

ON CALL

Winter 2019



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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MESSAGE FROM THE PRESIDENT

Dear midwives,

Throughout December and January, the College received much support from the public and members regarding the value of our work. I want to thank those that reached out to the College, and acknowledge the positive impact that support had on all of us. I know questions remain about the status of the College's funding, and I want to let you know where we currently stand.

As you are aware, the College is funded through member fees, and historically, we have also received operational funding from the Ministry of Health and Long-term Care. At this time, our Ministry funding is under review. We do not yet know if we will receive Ministry funding for the 2018-2019 fiscal year ending March 31, 2019, or any future years. Regardless of this uncertainty, midwives can trust that the College will continue to regulate midwifery in the public interest. Council will be considering membership fee increases at its March 20, 2019 meeting. I want to assure you that we are doing our best to minimize membership fee increases by finding additional efficiencies at the College and making budget cuts where we can.

We will post details regarding proposed membership fee increases to our website in advance of our March 20, 2019 Council meeting and will stay in touch with you as we make decisions or have more information to share.

Sincerely,

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

Tiffany Haidon RM
President
College of Midwives of Ontario

MESSAGE FROM THE REGISTRAR

Since we have shared the news with you that our Ministry funding is under review, we have had questions from members and from the public about what a loss of this funding could mean to the College, to midwives, and to members of the public. We've also been asked if we plan to continue requesting funding from the Ministry.

Most importantly, any change in funding from the Ministry of Health and Long-term Care will have no impact on the public. The College will continue to regulate midwifery in the public interest, and ensure that midwives in Ontario are qualified, skilled, and competent to practise. However, any loss in funding will impact the College and the membership. The College has made budget cuts and will continue to find further efficiencies to minimize an increase in membership fees. In addition, careful stewardship of our resources in recent years will allowed us to safely operate with a deficit for the remainder of the 2018-2019 fiscal year and beyond, if necessary.

While the timing of our funding review was not expected, the College had been proactive to plan for financial independence. The College submitted proposals to the Ministry in 2014 and 2016 suggesting how to wind down our financial dependence with an aim of being self-sufficient in the near future while minimizing membership fee increases. If we continue to receive funding from the Ministry, we will remain committed to achieving financial independence in the foreseeable future.

If you have any further questions, please [review the Questions and Answers we have posted to our website here](#), and don't hesitate to get in touch by email at cmo@cmo.on.ca. We will continue to share information as it becomes available.

Regards,



Kelly Dobbin RM
Registrar & CEO
College of Midwives of Ontario

COUNCIL HIGHLIGHTS

Our Council meetings are open to members and the public. If any of these highlights from the December Council meeting, held December 12, 2018 interest you, you can [click here to read more in the meeting materials](#).



College of Midwives of Ontario Council Members as of December 2017

Welcome New Council and Committee Members!

The College was pleased to welcome new Council member Maureen Silverman, RM, at the December meeting. A full list of our Council members can be found on page 16 of this newsletter.

Council has also appointed midwives to act as non-Council Committee members. Our non-Council Committee members are Christi Johnston, RM; Claudette Leduc, RM; Amy McGee, RM; Isabelle Milot, RM; and Alexandra Nikitakis, RM. Thank you for all you do!

Alternate Dispute Resolution

Council has decided to implement a Alternate Dispute Resolution (ADR) process at the College going forward. This means that when low-risk complaints are made to the College, clients and midwives could be given an opportunity to use ADR in place of the usual investigation process. The parties would meet with a facilitator to try and find a mutually

agreeable resolution. If a resolution is reached, either the Inquires, Complaints, and Reports Committee or the College Registrar will review the decision and determine if it is acceptable to the College. If it is acceptable, the case can be closed without any further time or investigation. More information will be shared as we come closer to implementing this process in the spring.

Operational Plan

College of Midwives of Ontario Registrar Kelly Dobbin presented on the College's Operational Plan. At the end of 2018, the College had achieved all items on its Operational Plan with the exception of re-submitting changes to the Registration Regulation to the Ministry of Health and Long-term Care. The complete review of our Operational Plan can be found in the meeting materials for the December 12 meeting.

new WHAT TO EXPECT BROCHURE

The College has created a new brochure for midwives to give to clients. This will replace the "About Midwifery" brochure we have provided in the past.

The College's new brochures are designed for clients to understand what to expect from a midwife in Ontario. We cover the work that the College does to ensure midwifery is safe and effective in Ontario, and advise what clients can expect throughout pregnancy and for the first six weeks after giving birth.

These new brochures will be available to all midwives. Our [Professional Standards for Midwives](#) require midwives to advise clients about the College, including its complaints process. We created these brochures to help midwives meet that standard. It will be your choice whether you share these brochures.

In the coming weeks we will be sending brochures directly to each practice. Once you receive the new brochures, we ask that you recycle the old "About Midwifery" brochures, as we will no longer be distributing them.

In the new brochure, we talk about how Ontario midwives are primary care providers and will work with clients through pregnancy, labour, and the first six weeks after a baby is born.

Look for an email from the College about distributing this new brochure in the next few weeks. You can also [download the new brochure on our website here](#).

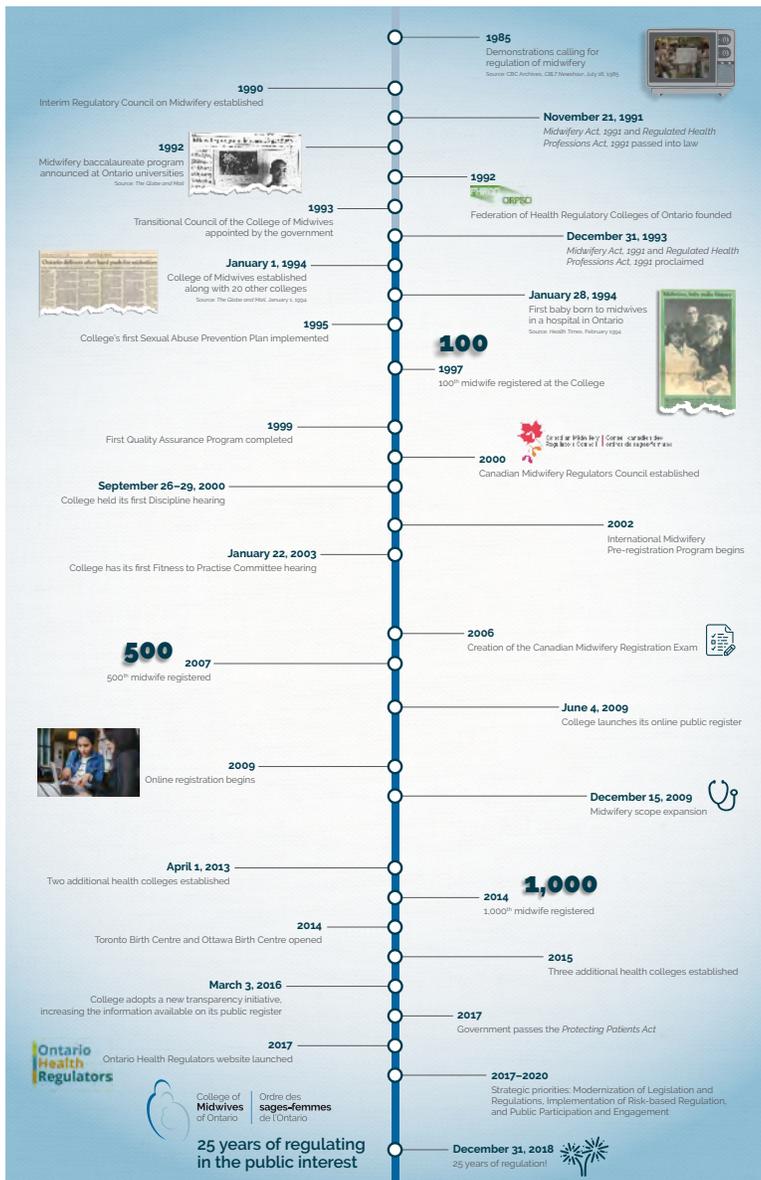


25 YEARS OF REGULATION

The College of Midwives of Ontario was established on January 1, 1994. We are proud to be celebrating our 25th anniversary of regulating in the public interest.

In celebration of this anniversary, we have created a timeline of our history. Click on the image to view the timeline and click different items on the timeline for more information on moments in our history. We'll also be

posting this on our social media channels so be sure to follow us on [Facebook](#) and [Twitter](#) for more updates!



College of Midwives of Ontario Presidents

-  **Michelle Kryzanasukas**
January 1994 – January 1998
-  **Holliday Tyson**
February 1998 – November 1998
-  **Zoe Kende**
November 1998 – November 2002
-  **Kelly Dobbin**
November 2002 – January 2005
-  **Mylene Shields**
January 2005 – October 2009
-  **Andrea Lennox**
October 2009 – December 2011
-  **Ann Montgomery**
February 2012 – September 2012
-  **Barbara Borland**
October 2012 – May 2017
-  **Tiffany Haidon**
June 2017 – present

REGISTRAR'S INVESTIGATIONS

Separate from the complaints process, concerns about the conduct, competence, or capacity of a midwife may be brought to the attention of the College. Read more about our process for Registrar's Investigations below.

When a client makes a complaint about a midwife, we have a clear process to handle that complaint. You can read about our Complaints Process on page 10 of this newsletter.

The College can also receive information about possible professional misconduct of a midwife through other methods. Information may come from a mandatory report, other midwives or healthcare providers, or members of the public who do not wish to make a formal complaint. This can lead to a Registrar's Investigation of a matter.

The Registrar can appoint an investigator if there are reasonable and probable grounds to believe that a midwife engaged in professional misconduct or is incompetent.

The investigation is similar to the complaints process. The midwife will receive notice of the Registrar's report, along with the results of the investigation. The midwife has the opportunity to provide a written response to the College.

Should delays in the investigation occur, the College will provide status updates to the midwife starting at 150 days following the appointment of an investigator.

The results of the investigation are considered by the Inquiries, Complaints, and Reports Committee (ICRC).

The ICRC is comprised of elected and appointed registered midwives and public members appointed by the Lieutenant Governor of Ontario. The Risk Assessment Framework is a tool used by the ICRC in both Registrar's report investigations and complaints to make fair, consistent and transparent decisions. You can [review the Risk Assessment Framework here](#).

The panel could do one or more of the following:

1. Take no further action.
2. Provide advice and recommendations to the midwife.
3. Require the midwife to complete a Specified Continuing Education or Remediation Program (SCERP) which can include courses, papers or chart audits.
4. Administer an oral caution, where the midwife appears before the panel.
5. Have the midwife sign an acknowledgment and undertaking, which is a voluntary agreement between the midwife and the College to place certain restrictions on the midwife's practise.
6. Refer specified allegations of professional misconduct and/or incompetence in the complaint to the Discipline Committee.
7. Refer the matter to the Fitness to Practise Committee, should the matter involve an allegation regarding the physical or mental capacity of the midwife.

If you have further questions about this process, please contact Professional Conduct staff at conduct@cmo.on.ca.

QUALITY ASSURANCE PROGRAM

We have a new form for members to track their Quality Assurance Program activities, and we have rescinded the Fetal Health Surveillance Policy. Read on for more information on Quality Assurance.

Quality Assurance Program Annual Record
The Quality Assurance Committee (QAC) has approved a new form, the Quality Assurance Program (QAP) Annual Record, that will be used to track QAP activities.

The Annual Record is a fillable PDF that [midwives can download from our website](#) and can be filled in as QAP activities are completed.

Instructions on how to submit your QAP report to the College will be provided prior to the beginning of the renewal period.

Submitting Quality of Care Evaluation Action Records (QCE) is no longer required but members must confirm that they have taken action on feedback they received in their QCEs. A box is included in the Annual Record for members to do so.

The Self-Assessment Questionnaire (SAQ) is not due for the 2018–2019 QAP reporting year so the Annual Record does not include it.

The QAP guidelines have been changed to reflect the changes in the Annual Record and

[can be found on our Quality Assurance web page here.](#)

Any questions you have can be addressed to qap@cmo.on.ca.

Fetal Health Surveillance Policy
The Fetal Health Surveillance Policy was rescinded at the December 12, 2018 Council meeting of the College of Midwives of Ontario.

Midwives are still required to undertake continuing education and professional development activities to meet the College's Quality Assurance Program.

A continuing education activity is one that maintains or improves a member's knowledge, skills, or judgment as related to the practice of midwifery.

Acceptable activities for continuing education and professional development are indicated in the [Guideline on Continuing Education and Professional Development which can be accessed by clicking here.](#)



COMPLAINTS PROCESS

The College has updated our website to share more information on the complaints process, with a new flowchart.

The College processes complaints from the public the same way in each case. [This information is posted publicly on our website](#) and shared below for your information.

After a complaint is received, a College staff member will contact the complainant within two business days confirming receipt. After this, the complainant will receive documents in the mail to complete and return to the College. Once these are received, the College will gather the materials that are relevant to the investigation, and these will be provided to the midwife for an opportunity to submit a written response.

The Inquiries, Complaints and Reports Committee (ICRC) has the power to make an interim order at any time following the receipt of a complaint. The ICRC can make an order if it believes a midwife's conduct exposes or is likely to expose clients to harm or injury.

The midwife's submission and all of the other materials from the investigation are then provided to a panel of the ICRC that reviews the complaint. The ICRC is comprised of elected and appointed registered midwives and public members appointed by the Lieutenant Governor of Ontario.

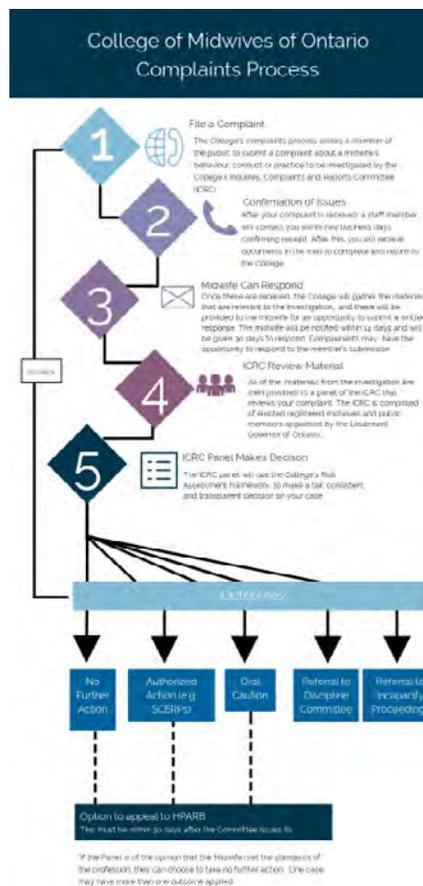
The ICRC panel will use the College's Risk Assessment Framework to make a fair, consistent and transparent decision on each case. The panel could do one or more of the following:

1. Take no further action.
2. Provide advice and recommendations to the midwife.
3. Require the midwife to complete a Specified Continuing Education or Remediation Program (SCERP) which can include courses, papers or chart audits.
4. Administer an oral caution, where the midwife appears before the panel.

5. Have the midwife sign an acknowledgment and undertaking, which is a voluntary agreement between the midwife and the College to place certain restrictions on the midwife's practise.
6. Refer specified allegations of professional misconduct and/or incompetence in the complaint to the Discipline Committee.
7. Refer the matter to the Fitness to Practise Committee, should the matter involve an allegation regarding the physical or mental capacity of the midwife.

The panel has no authority to assess injury or award compensation to the complainant. That is the subject of civil court proceedings.

[Click here for the a full sized version of the flowchart.](#)



DISCIPLINE PROCESS

We have shared more information about the process of a case at the Discipline Committee on our website. Some information from that page is posted below.

A panel of the Discipline Committee hears allegations of professional misconduct and/or incompetence referred to it by the Inquiries, Complaints, and Reports Committee (ICRC).

If the ICRC decides to refer a matter to the Discipline Committee, a Notice of Hearing is sent to the midwife who is the subject of the proceedings, describing the allegations of professional misconduct and/or incompetence.

In addition, a notation is made on the College's public register that a referral to discipline has occurred for the midwife.

The midwife can choose to retain legal counsel for the hearing. The College will provide the midwife and their counsel with all relevant information in its possession, so the midwife has the opportunity to defend themselves against all allegations.

will then deliberate to arrive at a decision on whether there is sufficient evidence to warrant a finding of professional misconduct and/or incompetence.

Penalty

If the Panel is of the opinion that there is not enough evidence to warrant a finding of professional misconduct and/or incompetence, the panel can choose to take no action. If there is a finding of professional misconduct and/or incompetence, the panel can apply one or more of a number of penalties, including: revocation; suspension, imposing a term, condition or limitation on the midwife's certificate of registration, a reprimand, and imposing a fine.

[Click here for more information on our Discipline Process](#), and [click here for a flow chart of the process](#).

The Hearing Process

Prior to the Hearing

A pre-hearing conference is held. During this meeting, College's counsel and the midwife's counsel will attempt to narrow the issues for the hearing and identify legal and procedural issues for the panel. This meeting also provides parties with an opportunity to receive an assessment of the case from the pre-hearing conference chair, who is typically a member of the Discipline Committee and will not sit on the panel for the hearing.

The Hearing Process

All discipline hearings are open to the public unless a publication ban is in place. The hearing requires the Discipline panel to make a determination on liability, and potentially penalty and costs.

Liability

During the hearing, the Panel will listen to each party's submissions and review evidence regarding the allegations of professional misconduct and/or incompetence. They



RESOURCES FOR MIDWIVES

Continuing Competencies & Approved Courses

The College has developed information and a new approved course list to assist applicants and members in determining what courses to take to meet the College's continuing competency requirements for initial and ongoing registration. [You can review the College's information on continuing competencies here.](#)

new guide Mediating Risk in Caring for Related Persons & Others Close to Midwives

The College has created a new guiding document for midwives on Mediating Risk in Caring for Related Persons & Others Close to Midwives. [Click here for the guide.](#)

Midwives provide care during what is often considered to be a profound family event. Midwives may be asked to be involved in the care of related persons or others close to them during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role of a midwife as primary care provider as well as a friend, family member, or colleague. While midwives may have good intentions in providing treatment, it is possible that a personal or close relationship can compromise their emotional and clinical objectivity and judgment. For this reason, it is generally discouraged.

The purpose of this guide is to assist midwives in understanding those circumstances where they have discretion to decide whether to provide care to family members and others close to them and if so, what factors should be taken into consideration in making that decision. The factors described are not intended to be an exhaustive list of considerations, as other considerations may arise which will require a midwife's attention.

Diagnostic Medical Sonographers now Regulated Health Professionals

It is now mandatory for diagnostic medical sonographers to be regulated health professionals.

Members of the [College of Midwives of Ontario](#), the [College of Physicians and Surgeons of Ontario](#), and the [College of Nurses of Ontario](#) are authorized to apply soundwaves for the purpose of diagnostic ultrasound under the Controlled Acts Regulation, made under the *Regulated Health Professions Act, 1991*. Diagnostic medical sonographers who are not members of one of the Colleges listed above must be registered with the [College of Medical Radiation Technologists of Ontario](#) as of January 1, 2019. Effective January 1, 2019 clients should only be referred to registered diagnostic medical sonographers.

Ontario Health Regulators Website

In 2017, the Federation of Health Regulatory Colleges of Ontario (FHRCO) created the Ontario Health Regulators website www.ontariohealthregulators.ca as a one-stop gateway to the websites of all the health regulators in Ontario. From here Ontarians can find the most trustworthy, relevant, and up-to-date information about their health care professional, and the colleges that regulate them. This resource is available to you and your clients.

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

RESOURCES FOR MIDWIVES

PHIPA Requirements

According to new rules under the *Personal Health Information Protection Act, 2004* (PHIPA), health information custodians in Ontario (including midwives) are now required to report statistics relating to health privacy breaches annually to the office of the Information and Privacy Commissioner of Ontario, which oversees compliance with PHIPA. You can [read our Guide on Compliance with PHIPA](#) here, and read below for some information from the Information and Privacy Commissioner of Ontario.

How to Register and Submit Your Annual Health Information Breach Statistics

Are you a health information custodian?

You may have to submit a health privacy breach statistics report to the IPC by March 1, 2019.

Health information custodians who have experienced health privacy breaches *must submit* a health privacy breach statistics report.

Health information custodians *who are also FIPPA/MFIPPA institutions* must submit a health privacy breach statistics report *whether or not* they have experienced health breaches.

Health information custodians who experienced 0 (zero) breaches do not have to submit a health privacy breach statistics report.

1. You will need a login ID for the Online Statistical Reporting System. If you do not have one, or have lost or forgotten it, you can get one by emailing the IPC at statistics.ipc@ipc.on.ca.
2. When requesting a login ID, you will need to provide:
 - name of your HIC
 - name and email of the person responsible for the content of the report
 - name, email, telephone and fax numbers and the mailing address of the person responsible for completing the report
3. Once you have your login ID, sign in to <https://statistics.ipc.on.ca> and create a password. If you ever lose or forget your password, you can reset it on the login page.
4. Once you are logged in, you can begin completing the questionnaire.
 - If it is your first time, we recommend you use the workbook to help you fill in the questionnaire.
 - You do not have to complete it all in one session. You can log off at any time and log back in to where you left it.
 - When you are finished, you will have the opportunity to review and make corrections before submitting your report.
 - You may log back in at any time before the deadline to make corrections.
 - You will not be able to log in after the deadline has passed.

Do not fax or mail copies of the workbook and guide. You **must** submit your statistical report through the online questionnaire at, <https://statistics.ipc.on.ca>

For more information, please read our FAQs (link). If you don't find answers to your questions, or need assistance in completing or submitting the questionnaire, you can contact us at, statistics.ipc@ipc.on.ca or 416-326-3333. Toll-free 1-800-387-0073.

Information and Privacy Commissioner of Ontario • 1400-2 Bloor Street East • Toronto, ON • M4W 1A8

RESOURCES FOR MIDWIVES

Help the Canadian Midwifery Registration Examination!

The Canadian Midwifery Regulators Council is looking for midwives interesting in contributing their time, skills, and expertise to develop test questions, validate items, or participate in standards setting for the Canadian Midwifery Registration Examination. Read below for more.



Help shape the CMRE and the practice of midwifery in Canada

The Canadian Midwifery Registration Examination (CMRE) has a critical role in ensuring that applicants for midwifery registration meet an acceptable level of competence for practice in Canada. The CMRE regularly undergoes review and further development to ensure its continued validity and reflection of the expectations of an entry-level midwife in Canada.

The Canadian Midwifery Regulators Council (CMRC) seeks applications from midwives interested in contributing their time, skills and expertise to develop test questions, validate items, or participate in standards setting.

Qualifications and Requirements

Successful applicants will have:

- A minimum of five years of experience as a registered midwife in Canada
- A record of good standing with their regulatory authority (College)
- Recent clinical practice within the past three years
- Demonstrated aptitude for evidence-based practice
- Comprehensive knowledge of Canadian midwifery and obstetrical clinical practice guidelines
- Ability to collaborate and work as a team member
- Willingness to participate in workshop sessions for 2-5 days per year (in person or virtual)
- Willingness to sign a confidentiality agreement related to CMRE content and processes
- Basic computer skills

Previous test development experience is not required. Successful applicants will be provided with training and support. Knowledge of regulatory issues is desirable, but not mandatory.

We seek applicants with a variety of expertise and from different backgrounds to ensure good representation of all aspects of midwifery in Canada. We are particularly interested in ensuring good representation across: Anglophone and Francophone midwives; geographic areas; rural and urban locations; and Canadian and international midwifery education.

Benefits of Involvement:

- Excellent networking opportunities
- Opportunities to enhance your knowledge and midwifery practice
- Recognition as a valuable contributor to the CMRE and midwifery practice in Canada
- Paid travel (if required) and daily stipend for participating in workshops and virtual work

How to apply

To be considered, please submit an email explaining your interest in this opportunity and summarizing your professional experience. The letter must be submitted with a current resume or curriculum vitae as soon as possible to Tracy Murphy, CMRC Executive Director, at tracy.murphy@cmrc-ccosf.ca

RESOURCES FOR MIDWIVES

2019 Council Meetings

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

Our next two Council meetings are:

MARCH

20

2019

JUNE

26

2019

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



Quick Stats

Total of 952 currently registered midwives as of January 11, 2019.

696	General
69	General with new registrant conditions
12	Supervised Practice
175	Inactive

Practice Advisory

Relevant Professional Standards:

42. Never pursue or engage in a sexual relationship with a client.

Relevant legislation: s. 1(6), Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*

Pursuant to the Health Professions Procedural Code, a year must have passed since the end of the midwife-client relationship before a midwife can become involved in a sexual relationship with a former client. If the relationship begins and it has been less than a year since the midwife-client relationship ended, the midwife is considered to have committed sexual abuse under the *Regulated Health Professions Act, 1991* (RHPA).

Midwives are reminded that even providing a small aspect of care, such as attending a client's appointment for only one day while covering for another midwife, still constitutes providing care to that client and a midwife-client relationship existing.

After the midwife-client relationship has ended, it is possible that the midwife may not remember providing care to a particular individual or the individual may not remember receiving care from the midwife. Midwives are accordingly advised to clearly record the date they see clients and to ask persons prior to commencing a sexual relationship whether they have ever received midwifery care or if the midwife has provided care to them in a professional capacity. Midwives may also choose to cross-reference the individual's name with the names of their clients to ensure that if care has been provided to them, a year has passed.

COUNCIL AND STAFF



Jennifer Lemon, Vice President (Public)

Jennifer Lemon holds an Honours degree in Political Studies from Queen's University and a Diploma of Natural Nutrition with Honours from the Canadian School of Natural Nutrition. She has worked in communications as a special assistant to a Member of Parliament, as a marketing and research aide in the private sector, and is a contributing author of *Healing Diabetes* (2007). Most notably, she is the parent of three midwife-caught children. Jennifer brings this public perspective to her role as a Council member of the College of Midwives of Ontario, where she has been serving on Council since 2013 and is currently the elected Vice-President (Public)



Wendy Murko, Registered Midwife

Wendy Murko is in her ninth and final year of serving on the College Council and has served on every College committee at various points and as Vice President. She is currently the chair of the College's Investigations, Complaints, and Reports Committee. Over the last nine years, Wendy has been part of substantial change and development at the College, and has greatly enjoyed contributing to the work. College staff and Council will miss her contributions and dedication when she leaves Council at the end of her term.

Wendy has been a full-time practising midwife in Oakville since 1999, and a partner of Community Midwives of Halton. While in nursing school, Wendy learned that midwifery had just become a regulated health profession, and she started training at McMaster after graduating. Wendy is still passionate about her work as a midwife, and is proud to be a part of a profession she considers intense, intimate, and rewarding. Wendy's two children, Cole and Payton, 13 and 11, are the loves of her life.

College Council (as of January 2019)

Elected Professional Members

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

Public Members

Jennifer Lemon, Vice President
Deirdre Brett
Rochelle Ivri
Susan Lewis
John Stasiw

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