

ON CALL

July 2018



College of
Midwives
of Ontario

Ordre des
sage-femmes
de l'Ontario

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MESSAGE FROM THE PRESIDENT

The *Protecting Patients Act, 2017*, and preventing sexual abuse in health care .



Dear midwives, stakeholders, and members of the public,

At the College of Midwives of Ontario, we take our mandate of regulating midwifery in the public interest very seriously. Clients and Ontario families are at the core of all of the work we do, and the focus of our decision-making.

The midwife-client relationship is based on trust, with clients expecting a midwife who is highly skilled and knowledgeable. The majority of midwives in Ontario meet all of the College's high standards, and it is our job as regulators to ensure families can trust that their midwife will provide safe and excellent care at all times. Sexual abuse by a midwife violates that trust and is never acceptable. The College has zero tolerance

for sexual abuse and has the responsibility to investigate all complaints.

The College has had a Sexual Abuse Prevention Policy in place since we were first regulated, 25 years ago. The policy has changed over time, and was recently amended by Council to reflect recent legislative changes. [You can click here to read more about specific changes to the policy.](#)

Over the past few years there has been a lot of discussion about appropriate boundaries in health-care settings, and about how the regulatory health colleges can work to prevent sexual abuse of patients. In 2014, then Minister of Health Eric Hoskins established the Minister's Task Force of the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991* (RHPA). The Task Force examined how to strengthen the RHPA, and provided the Minister with recommendations and advice.

One outcome from the Task Force was the creation of Bill 87, the *Protecting Patients Act, 2017*. Bill 87 includes a number of changes to the RHPA, [some of which impact the College's Sexual Abuse Prevention Policy](#). This Bill has come into force in two stages, and the College has responded to all requirements in the Bill. You can read about other changes in Bill 87 on page 8 of this newsletter.

We've also created new resources for members of the public who were, or may have been, sexually abused by a midwife while they were a client. [The College's Guide on Funding and Therapy, and Sexual Abuse Complaints Guide can be found on our website here.](#)

Please get in touch with the College if you have any questions or concerns about the new Sexual Abuse Prevention Policy.

Sincerely,

A handwritten signature in black ink that reads "Tiffany Haidon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Tiffany Haidon RM
President
College of Midwives of Ontario

MESSAGE FROM THE REGISTRAR

Information on changes to the Second Birth Attendant Standard.



On June 1, 2018, the Professional Standards came into effect, and the requirement for two midwives at a birth was replaced by the requirement of either two midwives or one midwife and a second birth attendant. For this reason, we revised the College's Second Birth Attendant Standard to better define the expectations for midwives who work with second birth attendants.

The College has established a minimum standard that is in the best interest of midwifery clients and their newborns. The revised standard will come into effect on October 1, and you can [click here to read an overview of the revised standard](#).

We are aware that some members are concerned about revisions to the College's Second Birth Attendant Standard, specifically the requirements that second birth attendants hold certificates of completion in neonatal resuscitation (NRP) and an obstetrical emergency skill program (ES).

While there is no evidence to support the need for two primary care providers at a birth, there are recommendations that every birth be attended by a primary care provider and a second individual who has primary responsibility for the newborn, including the skills to perform neonatal resuscitation.

The College has a duty to the public to set a minimum standard for midwives. Our Second Birth Attendant Standard assures that midwifery managed home births, where there are fewer human resources to rely on, are attended by a second individual who is skilled in providing neonatal resuscitation. [You can click here to read a detailed response to some of the concerns raised by midwives about the new standard](#).

The College has an obligation to Ontario families to make sure that all births, including home and out-of-hospital births, are attended by a second individual who has obstetrical emergency skills and the training to provide neonatal resuscitation.

We are thankful to the midwives and stakeholders who took the time to take part in our two public consultations on the Professional Standards, and to those who have written in with their feedback. I hope that the further information on our website helps to clarify the College's position.

Sincerely,

A handwritten signature in black ink that reads "Kelly Dobbin".

Kelly Dobbin RM
Registrar & CEO
College of Midwives of Ontario

COUNCIL HIGHLIGHTS

Our Council meetings are open to members and the public. If any of these highlights from the June Council meeting, held June 13th interest you, you can [click here to read more in the meeting materials.](#)



College of Midwives of Ontario Council Members as of December 2017

Approved Changes to the Register By-law
At its March meeting, Council discussed changes to the Register portion of the College's General By-law. The main focus of the by-law changes were to bring our register in line with new legislation, and you can [read more about all of the changes here.](#) Council launched a 60 day open consultation period on these changes, and did not receive any comments. Council passed the changes to the General By-law as proposed at its June meeting. Council also discussed further changes to the General By-law at its June meeting, and you can read more about the new proposal on page 7 of this newsletter and [give your comments on our website here.](#)

Quarter Four Financial Statements

Council approved the College's Quarter Four financial statements, which cover January 1 2018 through to March 31 2018. The College under spent against its budget in this final quarter of our fiscal year.

Facility Standards & CPP for Birth Centres

The Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres set

minimum standards for all midwife-led birth centres and serves as the basis for College assessments conducted on behalf of the Ministry of Health and Long-Term Care.

Council approved revisions to the College's Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres. The revised standards and clinical practice parameters (CPP) will be effective January 2019.

You can [read the Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres that comes into effect in January 2019 here.](#)

Council notes

Information on other important Council decisions can be found throughout this newsletter.

- Amendments to the Fees & Remuneration By-law, found on page 6
- New Consultation on the General By-law , found on page 7
- Elimination of the APA Type 1 program, found on page 9

FEES & REMUNERATION BY-LAW

Council approved a fee increase for members at its June 2018 meeting. New fees will be effective for this year's renewal.

At its June meeting, the College of Midwives of Ontario Council voted to amend the Fees and Remuneration By-law. **Fees will be increased to \$2150 for general class of registration and \$1075 for inactive class of registration, effective for this year's renewal.** Following this year's increase, fees will then go up with inflation, at 2% per year.

This was a difficult decision for Council, but in order for the College to continue to fulfill its mandate of public protection and meet the cost of regulation, the increase was needed.

During our Fee and Remuneration By-law Consultation, the College received 29 comments.

We heard from members that they were frustrated to be asked to pay higher fees when midwives' wages have not increased. While College understands the financial strains on midwives, fee increases are necessary for the College to effectively fulfill our statutory obligations and continue to meet the needs of the regulatory landscape.

Members also raised the fact that the College's fees are higher than other regulatory health colleges in the province. While this is true, the amount we generate from membership fees is a fraction of other Colleges regulating primary health care providers. In this table, we use the rough equation of membership fees x number of members = resources.

Royal College of Dental Surgeons	\$2160 fee x 9960 members	\$21,513,600
College of Physicians & Surgeons	\$1625 x 32,500 members	\$52,812,500
College of Nurses	\$214,70 x 160,994 members	\$34,565,411
College of Midwives	\$2150 x 910 members	\$1,956,500

As you can see, the College's budget is less than 1/10 of the budget of the lowest grossing of the above Colleges.

Although the College does regulate a much lower number of members, we do not have

fewer statutory obligations. We are required by law to set standards for the profession, make regulations and administer registration and quality assurance programs, and handle complaints and discipline.

Over the past couple of years, the volume of work at the College has increased. The complexity of the registration applications we review has increased due to greater differences in the way midwifery is practised in other Canadian jurisdictions and due to alternative practice models becoming increasingly available in Ontario. We continue to face an increase in the number of complex investigations and preliminary inquiries. The College's work is also driven by external developments and the directives received from the legislature.

We also heard that we should offer lower fees for new registrants. This is something that was not able to be implemented at this time, but we will continue to keep this in mind as fees are discussed in the future. We presently offer an Inactive Class with a reduced membership fee, which is not the case with all other regulated professionals.

Installment Payments

We also heard from members that the new Installment Fee felt punitive to those having trouble making payments. After receiving feedback about this new fee it is clear that

this fee could be perceived as penalizing those that are already having trouble meeting the high demands of membership fee charges from the College and the Association.

The College will not be implementing installment fees at this time, after taking into account feedback through the consultation. Thank you to all members for your comments.

GENERAL BY-LAW CONSULTATION

We are inviting public comments on proposed changes to the College of Midwives of Ontario's General By-law until August 21, 2018.

[Proposed changes to the College's General By-law](#) include increasing the standard that we hold Council members to by requiring those seeking positions on Council and Committees to meet new criteria for eligibility and undergo training; and allowing members of the public to join College Committees. We believe these changes create a stronger and more knowledgeable Council and Committees, serving the public interest.

Eligibility Criteria for Elections and Appointments and Disqualification Criteria Council is considering changes to the eligibility criteria for nomination to Council, appointment to Committees as well as disqualification criteria of sitting Council members.

Under the proposed changes criminal charges, findings of criminal guilt, as well as cautions ordered by the Inquiries, Complaints, and Reports Committee (ICRC) would be included as criteria for ineligibility or disqualification. The requirement to complete a Specified Continuing Education and Remediation Program, however, would only make a candidate ineligible if it was completed within the past three years, as these activities are considered remedial and not punitive. All of the new criteria can be found under article 5.08 Eligibility for Election, 6.12 Eligibility for Appointment, and 9.02 Disqualification of Council Members.

The proposed criteria aligns with Article 14 of the General Bylaw, which was approved by Council at its June meeting.

Ontario families must have trust in Council members' and non-council Committee members' personal and professional conduct, as these decision makers are accountable to the public. We believe that by holding decision makers to high and achievable standards, we

are ensuring public trust in Council.

Appointment of non-Council public members to Committees

In the College's 2017-2020 Strategic Plan, Public Participation & Engagement was identified as one of the strategic priorities. Council also committed to increasing public involvement in the College's governance structure and in the design of the College's regulatory work. We believe that the appointment of non-Council public members demonstrates the College's commitment to public engagement and will bring the voices of the clients and the public into decisions that are relevant to them.

Governance training

In the effort to improve Council's competency, a training program related to the duties, obligations, and expectations of Council and Committee members is being developed by the College. This could include requiring completion of the College delivered course as an eligibility requirement for election and appointment.

Gender Inclusive Language

The proposed changes also address gender inclusive language and general improvements for clarity and cohesion with the College's governance policies.

Share your thoughts

We're inviting midwives, members of the public, and our stakeholders to share your thoughts on the proposed changes. You can [leave a comment on our website](#), where we also provide a [document containing line-by-line changes](#). You can also send us a letter or email to cmo@cmo.on.ca.

BILL 87 CHANGES IN EFFECT

New changes from the *Protecting Patients Act, 2017* came into effect in May 2018, and affect midwives' mandatory reporting obligations, financial resources that are available related to sexual abuse complaints, and the College's By-law.

In 2017, the Ontario Legislature approved Bill 87, *The Protecting Patients Act, 2017*. Bill 87 has come into force in two stages, and the College has responded to all requirements in the Bill. [You can read about changes that came into effect in May 2017 here.](#)

On May 1st, 2018, other provisions in Bill 87 came into effect. There were significant changes to mandatory reporting obligations, which are detailed below. Another change means that funding for therapy and counselling is now available from the College for clients who make a complaint to the College about sexual abuse or are the subject of a registrar's investigation involving sexual abuse, at the time the allegation of sexual abuse is made.

Mandatory Reporting Obligations

We updated our [Guide on Mandatory Reporting](#) for midwives, and you can [read the updated guide here](#). The Bill 87 changes are covered in section 1.3 and 1.5 of the guide, and are summarized below.

1.3 Charges and Associated Conditions/Restrictions

Midwives are required to file a report in writing with the Registrar if charged with an offence. The report must be filed as soon as reasonably possible.

1.5 Other Professional Memberships & Finding of Professional Misconduct & Incompetence

Midwives are required to tell the Registrar of the College if they are also members of another body that governs a profession inside or outside of Ontario. Midwives are also required to report if they have had a finding of professional misconduct or incompetencies

in relation to the practice of midwifery, or any other profession, inside or outside of Ontario. This report must be filed as soon as reasonably possible.

Funding and Therapy for Sexual Abuse

Bill 87 provides additional resources for individuals who were, or may have been, sexually abused by a midwife while they were a client. We have created a [Guide on Funding and Therapy](#), which sets out information on the process for obtaining funding for therapy and counselling for these individuals.

We have also created a new [Sexual Abuse Complaints Guide](#) for members of the public, which is intended to assist clients in understanding why it is important to report sexual abuse and what can be expected when a report is made. The midwife-client relationship is based on trust. Sexual abuse by a midwife violates that trust and is never acceptable.

The College has zero-tolerance for sexual abuse and has the responsibility to investigate all complaints. If you are a midwifery client and your midwife has touched you inappropriately, said something to make you feel uncomfortable, or engaged in any form of sexual relations with you, please contact the College at 416-640-2252 x. 224.

Register By-law

Other changes made by Bill 87 have necessitated changes to our College's General By-law. While our public register remained in compliance with the RHPA, our General By-law needed to be amended to reflect the current legislation. The proposed changes to Article 14 of the College's General By-Law were approved by Council.

ALTERNATE PRACTICE ARRANGEMENTS

The College's Alternate Practice Arrangement (APA) program is no longer in place. See below for information on what has replaced our APA Type 1 and Type 2 programs.

APA Type 1

In 2014, the College created the Alternate Practice Arrangement (APA) Type 1 program (Modified Primary Care) to support interprofessional care models and to respond to requests from midwives for flexibility in the delivery of midwifery care. The APA Type 1 program gave midwives alternate ways to practice, subject to approval from the Registrar, in the public interest.

In June 2018, the need for the majority of the current APAs was eliminated when the new Professional Standards for Midwives (Professional Standards) came into effect. The Professional Standards are principles-based, not prescriptive like the standards of practice they replaced, so midwives are not restricted by rules about the numbers and types of care providers they can practice with. The Professional Standards also addresses midwives' ability to both accept and receive delegation reinforcing the fact that midwives are not required to enter into an APA to work under delegation.

Delegation of controlled acts is authorized under the *Regulated Health Professions Act, 1991* (RHPA) and can be made by a health care provider to another health care provider or to an unregulated person. For example, a physician can delegate a controlled act of placing an instrument, hand, or finger into an artificial opening into the body to a midwife who does not have this controlled act and is allowed to accept a delegation from the physician if they have the knowledge, skills, and judgment to perform the procedure competently and safely. The College's expectations for midwives who accept delegations are set out in the [Professional Standards](#) (see standard #31) and the Delegation, Orders and Directives standard.

Continuity of Care and Interprofessional Collaboration

With the implementation of the Professional Standards, the College's expectations around continuity of care and collaborative care have changed. Previously, midwives were required to work in "a small group of no more than four midwives" so required an APA to be able to work with physicians in their communities. Standards #17 and #25 of the [Professional Standards](#) set the College's new expectations for continuity of care and interprofessional collaboration. All midwives are able to work interprofessionally with other health care providers without the College's approval as long as they are able to meet these standards.

Practice Environment and Choice of Birthplace

All midwives working in midwifery practice groups must provide choice of birthplace at all times ([standard](#) #18). However, midwives providing care in physician-led practice environments where home birth is not provided (e.g. work only in a hospital or provide prenatal or postpartum care to physician clients) do not fall below standard #18 when they do not offer choice of birthplace. The standard is interpreted this way because hospital birth is implicit in these practice environments, and so clients are considered to have already made a birthplace choice. Take an example of a midwife who joins a collaborative care team of physicians. In this role, the midwife provides care to clients during the prenatal, intrapartum, and postpartum period. All clients of the physician group give birth at the local hospital. The midwife does not fall below standard #18 because of the practice environment. If the midwife changes practice environments and joins a midwifery practice group, they are expected to meet standard #18.

ALTERNATE PRACTICE ARRANGEMENTS CONTINUED

Active Practice Requirements and Quality Assurance Program Reporting

The elimination of the APA program also means that exemptions from the active practice requirements and the quality assurance program requirements will no longer be addressed in individual APA agreements and will be dealt with through the College's registration and quality assurance committees.

The current Active Practice Reporting Policy outlines a consistent process when members have a shortfall in active practice numbers. If you have a shortfall, the College will request a response from you explaining the reasons for the shortfall. A panel of the Registration Committee may convene to determine an appropriate shortfall plan, if needed.

Similarly, in accordance with the College's General Regulation, members can be granted exemptions from any or all of the requirements of the Quality Assurance Program (QAP) because of illness or any other circumstance the Quality Assurance Committee (QAC) considers appropriate. If you are requesting an exemption from some or all of the QAP requirements, you must provide the QAC with a completed exemption request form to be reviewed by a QAC panel. [For more information on QAP exemptions please click here.](#)

Application for a Waiver of Standards

Under the newly approved Waiver Policy College standards can be waived if midwives can demonstrate that there are exceptional circumstances related to their practice that warrant a departure from the current standards of practice. "Exceptional circumstances" is defined as conditions beyond one's control that justify waiving College standards. A midwife applying for a waiver will need to show that the circumstances of the application are both in the public interest and are sufficiently exceptional to justify a departure from the

relevant standards. It is for the applicant to demonstrate that exceptional circumstances exist. [For more information, please click here.](#)

Ask a Question

Please feel free to contact the College to find out more about the College's new approach and how it will affect your practice:

If you currently have an APA or if your question is about the standards of practice and the new waiver policy, please contact the Professional Practice Advisor by phone: 416.640.2252 ext. 230 or by email: practiceadvice@cmo.on.ca.

If you anticipate a shortfall in active practice numbers, please contact our Registration Department by phone 416.640.2252 ext. 208 or by email: regadmin@cmo.on.ca.

If you need an exemption from all or some of the Quality Assurance Program requirements, please contact our Quality Assurance Department by phone 416.640.2252 ext. 227 or by email: qap@cmo.on.ca.

APA Type 2

The new [Professional Standards](#) require midwives to "ensure that every birth you attend as the most responsible provider is also attended by a second midwife or another individual competent to perform the role of second attendant." With this new standard, we have eliminated the need for midwives to work in APA 2s, as of June 1st, 2018.

You can [click here to read more](#) about how the new Professional Standards affect midwives working with a second birth attendant, and find out about the College's revised Second Birth Attendant Standard, which will come into effect on October 1st, 2018.

As mentioned on page 4 of this newsletter, there has been some feedback from members on the Second Birth Attendant Standard. [Click here to read more.](#)

QUALITY ASSURANCE PROGRAM REMINDERS

The deadline to complete the College's Quality Assurance Program (QAP) requirements is October 1, 2018. You can [log on to the member portal today](#) to stay up-to-date with your QAP requirements.

Fetal Health Surveillance

Every three years members registered in the general or supervised class must complete a Fetal Health Surveillance (FHS) activity as part of the Quality Assurance Program (QAP). [You can read the policy here.](#)

The policy was implemented in 2015 which means that all members who were registered in the general or supervised class before October 1, 2015 must have completed an FHS activity by October 1, 2018. The activity can have occurred any time after October 1, 2015

We've received questions from midwives wondering if they are able to do only the online part of the Fundamentals of Fetal Health Surveillance, produced by the Canadian Perinatal Programs Coalition. Our

policy states that the online portion of the Fundamentals of Fetal Health Surveillance, produced by the Canadian Perinatal Programs Coalition, is a College approved FHS activity.

Self-assessment Questionnaire

All members registered in the general or supervised class must complete the Self-Assessment Questionnaire (SAQ) and submit a declaration of completion as part of your Quality Assurance Program (deadline October 1, 2018). The SAQ is available in the member portal and can be completed at any time. Members do not submit their SAQ but only submit a declaration of completion.

[More information about the SAQ can be found on our website here.](#)



INFORMATION & UPDATES

Council Election Results!

We are pleased to announce the results of the College's 2018 Council Election. A total of 169 members, 18.8% of 913 eligible voters, cast ballots in the election. The election was conducted in accordance with the College's by-laws and internal procedures. The election results were verified by an external auditor and the College staff who administered the election.

Four candidates ran for two Council positions for the 2018-2021 Council term. The successful candidates were Maureen Silverman and Jan Teevan. Congratulations!

We would also like to thank midwives Claudette Leduc and Alexandra Nikitakis for coming forward as candidates in the election. Self-regulation requires members of the profession to engage with the College, and we greatly appreciate everyone who participated in this election by running and voting.



Professional Standards for Midwives - now in effect.

The new Professional Standards for Midwives came into effect on June 1, 2018. Members are now required to practise according to the new standards. You can [review the new Professional Standards here](#), and [download a PDF of the Professional Standards here](#). You can [find all current College standards of practice here on our website](#), as well as archived standards.

As members are aware, some new standards have been introduced, and practice owners have additional responsibilities. Midwives must work in accordance with the principles and standards set out in the Professional Standards, as a failure to maintain a standard of practice of the profession may amount to professional misconduct.

We will continue to update the new [Question and Answer section of our site here](#), and encourage members to ask a question or share a scenario where they have applied the Professional Standards. Please email questions and scenarios to cmo@cmo.on.ca and we'll get back in touch as soon as possible.

Quality Assurance Decision Making Tool

The College is committed to fairness and transparency, and this commitment is why we [post our decision making tools online](#). The Quality Assurance Program (QAP) Non-Compliance Decision Making Tool was [posted on our Decision Making Tools and Strategic Documents web page](#) to allow members to understand the framework guiding QAP non-compliance decisions. The tool guides Quality Assurance Committee panels in their evaluation of a member's demonstrated accountability to the QAP and ensures a transparent, consistent, and fair process.

REMINDER:



Registration, APR & QAP

The College's membership renewal period starts on August 1 and goes to October 1, 2018.

Midwives will receive more information about renewing their registration, and meeting Active Practice and Quality Assurance Program requirements in the coming weeks.

INFORMATION & UPDATES

Continuing Competencies & CPR Courses

Midwives have been writing in to ask about requirements in the [Policy on Continuing Competencies](#), particularly about which CPR courses are accepted by the College, and whether any online CPR courses are accepted.

CPR is a registration requirement and must be completed every two years. According to the policy, CPR Today (which is an online course), is accepted by the College as proof of continuing competency in CPR. A full list of the College approved courses for CPR, Neo-natal resuscitation, and obstetrical emergency skills can be found on our website in the [Policy on Continuing Competencies](#).

New Guides on Complaints Process

Two new guides are available on our website about the complaints process at the College. One newly created guide outlines what midwives can expect if a complaint or report is made against them, along with timelines and a list of possible outcomes. The other new guide is written for clients to understand what they could expect should they make a complaint about care received by a midwife. [You can read both new guides here.](#)

New Guideline on Managing Personal & Practice Health

Midwives may experience stressors that are unique to their work and affect their mental health and wellness. These stressors can compromise a midwife's professional judgment and conduct, placing their safety and their clients at risk.

Our new guideline assists midwives in recognizing sources of stress in the midwifery profession along with signs of mental illness and addiction, and provides suggestions on how to manage personal health and wellness. It also provides suggestions for midwifery practice partners on how to appropriately administer a practice to ensure the health and wellness of associates. [Click here to read the guideline.](#)

FYI - All Sonographers to Become Regulated Health Professionals

Effective January 1, 2019, it will be mandatory for diagnostic medical sonographers to be regulated health professionals.

Members of the College of Midwives, the College of Physicians and Surgeons, and the College of Nurses are authorized to apply soundwaves for the purpose of diagnostic ultrasound under the Controlled Acts Regulation, made under the *Regulated Health Professions Act, 1991*. Diagnostic medical sonographers who are not members of one of the Colleges listed above will need to register with the College of Medical Radiation Technologists of Ontario by January 1, 2019. If you work with a sonographer who is currently not a member of a regulatory health college, please feel free to pass on this information, and effective January 1, 2019 clients should only be referred to registered diagnostic medical sonographers.

We welcome your feedback on our newsletters, and encourage you to get in touch if you would like more information on any article, or if you would like to request an update on any of the information we have shared here. Email cmo@cmo.on.ca to let us know what you think.

INFORMATION & UPDATES

2018 Council Meetings

All Council meetings are public, and midwives and members of the public are encouraged to attend. Council meets in Toronto at the College office at 21 St Clair Ave E, Suite 303.

Our next two Council meetings in 2018 are:

OCT	DEC
11	12
<hr/>	<hr/>
2018	2018

Council meeting [agendas and meeting materials](#) are available on our website.



Quick Stats

Total of 932 currently registered midwives as of June 30, 2018.

666	General
83	General with new registrant conditions
11	Supervised Practice
172	Inactive

NEW Practice Advisory

Look for our new practice advisory section in upcoming newsletters, and write to our Practice Advisor if you have any unanswered questions. We will share advice and scenarios here going forward.

Managing Referrals to Other Health Care Providers

In the event a client requires a referral to another health care provider, a midwife's duty does not end at making the referral. A midwife must follow-up in a timely manner to ensure that the other health care provider is in the process of arranging care for the client. For example, a midwife should follow-up with a provider's office and the client to determine whether the client has been contacted and an appointment has been made. If it appears that the client will be unable to receive timely care from that health care provider, a midwife should explore other options that could either suffice in the interim or be a suitable alternative.

Relevant Professional Standards:

25 Establish and work within systems that are clear to clients whether you are a sole practitioner, part of a primary care team of midwives, or a member of an interprofessional care team by:

25.4 Ensuring that the results from all tests, treatments, consultations and referrals are followed-up and acted upon in a timely manner

27. Coordinate client care with other providers when an alternative to midwifery care is requested.

STAFF DIRECTORY



Staff Profile - Ashleigh Coyne, Registration Coordinator

Ashleigh is a new addition to the College of Midwives of Ontario, as a Registration Coordinator, where she acts as a resource for new applicants and members. She holds an Honors Bachelor of Arts in Economics and Geography, and a Master of Arts in Geography, both from the National University of Ireland, Galway. Ashleigh has a strong background in regulation, having previously been a Registration Coordinator for Chartered Professional Accountants of Ontario.

Ashleigh's grandmother trained to be a midwife in 1950s England, complete with the starched cap and bicycle. Decades later Ashleigh would continue be introduced to grown babies that her grandmother helped deliver. Outside of work, Ashleigh's favourite thing to do is see live music with friends.

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College Council (as of June 2018)

Elected Professional Members

Tiffany Haidon, RM, President
Lilly Martin, RM, Vice President
Isabelle Milot, RM
Wendy Murko, RM
Lisa Nussey, RM
Claire Ramlogan-Salanga, RM
Jan Teevan, RM
Edan Thomas, RM

Public Members

Jennifer Lemon, Vice President
Deirdre Brett
Rochelle Ivri
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