



## Supervised Practice Information

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### Note:

**The College of Midwives of Ontario will prepare your individualized Supervision plan once your registration application and the final IMPP report are received by the College.**

**This plan will then be sent to you for signature, including the signatures of all practice members. You will need to return a completed “Agreement to Act as Supervising Midwife” form to the College, along with your signed Supervision plan. Processing of your application will then resume.**

## Searching for a Practice

Practices you approach for a placement will need to know what they can expect when accepting a supervised midwife, if they have not mentored a supervised midwife before. Therefore, it is extremely important that you share the final IMPP report and the College's supervision plan with your prospective practices.

This supervision information should give the practice a clear picture of its role and what to expect from the supervised midwife.

## Supervision Explained

### Why IMPP graduates are being registered as supervised midwives?

There are four classes of registration with the College of Midwives of Ontario; General, Supervised, Transitional and Inactive.

IMPP graduates are registered as supervised midwives for two reasons: 1) to provide them with the opportunity to obtain the clinical numbers required for registration as a General registrant; and 2) to provide an opportunity for further orientation to practice in Ontario.

### What Supervision means

Supervision means that you will be working within a Supervision plan. This Supervision plan will be based on your final IMPP report and will outline the areas that need to be addressed in order for your registration class to be changed to “General”.

The Supervision plan will consist of a number of births to be attended and a minimum amount of time that you will be required to work in a community based practice (see “Sample Supervision Plan”, attached). There may be other clinical requirements in the plan, but you will be made aware of these prior to the plan being implemented.

An individual Supervision plan will be prepared for you once the College has both your application for registration and the IMPP final report. Once the Supervision plan has been prepared, it will be sent to you, and all members of the practice must sign it before registration can be issued. One member of the practice must be designated as the “Supervising Midwife”. This midwife will act as a mentor and will sign off on all supervision reports, verifying that you have completed the tasks required. The supervising midwife must sign the enclosed “Agreement to Act as Supervising Midwife” and return it to the College along with the signed Supervision plan.

A supervised certificate of registration is valid only while the midwife is under supervision. Therefore, you may not be registered prior to your start date with the practice. Should the supervision be terminated for any reason, you may resign your registration with the College or your Supervised Practice certificate can be maintained if it has been held for less than 12 months. If you have held a Supervised Practice certificate for more than 12 months then your certificate will expire if you have not successfully completed your Plan for Supervised Practice and Evaluation, unless you apply to the Registration Committee to have it reissued.

## Supervision Explained - Continued

### Length of Supervision

The length of time you will be practicing as a midwife under supervision will depend on how long it takes you to fulfill the birth requirements of your plan. The minimum time period for supervision is three months, but most IMPP graduates will take from 6 to 9 months to complete the Supervision plan. Supervision **cannot** last more than 12 months. You and your supervising midwife will be required to report periodically on the progress of the supervision.

### What happens when a member completes their Supervision plan?

The College provides templates for all required reports. When all supervision tasks are complete, both you and the supervising midwife must provide the final report, verifying that you have completed all of the supervision requirements and that you are competent to provide primary care without supervision. Once the College receives this signed form, your registration class will be changed to General; however with conditions for the remainder of your first year of registration. The conditions on your certificate of registration will be those of the “New Registrant’s Policy”. These conditions will remain until you have completed the requirements of the New Registrant’s policy.

### What happens if, at the end of twelve months, the Supervision plan is not complete or if the Supervisor won’t sign off on competence?

A supervised certificate of registration can be issued for a maximum of 12 months. If supervision is not complete, or if your supervisor will not sign off on your competence (to provide primary care at the end of the maximum 12 month period), you must either resign your registration or your Supervised Practice certificate will expire.

The College requires periodic reports from the supervising midwife so that any supervision issues will be identified and addressed before the end of supervision. If you anticipate any problems in completing your supervision plan, the earlier you inform the College the better.

## Criteria for Approval of the Supervising Midwife

The supervising midwife must be approved by the College. The College will determine whether the candidate's circumstances including practice environment, professional conduct, history and their interaction with the College and its committees satisfy the Registration Committee that the candidate will be able to carry out their role as supervisor responsibly, professionally and competently.

For further information, please see "Criteria for Approval of Supervisors" in this document.

## Role of the Supervising Midwife

The supervising midwife for an IMPP graduate will be responsible to the College for the following:

- Providing appropriate mentoring to the supervised midwife, as outlined in the Supervision plan
- Attending one peer case review with the IMPP graduate during the period of supervision.
- Reporting to the College periodically on the progress of the supervision and informing the College of any current or anticipated problems
- Assessing the IMPP graduate for competency in the areas outlined in the Supervision plan
- Signing a final report to verify that the IMPP graduate has completed the assigned tasks in the Supervised plan and is competent to provide primary care without supervision

## Sample Supervision Plan

### PLAN FOR SUPERVISED PRACTICE AND EVALUATION

Name of Supervised Midwife: **Supervised Midwife**

Practice Group: **Supervising Practice**

Supervising Midwife: **Supervising Midwife, RM**

Supervision Start Date: **July 1, 2016\***

- \* Period of supervision is a minimum of three months and a maximum of twelve months commencing on the date of issue of the supervised certificate of registration and ending upon completion of the Plan for Supervised Practice and Evaluation and submission of the Final Supervision Report.

Supervision Objective:

The objective of this period of supervision is to correct any deficiencies or gaps outlined in **Supervised Midwife** Final IMPP report dated **July 1, 2017**.

## Plan for Addressing Birth Attendance Requirements

### BIRTH ATTENDANCE REQUIREMENTS

|  |                 |
|--|-----------------|
| Primary Births Total:<br><br>Including:<br><br>4 home birth(s)<br>2 hospital birth(s)<br>4 home or hospital births                 | <b>10</b>       |
| <b>Primary or Second Births Total:</b><br>Including:<br>1 home birth(s)<br>1 hospital birth(s)                                     | <b>2</b>        |
| <b>Courses of care providing Continuity</b><br>(as defined by the Plan for Supervised Practice and Evaluation)                     | <b>11</b>       |
| Minimum in a community-based practice, offering choice of birth place, continuity of care and postpartum care in the home setting. | <b>3 months</b> |

## ORIENTATION:

The supervised midwife, Ms. Supervised Midwife, will be thoroughly oriented to the practice and practice protocols by the supervising midwife. (See Appendix A)

The supervised midwife, Ms. Supervised Midwife, will be thoroughly oriented to the hospital and hospital protocols by the supervising midwife. (See Appendix B)

## SUPERVISION REQUIREMENT:                      Continuity of Care

Continuity of Care includes care in the prenatal period, labour, birth and the postpartum period to six weeks. For the purposes of this Plan for Supervised Practice and Evaluation, continuity of care will count as fulfilling the continuity of care requirement when it includes a minimum of eight visits: three prenatal visits, attendance during labour and birth, two postnatal visits and an additional three visits in either the prenatal or postnatal period.

To be addressed by:

- Providing continuity of care to a minimum of **11** women and their newborns.
- Conducting a minimum of six prenatal visits at various stages of pregnancy, including booking visits, second and third trimester visits and including a minimum of one prenatal home visit, under the supervision of a registered midwife from the supervising practice group and at least one visit to be supervised by the supervising midwife.
- Conducting a minimum of six postpartum visits under the supervision of a registered midwife in the supervising practice group including at least three visits within the first week postpartum, one at six weeks postpartum and one hospital visit. The supervising midwife must observe at least one of these postpartum visits.
- Conducting the remainder of the **11** courses of care needed to fulfil Continuity of Care requirements. Supervision must be provided, in the form of weekly chart reviews, by the supervising midwife or an alternate registered midwife appointed by the supervising midwives.
- Being assessed for competency in the provision of continuity of care during the prenatal and postnatal period by the supervising midwife.



## **SUPERVISION REQUIREMENT: Home Births**

To be addressed by:

- Attending a minimum of **2** home birth(s) in the role of primary midwife with a registered midwife from the supervising practice in attendance from the onset of active labour. In at least one instance, the supervising midwife must be the supervisor.
- Attending a minimum of **2** home birth(s) in the role of primary midwife with a registered midwife from the supervising practice providing supervision by phone from the onset of active labour until such a time as the second midwife is normally called to attend. Minimally, phone contact with the supervisor will begin with the first assessment in active labour and continue every four hours until the supervisor is called to attend.
- Attending a minimum of **1** home birth(s) in the role of primary or second midwife with a registered midwife from the supervising practice in attendance.
- Being assessed for competency in the provision of midwifery care at home births by the supervising midwife.

## **SUPERVISION REQUIREMENT: Hospital Births**

To be addressed by:

- Attending a minimum of **2** hospital birth(s) in the role of primary midwife with a registered midwife from the supervising practice in attendance from the onset of active labour. In at least one instance, the supervising midwife must be the supervisor.
- Attending a minimum of **1** hospital birth(s) in the role of primary or second midwife with a registered midwife from the supervising practice in attendance.
- Being assessed for competency in the provision of midwifery care at hospital births by the supervising midwife.

## **SUPERVISION REQUIREMENT: Additional Primary Births**

To be addressed by:

- Attending a minimum of an additional **4** births in the role of primary midwife at either home or hospital births.

- For the above births and for any additional primary births that occur while under supervision, supervision must be provided, in the form of weekly chart reviews, by the supervising midwife or an alternate registered midwife appointed by the supervising midwife.

## **SUPERVISION REQUIREMENT:            Weekly Chart Review**

To be addressed by:

- Attending weekly chart review with a general registrant in the practice. In the review, the supervised midwife will present each client record and the care she has provided. Any new information for each client must be presented at subsequent chart reviews. Follow up from previous reviews will be presented. The reviewing general registrant may assist in the development of care plans, or make suggestions for delivery of care. Areas of review or study required by the supervised midwife may be identified during the review. (See Appendix C)
- Having the reviewing general registrant sign off on all charts.

### **Peer Case Review**

**Supervised Midwife** will attend a peer case review with **Supervising Midwife, RM** a minimum of one time within the period of supervision, presenting one case in which she provided care at the session.

### **Limitations**

During the period of this Plan for Supervised Practice and Evaluation, **Supervised Midwife** may provide midwifery care only under the supervision of general members of the supervising practice group, **Supervising Practice**.

**Supervised Midwife** may not practice as a midwife outside of the scope of this Plan for Supervised Practice and Evaluation.

## **Plan for Reporting to the College**

The supervising midwife and the supervised midwife will submit periodic reports to the College, as required and the College may choose to share these reports with the International Midwifery Pre-Registration Program. At the end of the supervision period, the supervising midwife and the supervised midwife will submit a written report, provided by the College, stating whether or not, in their opinion, the supervised

midwife has satisfactorily completed the Plan for Supervised Practice and Evaluation and is capable of providing primary midwifery care without supervision. This report will be reviewed by the College of Midwives and, in the event that all plans and requirements set out in this Plan have been fulfilled, the College will register the supervised midwife as a member of the College of Midwives of Ontario holding a general certificate of registration. The general certificate will have the conditions of the New Registrant's policy.

In the event that supervision is terminated by either party, the certificate of registration of the supervised midwife is automatically revoked. If the supervision is terminated prior to the completion of the supervision period, the reporting midwife will submit to the College a Final Report detailing all completed aspects of the Plan, as well as any other issues relevant to the supervision.

The Supervised Midwife, the Supervising Midwife and the Practice Group all agree that if it becomes apparent that these supervision arrangements are not proceeding satisfactorily, the College may terminate these supervision arrangements on one week's written notice to the parties. If that occurs, the Supervised Midwife agrees that her certificate of registration for supervised practice automatically expires, and that it may be reissued if she obtains alternate supervision arrangements acceptable to the College and if the total Period of Supervision will not exceed twelve months. The purpose of this clause is to protect the public and/or to increase the likelihood that the Supervised Midwife is able to successfully complete the Plan for Supervised Practice and Evaluation prior to the end of the 12-month maximum Period of Supervision.

In the event that, at the end of the Period of Supervision,

- the supervised midwife and the supervising midwife do not submit a written report stating that the supervised midwife has satisfactorily addressed all gaps or deficiencies outlined in this plan and is capable of providing primary midwifery care without supervision; or
- The College determines that any plan or requirement set out in the Plan has not been fulfilled;

the consequences are as follows:

The Period of Supervision may be extended, provided the total Period of Supervision does not exceed twelve (12) months, during which the supervised midwife will continue to hold a supervised practice certificate of registration;

**OR**

If the Period of Supervision cannot be extended because it would then exceed twelve (12) months, the supervised practice certificate of registration will be revoked.

The College will be providing information to the IMPP on the progression and completion of all Plans for Supervised Practice and Evaluations. This may include forwarding copies of any reports supplied by the practice and/or the supervised midwife directly to the IMPP.

**DATED AND SIGNED BY:**

We, the undersigned, have read and agree to this Plan for Supervised Practice and Evaluation.

\_\_\_\_\_  
**Supervised Midwife** Date

\_\_\_\_\_  
**Supervising Midwife, RM** Date  
 Supervising Midwife, Supervising Practice

\_\_\_\_\_  
**Practice Midwife, RM** Date  
 Supervising Practice

\_\_\_\_\_  
**Kelly Dobbin, Registrar** Date  
 For the College of Midwives of Ontario

## APPENDIX A – Page 1 of 3

### **Practice Orientation Report** – check all completed activities

It is important that a newly registered midwife be oriented to the midwifery practice group since individual practices function differently from each other. Orientation should be three to six hours in duration.

The orientation session could include the following components:

The physical layout of the practice:

Exam rooms, waiting rooms, staff areas, kitchen etc.

Where a newly registered midwife can work/study/talk to each other (if more than one in practice).

Location and organization and process for restocking supplies (both midwifery and practice - e.g. paper, toilet paper, etc.).

Information on access to the clinic building, security system, parking, etc. and the provision of keys, as appropriate.

The administrative aspects of the practice:

The roles and work hours of the practice staff.

How appointments are booked/cancelled.

The regularly scheduled clinic days.

Client lists.

Office equipment:

Phone, fax, computer, photocopier, etc.

Practice's policies for study or personal use of office equipment;

Arrangement for speaker phone for distance tutorials.

The charting system the practice

uses: How charts are stored.

What is included in chart package (e.g. Ontario Antenatal Records 1 & 2, narrative notes sheet, tracking sheet, etc)

Expectations of the practice group with respect to writing notes in client charts.

The care model the practice group uses/how midwives share care:

The use of second attendants, if applicable

The role of each midwife at the birth.

How a midwife is assigned to client care? (Does a newly registered midwife follow a registered midwife, client or both?)

## APPENDIX A - Page 2 of 3

### Practice Orientation Report – check all completed activities

Schedule of meetings:

Practice group meetings and who attends.

Peer review, rounds (and the expectations of a newly registered midwife participation in local educational opportunities).

Introduction to written documents of the practice group (available for a newly registered midwife to read)

- Practice group protocols.
- Hospital protocols.
- Informed choice agreement.
- Any handouts, which are routinely provided to clients to read.

Practice group resources (e.g. computer to use, torsos, library, journals, etc) and rules about use of these (e.g. they must stay on site), as well as other local resources for study/research (e.g. hospital library, university library) and how those may be accessed.

Community resources: e.g. prenatal classes (if practice does not provide their own), La Leche League, lactation consultants, social workers, and other consultants.

A list of the labs and ultrasound facilities the practice uses.

Practice group dress code (how it is expected that midwives dress in the practice).

General rules relating to use of kitchen facilities, where it is acceptable or not acceptable to eat and/or drink.

A discussion of the practice group demographics: the catchment area (including a map if appropriate) and particular cultural groups the practice serves (e.g. Muslim women, Mennonite women, teens, etc.) Some practice groups have newsletters for clients, which may be provided to a newly registered midwife to give them a better sense of the practice.

Off-call/on-call schedules for the midwives, as well as a list of midwives' pager/phone numbers - and instructions on how and when to contact the midwives (e.g. do they prefer to be paged or phoned?)

Practical practice group issues:

- Locations and instructions for use of autoclave.
  - Size of gloves required by the newly registered midwife (and whether she is latex-intolerant, if the practice uses latex gloves).
- The organization of the birth/prenatal bags.

## APPENDIX A - Page 3 of 3

### Practice Orientation Report – check all completed activities

Schedule hospital orientation - see checklist.

Ensure the newly registered midwife is registered with the hospital; organize photo ID, if necessary.

Information about emergency services:

- How EMS is accessed in the region (911 or other)
- Whether births need to be registered with EMS
- Whether there is a separate OB emergency access number

Some of this information may be provided in written form: information packages for a newly registered midwife to read over the few days before coming into the practice group (and for future reference) may be most helpful. The orientation session is a good time for a newly registered midwife to ask questions, as well, and to provide the information needed about them - such as address, pager number, phone, etc., as well as on/off-call time for them and any personal obligations.

Develop plans to assist a newly registered midwife in fulfilling her objectives.

Discuss teaching style and the newly registered midwife's learning style.

Plan or schedule feedback time.

Plan or schedule protected study time.

## **APPENDIX B - Page 1 of 1**

### **Hospital Orientation Report** – check all completed activities

#### **GENERAL HOSPITAL TOUR**

Parking charges  
 Entrances, when open  
 Cafeteria, hours, other sources of food  
 Midwife's mailbox  
 Library  
 Lab: after hours sample delivery  
 Radiology

#### **BIRTHING UNIT TOUR**

Room organization  
 Medications  
 Resuscitation equipment  
 Ice machine, blanket warmer  
 Sleep room, change room, locker  
 Caregiver washrooms  
 Placenta disposal  
 Clean-up expectations - room, equipment, restocking

#### **GUIDELINES AND PROCEDURES**

Nurse expectations  
 Badges  
 Greens, clothing policy  
 Safety procedures, needle stick injuries, incident reports, etc.  
 Emergency codes and procedures (especially code "pink", if applicable)  
 Hospital phone numbers  
 List of consultants  
 Policy and process for transfer of care and consults  
 Computer  
 Charting, order entry, admitting  
 Approved abbreviations  
 Closure of client care, discharge, coding  
 Protocols for L & D, postpartum and nursery  
 Mandatory consultations for midwives  
 Special services; e.g. breastfeeding clinic, pediatrician walk-in, etc.



## APPENDIX C - Supervision Chart Review Tool

| SUPERVISION CHART REVIEW TOOL      |            | Form SCR 03    |  |
|------------------------------------|------------|----------------|--|
| Client Identifier                  |            |                |  |
| Name of Supervised Midwife         |            |                |  |
| Name of Supervising Midwife        |            |                |  |
| EDD:                               | G T P A L: |                |  |
| Place of birth (planned or actual) | Home Birth | Hospital Birth |  |

Use this tool to record chart reviews throughout care. The 5 questions provide structure for the chart review. The tool has been designed to be kept in the client's chart for the entire course of care to provide a structured approach for chart reviews. The guide should be used for all reviews of each chart.

|   |
|---|
| 1. Brief description of clinical history and present clinical situation including relevant presenting signs & symptoms:                   |
| 2. What is your clinical judgment regarding the intended care for this clinical/client's situation?                                       |
| 3. What is your differential diagnosis as to potential conditions that you need to consider in regard to the presenting signs & symptoms? |
| 4. What assessments & investigations do you need to undertake to assist you in determining your care management plan?                     |
| 5. What is your care management plan including documented informed choice decisions made by the client (with rationale)?                  |

|                              |                           |
|------------------------------|---------------------------|
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |
| <b>Date of Chart Review:</b> |                           |
| <b>Ongoing Care Issues</b>   | <b>Expected Follow Up</b> |
|                              |                           |

### Criteria for Approval of Supervisors

Pursuant to s. 13(7)2 of the Registration Regulation, the Registration Committee has the authority to decide whether it will approve a proposed supervisor.

In making its decision, the Registration Committee will consider the following, to ensure that the proposed supervisor will be able to carry out their role competently and safely:

- Whether the proposed supervisor holds a general certificate of registration. This is a requirement pursuant to s. 13(2)1 of the Registration Regulation.
- Whether the proposed supervisor has been practising with a general certificate of registration for a minimum of 3 years without any terms, conditions or limitations, in Ontario.
- The proposed supervisor's prior history with the College. The proposed supervisor should be in good standing with the College, which in turn requires that the Committee consider whether the proposed supervisor:
  - o has any current or outstanding registration concerns, including terms, conditions and/or limitations on their certificate of registration, does not have any fees or information owing to the College
  - o is the subject of an ongoing investigation
  - o is currently subject to an interim order from the Inquiries, Complaints and Reports Committee (ICRC)
  - o is currently in the process of completing an order from the ICRC, including a Specified Continuing Education and Remediation Program (SCERP) and if so, the nature of the order
  - o has signed an undertaking with the College and if so, whether the nature of the undertaking would prohibit them from being able to supervise the midwife
  - o is the subject of current discipline or fitness to practise proceedings
- The number of midwives at the practice, to ensure adequate coverage in cases where the proposed supervisor may be absent from work, thus enabling another midwife to continue with supervising and mentoring the midwife. Adequate coverage also ensures that client care is not detrimentally affected by the proposed supervisor spending the time required to supervise and mentor the midwife.
- The prior experience of supervised midwives with the proposed supervisor or their practice.
- Whether there is a conflict of interest between the proposed supervisor and the midwife as declared by the proposed supervisor and/or the midwife and/or as known by the College. A conflict of interest arises when the proposed supervisor has a personal interest which conflicts, might conflict, or may be perceived to conflict with the interests of the College. A conflict of interest could arise in relation to matters including but not limited to:
  - o An existing professional or personal relationship with the supervised midwife
  - o An existing or previous client/care provider relationship with the supervised midwife
  - o Having currently or previously acted in the role of a College assessor or remediator for the supervised midwife
  - o Having currently or previously acted as a panel member of a College Committee in a matter concerning the supervised midwife

## Agreement to Act as Supervisor

### Approved Supervisor's Declaration for Supervision

1. I confirm that I currently hold a general certificate of registration and have held it for a minimum of 3 years
2. I confirm that I am not currently under investigation by the College and am not the subject of current discipline or fitness to practise proceedings
3. I confirm that I have read the Supervision Plan and understand the areas to be supervised.
4. I will provide appropriate supervision and mentoring to the supervised midwife, as outlined in the Supervision Plan.
5. I will ensure that appropriate supervision and mentoring will continue in my absence while I am off-call or on holidays.
6. I will notify the College immediately, if I am, for any reason, unable to continue as supervising midwife.
7. I agree to hold confidential and secure, any material of any kind generated by or for the College, the details of any discussions with the College or its agents, or any other information or material I acquire through the course of providing supervision to the supervised midwife.
8. I will submit interim reports on the progression of supervision as required in a timely manner and inform the College of any current or anticipated problems.
9. I will assess the supervised midwife's competency to provide care as a primary health care provider in accordance with the College's professional standards and submit a final report to the College within 12 months of the start of the supervision.
10. I understand that the period of supervision cannot exceed 12 months and that if the midwife is not judged competent to provide primary care at the end of 12 months of supervision, her certificate of registration will expire.

\_\_\_\_\_  
Signature of Proposed Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Witness Name (Print)

Once you have completed this form, please return it to the College of Midwives of Ontario via one of the methods listed below:

Mail: Attn: Registration Department  
College of Midwives of Ontario  
21 St. Clair Avenue East, Suite 303

Toronto, ON M4T 1L9

E-mail: [regadmin@cmo.on.ca](mailto:regadmin@cmo.on.ca)

If you have any questions, please e-mail [regadmin@cmo.on.ca](mailto:regadmin@cmo.on.ca) or call 416-640-2252 x. 204.

### Conflict Of Interest Declaration

The College of Midwives of Ontario’s supervised practice procedures dictate that the member being proposed to supervise a midwife (the “proposed supervisor”) must officially declare whether or not a conflict of interest exists with the midwife that is to be supervised (the “supervised midwife”).

A conflict of interest arises when the proposed supervisor has a personal interest which conflicts, might conflict or may be perceived to conflict with the interests of the College. A conflict of interest could arise in relation to matters including but not limited to:

- An existing or previous professional or personal relationship with the supervised midwife. An example of a professional relationship includes but is not limited to, having previously been mentored by the supervised midwife. An example of a personal relationship includes, but is not limited to, having a familial relationship or friendship.
- An existing or previous client/care provider relationship with the supervised midwife
- Having currently or previously acted in the role of a College assessor or remediator for the supervised midwife
- Having currently or previously acted as a panel member of a College Committee in a matter concerning the supervised midwife

I \_\_\_\_\_, declare that I **DO NOT** have a conflict with  
(Name of Proposed Supervisor)

\_\_\_\_\_.

(Name of Supervised Midwife)

I \_\_\_\_\_, declare that I **DO** have a conflict of interest with  
(Name of Proposed Supervisor)

\_\_\_\_\_ on the following grounds:

(Name of Supervised Midwife)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Supervisor

Date