NEWSLETTER

COLLEGE OF MIDWIVES OF BC

NOVEMBER 2017

Alternate Practice Arrangements

CMBC is excited to announce the launch of the new Policy on Alternate Practice Arrangements. Alternate Practice Arrangements (APAs) are innovative models of midwifery care that allow flexibility in adherence to the Standards of Practice Policy, while still ensuring public safety and quality assurance oversight.

Eligible registered midwives in good standing with CMBC may apply to either establish an APA based on community, client and/or provider need, or to join an existing APA. It is expected that each APA will be unique and APAs will therefore be approved on a case-by-case basis by the Approval Panel of the Quality Assurance Committee.

Although midwifery care in an APA model will be subject to the Midwives Regulations and Bylaws for the College of Midwives of BC, APAs will have an approved exemption from the following Standard(s) of the Standards of Practice Policy:

- Standard 1.3: the midwife as primary care provider;
- Standard 6.1: comprehensive care through all trimesters, labour, birth and postpartum;
- Standard 6.4 continuity of care provider, no more than four care providers; and/or
- Standard 7.2: providing care in all settings (home/hospital)

If you are interested in learning more about APAs, the professional considerations of working in an APA, or are perhaps thinking about establishing one and want to learn more about the process, check out the following documents in the Registrants' Handbook:

- *Policy on Alternate Practice Arrangements*
- *Application to Establish an Alternate Practice Arrangement*
- *Application to Join an Established Alternate Practice Arrangement*

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Continuing Professional Development: Examples of How to Meet New CMBC Requirements

CMBC recently announced the implementation of a CPD Policy, requiring 45 credits of CPD activity per midwife per three year cycle, as part of the CMBC Quality Assurance Program. The following examples provide insight into how two very different (fictional) midwives met their CPD requirements.

Both Elizabeth and Sally were aware of their three year cycle start and end dates, and submitted their logs upon prompting by CMBC. They kept any proof of their CPD activities (completion certificates, reflective worksheets, conference receipts, etc.) in case of random audit in the future.

Elizabeth is a 52-year-old midwife, currently working in a solo practice in Fort St. John. She takes ten days of holidays per year. Here is how she met her CMBC CPD requirements:

CPD Cycle Start Date: January 1st, 2018 CPD Cycle End Date: December 31st, 2020

Date	Name of CPD Event/Activity	Location/ format	CPD credits	
			CMBC*	Mainpro+
January 2018-current	Fort St. John Hospital Perinatal Quality Committee- member	In person	18	
March 2018	Fetal Health Surveillance online manual	Online	8	
April 2018	Fetal Health Surveillance workshop	In person	6	
August 2018	Review of: Wood, Sharon. Congenital CMV, knowledge and attitudes among maternal health professionals and pregnant women. 2017. *Midirs*. 27:1.	Online	1	
December 2018	Review of: Waterman, Katie. Does a low –risk setting in the intrapartum period increase VBAC success rate? 2017. *Midirs*. 27:1.	Online	1	
January-April 2019	Preceptor for 3rd year midwifery student	n/a	3	
June 2019	Review of: Gulec, U.K. et al. Spot UPCR to Predict the Magnitude of 24-hour Total Proteinuria in Preeclampsia of varying Severity. 2017. *Journal of Obstetrics and Gynecology Canada*. 13:10.	Online	1	
March 2020	PSBC's Healthy Mothers Healthy Baby Conference	In person	11	
April 2020	Journal article review Review of: Ryan, E.A et al. Glucose Control During Labour in Diabetic Women. 2012. *Journal of Obstetrics and Gynecology Canada*. 34:12.	Online	1	
April 2020-December 2020	UBC CPD "This Changed my Practice" online subscription	Online		1.25
Credits subtotals			50	1.25
Total CPD credits			**51.25**	

Sally is a 28-year old midwife, currently working in a large collaborative practice in Vancouver. She takes eight weeks of holidays per year. Here is how she met her CMBC CPD requirements:

CPD Cycle Start Date: January 1st, 2018 CPD Cycle End Date: December 31st, 2020

Date	Name of CPD Event/Activity	Location/ format	CPD credits	
			CMBC*	Mainpro+
January-April 2018	Preceptor for 4th year midwifery student	n/a	3	
April 2018-May 2018	Volunteered midwifery services in South Sudan (MSF) x 4 weeks	In person	12	
November 2018	Presented at CAM on volunteer work in South Sudan	In person	2	
January 2019	Review of: Beites, C.L and Morgan, L. Evening Primrose Oil for Cervical Ripening. *Canadian Journal of Midwifery Research and Practice*. 2014. 13.	Online	1	
April 2019	Journal article review Review of: Ryan, E.A et al. Glucose Control During Labour in Diabetic Women. 2012. *Journal of Obstetrics and Gynecology Canada*. 34:12.	Online	1	
May 2019	Grand Rounds: "Hypertension in Pregnancy"	In person	1	
June 2019	Fetal Health Surveillance online manual	Online	8	
September 2019	Fetal Health Surveillance workshop	In person	6	
September 2019	Grand rounds: "Contraception update"	Online	1	
April 2020	Conference: Medical Disorders of Pregnancy	In person		7
September 2020	UBC Midwifery: OSCE assessment/clinical instructions (3 hours)	In person	6	
Credits subtotals			41	7
Total CPD credits			**48**	

Hospital Privileges Reminder

Midwives' hospital privileging credentials are collected and confirmed by CMBC: in the registration renewal application every year,

- when they apply for a change of registration status throughout the registration year, and
- when they submit a change of contact information form notifying CMBC of a change of practice throughout the registration year.

CMBC understands that there may be other times throughout the registration year when there is a change of status of a registrant's hospital privileges. In such cases, registrants must notify CMBC directly of this change by emailing Kamila Krol-DeProphetis at qa@cmbc.bc.ca.

For additional information please see CMBC's Policy on Hospital Privileges.

Bylaw Bits & Bytes

Standards of Practice / Code of Ethics

Did you know that in the last bylaw amendments, the Standards of Practice and the Code of Ethics were removed from the bylaws? The Standards of Practice and the Code of Ethics have always been a part of the Registrant's Handbook and can be found in the Model of Practice Standards section. As registrants, you are expected to know the standards which guide the practice of midwifery and the principles that direct the conduct of midwives in BC. If you are not familiar with both documents, please take the time in reading them again.

Liability Insurance (Section 62)

All registrants, except non-practising or student registrants, must at all times maintain professional liability protection or insurance coverage at the level required in the bylaws. Subsection (2) states that a registrant who ceases to be protected or insured must (a) cease the practice of midwifery immediately and (b) notify the registrar no more than seven days after ceasing to be protected or insured. The registrant must apply for non-practising registration or voluntarily relinquish the registration. Failing that will result in the registrant's registration being cancelled by CMBC.

Privacy Requirement (Section 79)

This section of the bylaws requires a registrant to take all reasonable measures to ensure that the purpose, sources, collection, use, protection, disclosure, access and disposal of a client's personal information occurs in accordance with the Personal Information Protection Act, and all other relevant legal requirements. The CMBC's Personal Information Protection Act (PIPA) Requirements in your Registrant's Handbook and the guide and resources for PIPA published by the Office of the Information and Privacy Commissioner for BC are additional resources for you or the privacy officer of your practice for ensuring your practice is in compliance with the PIPA.

Holiday Closures

CMBC's office will be closed from Monday, December 25th, 2017 to Monday, January 1st, 2018 for the holidays. We will reopen on Tuesday, January 2nd, 2018. Happy holidays from CMBC staff!

Midwifery Regulation in Newfoundland and Labrador and New Brunswick

CMBC is very excited about the progress of midwifery regulation in both Newfoundland and Labrador and New Brunswick!

Midwifery in New Brunswick is now regulated by the Midwifery Council of New Brunswick, and the government announced that four midwives will be hired as part of a pilot project to start introducing the practice back into the province.

In Newfoundland and Labrador, midwifery regulations were passed in April 2016 and came into effect on September 30, 2017. Since then, the government announced that they are hiring Gisela Becker as a Midwifery Consultant to continue to set up midwifery practice in the province.

We look forward to hearing more news on the advancement of the regulation of midwifery in these provinces!

Narcotics Logs

Please be reminded that as part of the Quality Assurance Program for Prescribing Controlled Substances midwives are required to complete two logs: one for the first three inpatient orders of controlled substances, and one for the first three outpatient prescriptions of controlled substances. Midwives should record the client's initials, name of medication, dose, route of administration, indication and confirmation that the prescription was reviewed with a colleague (midwife, physician, nurse practitioner or nurse). Only the first three inpatient orders and first three outpatient prescriptions must be recorded in the log.

Submission of logs to CMBC is required upon completion or as requested. For more information see the Quality Assurance Program: Prescribing Controlled Substances document and the Prescribing Controlled Substances Log.

ONLINE RENEWAL OF REGISTRATION – 2018/19

All registrants will receive an email notification at the end of January or early February with information on how and when to submit the online application for renewal of registration. Once online renewal is open, registrants may sign in to the system and begin following the instructions to fill out their renewal application. Proofs of certification in NRP, CPR and ESW can be uploaded to the system as required and payment can be made online.

Things to have handy when starting the renewal application:

- Account log-in credentials for the CMBC website
- Proof of NRP, CPR, and ESW completion/certification
- Contact information (home and practice)
- List of hospitals where you hold and/or are applying for privileges
- Credit Card

Note: You will no longer be required to record birth numbers

CMBC staff have been working with the IT systems support group to improve the online renewal system based on feedback provided by registrants during the previous two renewals. We will continue to provide the opportunity for feedback in the renewal application in order to inform continual enhancements to the system.

Registrants can access their account in the Members Login section of the CMBC website year-round to update personal contact information, pay applicable fees as necessary and download their annual certificate of registration.

Spring Cleaning: CMBC Clinical Practice Guidelines

The Board recently made the decision to archive the majority of CMBC's clinical practice guidelines. This came as a surprise to many registrants, who voiced concerns that this shift from midwifery-specific guidelines could degrade the autonomy of midwifery practice and increase the potential of midwifery care being subsumed by a more medical model. CMBC has accounted for this potential and has taken/will take the following actions to minimize this possibility.

In preparation for the mass archive, CMBC was careful to ensure that no information or practice approach unique to midwifery was lost and to confirm that alternate, suitable guidelines are available. In today's world, where many community-endorsed, evidence-based, well-maintained and client-centred clinical care guidelines (ie: PSBC, SOGC, AOM) exist and are readily available online, there is little value in CMBC having their own unless they say something significantly different.

Additionally, CMBC is moving towards the development of additional clinical position and policy statements where birth setting may have an impact on care, where evidence may be inconclusive or where there may be interprofessional differences in interpreting the evidence (for example, the Policy Statement on Planned Vaginal Birth after Cesarean Section). And finally, CMBC's Policy on Informed Choice is currently under major revision and strengthening to reflect current evidence and to better aid midwives when counselling their clients in a variety of clinical situations.

CMBC will continue to maintain and discretely develop clinical practice guidelines where no suitable guidelines exist and where the public could be seen at risk as a result. An example of where CMBC has maintained guidelines using this rationale is with the Guideline for Managing the Second Stage of Labour and the Guideline for the Use of Water in Labour and Birth. Please note that midwives are held accountable to community, provincial and national perinatal care clinical standards, guidelines and policies in addition to CMBC guidelines.

If you see an area where the public could benefit from the development of a specific clinical practice guideline, please contact Ruth Comfort, CMBC's Quality Assurance and Clinical Practice Policy Director at qa.director@cmbc.bc.ca

Ask the Midwife

Mentorship Version

This quarter's version of Ask the Midwife highlights the benefit of having a mentor. No matter how many years one has been in practice, both having a mentor and being a mentor is always beneficial, so long as both parties agree to a trusting, respectful and non-judgement relationship.

Dear Colleague,

A client just paged with an episode of dark brown vaginal bleeding overnight. It's resolved now. She is 6 weeks and 5 days gestational age. I did my usual phone assessment: she denies cramping and pain and overall feels physically well. She is known to be Rh negative. Emotionally she is a bit teary, but overall feels optimistic.

She has a dating ultrasound in 10 days (previously booked). I've ordered serial beta HCGs and asked her to page with any additional bleeding, cramping, pain or fever. I plan to check in with her once her first beta HCG is reported. Does this sound reasonable or have I missed anything?

Sincerely,

Your Colleague

Dear Colleague,

Your management sounds very thorough. You've provided thorough, holistic care and given clear parameters for calling you back with new symptoms. The only thing I'd suggest is booking your client in for an urgent transvaginal ultrasound to ensure the pregnancy is intrauterine. Did you know that pain is absent in up to 34% of ectopic pregnancies? If getting an urgent ultrasound is not a possibility in your community, have a low threshold for sending her to the emergency department for an ultrasound if she has any further bleeding and/or pain to rule out an ectopic pregnancy.

Sincerely,

Your Colleague

Penicillin Allergies

UBC CPD recently published a new article by Dr. Jennifer Grant that discusses the screening processes for penicillin allergies. To read the article, click here.

Second Birth Attendant Renewal

Please be reminded that if you use a second birth attendant, your approval will expire on March 31, 2018, at the end of the registration year. In order to ensure you have continuous second attendant coverage, you must reapply by submitting your Request for Approval of Second Birth Attendant Form and documentation no later than March 1, 2018.

Social Media Launch

CMBC has joined Twitter! Follow @CMBCtweets for important news, updates, tweets from the Registrar, and more.

Inquiry – A Look at the Process through a Sample Complaint

CMBC received a complaint from a client's mother who expressed frustration with the manner in which her daughter's midwifery care was terminated. She reported that the midwives, RM Ng and RM Stevenson, unprofessionally terminated her daughter's care via text message during the prenatal period. The client's mother stated that the midwives failed to provide her daughter with sufficient notice that their practice was closing and that she was being discharged from care. Additionally, she stated that RM Ng and RM Stevenson failed to refer her daughter to, or assist her in finding another primary care provider and when her daughter did manage to get into care at another midwifery practice RM Ng and RM Stevenson failed to transfer her daughter's records to the new care providers.

The midwives each provided a response to the complaint in which they acknowledged that the practice had closed on short notice due to one of RM Ng's family members falling ill and requiring urgent care and an inability on the part of RM Stevenson to carry on as a solo practitioner. According to RM Ng, RM Stevenson had agreed to contact all clients in order of priority by phone to explain the situation and offer options for care. In her defense, RM Stevenson stated that she had been overwhelmed with having to contact all of the practice's clients concerning the closure and acknowledged that her manner of doing so was not ideal. RM Stevenson maintained that she had offered to assist this client in finding alternate care, but did not receive a response from the client nor a request that her midwifery records be transferred.

CMBC referred the complaint to the Inquiry Committee. The case was investigated by a panel of three members, two professional midwives with no knowledge of this case and one public member. The panel reviewed the letter of complaint and supporting documentation, the responses from RM Ng and RM Stevenson, as well as the midwifery records.

The panel dismissed the allegations against RM Ng as they found that her decision to take an immediate leave of absence was acceptable and that it was reasonable for her to believe that her practice partner would follow through on the agreed upon plan. They also noted that RM Ng had sent a request to the College to go non-practising and indicated she was no longer working at the practice.

The panel reviewed the midwifery chart provided by RM Ng and RM Stevenson and noted that there was no documentation to indicate that the client was referred

---------- Forwarded message ----------
From: **Jane Doe** <janedoe.clientofmidwife@gmail.com>
Date: Tue, Nov 7, 2017 at 3:54 PM
Subject: Fwd: Transfer of Records
To: registeredmidwifestevenson@gmail.com

Hi RM Stevenson,

I was wondering if you had any update on this please? The practice still has not received my records!

---------- Forwarded message ----------
From: **Jane Doe** <janedoe.clientofmidwife@gmail.com>
Date: September 5, 2017 at 8:30am
Subject: Transfer of Records
To: registeredmidwifestevenson@gmail.com

Hi RM Stevenson,

Since the practice has shut down I've been able to get into care at a different practice. Could you please transfer my records over to them as soon as possible?

I appreciate your help with this!

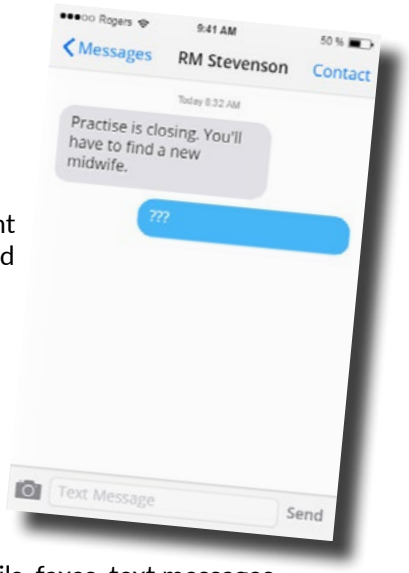
Thanks,

Client

to alternate care or how her transfer of her care was addressed. An email from the client to RM Stevenson supported the assertion that she had requested a copy of her records be transferred to the new midwifery practice and her new care providers confirmed that a copy of the client's midwifery records had not been received.

The panel determined that the manner in which RM Stevenson terminated the client's care was insufficient and in breach of policy. In summary, the panel found that:

- By terminating the client's care by text message, RM Stevenson breached CMBC's Guideline for Participating in Electronic Communications which states that "[t]he use of email, instant message or text message are not preferred methods of communicating with a client about a diagnosis or lab result, a clinical care recommendation or any other sensitive information."
- In failing to provide the client with a period of notice or assist her in finding alternate care, RM Stevenson breached CMBC's Policy for Required Procedures for Midwife- or Client-Initiated Termination of Care which states that "[i]f a midwife decides to terminate care, either prenatally or during the postpartum period, the midwife should: 1. inform the client of being unable to continue to provide midwifery care, providing a reasonable period of notice for the client to find alternate care and make a reasonable attempt to assist the client to find appropriate alternate care."
- In failing to transfer the client's records to the new care providers, RM Stevenson breached CMBC's Policy on Records and Record Keeping which states that "midwives are required to transfer a copy of the complete midwifery record to another registrant or health care practitioner upon request by the client."



The complaint was closed with RM Stevenson signing a consent agreements whereby she agreed to follow CMBC's Policy on Records and Record Keeping, Guideline for Participating in Electronic Communications and Policy for Required Procedures for Midwife- or Client-Initiated Termination of Care. The panel also reminded RM Stevenson to document in the midwifery record all emails, faxes, text messages, instant messages, phone calls and other encounters related to client care.

Inquiry Tidbit - MOAs

Did you know that midwives can be held accountable for the information provided to clients by medical office assistants (MOAs)? Midwives are responsible for ensuring that information communicated on behalf of their practice is in keeping with CMBC's standards and policies, as well as the CMBC Bylaws and *Midwives Regulation*.

STI Specialized Practice Certification


Picture of Fallon Cooper

Fallon Cooper, RM: On having Specialized Practice Certification in Sexually Transmitted Infections Management

Interviewed on Friday, October 13th, 2017 by CMBC Staff

What inspired you to obtain this practice specialization?

I had a few clients who needed prescriptions for easily treatable STIs- specifically, chlamydia. It seemed a shame that I could do the screening but not be able to offer the treatment if the screening came back positive. I thought that if I could prescribe, I could ensure follow up, compliance with treatment, test of cure and reduce barriers to effective treatment.

What course did you take? What was it like and how long did it take to complete?

I took an online course through BCIT called NSPN 7735- Sexually Transmitted Infections Management Modified. It is the course approved by CMBC for Specialized Practice Certification in Sexually Transmitted Infections Management and costs around $550. It was supposed to take 33 hours, which was roughly what it took me apart from additional exam preparation. It was my first online BCIT course- it took about six weeks and was self-paced. There were a few graded assignments and the instructor was easy to communicate with as needed. The only part that wasn't online was the exam- I went to BCIT and completed it there. I believe that you can pay to have the exam proctored anywhere across the province, but if you do it at BCIT it is free.

Please note that after Fallon completed her course at BCIT, she contacted the CMBC to arrange for specialized practice certification. She received CMBC Specialized Practice Certification in STI Management shortly thereafter, confirmed by email and reflected on her profile on the CMBC Register. Only then could she prescribe medications to treat STIs.

Do you find it useful in your day to day practice? How often do you use it?

I have found it really useful! So far I have treated one case of chlamydia and one case of bacterial vaginosis. Day to day, I use the knowledge I obtained about STIs in general to inform my informed choice discussions around STI screening. I find I am much more knowledgeable and confident when discussing STIs and other more common infections like bacterial vaginosis. I've also found it useful in helping other midwives with diagnosis and treatment.

Were there an unexpected downsides or benefits to having this skill?

No downsides at all! I've been surprised and pleased at my newfound confidence and improved skills when making a differential diagnosis for conditions that are not even STIs, like ingrown hairs and varicose veins. Having been trained with materials aimed for the nursing audience- and a bigger field of study- was eye opening. I learned about rare STIs that I had never even heard of in my undergraduate training. On that note, I wish this kind of training was part of our general education so that every general registrant could have this knowledge and prescribing abilities.

Would you pursue any other specialized practice certification?

Yes, definitely. I have enrolled in the BCIT 7720- Contraception Management in Reproductive Health and am on the waitlist for Surgical First Assist Course to get specialized practice certification in those areas as well.

Reprocessing

BC midwives have access to free reprocessing of their hospital instrument sets at their primary hospital site, which ensures safe sterilization that meets provincial policies. There may be circumstances however, where you need to sterilize your own or reusable equipment. In these circumstances, please be aware that the reprocessing cycle must adhere to the BC Ministry of Health's Best Practice Guidelines for Cleaning, Disinfection, and Sterilization of Critical and Semi-critical Medical Devices in BC Health Authorities. Another helpful resources is the Association of Ontario Midwives guide to Sterilization.

Sterile instruments and equipment must be handled carefully to maintain sterility and package integrity. Do not transport sterile and clean instruments and equipment in the same transport container as soiled instrument sets. Avoiding temperature and humidity extremes is also a best practice; for example, do not store sterile instrument sets in cars. Instruments and equipment must also be pre-cleaned by rinsing under water; do not use saline. Transport containers should be durable, made of easily cleanable surfaces, waterproof and come with a tight-fitting, securely closed lid. Containers with soiled instruments should be labeled with a Biohazard sticker. If you opened an instrument set but did not use all the instruments, note that even unused instruments must be reprocessed. For more information please see the Home Birth Supplies Program Instrument Reprocessing FAQs.

Did you know?

Gauze and other woven fabrics cannot be sterilized by steam in an autoclave. Gauze is only rendered sterile by manufacturers through radiation or gas sterilization. It is therefore best to avoid purchasing bulk unsterile gauze packages and instead obtain individually packaged sterile gauze.

Is there an expiry date on sterility?

Sterility of a package may be impacted by the expiry of packaging materials or actions that may compromise sterility such as storing near people, water, dirty instruments or in areas with temperature or humidity extremes. The length of time itself since autoclaving, however generally does not affect sterility. If an item is stored for a long time however, this presents more likelihood that dust or microorganisms may collect on the packaging which could contaminate the contents once opened.

Specialized Practice Certification Renewal

Registration renewal will be shortly upon us! If you hold a specialized practice certificate in Acupuncture, Surgical First Assist, or Intrauterine Contraception, please be reminded that to be recertified you will need to submit your log as part of registration renewal by March 1, 2018. The table below summarizes which specialized certificates require logs.

Specialized Certificate	Requires Log (Y/N)
Acupuncture	Y
Surgical First Assist for Cesarean Section	Y
IUC	Y
STI Management	N
Contraceptive Management	N

Midwives with Specialized Practice Certification in STI Management and Hormonal Contraceptive Management are expected to keep up to date with the latest evidence relevant to prescribing treatment of sexually transmitted infections, and to prescribing hormonal contraceptives.

Update from the Registrar

If you have been keeping up with your emails lately – you'll note there has been a lot going on. From CPD Polices, to Alternative Practice Arrangements (APA), to AGMs, and the election of a new board member currently underway* – CMBC has been a busy place.

It was a pleasure to see many of you – virtually and in-person – at the Annual General Meeting this year. We had 37 registrants and 7 students attending in person and 27 registrants and 9 students attending remotely from their communities. Despite all our planning and test sessions, we still had a tech hick up or two – but overall we managed to convey a lot of information to our registrants and have an opportunity to hear back from you. Dr. Chelsea Elwood gave a presentation on GBS that was followed by many great questions from the audience. We spent some time going over the new announcements including a detailed look at the CPD Policy and the APAs. Each committee also gave a report of its activities for the past six months.

Being a life-long learner, I attended two professional development sessions September and October. The first was the CLEAR (Council on Licensure, Enforcement, and Regulation) Conference. This event included many speakers and presentations on professional regulation, trends, successes and failures. I had just enough time to form a list of things to do with all I had learned and I was off to Halifax for the national CMRC (Canadian Midwifery Regulators' Council) meetings. All of the Midwifery Regulators, Registrars and board chairs, from across Canada met for two days to learn and share with each other. We were very pleased to have a rep from Newfoundland/Labrador for the first time this year. I always leave these meetings thinking that I just saved myself a year's worth of work by using the short cuts paved by my fellow regulators.

To maximize the distance, Dina and I attended the CNAR (Canadian Network of Agencies for Regulation). Again, I was energise and inspired by the sessions covering all things regulatory – registration, inquiry, quality assurance, board development and so on. It is also an amazing opportunity to network with other health professions regulators from across Canada. The events included an opportunity to visit the Canadian Museum of Immigration at Pier 21. This is my third time to the museum and it never fails to amaze me.

An additional piece of professional development was in the form of a learning day hosted by the First Nations Health Authority for the 23 Health Regulatory Colleges in BC. Our staff attended the day to learn about cultural safety and humility as it relates to health and the BC First Nations and Aboriginal people. Dr. Charlotte Loppie delivered a moving presentation on systemic racism – which can be viewed here: http://www.fnha.ca/wellness/cultural-humility/webinars (webinar 8) . We also participated in an exercise to reflect on our current practices and what can be done to improve safety for midwives' clients who are First Nations and Aboriginal people. Near the end of the day all participants made an individual pledge to further cultural safety and humility – as seen here. #itstartswithme