

College of Midwives of Alberta

2020 ANNUAL REPORT



For the Year Ended December 31, 2020

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Mandate

The College of Midwives of Alberta (CMA) ensures public safety and enhances public trust and confidence in midwives by regulating the practice of midwifery in accordance with the *Health Professions Act*, *Midwives Profession Regulations*, the CMA's Standards of Practice and Competence, Code of Ethics and Bylaws and any other relevant legislation. The CMA upholds the minimum standard of practice and competencies expected of all midwives registered to practice in Alberta.

Vision

Through regulatory excellence, we will inspire trust and confidence in Midwifery Care for all childbearing families in Alberta.

The Unique Role Registered Midwives Play in the Province of Alberta

The CMA supports Registered Midwives as they provide safe, competent, ethical, compassionate and evidence-informed midwifery care to diverse populations in any practice setting (community, hospital and home).



2020 Elected Registered Midwife Council Members



Cassandra Evans RM
President



Tiffany Harrison, RM
Vice-President



Eileen March, RM
Treasurer



Kayla Blinkhorn, RM



Marianne King, RM

2020 Appointed Public Council Members



David Crocker



Chelsey Cabaj

2020 CMA Staff



Sharon Prusky
Registrar
Executive Director



Juliana Cunha
Deputy Registrar
Hearing Director



Shireen Mathew
Finance Director
Administrative Assistant



Theresa Barrett
Complaints Director

President's Report

Statement of Purpose/Goals

The Council is responsible for governance of the midwifery profession in Alberta to protect public safety. This is accomplished by setting standards for practice and ensuring that the standards are met through registration processes and disciplinary processes as needed.

Summary of Activities in 2020

The College of Midwives of Alberta (CMA) staff, Council and registrants will remember 2020 – The Year of COVID – like none other. Like many other Colleges and healthcare providers, the CMA and Registered Midwives were faced with unprecedented challenges that required collaboration, teamwork and extraordinary adaptability.

Moving Council meetings to Zoom, staff adjustments to working outside of the CMA office and fast-tracking the registration of new midwifery graduates even as the CMRE (Canadian Midwifery Registration Exam) had been cancelled, were some of the initial challenges we experienced.

The staff, Council and Midwives were required to process the overwhelming number of emails and other communication on changing policies and procedures affecting daily midwifery practice as new information and evidence became available. Efficient communication and teamwork were needed as we worked with our partners at Alberta Health Services (AHS), Alberta Association of Midwives (AAM), Alberta Health and provincial government to share information to protect Alberta families and Midwives.

As the President of the College of Midwives, I would like to commend the CMA staff, council and registrants for their outstanding commitment to protecting the health and safety of new families amid this global pandemic.

Like other organizations, many of the CMA's strategic plans for 2020 were put on hold as time and resources were redirected to managing the pandemic. However, there have been some notable activities and updates over the past year.

ADVISORY COMMITTEE

The College is still awaiting a legal opinion from the Alberta government requested from a member of the Advisory Committee in November 2019 regarding Midwives ability to provide well-woman care. The government of Alberta mandated that the CMA review the significant changes to Midwifery Regulations set out in the *Health Professions Act (HPA)* with an Advisory Committee comprised of specific stakeholders, prior to allowing the CMA to enact the new Standards of Practice and Competence and granting advanced authorizations to midwives.

The delay in receiving this opinion and, effectively our ability to move forward with the new Standards restricted activities and advanced authorizations, has been frustrating for the CMA and our membership. Although, we were unable to resume meetings with the Advisory Committee this year, the CMA has accomplished a tremendous amount of work as we have been working behind the scenes with Alberta Health so that when we are able to meet again the process will be efficient with supporting documents ready for review.

POLICY WORK

Our move to the *HPA* has required the CMA to rewrite all of our standards, policies, and by-laws including the Standards of Practice and Competence and our Code of Ethics. Many of these documents have been circulated for review by stakeholders and members. I urge you to review them and provide feedback as they are the foundational documents to the practice and profession of midwifery in Alberta.

Our Registrar (Sharon Prusky), Council, Committee members and past President Diane Rach have been working diligently on rewriting and creating necessary companion policies. The complexity and the amount of time and research it takes to write these policies is tremendous! Alberta midwives will certainly benefit from these documents.

COUNCIL

The CMA Council composition changed from five council members to seven this past year; along with our two public members the Council is comprised of a total of nine. The additional midwifery representation from Kayla Blinkhorn and Mary-Anne King in the central and north zones respectively, has benefited Council immensely enabling the CMA to represent and address midwifery concerns and issues in these previously underrepresented areas.

This past year the Alberta government passed Bill 30. This legislation mandates that, as of April 2021, college Councils are required to have 50% Public Member Representation. The CMA welcomed Cathy Cornfield, as an additional Public Member.

Council member terms are three years in length, and my term has come to an end. I began

working with the CMA when it was formed in 2012 as a registration committee member. Later, I became a Council member and held positions as the Registration Chair, Vice-President, and Chair of the Midwifery Education Approval Committee. In 2018, I was elected for a second term on Council and held the position of President.

I feel honoured to have had the opportunity to serve on Council and in particular to be a part of the transition of the profession of midwifery from the *Health Disciplines Act (HDA)* to the *Health Professions Act* in 2019. I would like to express my heartfelt gratitude to the staff and Council members with whom I have worked so closely over the past nine years! I look forward to continuing with the Council for the next year in the position of past president to provide historical context, and in a consulting role.

Sincerely,

Cassie Evans RM MN
President, College of Midwives of Alberta



Registrar's Report

College Staff

Registrar/Executive Director:

Sharon Prusky

Deputy Registrar/Communication

Coordinator/Hearing Director:

Juliana Cunha

Administrative Assistant/ Finance Director:

Shireen Mathew

Statement of Purpose/Goals

The Office of the Registrar manages the day-to-day operations of the CMA, including administrative, financial, and governance obligations under the *Health Professions Act*. Along with acting as the first point of contact for midwives seeking registration in Alberta, and taking regulatory professional practice consults, the Registrar is also responsible for completing the legacy complaint files in process, from before the CMA moved to the *HPA*.

Summary of Activities in 2020

And what a year it was! In like a lamb and out like a lion! Like many other regulatory colleges, 2020 represents unprecedented events in all areas for the College of Midwives of Alberta. COVID-19 has created additional unique challenges and opportunities for our organization; we now have one year of experience under the *HPA* and the Midwives Profession Regulation; and new legislative changes have kept us nimble.

But first, 2020 represents some celebration as the International Year of the Nurse and the Midwife. The small but mighty Registered Midwifery profession has much to be proud of!

In 2020, Midwives adapted readily to changes in how they conducted antenatal clinic visits, navigated ever-changing rules around birth in hospital and community settings and managed their own lives, COVID exposures, restrictions and guidelines. Our hats go off to our registrants!

LEGISLATIVE CHANGES

The Fairness for Newcomers Office was established in Alberta Health to coincide with the new *Fair Registration Practices Act* (FRPA). In 2020, CMA staff and Registration Committee members attended information workshops to learn how and where to incorporate the new legislative language and actions. This resulted in an entire CMA overhaul for the Registration Policy, the PLEA (Prior Learning and Experience Assessment for Internationally-educated midwives) policy and program, and processes for midwives from other Canadian jurisdictions. There are now very clear checklists to follow for each of the three types of applicants.

Bill 30 legislation brought changes to the CMA Bylaws and Governance Policy and other related policies as changes were made to bring in 50% Public Member representation on CMA Council, Standing Committees, Hearing Tribunals etc. The CMA has appreciated the experience and input from our existing Public Members and looks forward to the future with this arrangement.

Bill 46 came along a bit later in the year, and the implications for all Alberta regulatory bodies is sweeping. The CMA has been able to incorporate some of the legislative changes. While some (separation of College and Association functions) have been easy to incorporate, others will take considerable time as we work with Alberta Health to operationalize the legislation.

LEGISLATED EDUCATION

2020 brought module completion of the Trauma Informed Care activity (Bill 21) with CMA Renewal; now new applicants will complete the modules as they gain registration in Alberta.

PROJECTS AND INITIATIVES

HPA Standards of Practice development by the CMA has started again after being halted for an extended period of time. CMA staff, Council and consultants have been working diligently to complete the Standards and related policies for sharing with the CMA Advisory Group; planning for early in 2021. The delay on the Standards has negatively affected further development of Advanced Authorizations granted to midwives.

Despite this, the CMA has conducted a survey of the registrants around CMA identified Restricted Activities to better understand a baseline for registrants on Entry to Practice items. These results, in turn will better inform the CMA Competence Committee and Council on the Advanced Authorizations necessary.

After the antiracial societal events in 2020 put Equity, Diversity, and Inclusion back on the radar, the CMA has taken steps to learn about this extremely important area of personal and professional practice. To that end, CMA Council has initiated an Indigenous Reflective time at the beginning of every Council meeting, whereby Council members take turns presenting one aspect of racial oppression against indigenous peoples. The effects are profound as reported by Council members and staff, as we all change attitudes, biases, behaviours and more in our daily lives.

COMMITTEE WORK

The CMA has developed Terms of Reference for three Standing Committees since the *HPA* move. A summary of the good work that each committee has been involved in is next:

Finance Committee: A decision has been made to establish and build a CMA Hearing fund, from both a financial stewardship and good governance point of view. To that end, Finance Committee has budgeted and forecasted carefully, being transparent with the registrants about the Hearing Fund plan.

Registration Committee: besides the *FRPA* changes, this committee has met regularly to develop new renewal processes, policies for registration appeal decisions, discussions around new applications for registration, revision of the New Registrant Program and Policy changes for a better experience launching future midwives, and coordination with other Standing Committees on common topics.

Competence Committee: this committee has been extremely busy developing the competence program for registrants, as we enter into the *HPA*. Some of the 2020 legislative changes have hastened the activities of this committee. The CMA Supervision Policy was changed in a big way to reflect the principles of the *FRPA* and clarify the process for all involved. The draft Continuing Competence Program plan is now aligned with the legislation, and finally the Restricted Activities Survey at Renewal was conducted with the results to be analyzed in 2021. Next steps will be determined after that. The Competence Committee has also had to grapple with conditions of the pandemic around registrant inability to recertify for mandated courses with a skills component like Neonatal Resuscitation, Emergency Skills, CPR and Fetal Health

Surveillance. Work-arounds have been developed and communicated to the registrants, with the hope that face-to-face skill development and maintenance courses will happen soon.

COUNCIL

Council is functioning well and positive working relationships are being formed with stable membership. The Council members work well with Standing Committees, each contributing their special gifts and superpowers to the overall smooth functioning.

Partnerships and Professional Relations: CMA maintains collaborative relations with a number of provincial and national organizations, both gaining and giving value to those partnerships.

Provincially, CMA has regular meetings with AHS Provincial Midwifery Administration Office, Alberta Association of Midwives (AAM), Mount Royal University (MRU) with the Bachelor of Midwifery faculty, and with the “Federation” (Alberta Federation of Regulated Health Professionals – AFRHP). Many issues come to the table, and often can be solved and processed better through these collaborations. A healthy amount of tension also exists, as each group examines an issue from a different lens.

Nationally, CMA continues to benefit from regular involvement with the CMRC (Canadian Midwifery Regulators Council). At that table, all provinces and territories are represented. Valuable sharing of information, materials, experiences and resources occurs. CMA was a major contributor on the new Entry-to-Practice Competencies developed by a working group within the CMRC. These national competencies now inform the national midwifery Entry-to-Practice Exam, and the curriculum content at the

Midwifery Education Programs across the country. 2020 also heralded two new projects for the CMRC: initiation of work for a national on-line entry to practice exam (CMRE), and groundwork to develop a national competence assessment that each CMRC member jurisdiction will be able to use.

OFFICE OPERATIONS

2020 was the first full year for two new staff members, representing 2/3 of the CMA staff. The CMA staff work well together and have accomplished much, in a short period of time. The new staff have also each taken on the coordination of two Standing committees, where they organize the agenda content, set up meeting times and take notes at meetings. COVID has created the imperative for CMA staff to work from home, and they have done well with changing communication patterns and modes of communication to get the CMA day-to-day work accomplished.

We are also in the process of securing smaller, more affordable office space.

REGISTRATION

The registration and practice permit process are running smoothly. Registration renewal for the 2020 year was completed through the CMA website portal system, and during November and December, went relatively smoothly in the online fashion. Registered Midwife numbers continue to grow.

See Figure 1 below.

Category	2017	2018	2019	2020
General Registrants/ Full Practice Permit	96	115	122	135
General Registrants/ New Graduates	13	15	15	8
Provisional Registrants	3	1	2	1
Courtesy Registrants	0	1	0	0
Total Active	112	132	139	144
Non- Practising/Inactive	13	11	30	34
Students	33	24	32	35
Total Registered	158	167	201	213

Figure 1 - Historical increasing record of registrants 2017-2020

NEW REGISTRATION APPLICATIONS

According to the new Registration Policy and CMA website information, applications for registration as a midwife are received in three ways:

1. Graduates from approved Canadian Midwifery Education Programs (MEPs)
2. Midwives practicing in other Canadian jurisdictions via the Canadian Free Trade Agreement (CFTA)
3. Internationally-educated Midwives (PLEA)

Figure 2 represents the trends on these applications.

	2017	2018	2019	2020
MEPs	10	13	12	7
CFTA	4	3	4	5
PLEA	4	4	9	0
Total	18	20	25	12

Figure 2 - Trends on new applications

	2017	2018	2019	2020
CMRE	14	14	16	9
OSCE	0	3	1	0
Total	14	17	17	9

Figure 3 - Numbers of candidates in each exam over the past four years.

PROFESSIONAL CONDUCT

One of the critical roles of the CMA is to take in all public concerns and complaints. Each one is reviewed, then carefully processed (with attention to fairness and impartiality) to address all parties' perspectives. Before the HPA change, whenever a concern or complaint was filed, the Registrar was tasked with determining how the matter should proceed. The following chart (Figure 4) provides a historical summary of the HDA concerns and complaint activity, as 2020 still has some HDA files working toward completion.

	2017	2018	2019	2020
<i>Files open Jan 1</i>	4	10	16	9
<i>New files</i>	9	6	0	0
<i>Jan 1 – Dec 31</i>				
<i>Files closed</i>	3	3	7	4
<i>Files still open</i>	10	16	9	5
<i>Dec 31</i>				

Figure 4 – Number of complaints received under the HDA

Below (Figure 5) is the historical summary of those decisions regarding the HDA files. HPA report is stated under the Complaints Director's Report as follows.

	2017	2018	2019	2020
<i>Dismissed</i>	0	0	3	0
<i>Referred to Practice Review</i>	5	6	0	3
<i>Referred to Investigation</i>	4	8	5	0
<i>Proceeded to Hearing</i>	1	2	1	3
TOTAL	10	16	9	6

Figure 5 –only reflects HDA data

ISSUES

2020, much like other years has experienced some issues that the staff and Council have or are working through. Scope of Practice of a midwife has been challenged often, where unnecessary transfer of care for midwifery clients has occurred. In addition, midwives are not working to their full scope, because of the delay related to the new Standards of Practice.

Inter professional recognition for midwives in their primary care role has been challenged in other ways as well: Alberta Blue Cross and other health insurance companies do not consistently recognize Registered Midwives as Primary Care providers for prescription writing, or their ability to put clients on medical leave; other health care providers (Emergency Medical Service - EMS) may determine that the Registered Midwife is NOT the Most Responsible Care Provider on scene at community births; some physicians, obstetricians and nurses attempt to take the Primary Provider role away from Registered Midwives, thus creating poor working relations that can negatively affect quality client care.

CMA will continue to address these issues individually and collectively, through mediation, education and assertive communication.

FUTURE INITIATIVES FOR THE CMA

1. “For Obstetrical Purposes” clarification of meaning and operationalization within the Midwives Professional Regulation, with a view to include neonatal purposes. This is viewed by CMA as a gap that needs to be filled, as midwives do provide care for newborns.

2. Lack of regulatory oversight for non-AHS Birth centers, and Birth suite facilities: There is no regulatory oversight in Alberta for Birth Centers

or Birth Suites. CMA believes that they are the group best suited to regulate midwives who work in Birth Centers and Suites. CMA has conducted a regulatory and literature review on this topic and has a set of resource documents to speak to this matter, as issues arise frequently in this area.

3. Postpartum period definition to extend beyond six weeks: this item was one of the points that halted the Advisory Group process. Midwives do have the education, skills and scope to provide care well beyond six weeks for both client and baby. In addition, midwives are also capable of providing sexual and reproductive care, seen by many clients and members of the public as extremely useful in many areas of the province.

4. Operationalize the Advanced Authorizations set out for Registered Midwives in the Midwives Profession Regulation. This piece is the next step for midwives to contribute to the health care system and for the clients they serve. Once the Standards of Practice are approved, the CMA Competence Committee can help move Registered Midwives into this area.

In conclusion, we salute and applaud the registrants with the CMA and their professional counterparts, as they continue to learn, manage and integrate quality client care in the face of a worldwide pandemic.

Respectfully submitted,

Sharon Prusky, BN, MEd
Executive Director and Registrar
College of Midwives of Alberta

Complaints Director's Report

Statement of Purpose/Goals

The CMA is committed to protecting the public through managing, investigating and resolving complaints about a Registered Midwife. When a complaint is formally received, the Complaints Director is responsible for reviewing all complaints and follows the discipline process outlined in the *HPA*.

Possible outcomes:

- Dismissal of the complaint,
- Informal resolution or,
- Conducting of an investigation.

Following an investigation, a complaint can be:

- Dismissed
- Formal resolution / agreement of the complaint or
- Referred to a Hearing Tribunal

COMPLAINTS ALLEGING SEXUAL ABUSE OR SEXUAL MISCONDUCT

As of April 1, 2019, all health profession regulators are required to report on complaints alleging sexual abuse or sexual misconduct. CMA has established a patient relations program for patients who come forward with complaints of sexual abuse or sexual misconduct by offering counselling to patients who require support. There are no such complaints reported to date.

Summary of Activities in 2020

The Complaints Director has participated in conferences and workshops through Zoom along with online courses focusing on all aspects of the *Health Professions Act Part 4 – Professional Conduct*.

NUMBER OF COMPLAINTS RECEIVED

The College has had 3 additional complaints from Jan 1- Dec 31, 2020, making it 11 complaints filed since we became part of the *HPA*. See Figure 6 below.

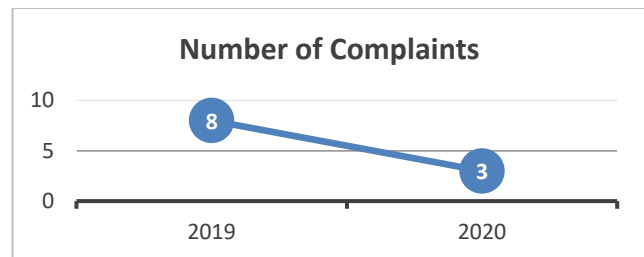


Figure 6 – Number of Complaints

SOURCE OF COMPLAINT

Of the 3 complaints:

- 3 - Public

Figure 7 and 8 below demonstrate the source of complaints received.

	Public	AHS	Other	Total
2019	4	3	1	8
2020	3	0	0	3
Total	7	3	1	11

Figure 7 – Source of Complaints

DISPOSITION OF COMPLAINTS

3 Complaints:

- 1 – Under investigation
- 1 – Closed
- 1 – Dismissed

See Figure 8 for Disposition of Complaint

	2019	2020	Total
Sexual Misconduct	0	0	0
Under Investigation	3	1	4
Formal Resolutions	2	1	3
Hearing	0	0	0
Dismissed	2	1	3
Informed Resolution: Closed	1	0	1
Appeal	0	0	0
Total	8	3	11

Figure 8 – Disposition of Complaints

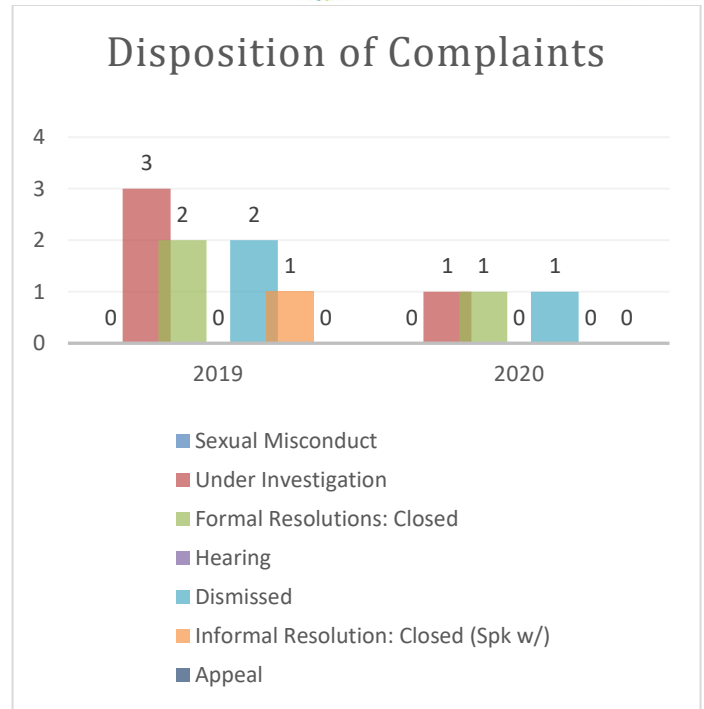


Figure 10 – Disposition of Complaints

OVERALL – COMPLAINTS RECEIVED SINCE APRIL 1, 2019

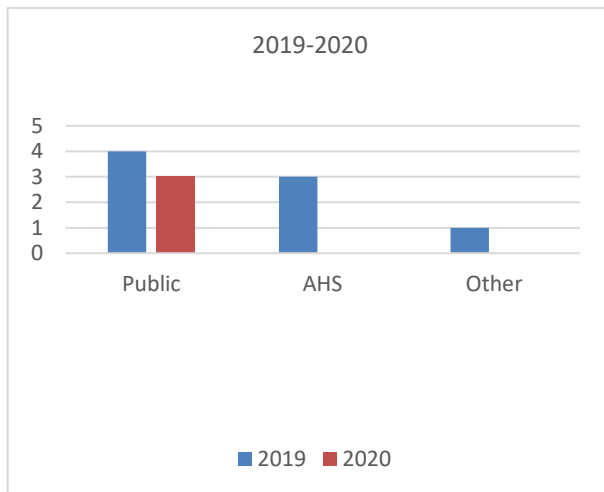


Figure 9 – Source of Complaints

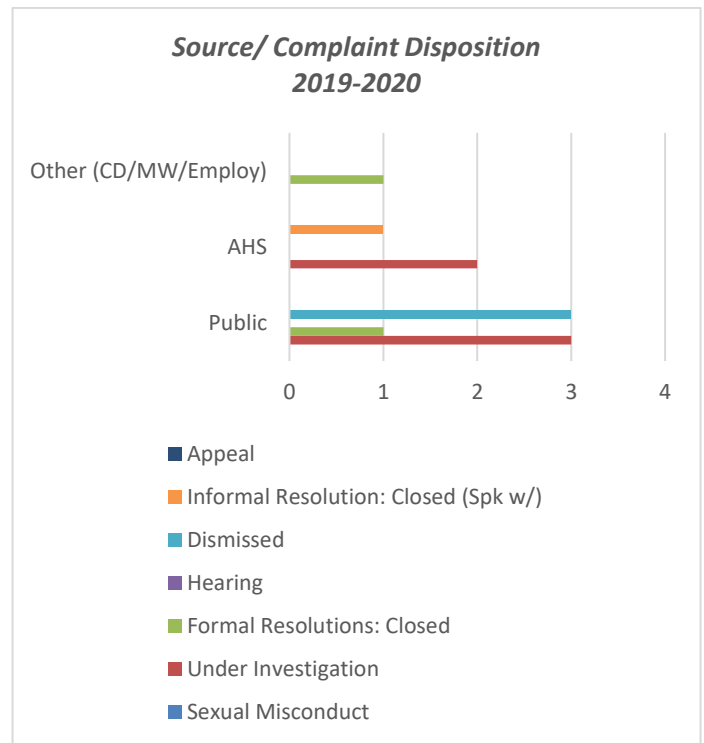


Figure 11 – Source and Disposition of Complaints

Treasurer's Report

Statement of Purpose/Goals

The purpose of the Treasurer is to oversee and present the budget, accounts and financial statements to the Council. The Treasurer liaises with the Executive Director and the Financial Director about financial matters and ensures that appropriate financial systems and controls are in place.

The Audited Financial Statements are presented with this report.

Summary of Activities in 2020

The CMA's operation:

1. To demonstrate fiscal responsibility in general operations:

Each year the College strives to maintain a balanced budget and has shown it is capable of achieving this. The 2020 projected budget was based on predicted income of \$397,800.00 and predicted expenses of \$396,900.00. The predicted income did not factor in the fee increase implemented in 2019, so actual income was much higher at \$697,722.00. Expenditures were also slightly higher than predicted at \$448,209. The impact of COVID has meant that many of our office expenses were reduced however hearing costs exceeded our budgeted predictions. The income in excess of expenditures was used to build an investment portfolio that will ensure that hearing costs are covered long-term and that the College will be able to reduce fees for its members in coming years.

We have now completed our move from TD Bank to BMO for all our day to day banking and investments. As stated in last year's report, TD was not providing reliable services and support, nor were they helping us to invest as wisely as possible. BMO has provided us with a dedicated support and investment team who are helping to ensure that we are making the wisest investment decisions with our registration fees.

2. To establish a savings and investment portfolio to support any future costs as a result of concerns and or complaints brought forward:

Each year prior to 2019, the College had made a budgetary commitment to contribute \$5000.00 per year into a savings fund specifically for hearings. This contribution was greatly increased in 2019 and again in 2020 with the monies from increased registration fees. The plan for the bulk of the extra income generated from these fees was investment in GICs (see "Plans for 2021" below). The CMA will also maintain a regular Savings Account for ongoing hearing costs with a stated minimum balance of \$150,000.

Plans for 2021

The proposed budget for 2021 is included in this report.

The 2021 budget provides for the continued development of the new Regulations and Policies needed with the move to the HPA, as well as income allowing for continued investment to cover the increasing hearing costs. It also provides for the pay increase for our Executive Director.

\$500,000 was invested into GICs in early 2021 to ensure that the College has the ability to manage our increasing hearing expenses. These GICs are tiered so that we can earn the best interests rates while still having access to the monies should they be needed. The money invested into

these GICs came from previous investments from our old TD accounts as well as the extra income from increased registration fees.

COMMITTEE REPORTS

Registration Committee

Committee Chairperson(s):

Tiffany Harrison, RM

Christy LeBlanc, RM

Current Committee Members:

Helen Cotter, RM

Staff Support

Juliana Cunha, Deputy Registrar

Statement of Purpose/Goals

To determine the legislation-based eligibility for new registration, initial registration and annual renewal of registration for midwives applying with the College of Midwives of Alberta.

Our goal is to ensure public safety through our registration processes. The success of registered midwives through the registration process ensures each midwife has the required credentials and educational background to practice as a primary care provider in Alberta.

Summary of Activities in 2020

In the early part of 2020, some members of the Registration Committee and CMA received formal training on new legislation around the *Fair Registration Practices Act (FRPA)* that came into force on March 1 2020. The act is in response to perceived delays in credential recognition for foreign-trained professionals and applies to over 60 professions. The Registration Committee has been busy this year

as we examined our current registration process to ensure it is transparent, objective, impartial, and procedurally fair as set out in the *FRPA*. There is also a new Fairness for Newcomers Office (FNO) within Alberta Health to facilitate this process. CMA has been working with the FNO as we change our Registration Policy and website information.

While the COVID pandemic has slowed down applicants from other countries this year. Registration Committee has diligently assessed the documentation for applicants and for other applicants from Canadian jurisdictions, using the new fair registration guidelines.

COVID also caused the May sitting of the CMRE for new graduates. Registration Committee approved all New Registrants and new graduates provisional registration with the successful completion of the CMRE, as a condition.

This was also the first full year for CMA to be operating within the *HPA*. Registration Renewal took on a completely different look, as registrants completed the following as renewal requirements:

Declaration of Standing, Trauma-informed Care modules from AFRHP (Alberta Federation of Regulated Health Professionals) as a legislative mandate, and Restricted Activities Survey to establish a baseline of education, skills and experience on CMA-selected activities.

The Registration Committee continues to assist the Registrar and Deputy Registrar in assessing applicants as required and determine appropriate conditions when necessary on

individual applicants under supervision. This is done by way of regular meetings.

The New Registrant Program started extensive revisions this year, to be ready for the new graduating cohort in 2021. The New Registrant Handbook will be more comprehensive and structured to assist new graduates and their mentors in achieving confidence, experiential learning, and competence development as they launch their midwifery careers.

Plans for 2021

1. Continue to assess new applicants for registration with the CMA; and make recommendations as needed.
2. Maintain a consistent committee membership, adding midwives, retired midwives, and public members as per the Bill 30 legislation.

3. Work with the CMA vendor on integrating the CMA register with the AB Health Professions Register, thus allowing CMA registrants access to Netcare and Connect Care systems, and eventually for the public to be able to look up various Health Professionals.

Respectfully submitted,
Registration Committee, CMA



Competence Committee

Committee Chairperson:
Marianne King, RM

Committee Co-chairperson:
Kayla Blinkhorn RM, RN

Current Committee Members:
Anna Gimpel,
Beth Larsson, RM

Staff Support:
Sharon Prusky, Registrar

Statement of Purpose/Goals

The purpose of the Competency Committee as per *HPA* is to make recommendations to Council on continuing competency requirements and the assessment of those requirements. The Competence Committee may also conduct practice visits of registrants, if required. The Competence Committee is currently working on the continuing competence program which must be established within 5 years of joining the *HPA*. This program will help ensure competence of regulated members and enhance the provision of professional services.

Summary of Activities during 2020

1. We have completed the program mission statement and have begun website development for the Continuing Competence Program.
2. We have completed the Continuing Competence program policies. They are currently being formatted by CMA staff and once complete will be sent to Council for review.
3. The required activity for registration this year was the Bill 21 module (Protecting Patients from Sexual Abuse and Misconduct) which has been completed by all registrants at renewal.
4. The restricted activity survey was developed and completed by all registrants. This survey has been helpful in identifying activities that should be either restricted or advanced authorizations, as well as identifying areas that further education is needed.

Plans for 2021

1. Work with the CMA vendor on integrating the the Continuing Competence Program with OlaTech (CMA vendor).
2. Begin the rollout of the Continuing Competence Program with members by providing education on the program this year so that it can be fully implemented for the next registration year.
3. Finalize the analysis of the restricted activity survey. This will be helpful information for the Advisory Group as well.
4. Complete background work on criteria and requirements for attainment of Advanced Authorizations.



The College of Midwives of Alberta Projected 2021 Budget

Revenue

Registration fees	Sub Categories			
	Active	144 @ \$4550.00	\$	655,200.00
	Student	30 @ \$150.00	\$	4,500.00
	Inactive	8 @ \$200.00	\$	1,600.00
	New Registrants			
	Service fees - Admin fee		\$	200.00

Total Revenue			\$	661,500.00
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Expenses

Legal (outside hearings)			\$	10,000.00
Field Law- current fees related to cases			\$	100,000.00
Hearings			\$	100,000.00
IRISS Investigations			\$	50,000.00

Staff Wages and Benefits	Registrar/ Executive Director		\$	95,000.00
	Deputy Registrar / Hearing Director		\$	43,000.00
	Financial Director/ Admin		\$	35,000.00
	Complaints Director		\$	32,500.00
	El & CPP contributions		\$	20,000.00
Sub Total			\$	225,500.00

Board and Committee	Council meetings		\$	15,000.00
	Treasurer		\$	2,400.00
	President		\$	2,400.00
	Vice President		\$	2,400.00
	Registration Committee		\$	2,000.00
	Continuing Competence Committee		\$	5,000.00
	Practice Review/Inspections		\$	4,000.00
	Project work (S of Policies)		\$	22,500.00
Sub Total			\$	55,700.00

Executive Board			\$	3,000.00
training / workshops/conferences			\$	4,000.00

general and administration	Advertising and promotion		\$	1,000.00
	Bank service charges		\$	100.00
	Dues and Subscriptions		\$	11,555.00
	Meals and Entertainment		\$	2,000.00
	Office Supplies		\$	2,000.00
	Postage and Delivery		\$	1,000.00
	Printing and Reproduction		\$	500.00
	Consulting		\$	8,000.00
	Repairs and Maintenance		\$	1,000.00
	Practice Permit		\$	787.00
	Telephone/ Internet		\$	2,880.00
	Software		\$	500.00
	In one touch		\$	15,000.00
	Zoom		\$	440.00
	Audit and Accounting		\$	8,000.00
	Capital Expense Fund (replacement)		\$	3,000.00
	General Office Fund		\$	500.00
Sub total			\$	58,262.00

Office Rent	2636.56		\$	33,000.00
Insurance	HIROC =\$4200/yr, Co-operators = \$677/yr		\$	4,877.00
Travel			\$	12,000.00
Amortization and Depreciation			\$	2,500.00

Total expenses			\$	658,839.00
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Balance Revenue over Expenses			\$	2,661.00
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