

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## **Consent Agreements resulting from the College of Midwives of BC Inquiry Process**

The College's inquiry process addresses concerns received from the public about the professional midwifery practice of its members. The Inquiry Committee directs all complaint investigations. After investigation, the majority of complaints are resolved by engaging the member in a process that results in a Consent Agreement. According to the College's legislated mandate, the goal of this process is to ensure that BC midwives remain competent, practice within established standards and provide safe care. The Consent Agreements below are published as required under 39.3 (1)(b) of the *Health Professions Act*.

### **The Inquiry Process**

In investigating a complaint the College must follow the process set out in the *Health Professions Act (HPA)*, Part 3 – *Inspections, Inquires and Discipline*, and in Part V of the *College bylaws*. This process protects the interests of the public while treating the midwife members of the College fairly.

Upon receipt of a written complaint, the registrar refers the complaint to the Inquiry Committee. The Inquiry Committee Chair appoints a panel to investigate the complaint. The panel is composed of two registered midwife members of the committee and one public member. The members of the panel must not have a working or a personal relationship with the midwife who has been complained about. Panel members must have no prior knowledge of the situation under investigation.

The midwife against whom a complaint has been lodged is notified and provided with a copy of the complaint. As required by the *HPA*, the registrar asks her to provide the College with a response to the complaint. The midwife is also asked to provide the College with a copy of the records of care. She may seek legal advice in making her response.

The Inquiry Committee Chair may appoint an "inspector" to assist in the investigation of the complaint. This can include a review of the records and taking statements from the people involved in the events surrounding the complaint, including the complainant and the registrant. The Inquiry panel reviews the letter of complaint, the records of care, the midwife's response, and other materials gathered during the investigation. After reviewing this material, the Panel may ask an inspector to obtain more information or, if they believe they have sufficient information, may move on to the next stage.

As a result of their investigation, the panel may:

- 1) Decide the complaint is unsubstantiated or outside of the mandate of the Inquiry Committee and that no action is required to protect the public; or
- 2) Request that the midwife do one or more of the following:
  - a) agree not to repeat particular conduct;
  - b) agree to take specific educational courses;
  - c) consent to a reprimand;
  - d) consent to any other specified action, which could include such things as conditions on her registration, supervision or mentoring.
- 3) Direct the registrar to issue a citation for a hearing by the Discipline Committee.

Under point 2 above, matters between the panel, acting on behalf of the committee, and the midwife are resolved by a process of consent. Most complaints are resolved by engaging the member in this process. If a consent agreement satisfactory to the panel and the member cannot be reached, a matter may be referred to the Discipline Committee where a decision will be made by a Discipline Panel at a hearing, based on the evidence presented to them.

As required by the *HPA*, the complainant is notified of the resolution of the complaint through the Inquiry process. If the complainant is not satisfied, he or she may apply, within 30 days of receiving notification, to the Health Professions Review Board, established under the *Health Professions Act*, for a review of the disposition of the complaint made by the Inquiry Committee.

**The following Consent Agreements are published as required under 39.3 (1)(b) of the *Health Professions Act*.**

DATED THIS Fifteenth DAY OF July, 2018

Reference 128 & 134

## CONSENT AGREEMENT

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND:**

**SUSAN VAN OS RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia ("CMBC") has conducted an investigation into the professional practice of Ms. Susan Van Os RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Van Os have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Van Os hereby undertakes to:

1. practice under supervision as a Conditional (Remedial) Registrant until the satisfactory completion of a learning and supervision plan. The supervision plan will be made available to any hospital where Ms. Van Os holds privileges;
2. change her registration status to Conditional (Remedial) or Non-Practising by July 15, 2018; and
3. work in a group practice until one year following the satisfactory completion of the learning and supervision plan.

**SIGNED By SUSAN VAN OS RM** this fifteenth day of July, 2018

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND**

**TATIANA DEMISHKEVICH**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Tatiana Demishkevich, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Demishkevich have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Demishkevich hereby undertakes to:

1. agree to resign her registration with the College and to no longer practice midwifery in British Columbia or any other jurisdiction without successfully completing a College approved midwifery education program or midwifery bridging program, approved in advance by the Inquiry Committee of the College. The midwifery education program or midwifery bridging program must be able to address the deficient areas of midwifery knowledge, skills and competencies identified from the *Competencies of Registered Midwives* as appended to the Consent Agreement, which are to become a necessary part of her educational learning plan;
2. after successful completion of a College approved midwifery education program or midwifery bridging program, she will be required to pass the Canadian Midwifery Registration Exam prior to and within one year of submitting an application for registration with the College;
3. upon re-registration with the College, she will be subject to the requirements under the *College New Registrants Policy*; and
4. upon re-registration with the College, she will be required to complete the two year active practice requirements before being eligible to satisfy ongoing requirements for active practice by fulfilling the five year requirements.

**SIGNED BY TATIANA DEMISHKEVICH** this Thirtieth day of March, 2015.

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND:**

**BOBBIE ADKINS RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Bobbie Adkins RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Adkins have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Adkins hereby undertakes to:

1. spend a minimum of six months practicing as a conditional registrant under the direct supervision of a general registered midwife approved by the supervision panel of the Registration Committee, providing midwifery care to a minimum of 20 women and their newborns and focusing on antenatal assessment, intrapartum management and care, and emergency management. Five of the 20 courses of care provided must be out-of-hospital births. The supervision will address:
  - thorough and accurate assessments, including external palpation and vaginal exams;
  - communication with other health professionals, including reviewing and discussing with the principal supervisor the CMBC's *Indications for Discussion, Consultation and Transfer of Care* and *Indications for Planned Place of Birth* and appropriate physician consultation throughout the childbearing cycle;
  - critical thinking as a primary care provider with a focus on the larger picture of planning and managing care, integrating clinical assessments and timely and appropriate action, both during the antenatal and intrapartum periods;
2. review hypertensive disorders of pregnancy and write a paper describing relevant anatomy and physiology, the risks for mother and baby, and evidence-based best practices for care, including appropriate monitoring, diagnostic testing and therapeutics, appropriate midwifery management and medical consultation, with an annotated bibliography, for submission to the College for review and approval within six months of signing the Consent Agreement;

3. thoroughly, appropriately and contemporaneously chart client care in a way that shows an intellectual footprint and demonstrates her critical thinking, consideration of risks factors and appropriate plans of care, including appropriate consultations;
4. have an initial chart review with a reviewer approved by the College within two months of signing the Consent Agreement to get feedback on her charting, followed by completing a documentation course approved by the College, and have a further chart review six months after completion of the documentation course;
5. complete a full NRP certification course with a midwife instructor approved by the College, including addressing timing and decision making for out-of-hospital births, within six months of signing the Consent Agreement;
6. complete the Midwives Emergency Skills Program offered by Midwives Association of British Columbia within six months of signing the Consent Agreement; and
7. complete a Fetal Health Surveillance course to improve her fetal monitoring skills within a year of signing the Consent Agreement.

**SIGNED BY BOBBIE ADKINS RM** this Thirteenth day of July, 2014.

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND:**

**JOANNA M. MADDALOZZO RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Joanna Maddalozzo RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Maddalozzo have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Maddalozzo hereby undertakes to:

1. consent to a reprimand for inappropriately altering a health record;
2. provide the College with confirmation from her hospital midwifery or health records department that the record has been corrected;
3. document in clients' health records consistently, carefully and contemporaneously, and when a late entry is necessary, appropriately record the date and time of that entry;

and hereby undertakes, as conditions on her registration, to:

4. attend a course on professional ethics approved by the College and write a paper on the importance of professional ethics in the midwifery profession and submit this paper to the College within one year of signing the agreement; and
5. complete the Midwives Emergency Skills Program (MESP) offered by the Midwives Association of British Columbia, with a particular focus on third stage and postpartum management, before the end of the College's 2012-2013 registration year.

**SIGNED BY JOANNA M. MADDALOZZO RM** this Eighteenth day of February, 2013.

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**and:**

**Nicole Séguin RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the breach of terms set out in two Consent Agreements with the College by Ms. Nicole Séguin RM, pursuant to Section 33(4)(b) of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Séguin have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Séguin hereby undertakes to:

1. consent to a reprimand for breaching undertakings 2 and 3 of Consent Agreement reference 039 that she signed with the College on September 28, 2010 and undertaking 3 of Consent Agreement reference 044 that she signed with the College on April 19, 2011, related to completing of remedial educational requirements;
2. reduce her midwifery practice case load to 75% of a full time case load for the 12 month period following the signing of this agreement (no more than 45 courses of care, including no more than 45 primary care births in that 12 month period) in order to address ongoing workload and time management concerns affecting her professional obligations; and
3. not to work as a midwife in solo practice or in a practice without administrative and organizational support for a period of at least five years after the signing of this agreement.

**SIGNED BY NICOLE SÉGUIN RM** this Nineteenth day of April, 2012.

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND:**

**LAUREL TIEN**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Laurel Tien, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Tien have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Tien hereby agrees to:

1. Not apply for re-registration as a midwife until, at a minimum, she has returned to the University of British Columbia (UBC) and successfully repeated at least the fourth year of her midwifery education and, upon completion, been reassessed by the university to confirm whether or not she meets the entry-level competencies required for graduation and eligibility to apply for registration as a midwife in British Columbia;
2. Prior to returning to UBC, be assessed by the Division of Midwifery at UBC to determine the appropriate point for her to re-enter the midwifery education program to address the gaps in her midwifery knowledge, clinical skills, and ability to engage in the critical thinking and decision-making required to function safely as a primary care provider and, if this point is prior to fourth year, enter at the point recommended by UBC; and
3. Successfully complete an Emergency Skills course approved by the College before returning to her midwifery studies at the University of British Columbia.

**SIGNED By LAUREL TIEN** this twentieth day of February, 2012

DATED THIS Sixteenth DAY OF January, 2012

Reference 047

**CONSENT AGREEMENT**

BETWEEN:

**THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**AND:**

**RENEE WALTER RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College" or "CMBC") has conducted an investigation into the professional practice of Ms. Renee Walter RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Walter have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Walter hereby agrees to resign her registration with the College of Midwives of British Columbia and to no longer practice midwifery in British Columbia or any other jurisdiction without successfully completing a CMBC approved midwifery education program approved in advance by the Inquiry Committee of the College.

**SIGNED By RENEE WALTER RM** this sixteenth day of January, 2012

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**and:**

**Nicole Séguin RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Nicole Séguin RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Séguin have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Séguin hereby undertakes to:

1. consent to a reprimand for breach of interim conditions under Section 35 of the *Health Professions Act* placed on her practice on March 17, 2010, requiring her to do bi-weekly formal chart review with her principal supervisor of all clients to whom she provided care;
2. only provide care at a practice with her approved supervisors;
3. take an approved communication course and documentation course as per the Consent Agreement of September 28, 2010 as soon as possible and no later than the fall of 2011;
4. complete the BC Antenatal forms for each client, in particular recording the date of each visit, and on each visit, taking and documenting the blood pressure, maternal weight, fundal height, fetal heart rate and the results of urine testing, or, if any of these are not assessed, documenting the reason. Fetal movement and presentation and position are also to be consistently assessed and documented commencing at the appropriate stage of the pregnancy, and if not assessed, the reason for this must be documented;
5. maintain a system for tracking and following up on screening and diagnostic testing with her clients,
6. adopt a practice of consistently scheduling the next visit with each client before they leave a prenatal visit;
7. ensure that she has a designated back up midwife available;
8. create an information sheet on how clients can contact her that also includes the contact information for her backup for situations where she cannot be reached and provide this information sheet to all of her clients and provide a copy to College within two months of signing this agreement. This information sheet should indicate that clients who are not able to contact Ms. Seguin in a timely way can call her backup midwife. Ms. Seguin also

agrees to return client call in a timely manner appropriate to the urgency of the concern, bearing in mind that midwives are to be available to their clients on a 24 hour per day basis, and to document in the client chart when she has spoken to the client, or alternatively, left a message, or that she returned the call and any reason why a message could not be left.

9. contact all clients who notify her that they are terminating care and offer to speak with them and hear their concerns;
10. treat clients in a culturally appropriate manner, acknowledging clients' choices and incorporating them into their plans of care in a way that is consistent with the Philosophy of Care section 3 which states: *Midwifery is holistic by nature, combining an understanding of the social, emotional, cultural, spiritual, psychological and physical ramifications of a woman's reproductive health experience*; and
11. consent to a reprimand for breaching the Code of Ethics 3.5 and 3.8 and Standards of Practice #6, #10 and #12.

**SIGNED By NICOLE SÉGUIN RM** this nineteenth day of April, 2011

**CONSENT AGREEMENT**

BETWEEN: **THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**and:**

**Nicole Séguin RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Nicole Séguin RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Séguin have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Séguin hereby undertakes to:

1. provide the College with proof of successful completion of a Fetal Health Surveillance course for primary care providers attended after June 2009;
2. attend the midwifery course that addresses appropriate documentation at the UBC Division of Midwifery in the fall of 2010 or whenever it is next available;
3. attend a course on professional ethics approved by the College, write a paper on the importance of professional ethics in the midwifery profession and submit it to the College within one year of signing the agreement;
4. attend a communication course approved by the College within one year of signing the agreement;
5. be supervised in practice as a midwife by general registrants approved by the College and in a plan approved by the College for a period of six months after she has completed all of the course requirements and other conditions of the consent agreement listed above in order to demonstrate an understanding and appropriate application of midwifery standards of care and safe and competent practice as a primary care midwife in British Columbia;
6. consent to a random chart audit on a minimum of five charts of midwifery care she has provided in the six months immediately after completing this supervision and returning to practice as a general registrant; and
7. consent to a reprimand for breaching the CMBC Code of Ethics Sections 1.1, 1.3 and 4.1.

**SIGNED By NICOLE SÉGUIN RM** this twenty-eighth day of September, 2010

**CONSENT AGREEMENT**

BETWEEN:

**THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

**and:**

**Heather Munro RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Heather Munro RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Munro have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Munro hereby undertakes to:

1. work with the team with which she shares care to develop and implement a written protocol setting out how the practice is organized and how client care is coordinated, including but not limited to:
  - how visits and on-call coverage are organized,
  - how information is provided to clients, and
  - how information is recorded and shared among the team to ensure that client concerns are followed up in a timely manner.
2. ensure that this shared care protocol:
  - meets the standards set out in the *Model of Midwifery Practice* and the *Standards for Postpartum Care*,
  - includes a plan for ensuring follow up with clients who have clinical or social risk factors, including consultation protocols and identifying which agencies will be approached for support in difficult situations;
3. provide a copy of this shared care protocol to the College by September 8, 2009; and
4. follow the standards set out in the *Standards for Postpartum Care and Midwifery Guidelines for a Course of Postpartum Care*, the *Model of Midwifery Practice* and the *Shared Primary Care Policy*.

**SIGNED By HEATHER MUNRO RM** this sixth day of August, 2009

## CONSENT AGREEMENT

BETWEEN:

**THE INQUIRY COMMITTEE OF  
THE COLLEGE OF MIDWIVES OF BRITISH COLUMBIA**

and:

**Renee Walter RM**

The Inquiry Committee (the "Committee") of the College of Midwives of British Columbia (the "College") has conducted an investigation into the professional practice of Ms. Renee Walter RM, pursuant to Section 33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183.

The Committee and Ms. Walter have agreed to resolve all matters outstanding between them arising from the investigation pursuant to Section 36(1) of the *Health Professions Act*, and Bylaw 63 as set out below:

Ms. Walter hereby undertakes to:

1. when dealing with home births, give consideration to the distance of the home from hospital and the time needed for the arrival of an approved second attendant for the birth, and to discuss this with her clients;
2. provide all her clients considering home birth with the *Homebirth Handbook for Midwifery Clients* and ask them to sign the *Home Birth Informed Consent*;
3. provide the College with a copy of her *Home Birth Transport Plan*;
4. arrange for approved second attendants to attend home births in a timely manner and, in future, not to attend a home birth unless she knows she is able to arrange the timely attendance of an approved second attendant for that birth;
5. advise her clients to go to hospital if she is unable to arrange for the timely attendance of an approved second birth attendant or if there is a risk that the second attendant may not arrive at the delivery in a timely way;
6. call an ambulance for backup and arrange for transport to hospital if she believes that the second attendant will not arrive on time and the birth is imminent;
7. call an ambulance when transfer to hospital is needed to ensure safety, even if her client indicates unwillingness to follow her recommendation;
8. consult an obstetrician, and transport in a timely way for post-partum hemorrhage and/or retained placenta, and transport by ambulance whenever possible;
9. establish an IV in cases of retained placenta and/or a post-partum hemorrhage not immediately responsive to therapy, especially when distance to hospital is a factor;
10. notify the hospital that a home birth is in progress once the client is in established labour, and notify the hospital when the delivery has been completed;
11. take an emergency skills course at the earliest opportunity, and no later than within 12 months of signing the consent agreement;
12. carry out chart reviews of care she has provided within the department of midwifery at the Kootenay Lake Hospital on at least a quarterly basis; and
13. ensure accurate and complete documentation in her records.

**SIGNED By RENEE WALTER RM** this sixth day of July, 2009