

# ON CALL

Autumn 2020



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

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# LETTER FROM THE CHAIR

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As we say goodbye to 2020, I have reflected on the challenges this year has presented. From the initial announcement of the pandemic in March, to the current second wave, as well as the unjust events surrounding the murder of Mr. George Floyd, we as a society are being forced to take a deeper look at our priorities. These major events have exposed the inequities that exist in many facets of Canadian culture. For all of the negativity that has encompassed us this year, I am certain we will find a positive way forward, together. At the College of Midwives of Ontario, the Registrar-CEO, Directors and Staff have worked tirelessly to acknowledge, and address identified risks posed by the pandemic, and are developing ways to incorporate an equity, diversity, and inclusion lens to examine and enhance their daily work. As Chair of Council, I would like to commend the College team for their outstanding work during this challenging year.

I'm also pleased to report that the College's Annual Report for the 2019-2020 fiscal year can now be accessed on the College's website [here](#). The report summarizes the College's achievements over the last fiscal year and showcases our commitment to ensuring that midwives are meeting the College's standards.

The Strategic Planning Working Group continues to work on the College's new strategic plan for 2021-2026. The group held its third meeting in September where they reviewed the proposed strategic priorities and key performance indicators (KPIs). I look forward to sharing the new strategic plan with you in the new year.

Open and effective consultation is a critical part of our policy development. I would like to thank those who provided feedback to the College's consultations for Phase 2 of our Standards Review, for the proposed changes to the General By-law, and those who provided answers to our two recent surveys. I understand that midwives have been under immense pressure this year, and the College appreciates the time invested to provide us with important feedback.

Lastly, I would like to make you all aware that we have replaced the title President with Chair as it more accurately reflects the role that I am in, you may read more about this change on page 6.



Claire Ramlogan-Salanga RM  
Chair  
College of Midwives of Ontario

# LETTER FROM THE REGISTRAR

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As we enter month nine of working remotely amidst the pandemic, I'd like to take a moment to thank College staff and Council for continuing to work hard to deliver on our mandate and strategic priorities. I'd also like to thank our members for their co-operation with meeting the requirements for registration renewal and quality assurance, despite the additional stress that this pandemic has brought to the profession. This issue of On Call showcases a lot of the College's great work over the last few months and I hope you enjoy reading it.

In our last issue of On Call, the College made a commitment to recognize, understand, and challenge our ways of governing and administering systems that may be racist or inequitable at their core. Over the past few months, the College has begun work to address how we uphold the principles of equity, diversity, and inclusion. To start, the College's Human Resources Working Group conducted an anonymous survey with staff in September about our internal policies and culture and their compatibility with the principles. Overall, the College received positive feedback from staff, and will be hiring an expert to lead a staff training session on equity, diversity, and inclusion in the coming months. This survey will be conducted on an annual basis to ensure that we don't lose focus on these important issues. Additionally, the College will also add a diversity statement to all future job postings and will consider alternative posting areas in order to attract diverse candidates.

As Registrar, I have been working with other College representatives as part of a new Health Profession Regulators of Ontario (HPRO) working group to address anti-BIPOC racism in the regulatory sector. The HPRO working group is currently building a framework/toolkit for health regulators to address anti-BIPOC racism in health care, regulatory policy, governance policy, human resource policy, and to assist with building capacity among staff with expert support. When this framework has been completed, it will be shared with all health regulatory colleges in Ontario and our own College will use it to help us identify and address policies and procedures that are problematic.

Lastly, our Council will soon approve a new strategic framework for 2021-2026 which will incorporate equity, diversity, and inclusion in our guiding principles. We look forward to sharing this with you in the new year.



Kelly Dobbin  
Registrar & CEO  
College of Midwives of Ontario

# SEPTEMBER COUNCIL HIGHLIGHTS

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

## Peer & Practice Assessments

The Quality Assurance Committee presented to Council about the first assessment cycle that took place in 2020 with the redesigned Peer and Practice Assessment Program. 10% of the membership were selected, seven assessors were appointed, and assessments were carried out in February and March. The 2021 assessments will begin in January 2021, and the assessment process will remain the same with minor revisions made to the tools for clarity. Read about what to expect on page 9.

## Executive Committee Election

The College recently held Executive Officer elections and four of the five executive positions were acclaimed. The professional member-at-large position went forward with an election at the September Council meeting. Congratulations to Claire Ramlogan-Salanga (Chair), Edan Thomas (Vice-Chair Professional), Don Strickland (Vice-Chair Public), Marianna Kaminska (Public member-at large) and Claudette Leduc (Professional member-at-large).

## New Public Member

We would like to welcome Sarah Baker to Council as our newest public member who was appointed for a one-year term. At the September Council meeting Sarah was appointed to the College's Registration, Discipline and Fitness to Practise Committees. You may read more about Sarah on page 20. We look forward to working with Sarah over the next year!

# CHAIR IN LIEU OF PRESIDENT

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The Executive Committee made the recommendation to use the terms Chair and Vice-Chair in lieu of President and Vice-President.

Using the term Chair and Vice-Chair in lieu of President and Vice-President at College, Council, and Committee levels is beneficial in creating a governance culture where the language used is reflective of what the role entails and is useful in terms of changing the image and perception of the work Council does.

The term 'President' can be perceived and often connotes a role that has representative authority. The role of the Chair, however, is not to represent any sort of constituency other than the public interest nor do they have any independent authority in decision-making processes of the Council.

The Chair is elected by the Council with the specific role of facilitating effective governance procedures in acting as Chair of the Council. They are responsible for ensuring the integrity of Council processes and making sure that the College's strategy is formulated clearly and is well understood both within the organization and from the public perspective. Where appropriate, the Chair represents Council to outside parties.

These changes were approved by Council at the June meeting.



# REGISTRATION RENEWAL 2020

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The College's Registration Renewal period closed on October 1, 2020.

We understand that the COVID-19 pandemic has impacted the way in which we live and work, and that midwives continue to feel the pressure that the pandemic has created. We would like to quickly take a moment to thank all members who took the time to submit completed renewal applications and payments by the October 1 deadline.

We received 1,005 completed renewal applications and sent out 28 notices to members who did not meet the deadline.

As a reminder, updated wallet cards are available in the Member Portal. Should you have any issues with your wallet card, please contact the College by emailing [regadmin@cmo.on.ca](mailto:regadmin@cmo.on.ca).

## Continuing Competencies for 2021

Continuing competency requirements for 2020 were amended due to the COVID-19 pandemic and the lack of available courses for members. The College will continue to monitor course availability and will update members in early 2021 with respect to any changes to continuing competency requirements for renewal 2021.

# QUALITY ASSURANCE PROGRAM REPORTING PERIOD

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Members in the General, including New Registrants, and Supervised Practice Class are required to submit their QAP annually.

The College would also like to take this opportunity to thank members for submitting their Quality Assurance Program (QAP) requirements by the October 1, 2020 deadline.

The QAP is designed to ensure that the knowledge, skill and judgment of Ontario midwives remains current throughout their careers, and they continue to provide safe, effective, appropriate and ethical midwifery care to their clients. The reporting requirements can be found [here](#).

Members unable to meet the requirements due to circumstances out of their control, such as illness, injury, or working in an Expanded Care Midwifery Model may request an exemption from the requirement(s). For the 2020 reporting year, the College approved 11 exemption requests which is on par with the number of requests the College received in 2019. Members requesting exemptions must apply every reporting cycle.

During this reporting cycle, there were 15 members who were non-compliant because they did not submit a completed QAP report to the College before the October 1 deadline. This is the same number of non-compliant members as the 2019 reporting cycle.

This has not been an easy year for anyone, and we appreciate members' continued commitment to continuing education and professional development.

More information about the QAP can be found [here](#).

# REMINDER! PEER & PRACTICE ASSESSMENT PROGRAM

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Members selected for the assessment will be notified in January 2021.

A reminder that as part of the College's Quality Assurance Program, the College will be conducting its annual Peer & Practice Assessment Program in 2021. This program is a requirement of all regulated health professionals under the Regulated Health Professions Act, 1991 and is intended to assess member's professional knowledge, skills, and judgment.

Approximately 10% of members in the General class, including New Registrants or Supervised Practice class will be selected for assessment, and those who have been selected will be notified by email in January 2021.

There are two components to the assessments; distance and in-person.

Distance assessments are typically one hour in length and are conducted virtually. During the assessment, the assessor will ask short scenario-based questions designed to allow members to demon-

strate their knowledge of midwifery practice, professional standards, and the regulations that govern the profession.

Midwives who indicate scores of 75% or above will be streamed out of the process and are not required to participate in a subsequent in-person assessment. These members are also removed from the selection pool for five years.

In-person assessments take place at the member's place of practice and are approximately three to four hours in length. They involve a review of a small selection of the member's charts, as well as an interview about the care that was provided.

More information about Peer & Practice Assessments can be found [here](#).

# DISCIPLINE SUMMARY - SANDRA KNIGHT

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On July 22, 2020, a panel of the Discipline Committee of the College of Midwives of Ontario found that Sandra Knight (the Member) engaged in professional misconduct by practising the profession while the member is in a conflict of interest; engaging in conduct that would reasonably be regarded by members as conduct unbecoming a midwife; and engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

## Publication Ban

The Panel made an order that no person shall publish, broadcast or in any manner disclose the name of the Client or the baby referred to during the hearing or in documents filed at the hearing, held July 22, 2020, or any information that would disclose the identity of the Client or the baby. The publication ban applies to the exhibits filed and to the Panel's decision and reasons.

*Please note that this summary has been drafted to comply with the publication ban ordered by the Discipline Committee and therefore some facts that could identify the Client or the baby have been omitted.*

## Facts

The Member admitted that she engaged in professional misconduct and the Member and the College jointly agreed to the facts that were presented to the panel.

The allegations in this case involved a blurring of professional and personal boundaries.

The Client contacted the Practice through the Practice's online intake form. The Client advised that she had recently learned that she was pregnant. The Client indicated that she wanted to terminate the pregnancy, but she was advised by other health care practitioners that she would not be able to do so. The Client was in a vulnerable position.

The Member contacted the Client and arranged to meet her at a coffee shop. They met on October 12, 2018. The Member informed the client she was not there as a midwife but rather, a woman wanting to help another woman in a time of need. The Client and the Member spoke for approximately 5 hours. During the course of this meeting, the Member discussed various care and treatment options, including midwifery, obstetric care and a Caesarean section. The Member also offered to have a non-professional relationship with the Client.

After this meeting, the Member documented in a narrative note that she offered to stay on call for the Client as a midwife in the event anything urgent occurred since the Client had not had prenatal care since early September.

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## DISCIPLINE SUMMARY CONTINUED...

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The Member admits that it was unprofessional to meet the Client at a coffee shop and to discuss the Client's pregnancy and care options in these circumstances. On October 13, 2018, the Client contacted the Member and complained of pain. The Member advised her to go to the hospital, but the Client refused to go due to past negative experiences. The Member then offered to pick her up and take her to the hospital, and the Client agreed.

While at the hospital, the Member introduced the Client to the other midwife at the practice who would act as the primary midwife if the Client decided to enter midwifery care. The Client indicated that she would like to become a patient of that midwife. That midwife was assisting another patient in active labour and was therefore unable to provide care to the Client at that time.

The Member provided midwifery care to the Client including:

- Taking the Client's history;
- Completing documentation relating to the Client's care, including the Ontario Perinatal Record;
- Ordering lab work;
- Prescribing medication to the Client; and
- Speaking to the obstetrician about the Client delivering the baby by planned Caesarean section.

On October 15, 2018, the Member documented in the Client's midwifery chart that the Member would have a non-professional relationship with the Client and that the Member would

no longer be involved clinically in the Client's care. Thereafter, the Client was cared for by a different midwife at the Practice.

The Member acknowledges that it was unprofessional to offer to have a non-professional relationship with a person in a vulnerable position who was requesting pregnancy-related care from the Practice and to later provide care, even if limited, to that Client.

### Findings of Professional Misconduct

The Panel found that the agreed facts supported the findings of professional misconduct.

The Panel determined that the Member was a practising midwife at the time of the events and as such the Member problematically blurred the line between acting as an individual and acting as a midwife in a professional capacity. Firstly, had it not been for the Member being a midwife and working within a midwifery practice at the time, the Member would never have had access to the Client nor would they have been aware of the Client at all. In this respect, when the Member contacted the Client, the Client might have reasonably interpreted that the Member was acting as a midwife responding to her email and not as an individual. The Panel found this problematic and felt that the Member could have reasonably anticipated that this involvement could cross boundaries since their involvement

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## DISCIPLINE SUMMARY CONTINUED...

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with the Client came through their practice in the first place. The Panel also felt that the Member themselves understood that this could be problematic by initially attempting to clarify to the Client that they were not acting as a midwife.

The Panel agreed that the Member acted unprofessionally in choosing to meet the Client at a coffee shop on October 12, 2018, rather than in their clinic or a more professional setting. While the Member believed that this more casual and public setting was for the Client's comfort and that this would also reinforce the idea that the Member was acting as an individual rather than as a midwife, the discussion that took place in the coffee shop was of a professional and private nature and should have been conducted in a suitable environment to protect the Client's privacy and health information. In discussing health care options with the Client at this time the Panel concluded that the Member blurred the lines between being a private individual who only wanted to help and being a member of a healthcare profession.

The Member's offer to have a non-professional relationship with the Client put the Member in a conflict of interest right away and would reasonably be regarded by the membership and the public at large as unprofessional. Although the Client stated that they did not feel pressured by the Member's conduct, the appearance to the public may be one of the Member taking advantage of a vulnerable client. The Panel was concerned that these actions led to the perception by the public that midwives are unprofessional or untrustworthy.

With respect to the care provided by the Member to the Client on October 13, 2018, the Panel concluded that this was a conflict of interest and thus constituted professional misconduct. The Panel determined that when the Member agreed to be on call for the Client subsequent to their meeting at the coffee shop, the Member was already in conflict of interest as midwifery community standard is that midwives are on call for people who are already in their professional care.

Thus, the Member offering to be on call for the Client in this case would be perceived by the professional community and midwifery clients as the Member having taken on the professional role for this Client while both parties were contemplating a non-professional relationship as well. It would have been more appropriate for the Member at this time to have provided the Client with another midwife from the practice. It was this on-call provision that led to the Member providing care to this Client on October 13, 2018. Once the Member met the Client at the hospital and the Client decided to come into midwifery care, the Member should have recused herself and called in another midwife from the practice since the midwife who would ultimately take over care was unavailable at that time.

The fact that the Member had access to the Client's chart and documented in that chart on more than one occasion is problematic. An individual without a professional relationship with this Client would not have had access to the private

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# DISCIPLINE SUMMARY CONTINUED...

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healthcare information of the Client, nor would they be charting on the record.

The Panel did believe that the Member was trying to act in an altruistic and caring manner and was not trying to take advantage of the situation. The Panel acknowledged that once the Client had decided to officially come into midwifery care and had decided to have a non-professional relationship with the Member, the Member did take steps to remove themselves from the Client's care and to ensure that the Client was taken care of by others within their practice. However, while this was appropriate to do, the Panel found that the Member should have been more aware of the potential conflicts of interest and the blurring of the boundaries that could and in fact did take place.

## Penalty

The Panel accepted the parties' Joint Submission as to Penalty and accordingly made the following order:

- Ms. Knight is required to appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand to appear on the public register of the College;
- The Registrar is directed to impose the following terms, conditions and limitations on Ms. Knight's certificate of registration:
- Within six months of the date of the Discipline Committee's Order, Ms. Knight is required to successfully complete, at her own expense and to the Registrar's satisfaction, an individualized ethics and professionalism

course that is pre-approved by the Registrar; and

- Within two months of the date of the completion of the above-noted ethics and professionalism course, Ms. Knight is required to prepare and submit a 1,500-word paper, to the satisfaction of the Registrar, in which Ms. Knight demonstrates her reflection on the importance of establishing and maintaining professional boundaries with persons in a vulnerable position; and
- Ms. Knight is required to pay to the College costs in the amount of \$2,500 within 12 months of the date of the Discipline Committee's Order.

The Panel concluded that the proposed penalty was reasonable and in the public interest.

The reprimand, individualized ethics and professionalism course, and reflective paper serve the goal of specific deterrence and are rehabilitative in nature. In addition, the reprimand being posted on the public register of the Member protects the public interest and serves as a general deterrent to the membership. The Panel considered that the Member had no prior discipline issues at the College; the Member cooperated with the College; the Member has acknowledged her behaviour amounted to professional misconduct and accepted responsibility for her actions; and from the Agreed Statement of Facts, her intentions were perceived by the Panel as altruistic.

# PROFESSIONAL BOUNDARIES

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This case deals with a conflict of interest and a blurring of professional boundaries. The Professional Standards for Midwives (Standards) defines conflict of interest as a situation that arises when a midwife, entrusted with acting in the best interests of a client, also has professional, personal, financial, or other interests or relationships with third parties which may undermine the midwife's professional judgment and affect their care of the client. Boundaries are defined in the Standards as a clear separation between professional conduct aimed at meeting the needs of a client and the midwife's personal views, feelings, and relationships which are not relevant to a client-midwife relationship.

There are five mandatory principles outlined in the Standards that define the fundamental, ethical and professional standards that the College expects all practices and individual midwives to meet when providing midwifery services. Under the principle of Integrity, it states that integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife-client relationship, and maintain the reputation and values of the profession.

As this matter involved a vulnerable client, the Discipline Panel expressed concern in their reprimand that the conduct could have led to the public perception that the midwife was taking advantage of their client.

Furthermore, the Panel communicated to the member the importance of understanding how easy it can be to blur the boundaries between personal actions and acting as a midwife, and how this can lead to a public perception of midwives being unprofessional or untrustworthy.

Members are responsible to be familiar with and comply with the Professional Standards for Midwives. Members must use their judgment in applying the principles to the various situations they will face as a midwife. The College encourages members to review the Professional Standards for Midwives on a regular basis.

# COMPLAINTS TRENDS

The College has noticed an increase in the amount of complaints it has received over the past few months.

As part of its mandate, the College works to protect the public interest by investigating complaints received about midwives to ensure Ontarians have access to safe, effective, and ethical care. The College has a duty to investigate all complaints and there is a formal process that the College follows to receive, investigate, and process them. There is no time limit to file a complaint. To learn more about the College’s complaints process, please [click here](#).

This year, there has been a noticeable increase in the amount of complaints the College has already received in comparison to previous years. The chart below outlines the number of complaints received in the last fiscal year, and the amount of complaints received to date this year.

Total Files Received	Complaints Received	Registrar Investigations (Reports)	Total
Last Fiscal Year (April 1, 2019-March 31, 2020)	29	5	34
Year to Date (April 1, 2020 - September 30, 2020)	27	7	34

The Inquiries, Complaints, and Reports Committee (ICRC) is responsible for investigating complaints and determining what action should be taken to protect the public. The ICRC deliberates on complaints in panels. These panels are com-

prised of both midwives and members of the public who are appointed by the provincial government to represent the views of the public.

A file is closed when the ICRC issues its decision. This year, 19 complaints and six Registrar’s Investigations have already been closed by the ICRC. The chart below outlines the total amount of complaints that have been closed to date compared to the last fiscal year.

Total Files Closed	Complaints	Reports	Inquiries	Total
Last Fiscal Year (April 1, 2019-March 31, 2020)	20	6	1	27
Year to Date (April 1, 2020 - September 30, 2020)	19	6	0	25

39 complaints and nine Registrar’s Investigations were carried over to Q3. If decisions are rendered on these outstanding matters within this fiscal year, the College could potentially triple the amount of decisions rendered compared to the previous year.

There have been no known indications as to why there is such a large increase in complaints over the last few months, but the College has seen a growing trend of complaints that include components involving communication.

# COMPLAINTS TRENDS CONTINUED...

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The ICRC relies on complete and accurate midwifery records when it investigates a complaint. Documenting informed choice discussions is not only a standard but assists the ICRC when making a determination on a complaint in instances where communication may be an issue. The College would like to remind midwives to review the [Professional Standards for Midwives](#) as it sets out the minimum requirements regarding your practice and conduct.

The College will provide data on common themes it is seeing through the intake of new complaints, and the issues being investigated through Registrar's Investigations in the next On Call newsletter. Quarterly reports on the work of the ICRC can be found in the Council meeting materials [here](#).



# COLLEGE HOLDS FIRST VIRTUAL DISCIPLINE HEARING

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Due to the COVID-19 pandemic, the College hosted its first virtual Discipline Hearing on July 22, 2020

Virtual hearings have become a new trend among other health regulatory colleges in Ontario in order to abide by physical distancing requirements. The College consulted with and learned from other colleges who had already held virtual hearings to ensure that best practice approaches were followed.

Like all hearings, it was open to the public, and observers were allowed to join anonymously either by videoconference or by teleconference. The hearing was hosted using Microsoft Teams, a platform that contains the technology needed to ensure the hearings can take place securely without having to change any hearing processes. There were seven observers that attended the virtual hearing, including stakeholders from the Association of Ontario Midwives. Links, details, and instructions about the virtual hearing were provided to observers by email prior to the hearing date. During the virtual hearing, observers remained muted and did not appear on camera.

To ensure privacy and confidentiality, private break out rooms were set up for the various parties, including the Discipline Panel and Independent Legal Counsel, the member and their counsel, and College counsel and College representative. The Discipline Panel deliberated in a private break out videoconference room, and at the same time, the member and their counsel were also given a private break out room to meet.

The College did not receive any accommodation requests for this virtual hearing but is prepared to accommodate any reasonable requests for future hearings. More information about requesting accommodation can be found [here](#).

The College found that by conducting the hearing virtually, it allowed for more members from the profession and members of the public to attend, as it becomes more accessible due to there being no travel required. Additionally, the virtual hearing allowed the College to fulfil its mandate of public protection in a timely manner. The College will continue to conduct virtual hearings during the pandemic in order to protect the health and safety of all parties involved.

Anyone who wishes to observe a virtual hearing is encouraged to email [conduct@cmo.on.ca](mailto:conduct@cmo.on.ca) with any questions they may have. Currently, the College has one matter referred by the Inquiries, Complaints, and Reports Committee for which a hearing has yet to be scheduled.

# COVID-19 INFORMATION FROM THE COLLEGE

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The College continues to monitor the COVID-19 pandemic and strives to provide members and the public with up-to-date and evidence-based sources when necessary.

A reminder to midwives when communicating to their clients in person and/or on social media platforms about issues related to the pandemic to only rely on verifiable evidence-based information from reliable sources. If you are providing ad-

vice that does not align with best evidence or information being provided by public health officials and all levels of government, your comments or actions can lead to harm and make you vulnerable to be the subject of a complaint or a Registrar's Investigation.

You may find the latest information from the College, answers to FAQs for midwives and clients, and links to trusted sources on our [COVID-19 page](#).

## VIRTUAL SERVICES

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The College's office remains closed and we are continuing to provide services virtually with minimal disruptions. When the College resumes in-person services it will notify members, stakeholders, and members of the public of this change. For current contact information, please [click here](#).



# RESOURCES FOR MIDWIVES

## 2020-2021 Council Meetings

All Council meetings are public, and midwives and members of the public are encouraged to attend. Council meetings are currently being held virtually due to the COVID-19 pandemic.

Our next two Council meetings are:

<b>December</b>	<b>March</b>
<b>9</b>	<b>24</b>
<hr/>	<hr/>
<b>2020</b>	<b>2021</b>

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



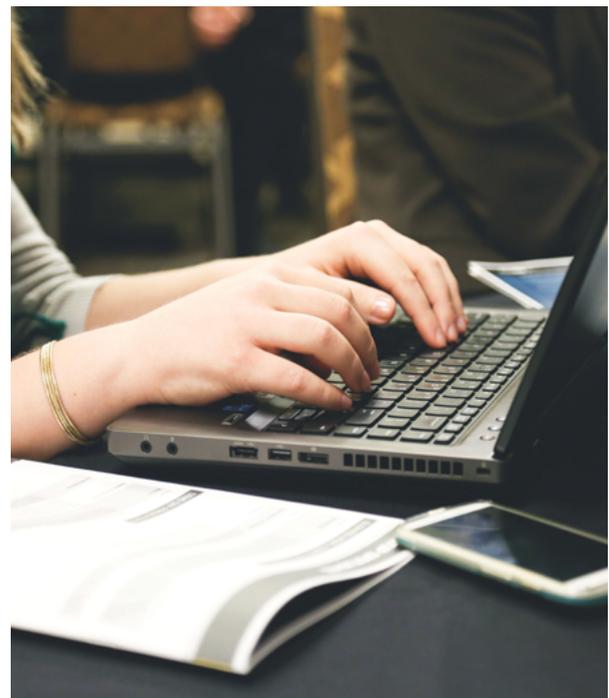
## Quick Stats

Total of 1,035 currently registered midwives as of October 31, 2020.

723	General
80	General with new registrant conditions
10	Supervised Practice
222	Inactive

## EMAIL SECURITY

A reminder to members to be vigilant when opening emails from unknown senders. If you believe you have received an email from the College that is inconsistent with our usual communication, please contact us directly by email at [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca) or by phone at 1.844.640.2252.



# COUNCIL AND STAFF



Sarah Baker (Public)

Sarah Baker is a policy researcher at the City of Mississauga in the Community Relations department. She currently works on the Indigenous Relations file at the City. She recently completed her Master's in Public Policy at the Munk School of Global Affairs and Public Policy at the University of Toronto where she specialized in healthcare policy.



Karen McKenzie (Professional)

Karen McKenzie has been a registered midwife in Ontario since 2004 and has enjoyed the privilege of learning from her colleagues and clients over the years and is forever grateful for their intuitive and inspiring contributions to her career.

Karen has had the pleasure of mentoring newly credentialled midwives, precepting, and teaching students from the Ontario Midwifery Education Program, along with holding leadership positions. These experiences have provided her with a very rounded career, and Karen is very excited to participate and contribute to Council at the College of Midwives of Ontario.

## College Council

(as of October 2020)

### Elected Professional Members

Claire Ramlogan-Salanga, RM, Chair  
Edan Thomas, RM, Vice-Chair  
Claudette Leduc, RM  
Lilly Martin, RM  
Karen McKenzie, RM  
Isabelle Milot, RM  
Maureen Silverman, RM  
Jan Teevan, RM

### Public Members

Donald Strickland, Vice-Chair  
Pete Aarssen  
Sarah Baker  
Marianna Kaminska  
Judith Murray

## Follow us on social media



## College Staff

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