



Annual Report 2009 - 2010

The College of Midwives of Manitoba wishes to acknowledge the funding provided by the Government of Manitoba Department of Health & Healthy Living. This financial support is essential in enabling the College to fulfill its responsibilities while it continues to develop and grow as a regulatory body.





College of Midwives of Manitoba (CMM)

235-500 Portage Avenue

Winnipeg, Manitoba R3C 3X1

Tel: (204) 783-4520 Fax: (204) 779-1490

Email: admin@midwives.mb.ca

Website: www.midwives.mb.ca

Baby on Cover/inside cover - Lucas Allan Anderson-Lindsay was born at home on Saturday, May 15th, 2010 at 12:44 am! At birth, Lucas weighed 9lbs 2oz and was 20.5 inches long. Lucas's mother is the CMM's Public

Representative for the Board of

Assessors, Marlaine Anderson-Lindsay.

CMM Mission

he purpose of the College is to protect the safety of the public in the provision of midwifery services in Manitoba; to support midwives in the provision of safe and effective midwifery services in Manitoba; and to develop and enforce the standards of midwifery care.

Commitment to Equity

he College is committed to the goal of equity in the practice of midwifery which includes: providing service to women who historically have been under-represented or under-served by the health care system; and recruiting midwives with diverse backgrounds, experience and knowledge. Such recruits may drawn from groups including immigrants and newcomers to the province, visible minorities, Aboriginal persons, persons with disabilities, and persons who live in rural or remote communities.

College Staff

Janice Erickson, BA, RM - Registrar (non-prac.)

Patty Eadie, BA, BSW- Executive Director

Kathy Kirby - Administrative Officer

Ann Pedersen, M.A. - Prior Learning & Assessment Coordinator (P.L.E.A)

Charlotte Onski - Bookkeeper

Governing Council of the College

Kelly Klick, RM Chairperson
Janice Erickson, RM, (non-prac.)Registrar - Ex-officio
Gisele Fontaine, RMElected Council member
Kari Hammersley, RMElected Council member
Darlene Birch, RMAppointed Council member (KD)
Thelma MasonAppointed Council member (KD)
Terri McKenzieAppointed Public Representative
Erin EleuterioAppointed Public Representative

College of Midwives of Manitoba (CMM) Annual Report 2009-2010

Chairperson & Registrar's Report Kelly Klick, RM and Janice Erickson, RM, (Non-Practicing)

On June 12th 2000, Midwifery was brought into legal status in Manitoba and the College of Midwives was born. Ten years later it is our pleasure to provide the annual Chairperson & Registrar's Report for the College of Midwives of Manitoba for 2009-2010 fiscal year.

On March 31, 2010 the College had 51 midwives (40 practicing and 11 non-practicing). The College of Midwives first registered 13 practising midwives on June 13, 2000 so we've almost quadrupled our membership in the last 10 years. With initiatives such as the Winnipeg Birth Centre, the Kanaci Otinawawasowin (Aboriginal Midwifery) Baccalaureate Program, and the Southern Expansion of the Midwifery Baccalaureate Program we are expecting the next 10 years to provide us with further increases in our registered members. If we continue with a similar rate of growth as over the last 10 years we'll be approaching 200 members at the time of our 20th anniversary. This means mothers in Manitoba will have more access to midwives and more choices in their birth care.

GOVERNING COUNCIL

The Council of the College is the governing body of the College, and as such manages and conducts the affairs of the College; and exercises the rights, powers and privileges of the College. Council membership has remained the same this year and items forwarded to Council have been dealt with in an efficient manner. This year the Council was involved with providing decisions on the P.L.E.A. program, budget items, new standards and definitions, and CMRC items to name a few. Also Council advised the government and other agencies on matters such as education, labour mobility, regulations, and midwifery scope of practice.

CANADIAN MIDWIFERY REGULATORS CONSORTIUM (CMRC)

The College remains a committed and active member of the CMRC, and continues to hold the position of Secretariat. The CMRC is an organization of Canadian midwifery regulators and includes members from all of the currently regulated provinces and territories in Canada. The CMRC welcomed the Midwifery Regulatory Council of Nova Scotia as our newest member in 2009. Many of the previous initiatives and projects that the CMRC was involved in were ongoing in 2009-10. These include the Canadian Midwifery Registration Exam, work with the Federal Office of Office of Controlled Substances, the Multijurisdictional Midwifery Bridging Program and the Agreement on Internal Trade.

The Multi-jurisdictional Midwifery Bridging Project (MMBP) is a 7-month bridging program for internationally educated midwives. It is an ongoing project of the CMRC and is being developed and delivered with educational partners from University of British Columbia (UBC), Mount Royal College, l'Université du Québec a Trois-Rivières and University College of the North. In 2009-10 a total of seven candidates from three provinces successfully completed the core midwifery phase of the program, six of those individuals have written the CMRE and all six passed. Early in 2010 with cooperation from all partners of the MMBP, the CMRC was successful in securing funding for a second pilot offering of the MMBP and are continuing to pursue funding for delivery of the program on an on-going basis. More info regarding the MMBP can be found at www.midwiferybridging.ca.

Changes to the Agreement on Internal Trade (AIT) effective April 1, 2009 now requires full labour mobility for certified workers in regulated occupations (including midwifery) moving within other Canadian jurisdictions. The CMRC is continuing to coordinate the discussions that must take place to ensure that the transition to this new process is smooth and public safety if protected. More information can be found at http://www.gov.mb.ca/tce/lmi/labourmobility/index.html

REGULATED HEALTH PROFESSIONS ACT

The College of Midwives continues to participate in consultations with the Manitoba Government as it rolls out the *Regulated Health Professions Act*. The government's intent with this legislation is to ensure all 22 regulated health professions in Manitoba are governed under one act, with consistent, uniform regulations with an enhanced focus on patient safety and accountability. The College of Registered Nurses of Manitoba and the College of Physicians and Surgeons of Manitoba will be the first to transition to the RHPA. The CMM expects to transition in the next few years. Although there may be some opportunity for expanding our current scope of practice during this transition, this legislation will not have a dramatic impact on the day-to-day work of midwives, but rather will impact the work requirements and parameters of the College as the regulatory body.

LEGISLATION AMENDMENTS

In March 2010, Schedule B Part 1 of the *Midwifery Regulation* was amended on an expedited basis to include the addition of two categories of drugs, uterotonics and antihistamines or drugs for the treatment of anaphylaxis.

Other proposed amendments to the *Midwifery Regulation* are still being finalized. The College is continuing with the consultation process with Manitoba Health and the process is ongoing.

PRIOR LEARNING AND EXPERIENCE ASSESSMENT (P.L.E.A.)

In 2009 we welcomed one new midwife who was registered via the College's P.L.E.A. program. This year marks the final offering of the P.L.E.A. process in Manitoba. The College has been a very involved partner with other regulatory bodies and educational institutions in the development and delivery of the Multijurisdictional Midwifery Bridging Program (see CMRC above). Due to the fact that the MMBP is able to offer gap training, greater support, preparation and orientation to midwifery practice in Manitoba and also due to the small numbers of internationally educated midwives that are interested in registration with the CMM, Council made the decision to close our own P.L.E.A. process effective in the fall of 2009. Internationally educated midwives are now directed to the MMBP for assessment and gap training.

FAIR REGISTRATION PRACTICES IN A REGULATED PROFESSION ACT

On April 15, 2009 the *Fair Registration Practices in a Regulated Profession Act* came into force. The *Act* states that all regulated professions have a duty to provide registration practices that are transparent, objective, impartial and fair. Though the *Act* applies to immigrants and non-immigrants alike it is expected that in practice it is likely to be more relevant to the registration and pre-registration experiences of internationally educated midwives.

The Office of the Manitoba Fairness Commissioner (OMFC) is responsible for implementing the *Act* and the CMM has been participating in the activities offered by the OMFC. The CMM will be responsible for contributing data regarding registration processes for midwives in Manitoba and has been identified as one of the three regulators who will be piloting the OMFC's registration practices review process. We look forward to our participation in these areas and to any improvements that may benefit internationally educated midwives as a result.

MIDWIFERY EDUCATION IN MANITOBA

The CMM continues to support the University College of the North's established Kanácí Otinawáwasowin (Aboriginal Midwifery) Baccalaureate Program (KOBP) and the planned introduction of the Midwifery Baccalaureate Program (MBP) in southern Manitoba in September 2010. The Education Committee is continuing its review of the KOB Program as part of granting it full approval and will be reviewing the proposal for the Bachelor of Midwifery Program in southern Manitoba. The College sits as a member of the Advisory Committee for the KOBP, and has participated in advisory/working group meetings regarding the southern program. In addition the College is represented on two committees struck by Manitoba Health to support the KOBP, and Kagike Danikobidan (KD) continues to be a voice in this arena.

MIDWIFERY PRACTICE

Council reviewed and accepted changes to the *Standard for Currency of Practice* regarding requirements for numbers of births, and developed a *Guideline for Individualized Assessment* for midwives challenged with fulfilling the *Standard for Currency in Practice*. Both the Standards Committee and Council hope that these changes will help to allow for some flexibility in practice as requested by the membership in the past. In addition Council approved updates made to the *Definition/Scope of Practice* and the *Policy on Continuing Competency in Emergency Skills*.

The Council and the staff of the College of Midwives of Manitoba have been privileged to support the growth of midwifery in Manitoba over the last year, and are thrilled to be celebrating ten years of quality midwifery regulation. This anniversary is an opportunity to reflect on the challenges and successes of implementing midwifery in Manitoba and celebrate the decade that has provided an increasing number of women, babies and their families with access to midwifery care. We look forward to the opportunities that will arise over the next ten years.



Complaints Committee Report Kelly Klick, RM, Chairperson

he Complaints Committee considers and acts on complaints about a midwife's professional competence or conduct. Any person may make a complaint in writing to the registrar about the conduct of a midwife. The College received no new complaints in 2009/10. The Committee met to continue with follow-up of three cases received in previous years. These three cases remained open as of March 31, 2010.

COMMITTEE MEMBERS

Kelly Klick, RM (Chairperson)
Terri Mackenzie, (Appointed Public Representative)
Karen Macloskie, RM
Carol Griffin, RM
Lingou Chen, RM

Committee to Select Public Representatives Kelly Klick, RM, Chairperson

The Committee to Select Public Representatives recruits and selects public representatives to serve on the Council and the committees of the College as mandated by the *Midwifery Act*. A public representative is defined as a person who is not and never has been registered under the *Midwifery Act*, and who is not a member of a health profession regulated by an Act of the Legislature for which the minister has statutory responsibility. Public representation and keeps the College focused on the voice of women and their families.

A number of previously appointed public representatives had completed their prescribed terms and needed to be moved to new committees or take a break from College work for a time. Some moved out of province while others moved on to place their commitments to other worthy causes. We wish them all well and thank them for their hard work and commitment over the years.

Applications were accepted, interviews conducted and new public representatives appointed to the governing Council, and the Complaints, Board of Assessors, Standards, and Education committees, in addition to our own Committee. We welcome all new representatives and thank them for their role in our endeavors.

COMMITTEE MEMBERS

Kirsten McFarlane—Rural Representative

Tanya Jonasson (member appointed by the Women's Health Clinic)

Erin Eleuterio

Kelly Klick, RM

Education Committee Report Janice Erickson, RM, (non-prac.), (Acting Chairperson)

he 2009-10 year was busy for the Education Committee. The Committee continued with its final review of the Kanácí Otinawáwasowin Baccalaureate Program (KOBP) at University College of the North. They reviewed information received from the administration and have supported the external review of the program that UCN has embarked upon. The Committee will review those finding when available and then continue with a survey of preceptors, a survey of students, interviews with faculty and instructors, and a review of the course content if appropriate.

Committee members were consulted on the expansion of the UCN midwifery education program to southern Manitoba, and were prepared to complete their initial review of the program prior to the start of the program in September 2010.

Committee members were also consulted on the development of UCN's Recognition of Prior Learning (RPL) process called Pathways. The Pathways process was still under development as of March 31, 2010.

COMMITTEE MEMBERS

Noreen Fehr, (Appointed Public Representative)
Lori Peters, (Appointed Public Representative)
Carolyn Nykiforuk, RM
Kari Hammersley, RM
Freda Lepine (Appointed KD representative)
Mhairi Colgate, RM
Melissa Langlais, RM

Baby Lucas Nahuel Galli was born July 7, 2009 and his birth weight was 6lbs, 9.5oz. Lucas was 21 ¼ inches long! His mother is a Winnipeg Midwife, Maria De La Rosa.



Board of Assessor's Report Sheila Mills, RM, Chairperson

This has been a somewhat quieter year for the Board of Assessors - relatively speaking, having six meetings in total. The Committee has continued its regular duties of monitoring new midwives' supervision plans, and liaising with their supervising midwives. The Board of Assessors approved registration for four midwives in Manitoba this year, and midwives who have completed their supervision requirements and are now functioning as unsupervised midwives. The members of the Board of Assessors would like to thank the supervising midwives for generously giving of their time and patience in working with these new midwives, and providing the necessary reports in a timely manner.

The Board of Assessors has also assisted the Registrar in making recommendations on different issues that have arisen over the year. In particular, the Board of Assessors made recommendations for changes to the *Standard on Currency of Practice*. As a result a *Guideline for Individualized Assessment* was developed for midwives challenged with fulfilling this Standard due to various difficulties that make maintaining currency an issue. Council approved these recommendations and hopes that the amendments will help allow for some flexibility in practice as requested by College membership in the past.

In the next year the Committee looks forward to the final round of P.L.E.A. applicants completing their program, and are hopeful that new programs will help midwifery in Manitoba continue to grow and thrive.

COMMITTEE MEMBERS

Sheila Mills, RM (Chairperson)
Cara McDonald, RM
Marla Gross, RM
Marlaine Anderson-Lindsay, (Appointed Public Representative)
Dawn Leroux, (Appointed Public Representative)

Standard's Committee Report Lisa Harcus, RM, Chairperson

he Standards Committee defines and reviews the practice standards of the College. These standards provide the framework upon which midwives base their practice, and upon which their skills are measured. Midwives must practice in accordance with these standards to maintain registration.

The Committee is currently reviewing the following:

Post Term Pregnancy Guideline

Group B Streptococcus Guideline

Out-of-Hospital Birth Handbook

Statement on Unassisted Childbirth

Pregnant Women with Overweight/Obesity Guideline

The Role of Second Attendants

Standard, Limits and Conditions for Prescribing, Ordering and Administering Uterotonics

Standard, Limits and Conditions for Prescribing, Ordering and Administering Antihistamines or Drugs for the Management of Anaphylaxis

Strategic Planning: There has been a small budget allocated to hire a researcher who has the time, ability and knowledge to create a current, evidence-based practice guideline in an area not yet researched by other midwifery colleges in Canada. One of these topics is in the area of pregnant women with obesity (currently listed above).

Council has approved the following documents:

Policy on Continuing Competency in Emergency Skills

Individualized Assessment/Standard for Currency of Practice

Definition / Scope of Practice

COMMITTEE MEMBERS

Ann Sawers, RM (Chairperson -term expired May 2009)

Rebecca Wood, RM

Lisa Harus, RM, (Chairperson)

Gisele Fontaine, RM

Darlene Birch, RM (Appointed KD Representative)

Marla Gross, RM

Fleur McEvoy, RM (resigned)

Jennifer Vancuren, (Appointed Public Representative) resigned

Jennifer Bamford, (Appointed Public Representative)

Ganga Dakshinamurti, (Appointed Public Representative)

Perinatal Review Committee Gisele Fontaine, RM, Chairperson

he Perinatal Review Committee monitors and improves the quality of midwifery care in Manitoba by reviewing individual cases and providing feedback and recommendations to members and the Midwives Association of Manitoba (MAM) for continuing education initiatives, and the College Standards Committee regarding practice standards.

Essentially, its objectives are

To ensure the adherence to midwifery standards primarily through education, rather than discipline; To explore policy and guideline development and make appropriate recommendations informed by evidence-based research;

To function within the provisions of the CMM *Pledge of Privacy and Confidentiality*, protecting deliberations of this Committee;

To contribute to relevant reports as requested;

To liaise and collaborate with other agencies/professional bodies who have a role in monitoring and improving the quality of obstetrical and neonatal care in Manitoba; and

To make recommendations to the CMM Council as appropriate.

A total of 15 cases were referred to the Committee by members in the 2009-2010 fiscal year. This represents an increase over last year likely as a result of the education initiative spearheaded by the Committee for the members regarding required reporting requirements. One referral was received from a regional health authority.

These cases involved the following case review criteria: prematurity; admission to NICU after 37 weeks, postpartum return to the caseroom/OR for operative management of the mother, still birth, 5 minute apgar <7, and pre-labour rupture of membranes (this is not a criteria for review). Case review produced results ranging from 'non preventable' circumstances to 'preventable', with a range of recommendations being forwarded to the individual midwife/midwives involved in each case. The Committee made the decision this year to publish recommendations to the general membership via a member's news circular beginning in the next fiscal year.

The Committee wishes to extend its appreciation to the membership for its sharing of information with the Committee for the greater good of midwifery practice. Detailed case reviews enable the Committee to identify systemic issues, if present, in midwifery practice and tailor specific educational opportunities for members.

COMMITTEE MEMBERS

Gisele Fontaine, RM (Chairperson)

Abigail Larson, RM

Lara Petkau, RM

Dr. Ferd Pauls

Lingou Chen, RM

Sari Fogg, RM

Quality Assurance Committee Rebecca Wood, RM, Chairperson

An 'Auditor Workday' was held on January 13, 2010 in order to revise the Random Practice Audit tools and begin planning for a winter practice audit. A group of auditors were invited to attend; committee members from the Quality Assurance Committee and the Complaints Committee; Kelly Klick, Carol Griffin, Karen Macloskie and myself, Beckie Wood. Regrets from Gisele Fontaine, a current auditor for the College and Cara McDonald, a member of the Quality Assurance Committee were received.

The decision was made to propose a change to the RPA process; to migrate from a solely "individual approach" for auditing, to an entire "practice group approach", which focuses on both the group responsibilities and the individual midwife's responsibility to adhere to the standards of the College of Midwives.

I continue the work begun on the Workday of the revisions to Random Practice Audit Tools. Due to the amount of work required to revise the RPA process to reflect group process (which would likely involve about 4 midwives in the next year) the Auditors had made the suggestion that the revisions be completed and a plan for a September 2010 group practice audit be initiated. Council agreed to move ahead with this recommendation.

OA Terms of Reference

I have been working with Patty on revising the Quality Assurance Committee Terms of Reference. There had been some confusion regarding the role and responsibilities of the Quality Assurance Committee. The Quality Assurance Committee is responsible for creating and revising the Quality Assurance Program components and the RPA tools; responsible to ensure that there is a yearly plan for Random Practice Audits; and appoints members to the Quality Assurance Panel to review results of Audits.

The Quality Assurance Committee is <u>not</u> the Quality Assurance Panel, and as such is not responsible to review Audit reports and make recommendations. I hope to be meeting with Kagike Danikobidan as well to request their input for participation in these processes.

The work of the Committee is substantial. In addition to full practice audits, my goals as Chairperson include, 1) "spot audits" for all midwives on their Quality Assurance Program - are midwives doing reflective practice, reading their client surveys, keeping notes from professional development, etc. and

2) Development of processes to ensure that the RPA is friendly, encouraging while promoting a learning process. This means, we need to reduce the fear factor and encourage the confidence factor! We need to ensure that the way we report our findings recognizes both areas of quality care and areas for improvement that we desire.

Finally, we will continue to wrestle with the topic of setting acceptable standards and levels for compliance. We will continue to be determined to encourage our midwives to strive for excellence, not because we are afraid of punitive measures but because we want to provide the best and safest care possible to the women and families in this province.

COMMITTEE MEMBERS

Rebecca Wood, RM, (Chairperson)

Cara McDonald, RM

Darlene Mulholland, (Appointed KD Representative)

Karen Macloskie, RM

Kagike Danikobidan (KD) Freda Lepine, Chairperson Darlene Birch, RM, Co-Chairperson

am pleased to report that we have had a busy year as a Kagike Danikobidan Committee, thanks to the dedicated Committee Members and support from the College we receive. As a group we have come together twice this past year, and as individuals we have also met with other agencies and organizations regarding midwifery and the interests of Aboriginal women and families.

The biggest challenge we faced was responding to the unforeseen and complex issues that continue with the Kanácí Otinawáwasowin (Aboriginal Midwifery) Baccalaureate (KOBP) Program. The main areas of concern are the provision of appropriate clinical opportunities for the KOBP students, and the barriers to midwife-attended birthing in Norway House. Barriers to practice include jurisdictional issues that have to be resolved between the Burntwood Regional Health Authority, Province of Manitoba, First Nations Inuit Health and the Norway House Cree Nation. The result has been that the KOBP students have not met their clinical requirements, and thus have been unable to complete their courses, in the expected timeframe. Ongoing work is continuing on this critical issue.

Kagike Danikobidan members also sit on the UCN's KOBP Advisory Committee. It had not been active for a year and a half but has since been reactivated this past year. The KOB program is currently going through an external evaluation, while there is another program being developed for Southern Manitoba.

Two meetings also took place with representatives of the new Winnipeg Birthing Centre; the first with a smaller group of Kagike Danikobidan Committee members to discuss the project in general. We provided our input but also stressed that although we were happy for the Southern people who would now have access to the birthing centre we also stressed the disappointment of not having a centre in the North. The next meeting was with the entire Kagike Danikobidan Committee. We have met with representatives from Capital Planning for the Winnipeg Regional Health Authority, architects for the Birthing Centre, and designers, as well as Manitoba Health. Our input was what we would like to see in the Birthing Centre so it will make our Aboriginal Mothers and families feel at home if they use the Centre.

Members of Kagike Danikobidan were very pleased to be able to contribute to the organization of the National Aboriginal Council of Midwives (NACM) Gathering, and other events, as part of the annual Canadian Association of Midwives conference in Winnipeg in November. Members from the Aboriginal community in Manitoba were invited to share and participate in the conference. This has helped to raise awareness of midwifery among Aboriginal communities in Manitoba and to bring rich traditional knowledge and perspective to the conference.

Kagike Danikobidan Committee members continue to participate on the Governing Council, Education Committee, Quality Assurance Committee, Standards Committee and the Executive Committee for the College of Midwives. Each committee member reports to the Kagike Danikobidan Committee as a whole, twice a year.

There remains much to do to reach our final goal of births "in Community" but we continue to work toward this goal and will see it a reality!

We applaud all those who support the growth of Aboriginal midwifery and the KOBP students! See over for list of Committee members.

College of Midwives of Manitoba (CMM) Annual Report 2009-2010

COMMITTEE MEMBERS

Darlene Birch, RM

Freda Lepine, Chairperson

Maggie Flett/Alternate: Ruth Ellen Flett

Thelma Mason

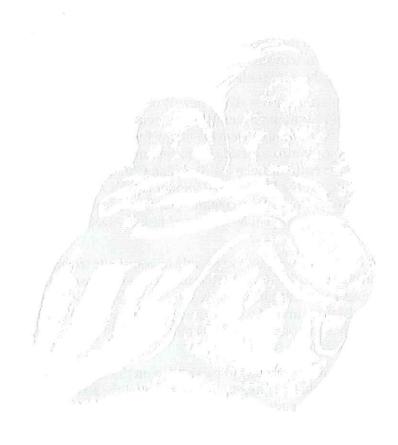
Darlene Mulholland

Nelliane Cromarty

Doris Young

Sandy Johnson, (KOBP Student)/Alternate: Audrey Fourre, (KOBP Student)

Jacquie Hopkins (Youth)



Prior Learning & Experience Assessment (P.L.E.A.) Program Report Ann Pedersen, M.A., Assessment Coordinator

# Candidates in 2009 Exam Process	Candidate Details		Results from Exams October 2009
5 in process	4 from CMM PLEA 1 from CMBC PLEA	3 from 2009 applicants 2 from previous years	2 passed all requirements 2 need to repeat single ES stations 1 needs to repeat GCS & CMRE
1 delay	1 from CMM PLEA	1 from previous years	decided to delay participation until 2010
6	6	6	Total

2009 Midwifery Assessment Activity

Thirty-nine inquiries regarding the P.L.E.A. were received by the College between January 1, 2009 and March 31, 2010. Three were received from individuals known from previous process years.

This year the College assessed a total of 5 candidates in Manitoba (2 for Manitoba, 1 for Saskatchewan, and 2 for Nunavut). Two candidates (1 from Nunavut and 1 from Manitoba) passed all requirements and became registerable as midwives. One Manitoba candidate and 1 Nunavut candidate needed to repeat 1 Emergency Skills station each. One Manitoba candidate needed to repeat entire General Competency Skills OSCE day according to policy, as well as the Canadian Midwifery Registration Examination (CMRE). Recommendations for improvements and/or additional experience have been made. This year marked another successful year of the P.L.E.A. Program.

Postscript

The College Council made the decision in June 2009 that this year would mark the final P.L.E.A. process intake. (Refer to the Chairperson & Registrar's Report under "Prior Learning and Experience Assessment P.L.E.A." section for the rationale behind this decision.) Any new inquiries received since the June decision to discontinue the P.L.E.A. process have been referred to the two bridging programs offered in Canada – the *Multi-Jurisdictional Midwifery Project (MMBP)* – a pilot project of the Canadian Midwifery Regulators Consortium (in collaboration with the University of British Columbia, Mount Royal University, l'Université du Québec à Trois-Rivières and the University College of the North) and the *International Midwifery Pre-registration Program (IMPP)* based out of Ryerson University in Toronto, as well as the planned assessment and gap filling *Pathways* project with University College of the North in Manitoba. Those who inquired about the P.L.E.A. process before the June decision to discontinue the process have been advised of the change, so that they could make alternate arrangements to become eligible to register as a midwife in Manitoba/Canada.



Tel/Tél.: 204 956 7200 Fax/Téléc.: 204 926 7201 Toll-free/

Sans frais: 800 268 3337

BDO Canada LLP/s.r.l. 700 - 200 Graham Avenue Winnipeg MB R3C 4L5 Canada

www.bdo.ca

Auditors' Report

To the Members of **COLLEGE OF MIDWIVES OF MANITOBA**

BDO Canada LLP

We have audited the statement of financial position of COLLEGE OF MIDWIVES OF MANITOBA as at March 31, 2010 and the statements of changes in net assets and of operations for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Winnipeg, Manitoba May 31, 2010

COLLEGE OF MIDWIVES OF MANITOBA Statement of Financial Position

March 31		2010	 2009
Assets			
Current Assets Cash and short-term investments Accounts receivable Prepaid expenses	\$	85,434 44,760 5,284 135,478	\$ 59,092 49,010 5,856 113,958
Capital assets (Note 2)		10,302	 11,927
	\$	145,780	\$ 125,885
Liabilities and Net Assets			
Current Liabilities Accounts payable and accrued liabilities	\$	30,856	\$ 33,416
Deferred Contributions AMCCD (Note 3) Accreditation, Approval and Standards Review (Note 4) Complaints and Investigation Fund (Note 5) Employees Pension Plan (Note 6) Prior Learning Experience and Assessment (Note 7) Prior Learning Experience and Assessment Appeal Fund (Note 8) Standards Quality Assurance (Note 9) Umbrella Health Legislation (Note 10)	3)	14,800 83,586 6,000 1,876 2,000 3,000 2,000	4,000 9,000 74,421 - 1,876 2,000
	-	113,262 144,118	 91,297 124,713
Net Assets Net invested in capital assets Unrestricted		10,302 (8,640)	 11,927 (10,755) 1,172
	\$	145,780	\$ 125,885

On behalf of the Board:

em Directo

Direct

COLLEGE OF MIDWIVES OF MANITOBA Statement of Changes in Net Assets

For the year ended March 31	 ***	 	 2010	 2009
	Net Invested in Capital	Unrestricted Net Assets	Total	Total
Balance, beginning of year	\$ 11,927	\$ (10,755)	\$ 1,172	\$ 171
Excess of revenue (expenses) for the year	(3,971)	4,461	490	(362)
Invested in capital assets	2,346	(2,346)		
Balance, end of year	\$ 10,302	\$ (8,640)	\$ 1,662	\$ (191)

COLLEGE OF MIDWIVES OF MANITOBA Statement of Operations

For the year ended March 31	2010	2009
Povenue		
Revenue		
Manitoba Health - general operations	\$ 170,200	\$ 167,700
Practicing, non-practicing and student members	65,197	55,439
Manitoba Health & Healthy Living (IEHP)	23,000	23,000
Candidate fees - PLEA program Miscellaneous	21,421	25,050
	3,467	2,720
Resource materials and handbooks - PLEA program	107	284
Multi-Jurisdictional Midwifery Bridging Project	7-	714
Manitoba Labour & Immigration - Action Research Project Grant	 	3,075
	283,392	277,982
Expenses	***************************************	
Administration		
PLEA program	190,338	173,959
Governance	26,295	48,356
Kagike Danikobidan committee	11,531	0.140
Governing council	9,057	9,140
Complaints committee		8,836
Quality assurance committee	1,468 3,473	3,018
Perinatal review committee		2,395
Standards committee	3,920	5,249
Board of assessors committee	3,253	2,192
Education committee	2,124	1,358
Accreditation, Approval and standards review fund (Note 4)	2,422	1,158
Complaints and investigation fund (Note 5)	5,800	9,000
Employee Pension Plan (Note 6)	8,000	5,500
Quality Assurance (Note 9)	6,000	55 ()
Umbrella Health Legislation (Note 10)	3,000	-
Amortization	2,000	5 2
	3,971	3,502
Canadian Midwifery Registration Exam (CMRE)	250	1,000
Multi-Jurisdictional Midwifery Bridging Project	-	1,056
Action Research Project	 	 2,625
	 282,902	 278,344
Excess of revenue (expenses) for the year	\$ 490	\$ (362)

COLLEGE OF MIDWIVES OF MANITOBA Summary of Significant Accounting Policies

For the year ended March 31, 2010

Revenue Recognition

The organization follows the deferral method of accounting for contributions which includes donations and government grants. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributed Services

In the normal course of business, the organization receives volunteer assistance in carrying out its service delivery activities. Volunteer services are not recognized in the financial statements.

Capital Assets

Capital assets are stated at cost less accumulated amortization. Amortization based on the estimated useful life of the asset is calculated as follows:

Furniture and fixtures
Computers
Equipment

5 years straight-line basis 5 years straight-line basis 10 years straight-line basis

Financial Instruments

The organization utilizes various financial instruments. Unless otherwise noted, it is management's opinion that the organization is not exposed to significant interest, currency or credit risks arising from these financial instruments and the carrying amounts approximate fair values.

The fair values of cash and cash equivalents, accounts receivable and accounts payable approximate their carrying value because of their short-term maturity of these instruments.

The organization classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired. The organization's accounting policy for each category is as follows:

Loans and Receivables - These assets are non-derivative financial assets resulting from the delivery of cash or other assets by a lender to a borrower in return for a promise to repay on a specified date or dates, or on demand. They arise principally through the provision of goods and services (accounts receivable), but also incorporate other types of contractual monetary assets. They are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. The organization has classified accounts receivable in this category.

COLLEGE OF MIDWIVES OF MANITOBA Summary of Significant Accounting Policies

For the year ended March 31, 2010

Financial Instruments (continued)

Held-for-trading - This category is comprised of certain investments in equity and debt instruments, stand-alone derivatives, other than those designated as hedging items, and embedded derivatives requiring separation. The organization has classified all cash, bank indebtedness and investments in this category. They are carried in the balance sheet at the fair value with changes in fair value recognized in the income statement. Transactions costs related to instruments classified as held-for-trading are expensed as incurred. Fair values are determined directly by reference to published price quotations in an active market.

Other Financial Liabilities - Other financial liabilities include all financial liabilities. These liabilities are initially recognized at fair value and subsequently carried at amortized cost using the effective interest rate method.

Statement of Cash Flows

A statement of cash flows has not been presented since the sources and uses of cash are readily apparent from the information included in the financial statements.

New Accounting Pronouncements

Future for Not-for-Profit Organizations (NPO) - In October 2009, the Accounting Standards Board (AcSB) tentatively decided that it will propose a choice between the accounting standards for private enterprises plus the current NPO accounting standards appropriately modified to fit with those standards, International Financial Reporting Standards or Public Sector Accounting Board standards (PSAB) with NPO standards added. The PSAB agreed that there was sufficient support to develop an NPO series of standards to add onto the PSAB standards similar to the current NPO standards, but appropriately modified to fit with PSAB standards. The two boards are working together and intend to issue an Exposure Draft for comment in the first half of 2010. Until the Boards make a final decision, all NPOs will continue to follow the current Canadian Institute of Chartered Accountants Handbook - Accounting.

The organization continues to monitor the developments in this area and evaluate the implications of the potential changes in financial reporting standards.

For the year ended March 31, 2010

1. Nature and Purpose of Organization

The College of Midwives of Manitoba (CMM) is the regulatory body for the profession of midwifery in the province of Manitoba, Canada. It was established on June 28, 1997 when the provincial legislature gave Royal Assent to the Midwifery and Consequential Amendments Act. The CMM is a non-profit organization and is therefore exempted from income taxes.

2. Capital Assets

	 			2010				 2009
	 Cost	1000	umulated ortization	Net Book Value	 Cost	-	cumulated nortization	Net Book Value
Machinery and equipment Furniture & fixtures Computers	\$ 1,838 10,228 37,544	\$	368 9,393 29,547	\$ 1,470 835 7,997	\$ 1,838 9,672 35,753	\$	184 9,086 26,066	\$ 1,654 586 9,687
	\$ 49,610	\$	39,308	\$ 10,302	\$ 47,263	\$	35,336	\$ 11,927

3. Deferred Contributions - AMCCD

These deferred contributions represent restricted funding for the implementation of the Aboriginal Midwifery Core Competency Development Project.

	 2010	2009
Balance, beginning of year Amount recognized to offset expenses	\$ 4,000 (4,000)	\$ 4,000
Balance, end of year	\$ 	\$ 4,000

For the year ended March 31, 2010

4. Deferred Contributions - Accreditation, Approval and Standards Review

These deferred contributions represent internally restricted funding for the required accreditation process, approval of education and bridging programs, and ongoing review of current standards of practice in Manitoba.

		2010	2009
Balance, beginning of year	\$	9,000	\$
Amount recognized to offset expenses-standard development	•	(2,200)	 _
Transfer from operations			9,000
Transfer for Birth Center development role		4,000	-
Transfer for standards development		4,000	
Balance, end of year	\$	14,800	\$ 9,000

5. Deferred Contributions - Complaints and Investigation Fund

These deferred contributions represent restricted funding received from Manitoba Health for future complaints and investigation and interest earned on investments held.

	-	2010	2009
Balance, beginning of year Interest earned on investments Transfer from operations	\$	74,421 1,165 8,000	\$ 67,409 1,512 5,500
Balance, end of year	\$	83,586	\$ 74,421

6. Deferred Contributions - Employees Pension Plan

Deferred contributions represent internally restricted funding for the employer portion of the newly implemented pension plan.

	2010	 2009
Balance, beginning of year Transfer from operations	\$ - 6,000	\$ -
Balance, end of year	\$ 6,000	\$ -

For the year ended March 31, 2010

7. Deferred Contributions - Prior Learning Experience and Assessment

These deferred contributions represent internally restricted funding for the further implementation of a rigorous PLEA process - assessor training.

Balance, end of year \$ 1,876 \$ 1,876

8. Deferred Contributions - Prior Learning Experience and Assessment Appeal Fund

These deferred contributions represent restricted funding to be used in the event of an appeal of the PLEA program by a participant.

	Ys <u>e</u>	2010		2009
Balance, end of year	\$	2,000	\$	2,000
salarios, oria or your	Y		-	

9. Deferred Contributions - Standards Quality Assurance

These deferred contributions represent restricted funding for the development and implementation of quality assurance mechanisms.

	 2010		2009
Balance, beginning of year Transfer from operations	\$ - \$ 3,000		-
Balance, end of year	\$ 3,000	\$	10.5

For the year ended March 31, 2010

10. Deferred Contributions - Umbrella Health Legislation

These deferred contributions represent internally restricted funding for activities related to migration to the Regulated Health Professions Act as required by the Health Professions Regulatory Reform Initiative.

	2010		2009
Balance, beginning of year Transfer from operations	\$ - \$ 2,000		
Balance, end of year	\$ 2,000	\$	_

11. Lease Commitment

The organization has an operating lease for its premises at approximately \$1,145 per month to July 14, 2012.

12. Capital Management

The organization considers its capital to comprise of its unrestricted net assets and net invested in capital balances. There have been no changes to what the organization considers to be its capital since the previous period.

The organization manages its capital to ensure it retains sufficient resources to enable it to carry out its mission. The organization endeavours to manage its unrestricted net assets on a break even basis in the longer term. Net invested in capital represents the organization's investment in capital assets and does not represent cash resources.