



# Annual Report 2011 - 2012

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



**Celebrating *International Day of the Midwife***

Children of the 2<sup>nd</sup> year Bachelor of Midwifery Students:

From Left: Sati (daughter of Lindsay Allen)

Skye (daughter of Laura Mackin)

Shilo (daughter of Melissa Brown)

Baby: Isla Friesen (Cousin of Laura Mackin)



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Front Cover and inside report: Infant Kate McEvoy Osterman, born July 17, 2012, 6lbs/1oz, at St. Boniface General Hospital, into the caring hands of Midwife, Gisele Fontaine. Proud parents are Fleur McEvoy and Gale Osterman.

## CMM Mission

The 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

The 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

Charlotte Onski - Bookkeeper

## Governing Council of the College

Kelly Klick, RM.....Chairperson

Janice Erickson, RM (non-prac.).....Registrar - Ex-officio

Gisele Fontaine, RM.....Elected Council Member

Kari Hammersley, RM.....Elected Council Member

Darlene Birch, RM.....Appointed Council Member (Kagike Danikobidan)

Thelma Mason.....Appointed Council member (Kagike Danikobidan)

Erin Eleuterio.....Appointed Public Representative

Terri Mackenzie.....Appointed Public Representative (to October 2011)

Carolyn Markmann.....Appointed Public Representative (from November 2011)

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

It is our pleasure to provide the annual Chairperson & Registrar's Report for the College of Midwives of Manitoba for the 2011-2012 fiscal year.

### **REGISTRATION**

On March 31, 2012 the College had 57 midwives registered (45 practicing and 13 non-practicing). This represents an increase of five in our overall membership, and an increase by nine in the number of members practising since 2011.

This increase is good news for Manitoba. The CMM continues to work with Manitoba Health and other stakeholders to increase the number of midwives practising in Manitoba. Discussion regarding a coordinated recruitment and retention strategy for midwifery in Manitoba is ongoing.

Our student register is also growing and on March 31, 2012 we had nine student members. As we are all aware these students represent a good portion of the future of midwifery in Manitoba, so we look forward to continually increasing membership in this category as well.

### **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. The CMM is a committee-run organization that relies on its membership and arms-length appointed public representatives to make decisions and undertake the activities that make up the CMM's mandate.

Decisions made at the committee level receive their final acceptance via the Council. The commitment that committee and Council members give is reflected in the excellent work coming out of the CMM. The Council has convened regularly this past year and has reviewed many issues that are important to the membership and other stakeholders.

Many hours were spent in discussion and action around such continuing items as midwifery education in Manitoba, student registration processes, the *Regulated Health Professions Act*, input into provincial committees such as MMACHS (Manitoba Maternal and Child Healthcare Services), MMAC (Manitoba Midwifery Advisory Council), MEAC (Midwifery Evaluation Advisory Committee), working with the Office of the Manitoba Fairness Commissioner and CMRC issues. Midwifery practice was guided and reviewed through a group random practice audit and through approval of new standards. Council member training was made available and is ongoing. We also joined with the WRHA, Women's Health Clinic and many Manitoba women in celebrating the opening of the Women's Health Clinic Birth Centre.

This year the Council conducted a staff review. The findings showed that staff members are satisfied with their work but identified workload and competing priorities as issues that are both ongoing and increasing. Staff and Council will spend some time over the next year identifying and concentrating on key statutory responsibilities.

### **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 has welcomed new membership this year from Nunavut and New Brunswick. In addition to ongoing initiatives and projects of the CMRC - Canadian Midwifery Registration Exam (CMRE), Multijurisdictional Midwifery Bridging Program (MMBP), and work with the Federal Office of Controlled Substances, the CMRC completed a project funded by HRSDC to inform newly or soon-to-be regulated jurisdictions about midwifery legislation in the rest of Canada, and about the requirements on the Agreement on Internal Trade (AIT).

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### **MMBP**

The Multi-jurisdictional Midwifery Bridging Project (MMBP) is an assessment and bridging program for internationally educated midwives. It has replaced the CMM Prior Learning and Assessment (PLEA) process. MMBP is an ongoing project of the CMRC and is being delivered with educational partners from University of British Columbia (UBC) and Mount Royal College. CMM is consistently involved with MMBP at the Council level as we rely on this process to meet the needs of internationally trained midwives and most importantly fill the gaps in education and experience not addressed by programs such as PLEA. In 2011-12 the MMBP delivered its second pilot and Manitoba registered one midwife who completed the program. The MMBP's other focus during 2011-12 was securing ongoing funding. In order to address some governance issues, better reflect the MMBP's multijurisdictional nature, and increase the possibility of multijurisdictional funding, the MMBP was preparing to transition to a non-profit organization of its own on April 1, 2012. Available funding for the program will wrap up on May 31, 2012. MMBP has submitted a proposal for federal funding to offer an improved accelerated option in 2012-13, and has submitted proposals to all participating provincial and territorial governments for funding for the full program (regular and accelerated) for 2013-14. To date no funding has been confirmed. CMM continues to work with stakeholders to secure funding for this innovative and exemplary program. More info regarding the MMBP can be found at [www.midwiferybridging.ca](http://www.midwiferybridging.ca)

### **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 (RHPA)*. The government's intent with this legislation is to ensure that all 23 regulated health professions in Manitoba are governed under one act, with consistent, uniform regulations with an enhanced focus on patient safety and accountability. The Manitoba Association of Speech and Hearing, the College of Registered Nurses of Manitoba and the College of Physicians and Surgeons of Manitoba continued to work on their regulations in 2011-12 and will be the first to transition to the RHPA.

The CMM has begun consultations to develop a plan to ensure that we engage members and other stakeholders appropriately in this transition. We expect to transition our legislation in the next 5 to 7 years, though no firm timeline has been provided. Although there may be some opportunity for expanding our current scope of practice during this transition, CMM anticipates that 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.

### **FAIR REGISTRATION PRACTICES IN A REGULATED PROFESSION ACT**

The *Fair Registration Practices in a Regulated Profession Act* states that all regulated professions have a duty to provide registration practices that are transparent, objective, impartial and fair. The Office of the Manitoba Fairness Commissioner (OMFC) completed a 'Registration Practice Review' of the CMM in July 2011 and provided additional recommendations to the CMM in January 2012 with regards to students in international education programs. The CMM responded to the OMFC and has begun to implement the plan to meet those recommendations.

In addition the OMFC provided greatly appreciated funding to develop a portal on the CMM website for internationally educated midwives (IEMs). This portal will provide clear, concise and easily accessible/understood information regarding the assessment and application process for IEMs who wish to practice in Manitoba. The portal should be complete by the end of summer 2012.

### **MIDWIFERY EDUCATION IN MANITOBA**

The CMM continues to work with the University College of the North, the Council on Post- Secondary Education (COPSE) and Manitoba Health as well as other agencies to achieve the vision of graduating midwifery students from a Manitoba education program that meets the requirements of the College. Please see the Education Committee Report (authored by Janice Erickson) for detailed information on the year's activities.

### **MIDWIFERY PRACTICE**

The College conducted its first midwifery practice group random practice audit. As well the CMM issued a statement on unassisted childbirth and approved a number of new standards. Please see the Quality Assurance Committee and the Standards Committee reports for further information regarding CMM's work on midwifery practice issues.

### **MANITOBA HEALTH/MMAC**

The College meets with Manitoba Health to ensure that it remains informed of the initiatives of Manitoba Health and vice versa. Items that are reviewed at that table include our financial responsibilities to Manitoba Health, items related to legislation, midwifery data housing and access, recruitment/retention, and upcoming Manitoba Health initiatives. This year saw the establishment of two new initiatives.

## College of Midwives of Manitoba (CMM) Annual Report 2011-2012

Manitoba Health undertook an evaluation of the midwifery program in Manitoba. This included an evaluation of both outcomes and the model of delivery. CMM was a member of the advisory committee (MEAC) and supported the researchers in their work as requested. The evaluation report should be provided to Manitoba Health by the end of June 2012.

Manitoba Health also established the Manitoba Midwifery Advisory Committee (MMAC) partly as a resource to act in the advisory capacity to the UCN midwifery education program, as well as to address other issues addressing midwifery services in Manitoba. CMM brought the issue of inter-regional health authority agreements on midwifery care to the table, and continues to participate in resolutions to issues such as this.

### ACTIVE MIDWIFE MEMBERS OF COMMITTEES, APPOINTED PUBLIC REPRESENTATIVES AND KAGIKE DANIKOBIDAN MEMBERS

As always it is important at this time of year to recognize the commitment of midwives, appointed public representatives and Kagike Danikobidan members who support the College in so many ways. Members of committees represent working midwives from across urban and rural Manitoba. Public representatives come from varied backgrounds and bring an important voice to the table. Kagike Danikobidan members continue to advise the CMM at the same time as being active in their many roles throughout their home communities.

Every person's research, writing, reviewing, consideration, participation and debating is crucial to ensuring that the work of the CMM continues to represent the views of many. CMM strives to have a diverse voice that sings a single song, impacting midwifery in Manitoba and throughout Canada in a positive way. Thank you to all the "choir members".



## **Complaints Committee Report Kelly Klick, RM, Chairperson**

The Complaints Committee considers and acts upon complaints about a midwife's professional conduct. Any person may lay a complaint through writing the Registrar. The complaint is dealt with in accordance with the *Midwifery Act (Part 5)*.

In 2011-12 the Complaints Committee closed three cases that had been opened previous to the 2009-10 year. There has been one new case opened in this 2011-12 year.

### COMMITTEE MEMBERS

Kelly Klick, RM (Chairperson)

Terri Mackenzie (Appointed Public Representative) (to October 2011)

Erin Eleuterio (Appointed Public Representative) (from November 2011)

Karen Macloskie, RM

Carol Griffin, RM

Lourie Rose, RM

Darlene Mulholland (Appointed KD Representative)

## **Committee to Select Public Representatives Report Kelly Klick, RM, Chairperson**

The Committee to Select Public Representatives recruits and selects public representatives to serve on Council and other committees of the College. This year we saw little change-over and representatives were busy providing their opinions and viewpoints on many of the issues faced by the College.

Public Representatives for the 2011-12 year:

Terri Mackenzie (Council & Complaints Committee), Erin Eleuterio (Council & Complaints Committee), Carolyn Markmann (Council), Daniele Bajus (Standards Committee), Regina Legaspi (Standards Committee), Lori Peters (Education Committee), Sara Corrigan (Education Committee), Marlaine Anderson-Lindsay (Board of Assessors Committee), Mary Beens (Board of Assessors Committee) and Kirsten McFarlane (Committee to Select Public Reps)

### COMMITTEE MEMBERS

Kelly Klick, RM (Chairperson)

Kirsten McFarlane (Rural Appointed Public Representative Member)

Tanya Jonasson (Member Appointed by the Women's Health Clinic)

Erin Eleuterio (Appointed Public Representative Member)

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

The Education Committee was active in 2011-2012 with a diverse number of tasks. The beginning of 2011 saw significant changes in UCN's Bachelor of Midwifery Program. Significant challenges to the Program were identified by a number of stakeholders, including the CMM. In order to address these concerns, UCN made some changes to the reporting structure of the Program staff and hired a director for the Program. In addition the Manitoba Government established a Manitoba Midwifery Advisory Committee (MMAC) that took on the role of the Program advisory committee. The combination of new leadership and increased oversight has resulted in the Program being able to make improvements this year.

The Education Committee also followed activity related to the delivery of the KOBP program. The KOBP program as it was designed and approved was no longer being offered. The CMM Education Committee and Council removed approval of that program in 2011-12. If the KOBP is reintroduced in the future the Education Committee indicated it would likely provide approval again.

Regarding students in international midwifery education programs, the Education Committee and the Council of the College worked together with the Office of Manitoba Fairness Commissioner and UCN to develop an option for students from outside of Canada to access clinical placements here in Manitoba. The CMM greatly appreciates the willingness of UCN to provide a solution that meets the needs of all the stakeholders.

With direction from members at the last AGM, the Education Committee continued to review the process and feasibility of implementing the Midwifery Education Program Approval (MEPA) process for student-designed education programs. The committee completed additional development on the aspects of the document that were identified as insufficient. Significant concerns remain regarding the feasibility of implementing this process and the oversight (human and fiscal resources) required by the CMM, therefore it has not yet been implemented.

The Education Committee also reviewed information regarding the two following programs offered in Canada and provided interim approval for both:

- ◆ The International Midwifery Pre-Registration Program (IMPP) at Ryerson University in Toronto, Ontario, and
- ◆ The Bachelor of Midwifery Program at Université du Québec à Trois-Rivières (UQTR) in Québec.

**COMMITTEE MEMBERS**

Carolyn Nykiforuk, RM

Kari Hammersley, RM

Melissa Langlais, RM

Sara Corrigan (Appointed Public Representative)

Lori Peters (Appointed Public Representative)

Freda Lepine (Appointed KD Representative)

## **Board of Assessors Committee Report Sheila Mills, RM, Chairperson**

The Board of Assessors has approved eight midwives for registration this fiscal year. The midwives registered came via various routes including Canadian midwifery education programs, the Multijurisdictional Midwifery Bridging Program (MMBP) and reciprocity from other provinces. We're very pleased to welcome them all to Manitoba.

The committee continued to revise the supervision reporting requirements and corresponding paperwork.

Thank you is expressed to our members for sending in their registration renewals for review; we were able to process all necessary documentation in time for April 1<sup>st</sup>.

Also, thank you to our committed members and our valuable public representatives for a year of work well done!

### COMMITTEE MEMBERS

Sheila Mills, RM (Chairperson)

Janet Macaulay, RM

Cara McDonald, RM

Marla Gross, RM

Mary Beens (Appointed Public Representative)

Marlaine Anderson-Lindsay (Appointed Public Representative)

## **Perinatal Review Committee Report Gisele Fontaine, RM, Chairperson**

The purpose of the College of Midwives Perinatal Review Committee is to contribute to the monitoring and improvement of the quality of midwifery care in Manitoba by reviewing individual midwifery cases and recommending continuing education to midwives. The committee met four times this fiscal year and reviewed 12 newly referred cases (10 submitted by midwives and two submitted by the perinatal morbidity and mortality committees of the St. Boniface Hospital and Health Sciences Centre.) Some cases reviewed by the committee resulted in recommendations being made to the involved practitioners. In many cases, exemplary care provided by the practitioners is noted. In addition to continued case review, the goal for next year is for the committee to continue its work on the compilation of the outcomes from all case reviews to date, with a view to providing College members with information regarding recurring practice recommendations and trends. Thank you to members for continued commitment to learning and growth.

### COMMITTEE MEMBERS

Gisele Fontaine, RM (Chairperson)

Lingou Chen, RM

Lara Petkau, RM

Sari Fogg, RM

Abigail T. Larson, RM

Dr. Ferd Pauls, MD

## **Standards Committee Report** **Lisa Harcus, RM & Joelle Ross, RM, Chairpersons**

The Standards Committee is responsible for reviewing the practices of the College, conducting periodic practice audits and ensuring that the needs of the community are met by the College members.

Practice Standards and Documents approved by Council:

- ◆ Guideline for Management of Maternal Group B Streptococcus (January 2011)
- ◆ Guideline for Providing Care to Women with a High Body Mass Index (April 2011)
- ◆ Guideline for Supervision (April 2011)
- ◆ Guideline for Supervised Practice in Hospital, and Out of Hospital (April 2011)
- ◆ Guideline for the Management of Pregnancy Beyond 41 Weeks Gestation (June 2011)
- ◆ Standard for Planned Out of Hospital Birth (July 2011)
- ◆ Statement on Unassisted Birth (November 2011)

Documents currently under review at Council:

- ◆ Out of Hospital Handbook

Priority practice standards for this next year include:

- ◆ Guideline for Vaginal Birth After One Previous Low Segment Caesarean Section (VBAC)
- ◆ Guideline for Providing Care to Family
- ◆ Guideline for Waterbirth
- ◆ Code of Ethics
- ◆ Standard for Fetal Health Surveillance
- ◆ Standard for Handling of the Placenta

### COMMITTEE MEMBERS

Lisa Harcus, RM (Chairperson) (April -October)

Joelle Ross, RM (Chairperson) (November–March)

Darlene Birch, RM (Appointed KD Representative)

Regina Legaspi (Appointed Public Representative)

Danielle Bajus (Appointed Public Representative)

Marla Gross, RM

Gordana Lemez, RM

Gisele Fontaine, RM

Many thanks to Kathy and Patty for their ongoing support and valued contributions.

## Quality Assurance Committee Report Rebecca Wood, RM, Chairperson

The 2011-2012 year was busy for the Quality Assurance Committee. Our focus was to conduct a random practice audit (RPA) and transition from auditing individuals to auditing entire group practices. This transition involved revising all of the audit tools and the RPA process. The committee gratefully acknowledges the very hard work that Kelly Klick contributed to the revision process. The RPA process is comprehensive and evaluates many aspects of midwifery practice using the CMM *Registrant's Handbook* as the standard of care. Every tool looks for evidence regarding the midwifery practice group's adherence to the standards. The ACCESS River East (WRHA) practice group was randomly selected and was informed that the entire audit process included the goals of piloting the newly-revised tools and evaluating the process itself.

The committee would like to acknowledge that the practice group selected was very supportive of the process. The QA auditors also provided feedback on the process and the tools. Many logistical and administrative lessons were learned through the audit process and revisions are underway. It was an educational experience for everyone involved.

The committee has plans to work together with some other committees of the College to identify clinical themes/trends that present questions for midwives and their practices, and to initiate discussion of the topics. These themes will be generalized and non-identifiable, and will focus on topics rather than individual midwifery cases. We anticipate that sometime in the next year we will be able to share more information.

We plan to conduct a random practice audit in the next year. The Quality Assurance committee continues to encourage all midwives to maintain the current quality assurance workbook, including reflective practice, peer review records, client evaluation review, birth data and continuing education.

Thank you for your dedication to the maintenance of practice standards.

### COMMITTEE MEMBERS

Rebecca Wood, RM (Chairperson)

He Hu, RM

Karen Macloskie, RM

Darlene Mulholland (Appointed KD Representative)

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

Kagike Danikobidan met once in-person this year on May 13<sup>th</sup>. This focus of this meeting was to deal with concerns regarding the *kanaci otinawawasowin* (KOBP) Education Program, offered at the campuses in Thomson and The Pas, with a clinical site in Norway House. The Kagike Danikobidan Committee is profoundly saddened by the steady decline of this critical program. Specifically, KOBP's concerns centred around a completion plan for the original KOBP students, the status of the KOBP Advisory Committee, and the future of midwifery education in the north.

On June 20<sup>th</sup> the CMM Council made the decision to remove the interim approval of the KOBP program; this due to the fact that there were no KOBP faculty members, the only remaining KOBP student was transferred to the UCN Bachelor of Midwifery Program based in Winnipeg, and the information requested of UCN so that the CMM could complete its review for approving the Program was never provided by UCN. While it is reassuring that the Council on Post-Secondary Education (COPSE) reports having a strong will and a long term goal of having quality midwifery education in the north, the fact that the established and well-funded KOBP had been allowed to diminish to this point is tragic. Equally disappointing is the fact that the recommendations of an external review of the KOBP have not been allowed to be distributed for consideration. The CMM Council has publicly stated that it will keep the need for northern midwifery education for Aboriginal women on its agenda.

The Bachelor of Midwifery program now being offered by UCN (which began in September of 2010) is housed in Winnipeg. Two Aboriginal students were admitted to this program (the original KOBP had 10). Only one student from the original KOBP is currently continuing with her midwifery education at UCN. Freda Lepine (Chair of Kagike Danikobidan) and Janice Erickson have both received invitations to sit on the Manitoba Midwifery Advisory Committee (MMAC). This provincial committee is to, among other functions, serve as an advisory committee to the UCN Midwifery Program until UCN convenes its own program advisory committee. It is KD's sincerest hope that we can have some positive influence for Aboriginal women through the MMAC.

The KD Committee had the opportunity to visit the newly-opened Birth Centre during our May 13<sup>th</sup> meeting. In 2010, Kagike Danikobidan members were asked to provide input into the layout of the new Winnipeg Birth Centre, with rationale from a cultural perspective. It was apparent from our in-person visit on May 13<sup>th</sup> that our recommendations were not incorporated as the Cultural/Spiritual Room did not appear to be designed for the purposes recommended by KD. The KD Committee is feeling that its voice is not being heard by decision-makers for midwifery.

Kagike Danikobidan has made the request that additional funds be allocated so that the Committee could meet in-person at least twice a year; it is a challenge to carry forward an agenda with such few resources. In addition, KD will be recommending that accommodation for longer stays at the Birth Centre be considered for out-of-town clients.

**Accomplishments:**

Jurisdictional issues continue to hinder the KOBP program thus we are unable to even recommend the program be delivered in the north where it was originally meant to be. Work is continuing to overcome this obstacle.

Kagike Danikobidan now has a standing member on the College's Quality Assurance Committee, in addition to the Education, Standards, Board of Assessors, and Public Selection Committee, as well as on the governing Council.

We believe that midwifery care is essential in the north and that it is the key to repatriating birth to northern communities and to safe care for mothers and babies. It is imperative that both the Federal government and the Province of Manitoba must look at improvements to maternal and child health. It is clear that if bureaucrats looked at the statistics regarding the numbers of mothers being evacuated from their home communities and the costs associated with this practice they would see that repatriating birth back to the community would save a substantial amount of money in the long run, and provide a less disruptive birthing experience for these mothers, their families and communities.

## College of Midwives of Manitoba (CMM) Annual Report 2011-2012

### COMMITTEE MEMBERS

Freda Lepine (Chairperson)

Darlene Birch, RM (Co-Chairperson)

Maggie Flett/Alternate: Ruth Ellen Flett

Thelma Mason

Darlene Mulholland

Nelliane Cromarty

Doris Young

Nathalie Pambrun, RM (to May 2011)

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

## Canadian Midwifery Regulators Consortium (CMRC) Report Kris Robinson, RM, Chairperson

It gives me great pleasure to submit this report regarding the activities of the Canadian Midwifery Regulators Consortium (CMRC) to the membership of the CMM.

The 2011-2012 year will be the fifth year that the College of Midwives of Manitoba has had the honor of providing administrative leadership and support to the CMRC. As the national body that represents midwifery regulatory authorities (provincial and territorial colleges and committees) the CMRC has a key role in strengthening the practice and regulatory framework of midwifery in Canada as well as supporting a goal of pan-Canadian midwifery regulation.

### Summary of CMRC activities 2011-2012

**Labour mobility** - Continued activities related to ensuring compliance with the Agreement on Internal Trade (AIT) including ongoing communication and cooperation between provinces/territories to ensure that public safety is not comprised as greater mobility of midwifery resources is supported (national in-person meetings and regular teleconferences).

**Supporting regulatory efforts in regulated provinces and territories** - The CMRC met regularly via teleconference and once in-person in the fall to work on areas of mutual concern.

**Supporting regulatory efforts in unregulated provinces and territories** - There are three remaining jurisdictions which are not yet regulated - Newfoundland & Labrador, Yukon Territories and Prince Edward Island. It is expected that in the near future Newfoundland & Labrador will be the next jurisdiction to regulate midwifery. In both the Yukon and PEI there are discussions within government regarding the regulation of midwifery. When asked the CMRC acts as a resource to these provinces/territories efforts drawing, on the extensive regulatory experience of its members.

**Multijurisdictional Midwifery Bridging Project** - The CMRC has a long history of involvement with the development of the MMBP beginning with the 2005 National Assessment Strategy (for internationally educated midwives). In 2012 the governance of the MMBP is devolving to a not-for-profit Board.

**Supporting development of national midwifery policy (Government of Canada)** - To date there is no official or office responsible for the development of midwifery policy in Canada. In November, the CMRC, the Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) formed a working group whose primary efforts will be to work towards greater recognition of midwifery at a federal level. This working group will work with key stakeholders/supporters to raise the profile of midwifery as a critical resource in improving maternal and newborn care in Canada.

**Supporting the national profile of Canadian midwifery regulation** - The history of midwifery regulation in Canada and the increasing recognition of Canada as a leader in the development of effective regulation was a key activity in 2011-2012. The history and development of CMRC /Canada's role in the development of Global Standards for midwifery regulation were topics of two presentations presented at the Canadian Network of National Association of Regulators (CNNAR) meeting in Toronto in October. These meetings are attended by health care and industry regulators in the public and private sectors.

**Supporting the inclusion of midwives in the legislation to allow midwives to become a class of practitioners allowed to prescribe narcotics** - Ongoing discussion with the federal Office of Controlled Substances. *The New Classes of Practitioners Regulation* was published in the May 5<sup>th</sup> 2012 Canada Gazette.

**International Congress of Midwives (ICM) Activities** - The Chairperson of the CMRC was appointed as a member of the ICM Global Task Force on Midwifery Regulation for 2008-2011. The Global Standards on Midwifery Regulation (and Education) were developed during 2008-2011 and launched at the ICM Congress in Durban South Africa in June 2011. The CMRC Chairperson assisted with the development of a workshop on the implementation of the Global Standards for Midwifery Regulation at the ICM Congress. The workshop was attended by 90 midwives representing all regions of the world. The work of the Task Force will continue in 2012-2015 with a focus on the development of a guide for implementing the standards throughout the world.

**Supporting Global Standards for Midwifery Regulation** - Convened a meeting with the American Midwifery Association (MANA) on issues related to midwifery regulation in the U.S.

## College of Midwives of Manitoba (CMM) Annual Report 2011-2012

### Presentation Development-Canadian Network of National Association of (CNNAR) Regulators Conference - Toronto , November 2011

*“The Development of the Canadian Midwifery Regulators Consortium - A Case Study in Leadership and Cooperation”* (Kris Robinson, Robin Kilpatrick)

*“Supporting the Lives of Mothers and Newborns - The Development of Global Standards for Midwifery Regulation”* (Kris Robinson, Andrea Lennox)

### Goals for 2012-2013

- Development of a national approval process for Canadian midwifery education programs.
- Development of a strategy to ensure sustainability of bridging programs for internationally educated midwives.
- Continued support for the development of midwifery regulation in the Yukon, PEI and Newfoundland.
- Support efforts to facilitate policy changes at the provincial/territorial levels that will allow midwives to prescribe narcotics according to the New Class of Practitioners schedule.
- Contribute to the efforts of the ICM in supporting midwifery regulation in all areas of the world by continued involvement on the ICM Regulation Committee (2012-2015).



**COLLEGE OF MIDWIVES OF MANITOBA**

**Financial Statements**

For the year ended March 31, 2012

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## Independent Auditor's Report

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To the Members of COLLEGE OF MIDWIVES OF MANITOBA

We have audited the accompanying financial statements of COLLEGE OF MIDWIVES OF MANITOBA, which comprise the statement of financial position as at March 31, 2012, and the statements of changes in net assets and of operations for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of COLLEGE OF MIDWIVES OF MANITOBA as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*BDO Canada LLP*

Chartered Accountants

Winnipeg, Manitoba  
June 15, 2012

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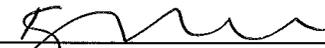
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**COLLEGE OF MIDWIVES OF MANITOBA**  
**Statement of Financial Position**

March 31	2012	2011
<b>Assets</b>		
<b>Current Assets</b>		
Cash and short-term investments	\$ 112,615	\$ 113,271
Accounts receivable	35,567	7,997
Prepaid expenses	3,905	3,581
	152,087	124,849
<b>Capital assets (Note 2)</b>	5,431	7,283
	\$ 157,518	\$ 132,132
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued liabilities	\$ 59,873	\$ 24,478
<b>Deferred Contributions</b>		
Accreditation, Approval and Standards Review (Note 3)	5,535	12,997
Complaints and Investigation (Note 4)	91,665	89,482
Personnel Committee (Note 6)	-	2,000
Standards Quality Assurance (Note 9)	-	3,000
Public Education (Note 10)	500	500
Umbrella Health Legislation (Note 11)	3,100	3,100
	100,800	111,079
	160,673	135,557
<b>Commitments (Note 13)</b>		
<b>Net Assets</b>		
Net invested in capital assets	5,431	7,283
Unrestricted	(8,586)	(10,708)
	(3,155)	(3,425)
	\$ 157,518	\$ 132,132

On behalf of the Board:

  
 \_\_\_\_\_ Director

  
 \_\_\_\_\_ Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

**COLLEGE OF MIDWIVES OF MANITOBA  
Statement of Changes in Net Assets**

<u>For the year ended March 31</u>			<u>2012</u>	<u>2011</u>
	Net Invested in Capital	Unrestricted Net Assets	Total	Total
<b>Balance, beginning of year</b>	\$ 7,283	\$ (10,708)	\$ (3,425)	\$ 1,662
<b>Excess of revenue (expenses) for the year</b>	(3,416)	3,686	270	(337)
<b>Adjustment to unrestricted net assets</b>	-	-	-	(4,870)
<b>Invested in capital assets</b>	1,564	(1,564)	-	-
<b>Balance, end of year</b>	\$ 5,431	\$ (8,586)	\$ (3,155)	\$ (3,545)

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

**COLLEGE OF MIDWIVES OF MANITOBA**  
**Statement of Operations**

For the year ended March 31	2012	2011
<b>Revenue</b>		
Manitoba Health - general operations	\$ 171,100	\$ 170,200
Practicing, non-practicing and student members	67,532	62,754
Manitoba Labour & Immigration - CMM & MMBP Website Development	44,997	-
Accreditation, Approval and Standards Review (Note 3)	7,462	1,803
Standards Quality Assurance (Note 9)	3,000	-
Personnel Committee (Note 6)	2,000	-
Resource materials and handbooks - PLEA program	-	(60)
PLEA program (Note 7)	-	1,876
Employees Pension Plan (Note 5)	-	6,000
Miscellaneous		
Other	611	789
CMRC - project overhead	1,028	2,000
	<u>297,730</u>	<u>245,362</u>
<b>Expenses</b>		
Administration	205,153	192,560
PLEA program	-	1,962
Governance		
Kagike Danikobidan committee	7,210	17,825
Governing council	7,600	8,838
Personnel committee	2,000	-
Quality assurance committee	4,723	1,934
Perinatal review committee	2,594	3,020
Standards committee	2,187	2,690
Board of assessors committee	1,355	1,274
Education committee	3,396	1,964
Public representative selection committee	1,545	1,000
Complaints committee	5,804	-
Complaints and Investigation (Note 4)	1,000	5,000
Umbrella Health Legislation (Note 11)	-	1,100
Amortization	3,416	3,229
Canadian Midwifery Registration Exam (CMRE)	1,000	1,000
CMM & MMBP website development	44,997	-
Public Education (Note 10)	-	500
QA random practice audit	3,480	-
Education program evaluation (Note 3)	-	1,803
	<u>297,460</u>	<u>245,699</u>
<b>Excess of revenue (expenses) for the year</b>	<b>\$ 270</b>	<b>\$ (337)</b>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

**COLLEGE OF MIDWIVES OF MANITOBA**  
**Summary of Significant Accounting Policies**

**For the year ended March 31, 2012**

**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	5 years straight-line basis
Computers	5 years straight-line basis
Equipment	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.

All transactions related to financial instruments are recorded on a settlement date basis.

The organization classifies its financial instruments as follows based on the purpose for which the asset was acquired and follows the disclosed accounting policy for each category.

<u>Assets/Liability</u>	<u>Category</u>	<u>Measurement</u>
Cash and short-term investments	Held for trading	Fair value
Accounts receivable	Loans and receivables	Amortized cost
Accounts payable	Other financial liabilities	Amortized cost

- Held for trading items are carried at fair value, with changes in their fair value recognized in the statement of operations.
- Other financial liabilities are carried at amortized cost, using the effective interest method.

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**COLLEGE OF MIDWIVES OF MANITOBA  
Summary of Significant Accounting Policies**

**For the year ended March 31, 2012**

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**Financial Instruments  
(continued)**

- Loans and receivables are carried at amortized cost, using the effective interest rate method, less any provision for impairment.

Transaction costs are expensed as incurred.

**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**

In December 2010, the Accounting Standards Board and Public Sector Accounting Board (Boards) issued new standards for not-for-profit organizations (NPOs). For private sector NPOs, they have a choice of International Financial Reporting Standards ("IFRS") or accounting standards for NPOs.

The Boards require NPOs to adopt their respective standards for year ends beginning on or after January 1, 2012. Until the date of transition to the new standards, all NPOs will continue to follow the current Canadian Institute of Chartered Accountants Handbook – Accounting Part V – Pre-Changeover Standards.

**COLLEGE OF MIDWIVES OF MANITOBA**  
**Notes to Financial Statements**

For the year ended March 31, 2012

**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**

	2012			2011		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Machinery and equipment	\$ 1,838	\$ 735	\$ 1,103	\$ 1,838	\$ 551	\$ 1,287
Furniture & fixtures	10,228	10,005	223	10,228	9,699	529
Computers	39,316	35,211	4,105	37,752	32,285	5,467
	<u>\$ 51,382</u>	<u>\$ 45,951</u>	<u>\$ 5,431</u>	<u>\$ 49,818</u>	<u>\$ 42,535</u>	<u>\$ 7,283</u>

**3. 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.

	2012	2011
Balance, beginning of year	\$ 12,997	\$ 14,800
Amount recognized to offset expenses-program approval	(7,462)	(1,803)
Balance, end of year	<u>\$ 5,535</u>	<u>\$ 12,997</u>

**COLLEGE OF MIDWIVES OF MANITOBA  
Notes to Financial Statements**

**For the year ended March 31, 2012**

**4. Deferred Contributions - Complaints and Investigation**

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

	2012	2011
Balance, beginning of year	\$ 89,482	\$ 83,586
Interest earned on investments	1,183	896
Transfer from operations	1,000	5,000
Balance, end of year	\$ 91,665	\$ 89,482

**5. Deferred Contributions - Employees Pension Plan**

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

	2012	2011
Balance, beginning of year	\$ -	\$ 6,000
Amount recognized to offset expenses	-	(6,000)
Balance, end of year	\$ -	\$ -

**6. Deferred Contributions - Personnel Committee**

These deferred contributions represent honorarium funds for members of the Personnel Committee established in 2010. The Committee was established with the goal of conducting a personnel review of the CMM staff.

	2012	2011
Balance, beginning of year	\$ 2,000	\$ -
Transfer from deferred contributions - Appeal	-	2,000
Amount recognized to offset expenses	(2,000)	-
Balance, end of year	\$ -	\$ 2,000

**COLLEGE OF MIDWIVES OF MANITOBA  
Notes to Financial Statements**

**For the year ended March 31, 2012**

**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.

	2012	2011
Balance, beginning of year	\$ -	\$ 1,876
Amount recognized to offset expenses-program approval	-	(1,876)
Balance, end of year	\$ -	-

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

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

	2012	2011
Balance, beginning of year	\$ -	\$ 2,000
Transfer to deferred contributions - Personnel Committee	-	(2,000)
Balance, end of year	\$ -	-

**9. Deferred Contributions - Standards Quality Assurance**

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

	2012	2011
Balance, beginning of year	\$ 3,000	\$ -
Amount recognized to offset expenses	(3,000)	-
Transfer from operations	-	3,000
Balance, end of year	\$ -	\$ 3,000

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**COLLEGE OF MIDWIVES OF MANITOBA**  
**Notes to Financial Statements**

**For the year ended March 31, 2012**

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**10. Deferred Contributions - Public Education**

These deferred contributions represent restricted funding for an annual public meeting / public education initiative to be held in the fall of 2012 to correspond with the opening of the Birth Centre in Winnipeg.

	2012	2011
Balance, beginning of year	\$ 500	\$ -
Transfer from operations	-	500
Balance, end of year	\$ 500	\$ 500

**11. 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.

	2012	2011
Balance, beginning of year	\$ 3,100	\$ 2,000
Transfer from operations	-	1,100
Balance, end of year	\$ 3,100	\$ 3,100

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**COLLEGE OF MIDWIVES OF MANITOBA  
Notes to Financial Statements**

**For the year ended March 31, 2012**

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**12. Pension Plans**

During the year, the organization contributed \$8,729 on behalf of its employees.

Eligible employees of the organization are members of the Healthcare Employees Pension Plan (a successor to the Manitoba Health Organization Inc. Plan) (the "Plan") that is a multi-employer defined benefit pension plan. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the best five years of the last ten years prior to retirement, termination or death, that provides the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

The most recent actuarial valuation of the plan as at December 31, 2010 indicates the Plan is in a deficit. The board of the Plan continues to monitor the Plan's financial progress in order to align the assets and liabilities based on Plan experience and investment returns over the long-term. Employer contribution rates were increased on January 1, 2011 to 7.8% of pensionable earnings up to the yearly maximum pensionable earnings limit ("YMPE") and 9.4% on earnings in excess of the YMPE. Contribution rates for employees remained unchanged at 6.8% and 8.4% respectively.

On April 1, 2012 employee contribution rates will increase to 7.6% of pensionable earnings up to the YMPE and 9.2% on earnings in excess of the YMPE. On April 1, 2013, both employer and employee contribution rates will increase to 7.9% of pensionable earnings up to YMPE and 9.5% on earnings in excess of the YMPE.

**13. Lease Commitment**

The organization has an operating lease for its premises at approximately \$1,215 per month to July 14, 2012.

**14. 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.