



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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Member Communiqué

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Transparency Initiative

Transparency Initiative: Proposed By-law Amendments Approved

On March 3, 2016, after careful consideration of member and stakeholder feedback, Council approved the proposed by-law amendments. The following information will now be posted on the Public Register:

- Findings of guilt (all criminal findings or findings under the Health Insurance Act or the Controlled Drugs and Substances Act against members, made on or after March 1, 2016)
- Charges (all criminal charges or charges under the Health Insurance Act or the Controlled Drugs and Substances Act that are laid against the member on or after March 1, 2016)
- Bail conditions (all bail conditions that are in place on or after March 1, 2016)
- Registration history with other regulators (all known current or past licenses to practice in Ontario or other jurisdictions or professions on the public register, if public in other jurisdictions)
- Past practice locations (all past midwifery practice locations in Ontario, including the Member's position at that location; e.g., sole proprietor/associate/locum)
- Alternate Practice Arrangements
- Names of Second Birth Attendants
- Resignation while under investigation
- Oral cautions ordered by the Inquiries, Complaints and Reports Committee
- Written cautions ordered by the Inquiries, Complaints and Reports Committee
- Specified Continuing Education or Remediation Programs (SCERPs) that require a follow-up or monitoring ordered by the Inquiries, Complaints and Reports Committee

Please note that these changes will not have a retroactive effect. Please refer to the College's [General By-law](#) to view the full version of the By-Law.

Transparency Q & A

Why is the College doing this?

Over the past several years, the Ontario government and members of the public have expressed that health care regulators need to disclose more information about their members. The 2014 publication of a series of prominent articles criticizing Ontario health regulators, called into question the public interest and transparency of College decisions. These articles outlined a major concern, “cautions” issued to health care providers were not made public. A separate investigation further revealed that clients who visited out-of-hospital clinics had developed deadly infections over a period of months. Although a regulator had inspected these clinics, infection control issues went unreported.

On October 4th, 2014 as a response to public concerns the Minister of Health issued a statement to all regulatory bodies, including the College of Midwives of Ontario (CMO), requiring them to take concrete steps to continuously increase transparency.

On November 2014, the CMO Council solidified transparency as a core value and amended the College’s strategic plan to make transparency a key strategic priority. The CMO has worked with its Council and Statutory Committees to ensure consistent transparency initiatives.

What information will not be made public?

Matters determined to be low risk will not be made public. These include complaints and reports that the Inquiries, Complaints and Reports Committee take no action on, as well as matters that are addressed through advice or recommendation. All quality assurance information will remain confidential, as well as the personal information of midwives, such as home or e-mail addresses and other personal contact information.

When and how will the College remove information from the public register?

Please refer to Article 14 of the College [General By-law](#) for removal of information.

How did Council decide what to make public?

The CMO Council makes its decisions through the lens of public safety and protection. A survey commissioned by the Advisory Group on Regulatory Excellence (AGRE) in 2014 showed that the public wanted to know three things about their health practitioner: [criminal convictions](#), [practitioner’s registration/license history and status](#), and [complaints that resulted in formal disciplinary and/or educational action](#). Council thoroughly reviewed the [feedback](#) provided by the public, members and stakeholders before making final decisions. Council used the [Transparency Principles](#) adopted by the College in November 2015, as the foundation and tool for decision-making ensuring a balance of transparency and fairness.

For more information about our commitment to transparency click [here](#).

Quality Assurance Program



The Quality Assurance Program (QAP) online reporting system for the period of [October 1, 2015 to October 1st, 2016](#) is now open. Members can update and save information at any time by logging into the [Member Portal](#).

All CMO members registered in supervised and general classes, including new registrants, must complete all QAP requirements by the reporting deadline of [October 1, 2016](#).

Completion of the Self-Assessment Questionnaire (SAQ) is **NOT** required for the 2015/16 QAP reporting period.

QAP Under Review

The review of QAP will include an assessment of each of the current QAP components (as established in the College's General Regulation). The intention of revising the QAP is to support the ongoing professional growth and development of midwives.

All components of the College's QAP listed below are currently being reviewed by the Quality Assurance Committee to ensure the program is achieving its objectives.

- Continuing professional development activities
- Peer case reviews
- Quality of care evaluation action records
- Self assessment questionnaire
- Peer and practice assessments

Member Feedback

The opinion of midwives is critical to ensuring the development of a relevant and thoughtful Quality Assurance Program. Please be sure to participate in this consultation process in the coming months. More information will be circulated to members via email.

2015 Peer and Practice Assessments

We would like to thank all of the members, Midwifery Practice Groups and CMO Assessors who participated in the peer and practice assessments and the Practice Assessment Workbook (PAW). We appreciate all of the hard work and dedication, which allowed us to complete our 2015 peer and practice assessment cycle.

Discipline Hearing Summary

Discipline Committee Decision Summary

On July 18, 2014, a panel of the Discipline Committee of the College of Midwives of Ontario found Ms. Rosa Anna Perconti guilty of professional misconduct for contravening the standards of practice in respect of client care and practice management. The Panel also found Ms. Perconti to be incompetent. In its decision on penalty dated November 7, 2014, the Discipline Committee revoked Ms. Perconti's certificate of registration. This hearing concluded in 2015 and a summary of the decision was made available on the College's website. The Member initially appealed the decision and abandoned the appeal in December 2015.

The Hearing

The Panel heard evidence from 34 witnesses and submissions from the lawyers for the College and for Ms. Perconti. Over 160 exhibits were entered into evidence. The hearing was held over 53 days in 2012 and 2013 and the hearing on penalty was held over an additional three days in October 2014. The hearing on costs was held over two days in January 2015.

The Findings

The Panel made 39 findings of professional misconduct against Ms. Perconti in respect of the following issues:

- Failing to ensure that two midwives were present at births;
- Failing to ensure that New Registrants in her practice attended births with a General Registrant;
- Failing to ensure that New Registrants in her practice only provided care at hospitals where they had privileges;
- Failing to communicate with her colleagues appropriately in relation to the care of their clients;
- Falling below the standards of the profession for antenatal care, intrapartum care, postpartum care and/or newborn care in respect of nine clients;
- Falling below the standard of the profession in respect of the performance of external cephalic versions;
- Failing to document care plans;
- Administering an unauthorized substance by injection to a client (Vitamin B12); and
- Acting unprofessionally in her management of the practice.

The Panel found that Ms. Perconti's practice management issues (including the size and geography of the catchment area, the turnover of staff, mentorship and supervision) "represent a consistent and repetitive theme in this case" and contributed to compromised client care. The Panel acknowledged the challenges facing rural midwifery practices, but noted that Ms. Perconti "failed in a number of ways and at a number of critical times to take the necessary steps to manage these challenges appropriately as she attempted to grow her midwifery practice."

Discipline Hearing Summary



In addition to finding that Ms. Perconti contravened the standards of the profession; the Panel found that she is incompetent within the meaning of the Health Professions Procedural Code in respect of the care that she provided to six clients. The Panel further stated that it “has grave concerns that the Member continues to fail to acknowledge any significant wrongdoing or responsibility with the issues surrounding the care she had provided, and is of the opinion she lacks the necessary judgment and self-reflection to recognize the deficits to her knowledge.”

The Penalty

The Panel noted that Ms. Perconti engaged in a “repeated pattern of poor decision-making, lack of good clinical judgment, and a deliberate willingness to ignore the rules that govern safe practice”. In addition, the Panel noted that Ms. Perconti lacked insight and showed no remorse for her actions. In all the circumstances, the Panel held that the most serious sanction of revocation of Ms. Perconti’s certificate of registration was necessary to protect the public and to ensure both specific and general deterrence. The Panel noted that Ms. Perconti “is able to reapply after a period of one year to the College for reinstatement.” However, “at that time the onus will be on Ms. Perconti to establish that she has corrected the significant deficits to her knowledge, skill, and judgment that have been identified.”

The Costs

In a separate decision dated January 28, 2015, the Panel ordered Ms. Perconti to pay costs to the College in the amount of \$155,000. The Panel heard evidence that the College’s total hearing costs were over \$1.4 million. The College sought payment of \$900,000, which was 2/3 of the total hearing costs. The Panel determined that it was appropriate to award costs so that the profession of midwives would “not be liable for the full costs of members who are found guilty of professional misconduct and/or incompetence.” The Panel was also concerned with the evasiveness demonstrated by Ms. Perconti on the witness stand and her actions in attempting to shield her existing assets, including mortgaging her properties after she was revoked. However, the Panel did not award the full amount sought by the College. The Panel felt that \$155,000 reflected an appropriate balance between the interests of the College in receiving substantial costs for such a lengthy hearing resulting in significant findings against Ms. Perconti and the interest of Ms. Perconti who has been revoked.



Reminders & Updates

Has your information changed?

As a registered midwife, you have a professional obligation to notify the College within 14 days of any change to:

- your name that differs from the College's Public Register;
- your residential address, telephone number and personal email address;
- the name, business address and business telephone number of every practice with which you are affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;
- the name of each hospital, birth centre and health facility in Ontario where you have privileges, as well as the date that each privilege was granted and terminated

This is set out in article 14.06 of the College's General By-Law.

The failure to provide accurate information to the College in a timely fashion may constitute professional misconduct, under Ontario Regulation 388/09, made under the Midwifery Act, 1991. For further details about the information that members are required to provide to the College, please refer to Article 14 of the College's [General By-law](#). You can make all information changes through the [Member Portal](#).

Call for Nominations

The College of Midwives of Ontario is seeking three (3) midwives to fill positions on Council. The new terms on Council will commence in October 2016 and will expire in October 2019. Nomination deadline is **Friday April 29, 2016**. Visit our website for an outline of [Council commitments and Nomination Form](#).

For more information, please refer to the [Code of Ethics & Professional Misconduct Regulations](#). In addition, College staff are available to provide information to assist the public, midwives, and practices in meeting mandatory reporting requirements. For more information about making a report, please e-mail the Professional Conduct Department at iandh@cmo.on.ca or call 416.640.2252 ext. 224.



Reminders & Updates

Midwifery care for ALL

Midwives provide care to all residents of Ontario regardless of their OHIP or immigration status. Clients who are residents of Ontario are entitled to midwifery services and Midwifery Practice Groups are paid for this care. Midwifery Practice Groups are now able to access funding for the necessary lab services and other care related to pregnancy for uninsured clients. These tests include: referrals for anaesthetic, obstetric and other physician care, surgical assist (for caesarean section), lab work (including prenatal genetic testing), and ultrasound.

This important aspect of midwifery care in Ontario is also rooted in the Code of Ethics of the CMO in that midwives provide care which respects individuals' needs, values and dignity, and does not discriminate on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Updated Continuing Competencies Policy

The College's Registration Regulation requires members to maintain ongoing competence in three areas: Neonatal Resuscitation, Obstetrical Emergency Skills and Cardiopulmonary Resuscitation. Previously, the requirements for these were outlined in three separate policies, and now have been merged into one revised policy in order to make the information more accessible.

Highlights of policy changes:

- Requirements for NRP include Advanced (all sections complete).
- Emergency skills section of the policy has been updated to include the currently accepted courses in Canada as well as the required skills that must be included in the course.

A full version of the Policy is available on our website.

Fetal Movement Algorithm Revision

The December 2015 Member Communiqué had an error in the reproduction of the SOGC's Fetal Movement Algorithm (Fig. 3 Pg. 4). The sentence "All women WITH risk factors: Awareness of fetal movements beginning at 26-32 weeks" should read "All women WITH risk factors: daily monitoring/counting of fetal movements beginning at 26-32 weeks". Please see the December 2015 Member Communiqué for the corrected version.



General Information

2016 Council Meetings

All Council meetings are public and members are encouraged to attend. Council meets in Toronto at the College office at 21 St Clair Ave E, Suite 303. In 2016 Council will meet:

JUN 22	OCT 13	DEC 07
2016	2016	2016

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



Quick Stats

Total of 807 currently registered midwives as of March 24, 2016.



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CMO Staff Profile



Shivani Sharma is the Hearings Officer & Case Analyst at the College. She provides support to the Discipline and Fitness to Practise Committees and manages their hearings. She also analyzes complaints, discipline and fitness to practise case trends to inform College policy and program development. Shivani graduated with high distinction from the University of Toronto in 2009, with a Major in Psychology and Minors in Philosophy and Religion. She then pursued her law degree with a concentration in Social Justice at the University of Ottawa and graduated in 2012. She was called to the Bar in 2013 after completing her articles at Blaney McMurtry LLP. Shivani loves the performing arts and trains in acting for film and television. She was a background performer on “Being Erica”, “Saving Hope” and the feature film “Spotlight”. She is also passionate about health and wellness and enjoys hot yoga and healthy cooking.

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CMO Council

<p>Elected Professional Members</p> <p>Barbara Borland President Tiffany Haidon Vice President Carron Canning Claudette Leduc Lilly Martin Isabelle Milot Wendy Murko Jan Teevan</p>	<p>Public Members</p> <p>Joan Pajunen Vice President Caroline Brett Rochelle Dickenson Jennifer Lemon Philip Playfair Gemma Salamat</p>
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We welcome your feedback. Email your comments to: admin@cmo.on.ca

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