year's applicants have come from programs in the US, the UK, Germany and New Zealand. A number of additional candidates, who have completed the portfolio stage, are expected to finish their exams and orientation in the next cycle.

The CMBC has been offering Prior Learning and Experience Assessment for midwives educated outside of Canada since 2000. The College's Registration Committee has evaluated, revised and updated the process each year. The most recent change is a move to increase the amount of non-continuity-of-care-based clinical experience (clinical experience in ante, intra and postpartum care in the past five years) that can be assessed for equivalency to the continuity of care requirements for registration set out in the College's bylaws. As many midwifery education programs around the world do not offer clinical experience in the context of continuity of care but do teach the required clinical skills across the childbearing cycle, this change gives applicants an opportunity to demonstrate "equivalent" experience to BC requirements. Supervision requirements can then be more specifically tailored to the individual, addressing any specific discrete competency gaps identified during the process, and likely shortening the time needed in supervised practice for many new registrants. Up to 97 percent of an applicant's current experience can now be assessed for equivalency (up from one-third in recent years.) Look for more details on the College's web site in January.

As with previous cycles, the 2004 assessment cycle began with a detailed portfolio assessment using the CMBC's Framework of Professional Practice and international standards for the examination of evidence. Midwife assessors examined both direct and indirect evidence submitted to validate the education, experience and competence to practice midwifery of 12 new applicants this year. Eleven were assessed as eligible to sit examinations. Two of these also applied for exam exemption through our expanded portfolio process and were granted exemptions from some portions of the written and clinical exams. The emergency skills clinical exam is mandatory for all candidates. Two other applications received this year were incomplete. These applicants will have an opportunity to put their

applications forward again in the next assessment cycle.

Nine out of this year's group of candidates and six candidates who had had their portfolios assessed in previous cycles, chose to sit exams this year, for a total of 15 participants. It is interesting to note that each year some applicants choose to take more than one year to complete the process, often completing the portfolio phase in one year and taking exams in the next.

This year's two-day written examination to test general midwifery knowledge was held September 20 and 21st at BCIT. The exam was moved to BCIT this year after we had to move the exam to another location last year when, minutes before the exam was to begin, Children's and Women's Health Centre was evacuated in response to a bomb threat. This year's written exams proceeded without incident.

Two days of clinical midwifery examinations, testing both general competence across the midwife's scope of practice and specific emergency midwifery skills in objective structured clinical exam (OSCE) and oral exam formats, were offered on September 26 and 27th. This year the clinical exam was also moved to a new site at Vancouver General Hospital in UBC's clinical skills area at the Heather Pavilion. After seven years of offering clinical exams at VGH's old Nurses' Residence, we spent many months getting organized for this change.

Wanting to be prepared for a significant number of candidates taking exams this year, we booked the site to offer the exams over a three day period. Even though we had booked the site many months in advance, as the exam dates approached we were told that our access to the space had been reduced because of the growing demands on the space by the medical school, which has priority. With 16 candidates signed up to take exams (one later withdrew, leaving us with 15 participants), we suddenly found ourselves with only two days of access to the exam facility. There were no other appropriate sites available in the city, so this meant preparing ourselves for two long days and a tightly-orchestrated schedule for examiners, for the standardized clients who act in the scenarios, and for the candidates themselves. Then during preparation for the exams there was an evacuation at the hospital due to a bomb threat (Yes, another one – while these bomb threats have had nothing to do with midwifery, if this keeps up we could start to take them personally.) and we lost the better part of a day of set-up time. Then on the Friday night

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RESEARCH PROJECT

Assessing Internationally Educated Midwives in Canada

The Canadian Midwifery Regulators Consortium (CMRC), the national organization representing midwifery regulatory colleges across Canada, has undertaken a research project aimed at identifying the best ways to assess internationally educated midwives for registration in Canada. The College of Midwives of BC is the lead organization for this National Assessment Strategy (NAS) project and the CMBC's Assessment Manager, Wendy Martin, is the project's co-ordinator and lead researcher.

As a relatively new regulated profession in Canada, with limited space in the country's three university-based midwifery education programs, Canadian midwifery regulators rely heavily upon registering internationally-educated midwives to meet the demand for midwifery services. While a number of provincial regulators mount assessments for applicants trained outside of Canada each year and there is significant cooperation and collaboration among these regulatory bodies, assessment standards and practices do vary across the country. These are also resource-intensive processes and many of the smaller Canadian jurisdictions, both those currently regulating midwifery and those moving to regulate the profession, cannot afford to carry out such assessments on a regular basis.

The goal of the project is to research and develop a national approach to competency assessment that can maximize limited provincial resources, facilitate the entry-to-practice of internationally-educated midwives, and thereby increase the number of midwives providing care to women in Canada. The end result may include harmonization of parts of provincial assessment processes, development of new tools (for example, a national exam databank) and perhaps the development of an integrated national process, or at least parts thereof. The project is funded by Human Resources and Skills Development Canada and Canada's five provincial midwifery regulators.

The project commenced in December 2003 with a developmental phase. Initial research in this phase identified basic similarities and differences between existing provincial assessment processes, as well as gaps and barriers to access for assessment candidates. A detailed, peer-reviewed report and research plan were produced.

The research plan, for the period from April 2004 to September 2006, includes interviews with Canadian stakeholders in midwifery, as well as with experts in prior learning assessment, examination methods, and immigrant access; an international survey of health regulators and their assessment processes; development of a national competency statement; and focus groups with past assessment candidates. Once the CMRC has reviewed the research findings and determined the best assessment processes, the tools needed to carry out a pilot will be developed. An evaluation and final report will conclude the project.

For more information, contact Project Coordinator Wendy Martin at 604-742-2232 or plea@cmbc.bc.ca.

PLEA 2004 - bringing new midwives to BC...from page 5

before the exam, after a long evening of set-up, the pipes burst in the Heather Pavilion and CMBC staff were ducking falling ceiling tiles, calling maintenance and scrambling to keep our supplies and equipment out of the water.

We looked for some place where we could move the exams. When no options emerged, we were afraid we might have to cancel them. But, with hospital plumbers and our stalwart staff working late into the night and early again the next morning, the floods abated and we were able to carry on. Despite the long days, the exams themselves went smoothly, with amazing patience and even good humour on the part of all participants - examiners, actors and candidates alike.

The College is now looking at the need to shift the exam schedule to a time outside of the university's academic year, so that we are not at the mercy of the medical school's ever-shifting timetable. The timeline for the next assessment cycle should be posted on the College's web site at www.cmbc.bc.ca by early January 2005.

Meanwhile we welcome this year's successful PLEA candidates to midwifery in BC.

Personal Information Protection Act - Information for Midwives

On January 1, 2004, the new *Personal Information Protection Act (PIPA)* came into effect in British Columbia. PIPA now governs how personal information on British Columbians is gathered and used by private organizations, including midwives' offices. While a notice was sent to members at that time, the College would like to follow up with more information and resources for complying with this important piece of legislation which applies to all registered midwives.

Does PIPA Apply to CMBC? As a governing body of a profession the CMBC falls under the requirements of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* and, therefore, the provisions of PIPA do not apply to the college.

How PIPA Applies to Midwives As professionals in private practice, midwives are responsible for knowing the legislation that affects their practice and complying with that legislation. Visit the following website for more information on PIPA: www.mser.gov.bc.ca/foi_pop/Privacy/

Tools have been developed with the support of government to help organization and individuals comply with PIPA. Many of these tools can be found in the BCMA Privacy Toolkit. This Toolkit is useful for midwives wanting to become more familiar with their responsibilities under PIPA. It can be found at: https://www.bcma.org/public/news_publications/publications/PrivacyToolkit/ToolkitTableOfContents.htm

The kit provides more information on PIPA, tips, client information, sample privacy forms and links to more specific information on privacy in clinical settings.

As registered midwives you will be familiar with your long-standing duty to protect the personal information of your clients as set out in the CMBC bylaws, Part VII. Thus, the principles underlying PIPA will be familiar. (see text box on next page.)

Highlights from PIPA Tool #4: BC Ministry of Management Services

How PIPA Affects BC Health Care This legislation governs how midwives, physicians and other clinicians:

- collect personal information on their clients
- use clients' personal information to provide necessary care
- disclose a client's personal information to other parties (such as labs, physicians, hospitals, etc.) in relation to that care
- how clients are able to access their information and correct it when necessary.

Changes as a Result of PIPA Your clients will likely notice very little difference in how their personal information is managed as professional ethics, including a strong ethic of client consent, common sense and discretion have historically

guided midwifery practice and protected client confidentiality. However, the process is now somewhat more formal.

PIPA recognizes both the rights of the client to protect her personal information, and the need of the midwife to collect, use and disclose client information in order to effectively carry out midwifery care.

There are specific rules in place for:

- How information must be gathered
- How information must be protected
- When and to whom it can be disclosed
- How information can be accessed and corrected

For example, a midwifery practice must have policies about the protection of personal information in place and assign one of its members to be the office's privacy officer, responsible for helping client's understand how personal information is being managed and access their own personal information, and generally be responsible for ensuring the practice's compliance with the Personal Information Protection Act (PIPA). Check the web sites noted above as well as the information below for more specifics.

Understanding PIPA – a brief overview

Types of Information PIPA places personal information into two categories:

- **individually identifying information** - tells who a person is
- **non-identifying information** - does not reveal a person's identity

Privacy can be violated only if the person can be identified. For that reason, PIPA is mainly concerned with information that identifies a client.

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New College office

Ten Principles for the Protection of Privacy

BE ACCOUNTABLE - you are responsible for the personal information under your control and for ensuring that you have policies to support your compliance with legislative requirements.

IDENTIFY THE PURPOSE – collect only what is necessary. The purpose for collecting personal information must be available to the client.

OBTAIN CONSENT - client knowledge and consent to collect, use or disclose personal information is required.

LIMIT COLLECTION – only collect personal information for the purposes that a reasonable person would consider appropriate in the circumstances.

LIMIT USE AND DISCLOSURE – use of disclose personal information only for the purpose it was collected.

BE ACCURATE – ensure personal information is accurate, complete and current.

USE APPROPRIATE SAFEGUARDS – ensure personal information is safeguarded against unauthorized access, disclosure, use, copying, modification, disposal, etc. regardless of format.

BE OPEN – share your privacy policy with clients so they understand how you protect personal information.

GIVE INDIVIDUAL ACCESS – make provisions for individuals to access their personal information.

PROVIDE RECOURSE – ensure your compliance and complaints process is simple and easy to understand.

Personal information protection act...from page 7

Consent When a client provides information to you regarding her health and the reasons for her visit, it is considered that she has given your implicit consent to the collection, use and disclosure of that information for use in providing her health care, including implicit consent to send all or part of her client information to a third party (lab, hospital, other physician, etc.) so long as it is in relation to the provision of direct midwifery care.

Right to access personal client information A client has the right at any time to request access to her chart held in your midwifery office, but she does not have automatic access to everything in her file. In certain circumstances a midwife may decide to allow partial access to a chart or hold back certain information if the midwife believes this information could cause harm to the client or to others. It is expected that such circumstances would be rare.

Right to correct any errors or omissions in your personal patient information A client may request a correction to her records if she believes there is an error or omission and within 30 days of receiving such a request, the midwife must correct any information in the client's chart that has been verified to be inaccurate and then send a copy of the corrected record to each organization to which the incorrect or incomplete

information was disclosed within the past year.

If the midwife determines that no incorrect information exists in the record, a note must be made and include it in the record to indicate a correction was requested but not made and the client must be notified and provided with the reason(s) for not making the requested correction.

Complaint Process If a client has a complaint or concern about the way her personal information has been collected, used, or disclosed to a third party, your practice must have a process in place to deal with it that is readily accessible to your clients. Your practice's privacy officer must investigate and respond to all complaints within a reasonable time.

If a complaint is found to be justified, appropriate steps must be taken to resolve it including, if necessary, amending office policies and procedures as they relate to PIPA.

If a client is not satisfied with the outcome of dealing with your practice's privacy officer, she may contact the College of Midwives and ask the College to solve the issue. If that procedure is unsatisfactory, she may contact the Office of the BC Privacy Commissioner and the Privacy Commissioner will have the final word on the matter.

Holiday Hours

The CMBC offices will be closed from noon December 24, 2004 until 8:30 am January 4, 2005

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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