



MEMBER COMMUNIQUÉ

Autumn 2008

INSIDE THIS ISSUE

<i>Communicating with Members</i>	1, 3-4
<i>Message from the President</i>	2
<i>Practice Notes</i>	5-7
<i>From the Registrar's Desk</i>	8-9
<i>Staff Profile</i>	9
<i>QAP Update</i>	10
<i>Council Update</i>	10
<i>Welcome to New Members</i>	10

COMMUNICATING WITH MEMBERS

Scope of Practice Update

As members will know, at the request of the Minister of Health and Long-term Care, the College submitted its proposal for changes to the scope of practice to the Health Professions Regulatory Advisory Council (HPRAC) on May 28.

In August, College President Mylene Shields and/or staff participated in consultations to support the changes the College has proposed. The meetings were held in Ottawa, Windsor, Thunder Bay, Sudbury, and Hamilton. A number of midwives attended these meetings.

The College also attended a consultation held in Toronto for the colleges and associations.

At the end of November, the Ministry of Health and Long-Term Care released the recommendations made to them by HPRAC. This report is available at <http://www.hprac.org>. HPRAC did not support all of the proposed amendments, and so the College will continue to work with other stakeholders to advocate for needed changes to the scope of practice.

Although there is no certain date as to when the Ministry will introduce legislative changes related to the recommendations, the College will continue to review internal policies and guidelines in preparation.

CMO to hold member teleconferences

The College has been working with the Association of Ontario Midwives, which consulted with members at its regional meetings in October. At these meetings, we understand that members were clear that they wanted to have the opportunity to hear how their colleagues viewed the proposed changes. The College is planning a consultation through the use of discussion papers, guided questionnaires, shared responses, and moderated teleconferences. We will summarize the responses, share them with the membership, and then hold a series of teleconferences for those who have responded. These teleconferences will allow members to discuss their feedback with their colleagues. The College will make every effort to include a variety of practice sizes and settings in each teleconference. We will keep you posted as we proceed through this process.

For a perspective on the College's goals in recommending the changes it has proposed, see President Mylene Shields's column on page 2.

Communicating With Members is continued on page 3

MESSAGE FROM THE PRESIDENT

As you know, the College made a submission to the Health Professions Regulatory Advisory Council in May. Our front page article presents a summary of the process to date.

This submission, and the work that will follow it, is one of the most significant developments for midwifery in Ontario since regulation. It represents our opportunity to anchor the profession in a way that will prepare midwives for the future – which will unfold in an environment of shifting demographics, continued and likely increased resource restrictions, and a heightened focus on interprofessional models of care – without losing sight of the tenets of care that have made midwifery what it is today: a preferred and safe option for a growing number of women in this province.



Mylene Shields, President

I would like to make sure that members have a clear understanding of the College's primary goal in recommending the changes to scope included in the submission to HPRAC and in reviewing internal policies and standards. While there are many components to the proposed changes, the primary goal is quite simple: to equip members with the skills and resources that they need to continue to meet both the needs of their communities and their own needs as working professionals. This is necessary if midwifery care is going to continue to be safe, effective and sustainable.

These changes are intended to ensure that the legislation that governs midwifery better reflects the profession's commitment to care that is based on: the belief that pregnancy and birth are normal, healthy, family events; the view that the pregnant and birthing mother is the primary decision maker; a model of care that is based on the principles of informed choice, continuity of care throughout pregnancy, birth and postpartum, and choice of birth place.

The College's intent is not to force members to alter radically the way in which they work, but to provide them with what they need to work effectively. To that end, the College's submission and the proposed changes are focused on:

- providing more flexibility for members;
- incorporating best practices;
- supporting responsiveness to community needs;
- promoting effective interprofessional collaboration;
- using available resources to better contribute to solving the maternity care crisis;
- encouraging more efficient use of the health care system;
- increasing timely, seamless, efficient and cost effective access to quality primary maternity care.

Through these changes, we hope to see midwifery evolve into care that will be viable within the increasingly complex health care environment of this province, that is available to more women, and that will honour and sustain the commitment of midwives throughout their careers.

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

COMMUNICATING WITH MEMBERS CON'T

Changes to the College's Register: What They Mean to You

The CMO is in the process of amending its by-laws to reflect changes made to the Regulated Health Professions Act. These changes concern the public register and stipulate the minimum amount of information that the CMO must publish about its members and their practices. These changes, reflected in the Health Systems Improvement Act, will come into effect in June 2009. The intent of the CMO's amendments is to ensure that the College's by-laws reflect the information that the College actually does collect, what it needs to collect, and how much of this information should be public. The College will be circulating the proposed amendments to its members.

The following is an explanation of the proposed by-law changes and what they mean to you.

Transparency and Privacy: What the World Will Know About You

Richard Steinecke

Steinecke, Maciura, Leblanc

"Where secrecy or mystery begins, vice or roguery is not far off." Samuel Johnson

One of the major features of the upcoming amendments to the *Regulated Health Professions Act* is the increased information about midwives that will be available in the public register. In making these amendments, the government expressed the desire that the public have access to more information about health care practitioners so that the public could make informed choices. Obviously, Samuel Johnson's observation is being taken to heart.

While there is an increased emphasis on transparency and accountability of practitioners, there still remain some privacy protections. For example, the fact that a complaint has been made against a member (or even that a lot of complaints have been made against a member) will not be posted on the public register.

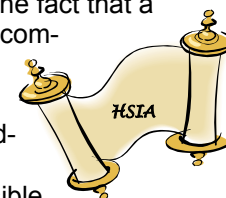
The register is the public record of information about individual midwives. As of June 4, 2009, the entire register will be publicly available. The legislation requires that the information be easily accessible.

All of the register information will be on the College's website. In addition, it will be available at the College's offices during regular business hours. A hard copy of the information will be provided upon request. When people inquire about a specific midwife, the College is required to advise the inquirer of all of the categories of information recorded on the register; the inquirer does not have to "know what to ask for."

The list of publicly available information is too long to set out in this article. However, the more significant items are as follows:

1. A member's name;
2. A member's business contact information;
3. Any terms, conditions, and limitations on a member's certificate of registration;
4. Any suspensions or revocations of a member's certificate of registration, including non-payment of fees;
5. Information about discipline and incapacity proceedings against a member;
6. Any finding of professional negligence or malpractice made by a court against a member.

The rules about discipline proceedings are complex. Once allegations have been referred to discipline for a hearing, they will be shown on the register along with information about the time and location of the discipline hearing. If a finding is made against



continued on next page

Letter of Professional Conduct: important for new hires

Institutions and organizations that have a shared liability or accountability with a CMO member can request an LoPC from the College. Examples are: hospitals, transfer payment agencies, midwifery practice groups, and other regulatory bodies.

Practices may wish to consider asking the College for an LoPC as part of their reference check when hiring a new midwife. Practices can ask that a member consent to an LoPC request. A letter costs \$40 and, once requested, will be sent within 10 business days.

The letter provides:

- ✓the member's name;
- ✓the member's College registration number;
- ✓the date of issue of the member's current certificate;
- ✓any limitations on the certificate;
- ✓whether the member has a proceeding before the Registration, Discipline, or Fitness to Practice committee;
- ✓whether the member has been cautioned in the previous two years;
- ✓whether the member has a signed A&U in progress;
- ✓all information that the Executive Committee believes would be relevant to the reason why the LoPC was requested.

Check the College's website for the LoPC request form and policy.

<http://www.cmo.on.ca/membersLetter.asp>

COMMUNICATING WITH MEMBERS CON'T

Transparency and Privacy: What the World Will Know About You CON'T

the member, a synopsis of the finding will be put on the register. This synopsis is different from the more detailed summary of the reasons for decision that is normally posted on the discipline portion of the College's website. The two pages will probably be linked to each other. In most cases, the penalty ordered by the Discipline Committee will also be shown. The Discipline Committee can also direct that additional information be placed on the register if it feels that the information is important for the public to know (e.g., the member's location or type of practice). If the decision of the Discipline Committee is appealed, the fact of the appeal will be entered, but the rest of the information will remain on the register during the appeal. Obviously, if the court quashes the decision of the Discipline Committee on the appeal, then all of the information will come off the register.

Under the new rules, discipline information will generally remain on the register permanently. Where the finding was relatively minor (e.g., only a fine or a reprimand was imposed, and it does not involve sexual abuse) a member can ask for the information to be removed after six years. However, the member must then satisfy the Discipline Committee that the information is no longer relevant to the member's suitability to practise the profession and that there is no overbalancing public interest for keeping the information on the register.

So, what are the safeguards for protecting the privacy of members? As mentioned above, one consideration is the information that is not recorded in the register. Generally, information about registration matters, complaints, and quality assurance concerns is not posted on the register. Neither is the member's home contact information, unless the member provides no business contact information, because the public has the right to know where to contact a member for clarification of past services or to address concerns. Similarly, although the HSIA will require that members report to the College when they have been found guilty of an offence, that information is not placed on the register unless discipline proceedings result.

A key safeguard is for members whose personal safety is at risk. In such cases, the Registrar has the ability to withhold all contact information to protect the member. However, the Registrar has to be advised of the safety risk. If a member feels at risk for his or her safety because the member's contact information is being made publicly available, then the member should write to the Registrar with a request to withhold that information. The written request should contain particulars of the safety risk and documentation confirming it (e.g., terms of release or restraining orders, witness attestations, etc.).

Another safeguard is that personal health information about members will only be posted on the register if it is reasonably necessary to do so. Generally, this will occur only where the member has an illness that affects his or her ability to practise safely (e.g., an addiction or certain severe and chronic mental illnesses). Even then, only the minimum amount of information necessary to protect the public and ensure accountability to the College will be posted. For example, in the case of an incapacity finding by the Fitness to Practice Committee, the register might indicate that the member has a term, condition and limitation on his or her certificate of registration that he or she is incapacitated and must continue to participate in medical treatment for it.

Public access to certain professional information about members is part of the price of being a self-regulated professional. Members should be aware of the types of information that are available about them, what information will not be found on the register, and the safeguards they can employ, particularly where their personal safety is at risk.

Richard's firm represents the College in regulatory and disciplinary matters. He is a recognized expert on regulatory colleges, with numerous publications to his name and a newsletter, "Grey Areas," that is widely circulated.

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

PROFESSIONAL PRACTICE UPDATE

What's an A&U? Why you need to know.

An Acknowledgement and Undertaking is a remedy that the College can choose to use in response to a mandatory report or a complaint by a member of the public against a member of the College. It is an alternative to referral to the Discipline Committee. The College can opt to use the A&U process in cases that are serious. Various regulated professions in Ontario commonly make use of A&Us.

A&U is flexible



When a complaint is made to the College, the Complaints Committee's chair selects a panel to investigate the complaint. At the end of the investigation, the Committee may determine that it is appropriate to seek an agreement (A&U) from the midwife to rectify certain deficiencies that the Committee believes exist in the midwife's practice. Such an agreement may include continuing education, retraining, chart reviews, practice audits, etc. The midwife must voluntarily agree to enter into the A&U, acknowledge the problem noted by the Committee, and agree to undertake actions to correct it. The Complaints Committee's decision would reflect the fact that the midwife entered into an A&U with the College.

The matter ends when the Undertaking is successfully completed. If the matter came to the College's attention by way of a complaint, rather than a mandatory report or an informal inquiry, the complainant retains the right to appeal the Complaints Committee's decision to the Health Professions Appeal and Review Board. The A&U is drafted so that its requirements are binding on the midwife, regardless of whether the complainant appeals the Complaints Committee decision.

A&U protects public, resolves problems

The effect of the A&U is to protect the public, while, at the same time resolving problems without employing the more serious, severe, and expensive disciplinary process. As part of the A&U, however, the midwife acknowledges that non-compliance with the A&U could lead to referral to the Discipline Committee for breach of the A&U.

CMO seeks to assist members

In using the A&U resolution, the College's intention is to help correct deficiencies in the member's practice in the most effective way possible. The Complaints and Executive Committees of the College generally reserve the disciplinary process for deficiencies that would not appear to lend themselves to reasonable remediation by way of an A&U, such as extremely serious cases, those that seem to involve a pattern of misconduct or incompetence, or cases involving dishonesty or ethical issues.

See the next page for more on A&Us.

Written with the assistance of Julie Maciura of Steinecke, Maciura, Leblanc.

PROFESSIONAL PRACTICE UPDATE CON'T

Thoughts of Defence Counsel on Acknowledgments and Undertakings

Kate Hughes and Mia London

Cavalluzzo Hayes Shilton McIntyre and Cornish^{LLP}

As defence counsel, we have represented many midwives before the College of Midwives of Ontario, as well as other health care professionals at their colleges. Midwives may be the subject of a complaint or a report. Complaints are usually initiated by a client, family member of a client, other member of the public, or another midwife. Reports are generally initiated by a midwife's employer/practice partner/associate or by the College itself.

At the investigation stage, the Complaints or the Executive Committee may propose that a complaint or report be resolved by an Acknowledgment and Undertaking. The Committee's alternative is to do further investigation or review and possibly refer the matter to a Discipline Hearing. By agreeing to the Undertaking, the complaint or report may, therefore, be resolved at the investigatory stage by the use of the Undertaking rather than the referral to discipline. There are good reasons to use an Acknowledgment and Undertaking in many cases.

- It provides a relatively speedy and inexpensive resolution that may address a concern in a midwife's practice without the need for a full hearing. It can be an effective resolution when the midwife agrees that aspects of her practice could be improved.
- The midwife has certainty of outcome and some control over the process. If she chooses not to enter into the proposed Undertaking, she will not know if the matter is going to be referred to a disciplinary hearing. Nor, of course, will she know the outcome, if it is referred to a discipline hearing.
- As an educational response by the investigating committee, it protects the public by addressing practice issues in a non-punitive way. The Undertaking is not a disciplinary finding and does not appear on the public register, unless agreed to by the midwife.
- An Acknowledgment and Undertaking both assists the midwife with any practice issues going forward and may address the complainant's concerns. An Undertaking can sometimes avoid the possibility of a request for a review of a Complaints Committee's decision by the complainant to the Health Professions Appeal and Review Board. Such a request is stressful, it can prolong the proceedings considerably, and the outcome is uncertain. As many complainants want their complaint to effect what they see as positive change, an Acknowledgment and Undertaking often ends the matter, although legally the decision can still be appealed.



Each matter must be looked at case by case, and in some cases Undertakings are not appropriate.

- Many complaints do not warrant any action and certainly do not warrant a referral to the Discipline Committee. The investigatory committee, whether the Complaints Committee or the Executive Committee, is required to screen complaints. Where no further action is warranted, even if an error has been made or there is an adverse outcome, the complaint or report should be dismissed. These committees are entitled to hold the midwife to reasonable College and community standards but not to a standard of perfection. If the complaint/report falls into the category where it should be dismissed, Undertakings should not be proposed.

continued on next page

Congratulations to New ICM president

As you know, Toronto midwife Bridget Lynch was elected president of the International Confederation of Midwives at its conference in June in Scotland. Her international travels as an ICM official have given her a keen understanding of the challenges midwives face around the world and a unique perspective on the integral role they play in Canada.

Congratulations to Bridget!

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

PROFESSIONAL PRACTICE UPDATE CON'T

Thoughts of Defence Counsel on Acknowledgments and Undertakings

- In some cases, it may be tempting for the Complaints Committee to ask for an Undertaking from a midwife, as it may appease a litigious complainant and possibly prevent a request for a review from the Health Professions Appeal and Review Board. However, if the complaint amounts to inappropriate expectations of a midwife or is based on circumstances outside the midwife's control, the Complaints Committee should not propose an Undertaking.
- It has been our experience that midwives are overwhelmingly caring and kind and believe in self-reflection and ongoing professional education. A midwife might agree to an Undertaking to avoid the risk of a hearing, even when there is no sufficient evidence of a practice deficiency. When the Undertaking proposed by the Committee appears to be a good idea in any case, such as developing a protocol or taking further education, there appears to be no harm in agreeing to the Committee's proposal. It is not appropriate to enter into an Undertaking simply to be co-operative or to make a complainant feel good. There must be a compelling factual need for the Undertaking and not simply a willingness by the midwife to agree to the action requested in any case. Undertakings by professionals to their regulators are serious matters. Every Undertaking contains a clause that a breach of the Undertaking could be professional misconduct. Acknowledgments and Undertakings should only be proposed and agreed to if there is sufficient evidence of the need to protect the public.
- In our experience, drafting or revising a practice protocol is a common term of a proposed Undertaking. The whole practice is affected, although the complaint or report concerns only an individual midwife. It may not be appropriate to bind the whole practice to a protocol the members do not believe is necessary. Moreover, in many cases, the midwives are practice associates without the authority to bind the practice partners. It is also problematic for the College or the public to expect a written practice protocol for many aspects of care. Finally, any proposed protocol should not require midwives who are the subject of an investigation (and their practice colleagues) to meet a higher standard than other Ontario midwives.



When Acknowledgments and Undertakings are appropriate, it is important to ensure that all proposed Undertakings are clearly expressed and are specifically tailored to address the actual issues that are evidenced in the complaint or report. For example, educational requirements should be specific, and the time lines to complete those requirements should be reasonable. If the midwife agrees to a chart audit, the aspects of the practice on which the auditor will focus should be clarified, and it should be clear that audits cannot hold the midwife to the standard of perfection. Required changes to practice protocols should be specific and evidence-based. They should not be seen as a way to satisfy unhappy complainants and possibly to deter them from reviewing, at the Health Professions Appeal and Review Board, a College decision to take no further action.

As defence counsel, we believe in working with the College to ensure a resolution that protects the public and is fair to the complainant and the midwife. Acknowledgments and Undertakings often support this type of resolution. When they are appropriate and reasonable, we will continue to recommend them to our clients.

Kate Hughes and Mia London are expert legal practitioners who have represented midwives before the College.

FROM THE REGISTRAR'S DESK

The College's annual strategic plan review took place on Nov. 26 and 27. It was an opportunity to take stock of the work that lies ahead over the coming year. I'd like to share a summary of that work with you.

Midwifery scope of practice review

This initiative is covered in some detail in our front page article. I would just like to stress how critical it is for members to provide the College with their thoughts and concerns as this project continues.

Drug Regulations for the Profession of Midwifery – CMO submission on non-physician prescribing and administration of drugs

The College, with the co-operation of the Association of Ontario Midwives, made a submission to the Health Professions Regulatory Advisory Council on Nov. 12 regarding granting midwives access to categories of drugs. While we await the release of the report related to this project, the College's staff and Council are doing the work required to develop guidelines and policies to support the proposed changes. We will keep members up to date on our progress.

The Health System Improvements Act, 2007(HSIA)

Work to respond to this act, which comes into force June 4, 2009, continues. Specific related initiatives include:

- reorganizing the statutory committees of the College, most notably, through the creation of a single Inquiries, Complaints and Reports Committee.
- a revision of College by-laws to reflect the requirements of the revised *Regulated Health Professions Act*. In late February, members can expect to see a circulation of any by-laws that will affect them directly.
- the creation of a comprehensive on-line public register. A detailed discussion of the register is included in Richard Steinecke's article that starts on page 3.
- the submission of a Quality Assurance Regulation amendment to bring our regulation in line with the requirements of the act.

The Allied Health Human Resource Database Project

In conjunction with the HSIA, this Ministry initiative will see the information that the College is required to collect and share increase considerably. This initiative is intended to provide the evidence the Ministry needs for sound health human resources planning. The College is working toward complying with this project's requirements through the database upgrade and by a concerted data collection effort. See the sidebar, this page.

Audit of the College's registration practices by the Office of the Fairness Commissioner

In accordance with the *Fair Access to Regulated Professions Act, 2006*, the College will be undergoing an audit of our registration practices. Audit preparation has begun with a view to addressing any deficiencies before the Dec. 2009 audit.

In addition to these Ministry initiatives, the College is continuing to work to regulate more effectively and to promote midwifery in Ontario. Two related initiatives are:



Deborah Adams, Registrar

Heads Up!

New CMO database: College may contact you

The College is now working on implementing a new database, and may contact you to make sure that records are complete, accurate, and up-to-date

continued on next page

CMO STAFF

Deborah Adams
Registrar
registrar@cmo.on.ca
416.327.3901

Robin Kilpatrick
Deputy Registrar
rkilpatrick@cmo.on.ca
416.327.5758

Gina Dawe
Registration Administrator
regadmin@cmo.on.ca
416.327.3915

Dianne Gardner
Receptionist
admin@cmo.on.ca
416.327.3132

Upasana Sharma
Coordinator
Investigations, Hearings,
and Quality Assurance
QAP@cmo.on.ca
landH@CMO.on.ca
416.327.5504

Julie Kivinen
Policy Analyst
policy@cmo.on.ca
416.327.3932

Emily Larimer
Bookkeeper
bookkeeper@cmo.on.ca
416.327.3132

Monica Zeballos-Quiben
Executive Assistant
ea@cmo.on.ca
416.327.4489

CMO Council

President Mylene Shields
president@cmo.on.ca

Website: www.cmo.on.ca

Editor: Judith Forrestal

We welcome your feedback.
Email your comments to:
ea@cmo.on.ca

STAFF PROFILE**I&H, QAP coordinator committed to women's, health rights**

Upasana Sharma joined the College in May as the coordinator of Investigations and Hearings, and the Quality Assurance Program. She came to Canada in 2005 from India on a McArthur Foundation scholarship to pursue a second master's degree in law, specializing in reproductive rights and health law.

In 2006, at the University of Toronto, she was awarded a second master's of law degree, having earned her first in 2004 at the University of Pune, India, where she specialized in administrative and constitutional law and earned a gold medal. There she served as an adjunct professor, teaching administrative law and international human rights law. She was called to the Bar in India in 2001.

Upasana remained in Toronto and worked at the International Council of AIDS Service Organizations on a project that produced a resource guide titled, *Gender, Sexuality, Rights and HIV*.

In April 2006, she joined the Toronto-based Secretariat of the World Association for Christian Communication, an international development agency, as a research and program planning officer. For WACC she developed advocacy and capacity building projects to secure the human rights of marginalized groups, primarily in Africa and Asia.

Upasana is currently studying project management at the University of Toronto. Before coming to Canada, Upasana worked in the non-profit sector in India, managing women's rights, health rights, and HIV/AIDS programs.

"I am deeply committed to women's rights and health rights," Upasana affirms. "I keep myself informed on these issues, and I continue to volunteer with international development organizations."

Her husband, Navneet, is a pediatrician at the Hospital for Sick Children. They enjoy cycling throughout the city and exploring its many neighbourhoods.

We want to welcome Upasana to the College's staff.

**FROM THE REGISTRAR'S DESK**

CON'T

Information technology development

This development includes the implementation of a new member database, which will permit online interactions between members and the College, as well as the complete overhaul of the College's website.

A revised hospital integration manual

Working in collaboration with the AOM and the Ontario Hospital Association, the College is contributing the regulatory perspective to the revision of the hospital integration manual that was developed in 1994. The goal of the revision is to provide a current and relevant resource for members and their hospital-based colleagues in the ongoing work to improve maternity care integration. This manual is slated to be released through the OHA in June 2009.

I am confident that these initiatives, when completed, will support the College's strategic priority of regulating more efficiently and effectively.

QAP UPDATE

Make sure you enroll in correct programs for NRP, CPR, and ES

Recently, the College approved changes to its policies on continuing competencies in cardiopulmonary resuscitation and neonatal resuscitation to reflect changes in approved certification programs.

NRP: The Canadian Paediatric Society is the new Canadian provider for the NRP program, so make sure you enroll in the course the Society offers. The CMO requires that its members be certified annually in NRP.

CPR: The Heart and Stroke Foundation of Canada continues to be the provider for the CPR program for midwifery certification. The name of the program has been changed from Basic Rescuer (level C) to Basic Life Support (BLS) for Healthcare Providers (Level C). The Level C course is specifically for health care providers and includes training on an Automated External Defibrillator (AED). The CMO is aware that midwives may not carry or have access to an AED machine, but they must be trained to use the machine because only midwives trained on it are authorized to use it. The College requires that its members be trained every two years in CPR.

ES: The CMO requires that its members be certified every two years in obstetrical Emergency Skills. The required standard is a course or assessment approved by the College and listed below:

- Association of Ontario Midwives: Emergency Skills Workshop (ESW);
- Society of Obstetricians and Gynecologists of Canada: Advances in Labour and Risk Management (ALARM);
- College of Family Physicians of Canada: Advances in Life Support in Obstetrics (ALSO);
- Ontario Midwifery Education Program Emergency Skills course;
- Society of Obstetricians and Gynecologists of Canada: Managing Obstetrical Risk Efficiently (MORE^{OB});
- Any course accepted by the CMO as equivalent (prior approval required).

The CMO's policy requires that its members complete certification courses that meet or exceed those approved by the College. Members are reminded: proof of certification is required at renewal.

COUNCIL UPDATE

Election Results

On June 10, Tia Sarkar and Andrea Lennox were acclaimed to three-year terms on Council. Also, Barbara Borland's election to a one-year term to fill the position of a Council member who resigned was confirmed.

At the Sept. 17 Council meeting, the following members were acclaimed for one-year terms to serve on the Executive Committee in the following positions: Mylene Shields, president; Andrea Lennox, vice president professional; Barbara Herron, vice president public; Eleni Palantzas, public member; Diane Parkin, professional member.

Welcome to our newest midwives, those who became members from Nov. 6, 2007 to Nov. 4, 2008.

*Kelly A. C. Armstrong
Amanda D. Bertin
Leslee Anne Blatt
Lesley Bonell
M. Whitney E. Bonnett
Sarah Bradley
Ashley Lynn Broadbent
Babette B. Burrell
Jane Elizabeth Calhoun
Sara A. Chambers
Hedrey Victoria Chu
Kimberley Dawn Cleland
Kathleen Elizabeth Cranfield
Erin L. Croteau
Bethany Doerksen
Jackie Droogers
Amelia C. Drydyn
Sherene Furnell
Geneviève M. M. Gagnon
Isabelle Gélinaeu
Fariba Gilanpour
Stephanie L. Gingerich
Carly Renaud Griffith
Corinne Hebden Hare
Natalie E. B. Hicken
Angela Marie Jones
Agnieszka Jurkowska
Chantale Bernadette Leduc
Xia Li
Jessica May Ludgate
Mei Rong Luo
Michèle Matte
Kathryn Lynn McBride
Allison McCallum
Tiffany E. Meier
Salimah S. Moffett
Hedieh Montazer-Haghighi
Mojgan Nadafi
Daina Marie Nestick
Janessa Otto
Soheyla Owliaei
Cynthia Shea Rebong
Lena Teresa Rowat
Holly Elizabeth Ryans
Lauren Sipone
Kelly Adele Smith
Marie Smith-Lutz
Amanda Zoe Sorbara
Lori Ann Steele
Mariana Tseitlin
Liza Jane van de Hoef
Tracey Susan Louise Watts
Li Yan
Grace Ying Zhang*