

2019- 2020

ANNUAL REPORT



COLLEGE OF
MIDWIVES
OF BRITISH COLUMBIA



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Vision

Ensuring excellence in midwifery care

Mission

To serve the public by regulating and advancing safe, professional and high-quality midwifery care in British Columbia.



Values

ACCOUNTABILITY

That is efficient, fair and proactive

COLLABORATION

That is diverse, inclusive and encourages the contribution of stakeholders

PROFESSIONALISM

That is trustworthy, ethical, compassionate and transparent

INNOVATION

That is adaptive, continuously improving and promotes right-touch regulation

Message from the President and the Registrar/Executive Director

“

Midwives will continue to be regulated as autonomous, primary care providers with a unique scope and philosophy of care.

We will start this message with an expression of profound recognition and gratitude to the midwives who deftly navigated, and continue to navigate the COVID-19 pandemic of 2020. Despite orders to stay home, the babies kept coming and their families continued to need midwifery care. This required midwives to rapidly adapt their practice as essential front-line workers. This also required CMBC to adapt to become a virtual office and expand communications to ensure the public and registrants had the information they needed to receive and provide safe, high-quality care.

2019-20 also saw an unprecedented review of health regulation in BC with an intent to reform the regulatory arena. In April 2019, the Ministry of Health released Harry Cayton's report: An Inquiry into the Performance of the College of Dental Surgeons of BC (CDSBC) and the Health Professions Act (HPA). Mr. Cayton's report made a number of recommendations for reform, including a move to equal representation of professional and public members on boards, smaller sized boards, a reduction in the number of colleges, increased transparency, the creation of an oversight body for regulators, amongst other recommendations. In response, the Minister of Health appointed and chaired a multi-party Joint Steering Committee on the Modernization of Health Profession Regulation.

This did not come as a surprise to the CMBC Board who had been aware of international trends demonstrating a move in the direction of fewer health colleges. The Cayton report and the creation of the Joint Steering Committee confirmed that this would likely be the path for BC. The Board had many strategic conversations about how to maintain the midwifery philosophy of care and retain CMBC's excellent reputation of public protection and safety in a larger college. To that end, the Board explored voluntary amalgamation with both the College of Physicians and Surgeons of BC (CPSBC) and the BC College of Nursing Professionals (BCCNP). After a thorough review and discussion, BCCNP, who had just been through an amalgamation of the three nursing colleges, agreed to a proposed amalgamation. CMBC and BCCNP jointly requested permission from the Joint Steering Committee to move forward. The Joint Steering Committee responded in favour, citing alignment with the Committee's vision for modernization and providing commendation to both colleges for their openness to change and leadership.

At the same time, the Joint Steering Committee published Modernizing the provincial health profession regulatory framework: a paper for consultation and asked for public consultation. Included in the paper was a recommendation that the number of health college be reduced

from the current 20 colleges to five. Recognizing that the decision to amalgamate was a provincial Cabinet decision, the two colleges began the work of amalgamation by creating a Transition Steering Committee (TSC). The TSC met regularly to work through governance decisions with regards to the new college and the harmonization of the bylaws. In March 2020, at the end of the fiscal year, the Ministry of Health posted regulation that enabled the amalgamation of BCCNP and CMBC with a proposed date for the new college, the BC College of Nurses and Midwives (BCCNM), to open its doors on September 1, 2020.

It would be an understatement to say that the final month of the 2019-2020 fiscal year was full of change. We made significant changes to the ways we live and work because of the COVID-19 pandemic, while anticipating and planning big changes to CMBC as a result of a pending amalgamation. And such change can be scary: the regulation of midwifery in BC is something that the public and midwives fought for and achieved, resulting in the successful addition of midwifery to the health care system for the last 22 years. There was fear that amalgamation could put this in jeopardy. However, post amalgamation midwives will continue to be regulated as autonomous, primary care providers with a unique scope and philosophy of care. They, and the public, will have access to a larger, more resourced college, and the benefit of collaboration with other health care professionals. So, yes, it is an unprecedented time full of many changes –but with change comes opportunity and excitement. We look forward to continuing to protect the public through the regulation of midwives in the BC College of Nurses and Midwives.

A pregnant woman with her hair in a ponytail, wearing a grey t-shirt, black shorts, and a black backpack, is hiking in a mountainous landscape. She is holding a trekking pole in her right hand and has her left hand on her hip. The background shows a vast mountain range under a clear sky.

Tanya Momtazian & Louise Aerts

TANYA MOMTAZIAN RM AND LOUISE AERTS
PRESIDENT AND REGISTRAR, CMBC

Meet the CMBC Board (2019-2020)



**AMY BRAUNSTEIN, PROFESSIONAL MEMBER,
VANCOUVER
(FROM DEC 2019)**

Registered midwife practicing in Vancouver; Clinical Faculty of the Midwifery Program of UBC.



**DINA DAVIDSON, PROFESSIONAL MEMBER,
PORT MOODY
(TO NOV 2019)**

Registered midwife practicing in Port Moody; International Board Certified Lactation Consultant; Clinical Faculty of the Midwifery Program of University of BC.



**ELIANA CARRILLO, PUBLIC MEMBER,
VANCOUVER**

Masters in Arts; Bachelors in Communications; Board member and Standards of Practice Committee member; Head of Marketing and Communications at Research Co.; Senior Marketing and Communications roles in Ledcor Group and Ausenco; Communications Officer for Affinity Partnerships at BC Children's and Women's Redevelopment Project; Minerva Foundation "Women Leading the Way" Alumni.



**ZOË HODGSON (VICE-PRESIDENT),
PROFESSIONAL MEMBER, VANCOUVER**

Registered midwife, PhD, practising in Vancouver; Principal Investigator and Clinical Faculty, Department of Family Practice, UBC; Associate Member, Department of Obstetrics and Gynaecology, UBC; Primary Reviewer, UBC Children and Women's Research Ethics Board.



**GEORGINA RUTH CURRAN, PUBLIC MEMBER,
VANCOUVER**

Board member for the Mayne Island Assisted Living Society; Member of the Facilities Committee for the Fair Haven Society; Past Board Member and Chair of the Board of Fair Haven Society; Past Member and Chair of Tribunals for the Ministry of Social Services and provided training for Tribunal members when changes came to the Legislature



**SONJE JUUL, PROFESSIONAL MEMBER,
DAWSON CREEK
(FROM DEC 2019)**

Masters degree in midwifery and postgraduate diploma in education; Registered midwife and practice owner of the only midwifery clinic in northeast BC; Clinical Faculty of the Midwifery Program at UBC; MoreOB core team member; Editor of Bloom Magazine.



ANDREA MATTENLEY, PROFESSIONAL MEMBER, VANCOUVER

Registered midwife practicing in Vancouver; Adjunct Professor in the Division of Midwifery, University of BC; NRP Instructor.



FRANCES MILLERD, PROFESSIONAL MEMBER, VANCOUVER (TO NOV 2019)

Registered midwife practicing in Vancouver; Clinical Faculty of the Midwifery Program of University of BC.



TANYA MOMTAZIAN (PRESIDENT), PROFESSIONAL MEMBER, NELSON

Registered midwife practicing in Nelson; Co-founder of a midwife/family physician collaborative practice of Apple Tree Maternity; Adjunct Professor, Midwifery Program of University of BC; Midwifery Department Head, Kootenay Lake Hospital.



SARAH SLACK, PUBLIC MEMBER, VERNON (FROM NOV 2019)

BA and MA (Planning) from UBC; Community planner working with organizations on good governance, strategic planning, and organizational change; Public member of CMBC Standards of Practice and Inquiry Committees for 8 years; Past roles include: Executive Director - Vernon Community Land Trust, Assistant Executive Director – Social Planning and Research Council of BC, Board Vice Chair – Raincity Housing and Support Society.



ILANA STANGER-ROSS, PROFESSIONAL MEMBER, VICTORIA (FROM DEC 2019)

Registered Midwife practicing in Victoria; co-founder of The Midwives Collective; Clinical Faculty in the Division of Midwifery, University of BC.



YARRA VOSTRCIL, PROFESSIONAL MEMBER, COMOX VALLEY (TO NOV 2019)

Registered midwife since 2009, practicing in the Comox Valley; Clinical Faculty of the Midwifery Program of University of BC.

Registration Committee Report

The Registration Committee is responsible for granting registration, including reinstatement of registration, to a person as a registrant of the College of Midwives of BC (CMBC) in accordance with section 20(1) of the *Health Professions Act* (HPA). The major responsibilities of the Committee are to establish the conditions or requirements for registration by developing policy and procedures for the registration process, reviewing Canadian midwifery education programs to make recommendations to the CMBC Board for program recognition, and carrying out the functions pertaining to registration set out in the HPA, CMBC Bylaws and as delegated by the Board.

REGISTRATION COMMITTEE

CHAIR

Angela Smith RM

PROFESSIONAL MEMBERS

Fallon Cooper RM
Jill Freeman RM
Sonje Juul RM (from Dec 2019)
Yarra Vostrcil RM

PUBLIC MEMBERS

Angelique Lalonde (to Oct 2019)
Kortney Story
Rose Timbrell

REGISTRATION APPROVAL PANEL

PROFESSIONAL MEMBERS

Winifred Angus RM
Frances Millerd RM (to Mar 2020)
Yarra Vostrcil RM

PUBLIC MEMBERS

Lisa Slater
Kortney Story (from Aug 2019)

REGISTRATION SUPERVISION PANEL

PROFESSIONAL MEMBERS

Fallon Cooper RM
Jill Freeman RM
Sonje Juul RM (from Feb 2020)
Angela Smith RM (to Feb 2020)

PUBLIC MEMBERS

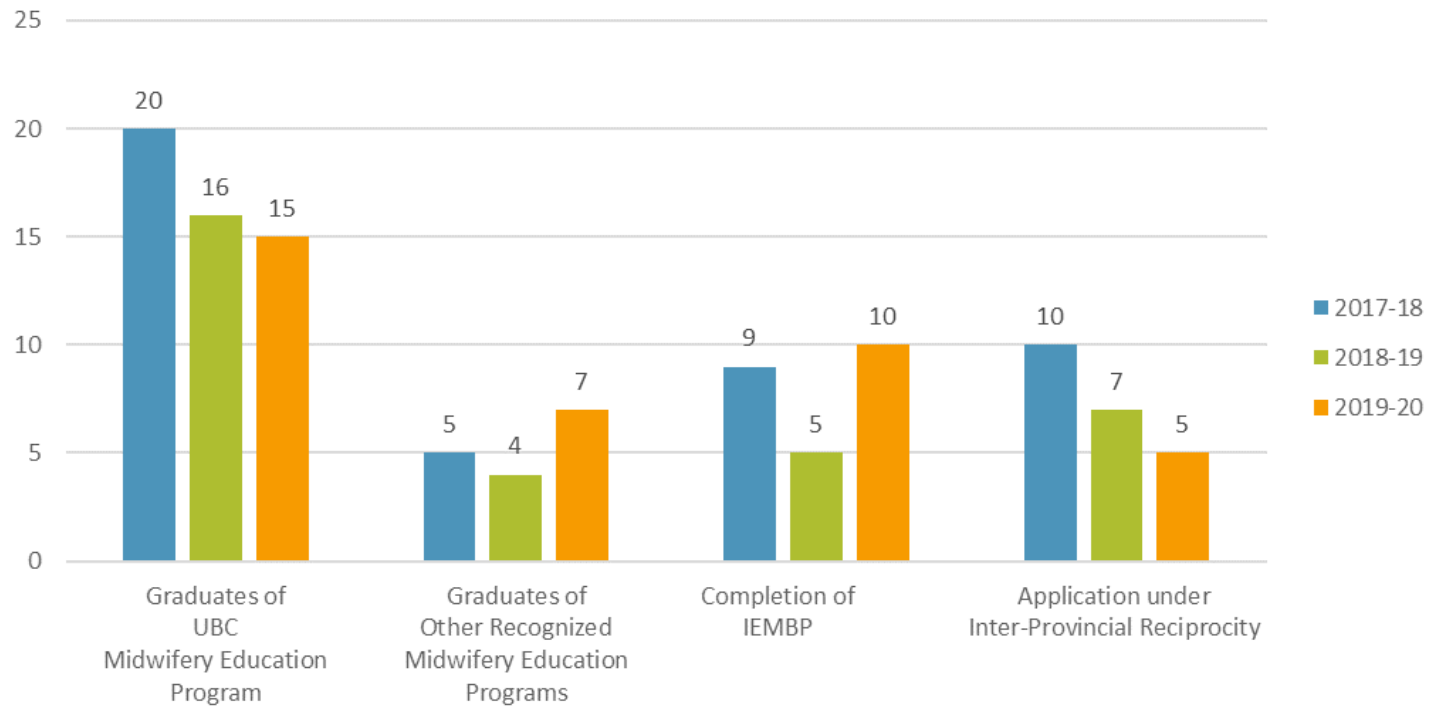
Daljit Gill-Badesha
Ali Tatum

Applications and Background of Applicants

To be eligible for registration as a midwife in British Columbia a candidate must apply through one of the following routes:

- graduation from a recognized Canadian Bachelor of Midwifery Education Program which include those found at the University of British Columbia (UBC) in BC, McMaster, Ryerson or Laurentian University in Ontario, or Mount Royal University in Alberta;
- successful completion of the Internationally Educated Midwives Bridging Program (IEMBP) through UBC or the International Midwifery Pre-registration Program (IMPP) at Ryerson University in Ontario; or
- application under inter-provincial registration reciprocity through the Canadian Free Trade Agreement (CFTA) and CMBC’s *Policy on Inter-Provincial Registration Reciprocity*.

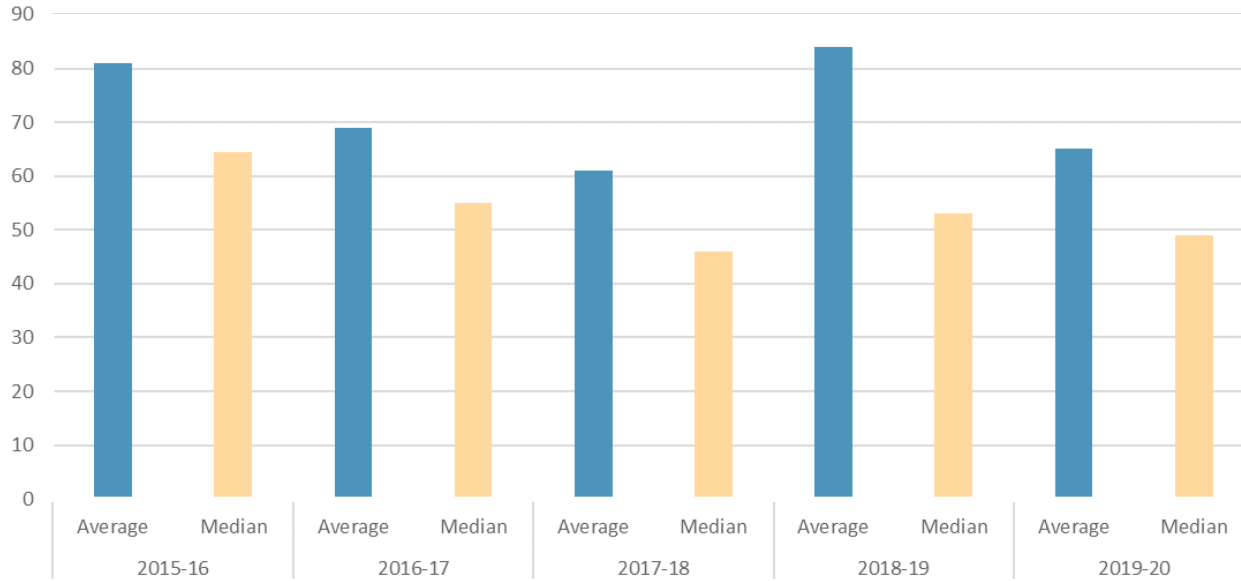
Route to Midwife Registration - 3 Year Comparison



Timeline for Completion of Application

Comparison between the last 5 Registration Years

*Average and Median Days between submission of application and start date of registration



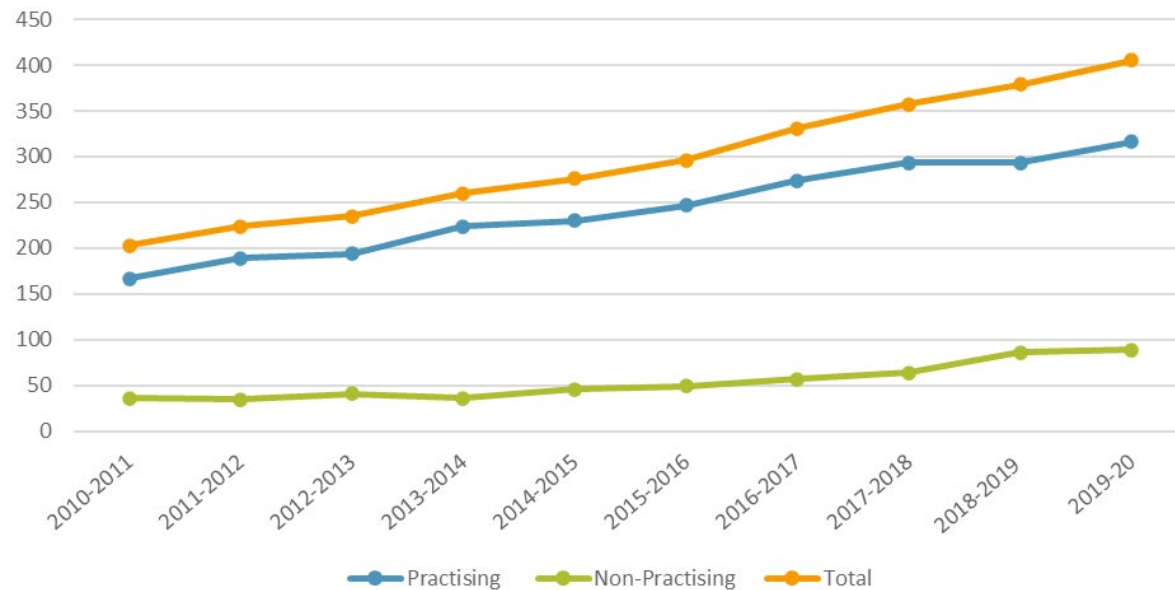
***Average** expresses the central or typical value in a set of data, which is calculated by dividing the sum of values in the set by their numbers. **Median** denotes or relates to a value or quantity lying at the midpoint of a frequency distribution of observed values or quantities, such that there is an equal probability of falling above or below it.

Registered Midwives Information

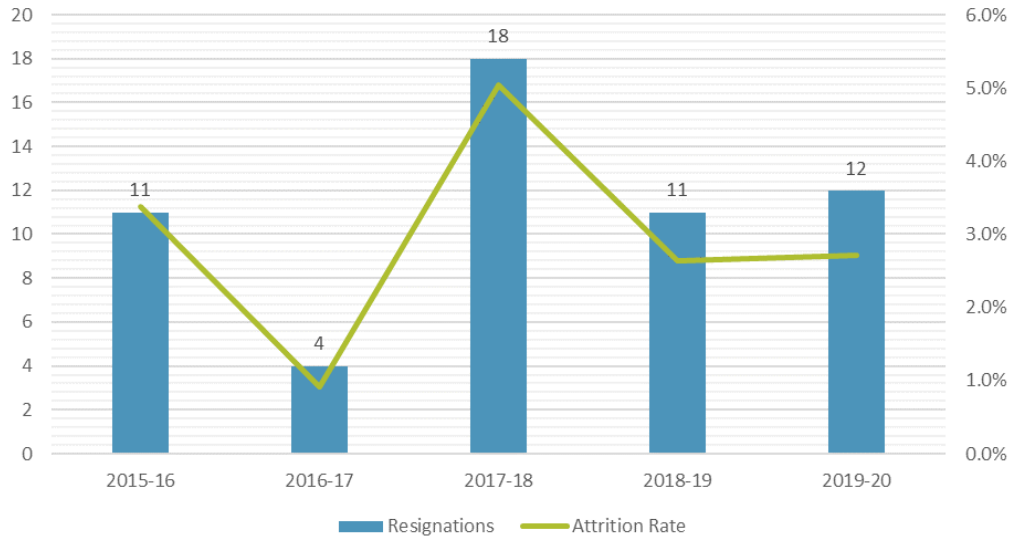
The number of CMBC registrants continued to grow over 2019-20 at a rate of 6.86%. As of March 31, 2020 CMBC had a total of 405 registrants, of which:

- 316 were practicing midwives, and
- 89 were Non-practising midwives.

10 Year Growth of Practising and Non-Practising Registrants



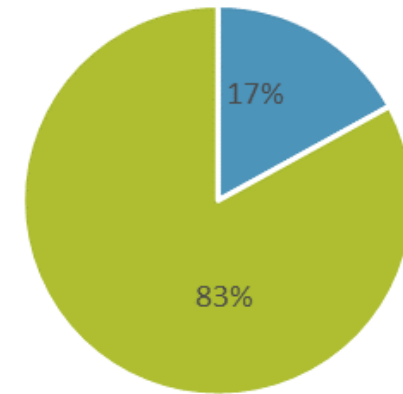
Midwife Resignations and Attrition Rate for Past 5 Years



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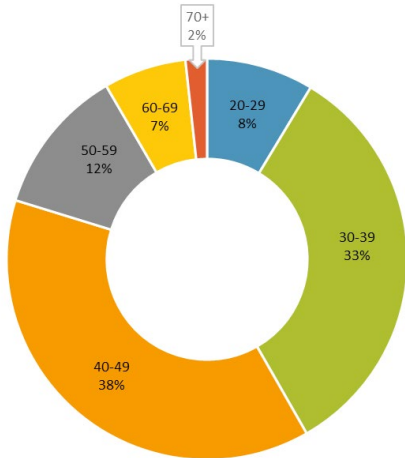
For further information on Health Authority in British Columbia please see: <http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries>.

Practising Midwives by Practice Type as of March 31, 2020

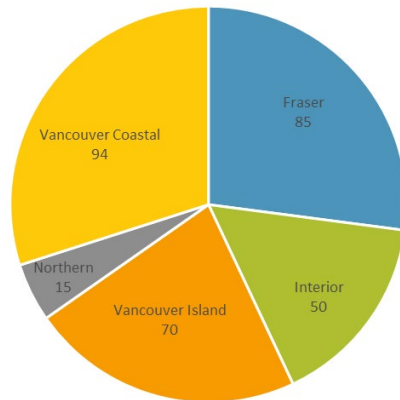


■ Solo Practitioners ■ Members of a group practice

Age of Registered Midwives as of March 31, 2020



Practising Midwives by Primary Health Region as of March 31, 2020





Quality Assurance Committee Report

The Quality Assurance (QA) Committee is responsible for reviewing and updating CMBC standards of practice, model of practice policies, clinical practice guidelines and quality assurance program frameworks and policies in order to ensure public safety, and enhance and support the quality of practice of BC registered midwives. All recommendations from the QA Committee are brought forward to the Board for ratification. QA Panels are responsible for making decisions about individual midwives' practice as related to QA policy requirements such as those related to alternate practice arrangements, active practice requirements, and second birth attendants when required.

QUALITY ASSURANCE COMMITTEE MEMBERS

CHAIR

Dina Davidson RM IBCLC

PROFESSIONAL MEMBERS

Luba Butska RM

Susan Lobb RM

Tanya Momtazian RM

PUBLIC MEMBERS

Donna Read

Kathrin Stoll

QUALITY ASSURANCE ACTIVE PRACTICE PANEL

PROFESSIONAL MEMBERS

Jade Kassam RM

Lana Knoll RM

Andrea Mattenley RM

PUBLIC MEMBERS

Jenny Bergelt

Sharon Murcheson

QUALITY ASSURANCE APPROVAL PANEL

PROFESSIONAL MEMBERS

Jade Kassam RM

Luba Butska RM

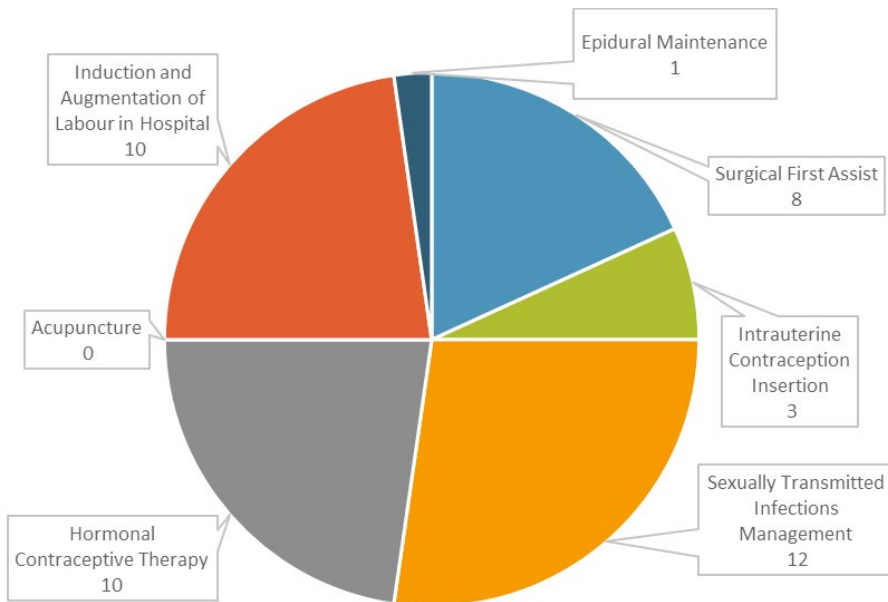
Susan Lobb RM

PUBLIC MEMBERS

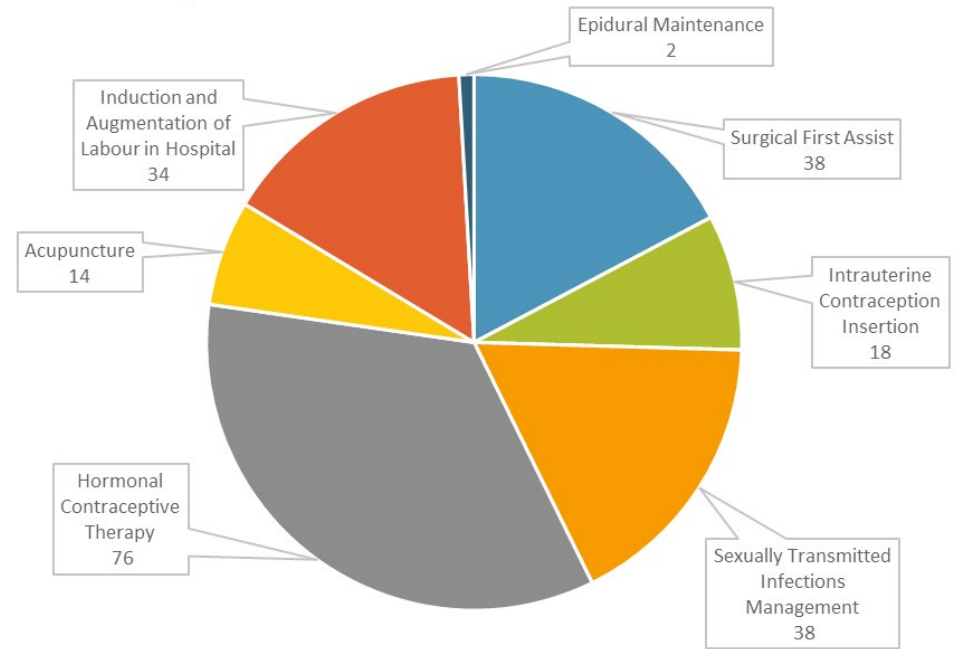
Pauline Blais

Jill Colpitts

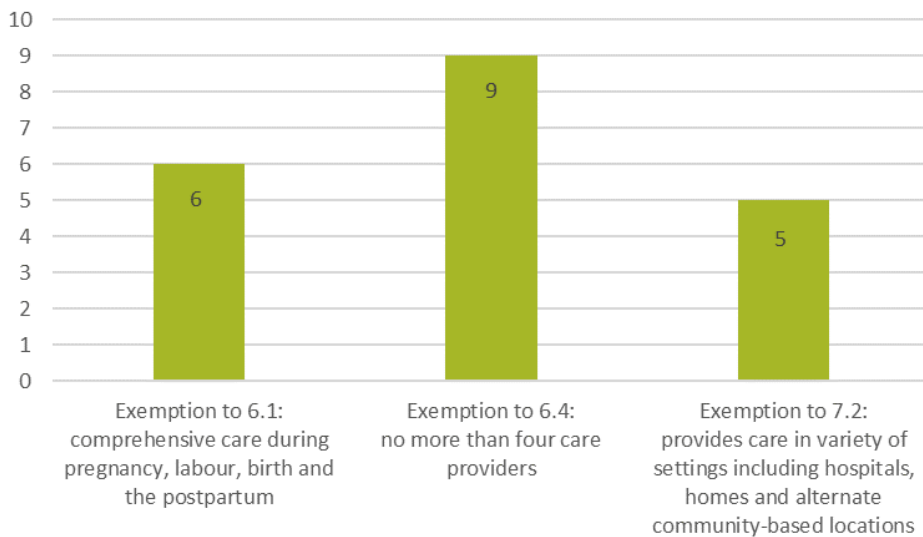
Specialized Practice Certifications Issued in 2019-20



Total Specialized Practice Certifications Issued in 2010-2020

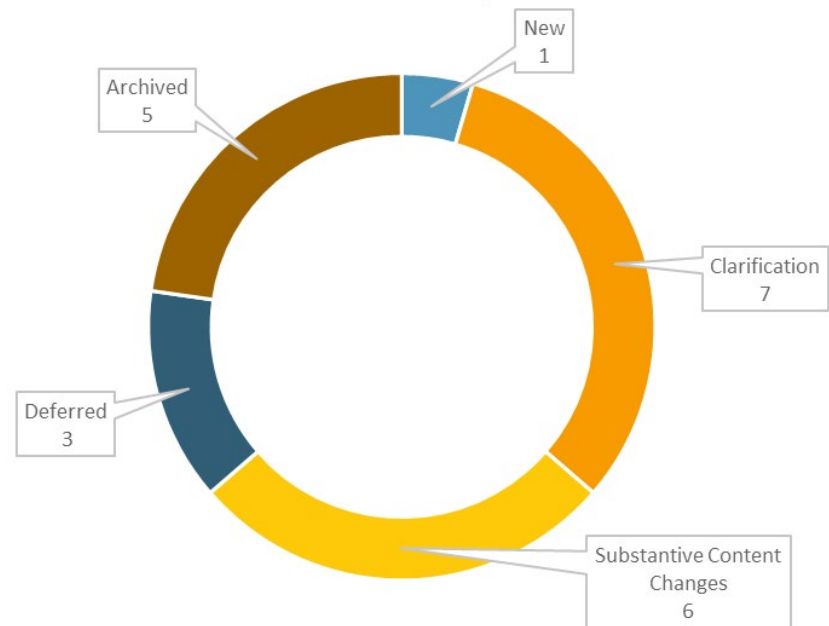


Alternate Practice Arrangements: Summary of Standards Exemptions



Summary of Policy Development by Revision Type

Total # of Policies Developed: 22





Standards of Practice Committee Report

The Standards of Practice (SOP) Committee is responsible for reviewing and updating standards of practice for both the therapeutics that midwives may prescribe, order and administer and the screening and diagnostic tests that midwives may order and interpret. All recommendations from the SOP Committee are brought forward to the Board for ratification.

In 2019-20, the Standards of Practice Committee made a total of nine significant revisions to the midwifery prescribing and ordering of screening/diagnostic testing standards of practice.

The SOP Committee is a multidisciplinary committee of 10 members appointed by the Board including: 4 general registrants; 4 public representatives; an obstetrician/gynaecologist or a family physician in obstetrical practice registered with the College of Physicians and Surgeons of BC; and a pharmacist registered with the College of Pharmacists of BC.

STANDARDS OF PRACTICE COMMITTEE MEMBERS

CHAIR

Tanya Momtazian RM (to September 2019)
Andrea Mattenley RM (from October 2019)

PROFESSIONAL MEMBERS

Clare McCormack RM (to May 2019)
Lori Miller RM
Sara Sandwith MD
Stephanie Hahn Pharm
Joyce Totton (from September 2019)
Shannon Greenwood (from September 2019)

PUBLIC MEMBERS

Eliana Carrillo
Maggie Campbell
Laura Masini Pieralli
Maureen McGrath (to June 2019)

Inquiry Committee Report

CMBC's legislated mandate is to protect the public by ensuring that registered midwives in British Columbia remain competent, practice within established standards and provide safe care. When a member of the public, a health care professional or a health authority submits a complaint in writing to CMBC, upon review, it may be referred to the Inquiry Committee. The Inquiry Committee is an autonomous body and does not report to the Board. Information identified as necessary for the investigation is collected, such as clarification from the complainant, responses from the midwife(ves) with midwifery records, handouts, email or text messages, additional supporting documents, hospital records, or witness statements from individuals who were involved in the events surrounding the complaint. This information is presented to an Inquiry Panel (the Panel), which is composed of two registered midwives and one public representative who have not worked with nor have had a personal relationship with the midwife(ves) named in the complaint. The Panel meets to deliberate on the allegations and all the material gathered.

INQUIRY COMMITTEE MEMBERS

CHAIR

Anne-Marie Cayer RM (from February 2020)
Heather Wood RM (to February 2020)

PROFESSIONAL MEMBERS

Amy Braunstein RM (from February 2020)
Camille Bush RM (to August 2019)
Sylvia Fedyk RM
Jennifer Gagnon RM
Zoe Hodgson RM
Andrea Mattenley RM
Thea Parkin RM
Catherine Ruskin RM (to January 2020)
Natasha Sára RM
Ilana Stanger-Ross RM (from February 2020)
Carolyn Thibeault RM (to February 2020)
Jane Wines RM
Leanne Yeates RM (to June 2019)

PUBLIC MEMBERS

Ruth Curran
Kimberly Haakstad (from September 2019)
Christine MacIntosh
Sarah Slack
Tracy Starnes
Rhoda Witherly

The Panel is legislated to investigate the complaint to determine if there have been violations of the *Health Professions Act*, the *Midwives Regulation*, and/or the *Bylaws for College of Midwives of British Columbia*. The Panel may also investigate if there has been a failure to comply with a standard, limit or condition imposed under the *Health Professions Act* to determine if the conduct or competency of the midwife was satisfactory. Panel members are legally obligated to decide on what action is required in a fair, transparent, objective and impartial manner.

Additionally, the Inquiry Committee has the authority to initiate investigations on its own motion. Typically, own motion investigations are in response to a registrants' failure to comply with CMBC's Standards or Bylaws. The Inquiry Committee also has the authority to initiate investigations on its "own motion", such as when in the course of investigating a complaint the Inquiry Committee identifies concerns related to a separate case or incident. The goal of the inquiry process is first and foremost to ensure that BC midwives remain competent, practice within established standards and provide safe care.

Inquiry Committee Investigations

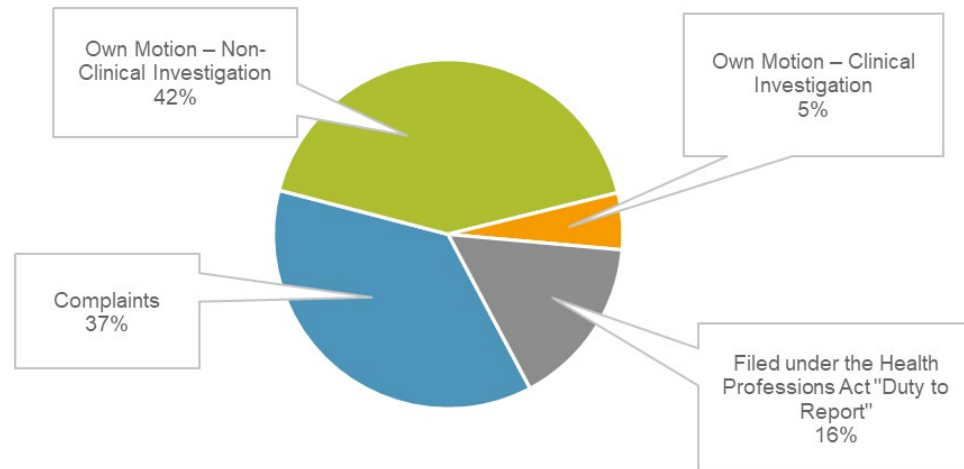
Although the nature of the material collected for investigation depends on the specific allegations, the initial step in every case is to provide the registrant an opportunity to review the complaint and respond to the allegations. In the majority of cases, the complainant is then given the opportunity to review and comment on the registrant’s response to the complaint. Other common investigative steps include:

- obtaining additional information from the complainant
- obtaining medical and midwifery records
- conducting witness interviews
- reviewing relevant health care policies and protocols

In 2019-20, the Inquiry Committee directed investigation into 19 new case files and continued work on the 23 that remained under investigation from the previous year. Complaints were received from health authorities, colleagues and members of the public. Investigation was also directed on the Inquiry Committee’s own motion.

Origin of New Inquiries by Party	
Public	5
Colleague/Health Professional	3
Employer	2
Own Motion	9

Origin of New Inquiries by Complaint



Inquiry Committee Dispositions

A Panel of the Inquiry Committee reviews the investigative material, deliberates and, based on their decision, decides on the appropriate outcome. The decision and the reasons behind it are then communicated in writing to the complainant and the registrant.

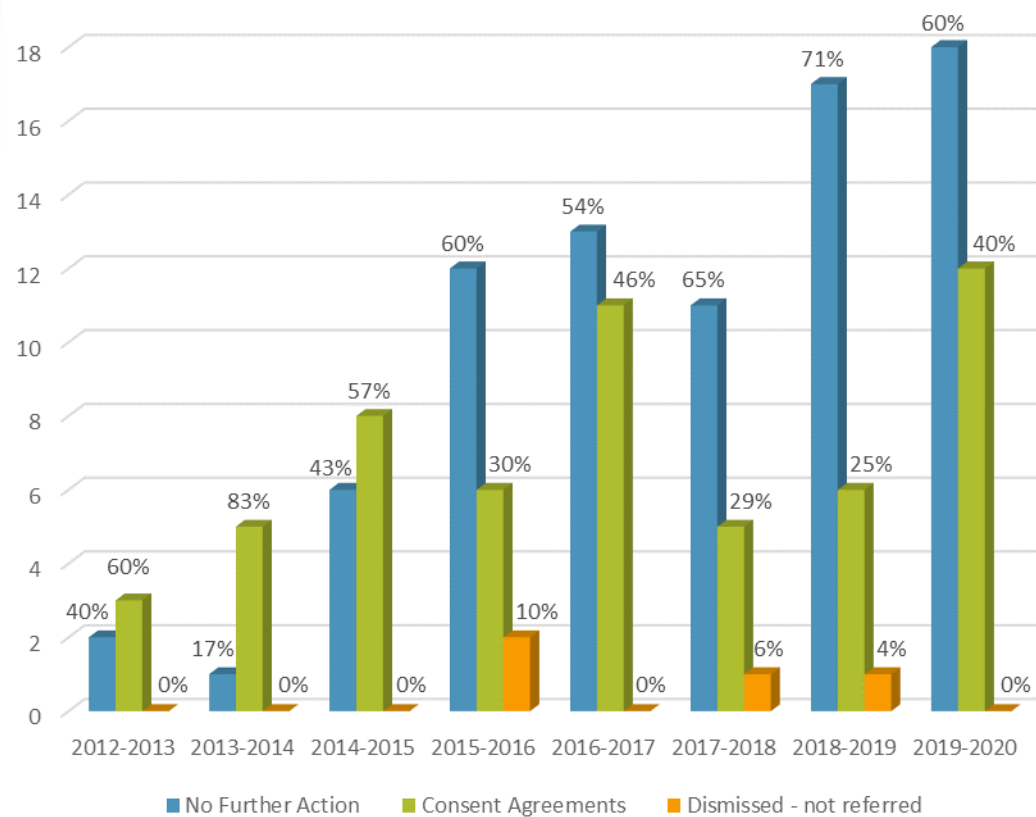
In 2019-20, Panels of the Inquiry Committee convened on 25 occasions to review investigation material and concluded 30 cases – leaving 12 case files to be carried forward into 2020-21.

In 10 of the 30 cases that were disposed of in 2019-20, the Inquiry Committee concluded that the complaint was unsubstantiated and no further action was taken, as the conduct or competence of the registrant was found to be satisfactory. In 8 of 30 cases, the conduct or competence of the registrant was found to be unsatisfactory, but relatively minor, and was disposed of through an informal resolution as per the *Health Professions Act*, section 33(6)(b) with reminders and/or recommendations..

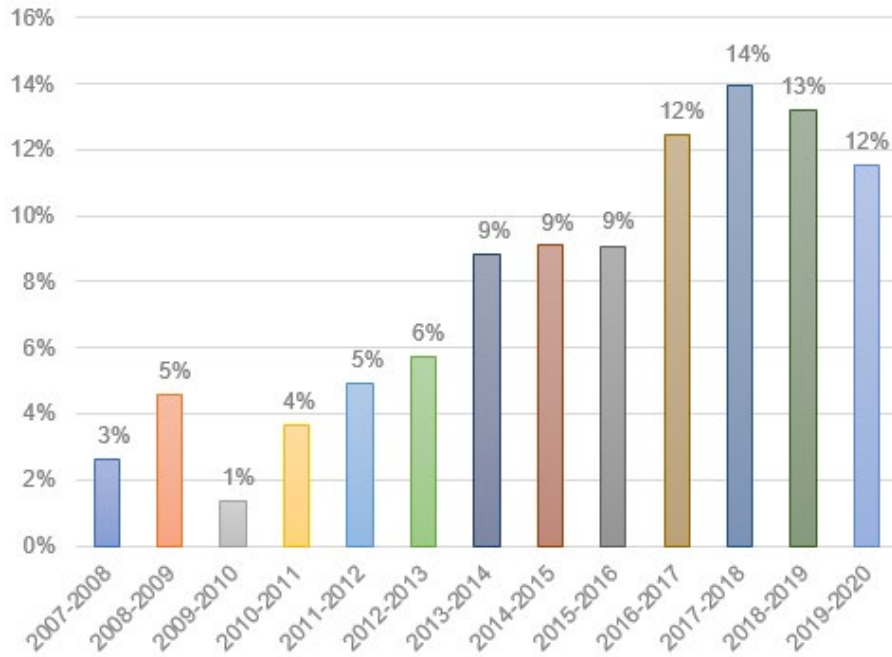
In the other 12 cases that were disposed of in 2019-20, the complaints were substantiated and resolved by remedial action by consent agreement. There are currently 9 consent agreements being monitored by the Registrar for compliance.

During the 2019-20 year, 8 of the 19 new case files (42%) were Own Motion – Registrar Investigations for failure to follow policies regarding the submission of information to CMBC despite repeated written reminders.

Outcomes by Year



Percent of Practising Midwives Receiving Complaints per Year



Percent of Midwives Receiving Complaints

In 2019-20, CMBC saw a slight decrease in the number of complaints received – 19 new case files down from 27 cases in 2018-19 with the number of midwives involved being 35 in 2019 versus 38 in 2018. With an average of 304 practising registrants over the course of 2019-20, this means that 12% of practising midwives were named in a complaint.

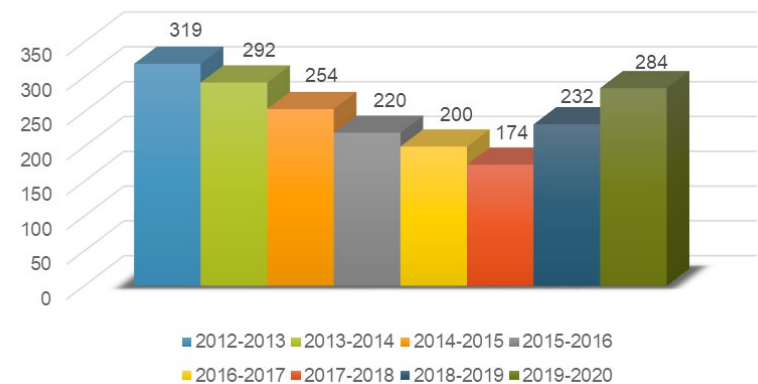
Review by Health Professions Review Board

Under section 50.6 the Health Professions Act, a complainant has the right to request that the Health Professions Review Board (HPRB) conduct a review of the adequacy of the Inquiry Committee’s investigation and the reasonableness of its disposition. In 2019-20, there were no HPRB reviews requested by complainants.

Number of Days to Close Complaints

The Inquiry Committee continues its work to process complaints with a fair, transparent, objective and impartial manner, while at the same time striving to reduce the length of time it takes to complete a complaint. CMBC recognizes that the complaints process is stressful for all parties involved. Unfortunately, CMBC has seen a rise in the number of days to close a complaint due to a number of complex complaints.

Average Days to Close Complaints by Year



The complaints process is made possible thanks to the dedication and careful deliberations of CMBC’s knowledgeable and hardworking Inquiry Committee members.



Client Relations Committee Report

The Client Relations Committee is responsible for developing policies and guidelines for the conduct of registrants with their clients as related to appropriate professional boundaries. The Committee is also responsible for establishing procedures to address complaints of professional misconduct of a sexual nature.



CHAIR

Jennifer Gagnon RM

PROFESSIONAL MEMBERS

Amy Braunstein RM (From December 2019)

Frances Millerd RM (To December 2019)

PUBLIC MEMBERS

Tracy Starnes

Discipline Committee Report

The Discipline Committee is responsible for conducting hearings into matters of professional misconduct and clinical incompetence set down by citation or the Inquiry Committee.

Discipline Committee findings are reported in CMBC's Annual Report and posted on CMBC's web site. During the 2019-20 year, there were no citations for discipline hearings issued, nor were there any active discipline cases outstanding from previous years.



CHAIR

Dina Davidson RM

PROFESSIONAL MEMBERS

Terry Lyn Evans RM (to September 2019)

Sonje Juul RM (from December 2019)

Tanya Momtazian RM (from September 2019)

PUBLIC MEMBERS

Pauline Blais

Laura Masini Pieralli



Committee on Indigenous Midwifery Report

The Committee on Indigenous Midwifery is tasked with advising and recommending to the Board on matters relating to Indigenous midwifery.

Committee on Indigenous Midwifery Work 2019-2020

With the CMBC Bylaw amendments brought into effect December 30, 2018, the Committee on Aboriginal Midwifery was officially renamed the Committee on Indigenous Midwifery. In 2019-20, the Committee met once. At the meeting, committee members focused the discussion on conducting a survey of registrants on cultural safety and humility, in particular to understand if registrants:

- feel supported by CMBC in providing culturally safe and competent care to Indigenous clientele;
- feel they have adequate knowledge of culturally safe practices and an understanding of the practice of cultural humility; and
- feel confident in providing culturally safe care.

CHAIR

Rose Timbrell

PUBLIC MEMBERS

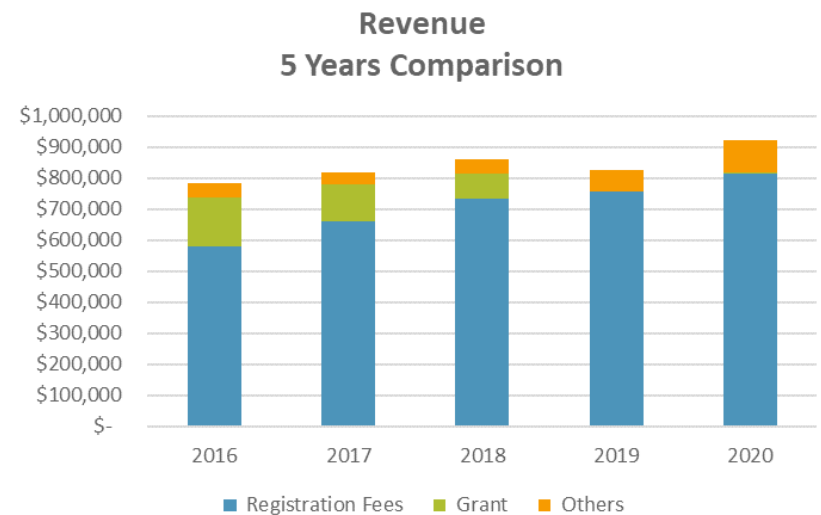
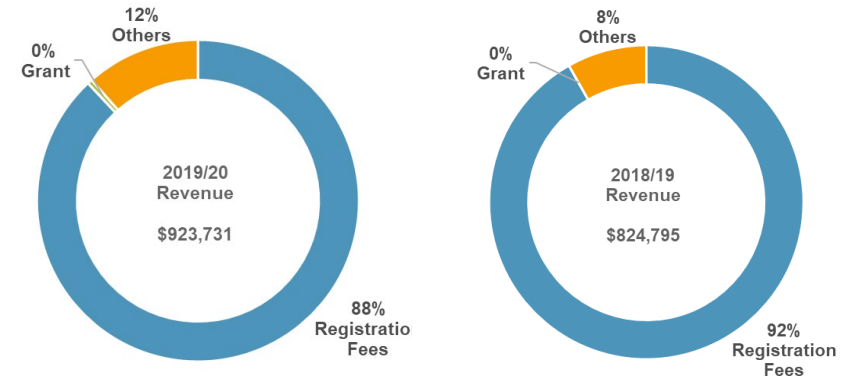
Christine MacIntosh
Chelsea Todd

2019-2020 Financial Information

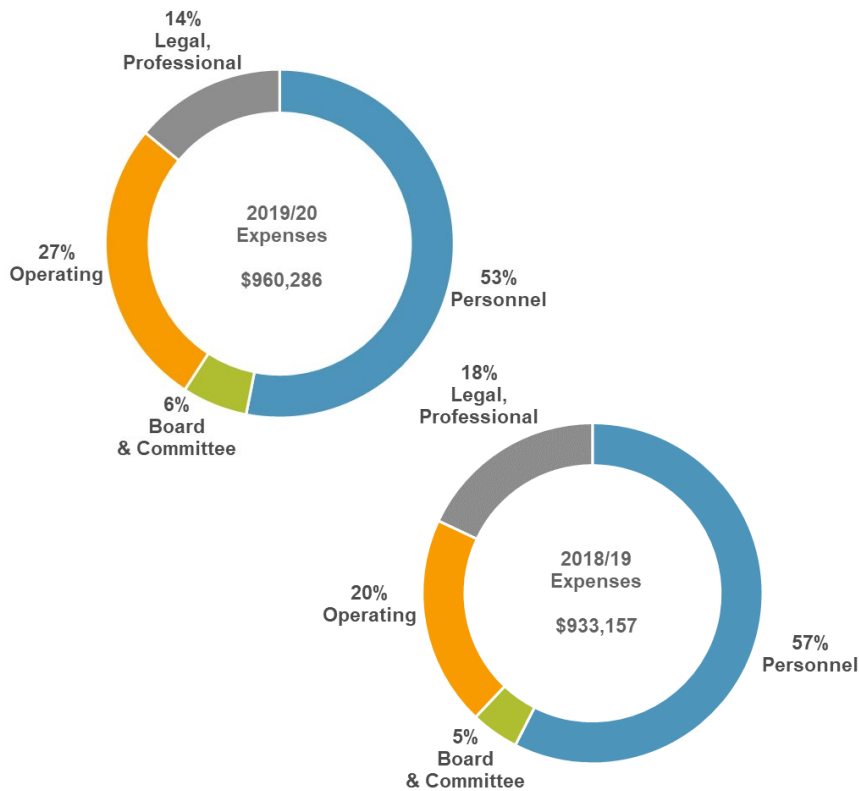
Statement of Revenue and Expenses

For the year ended March 31, 2020

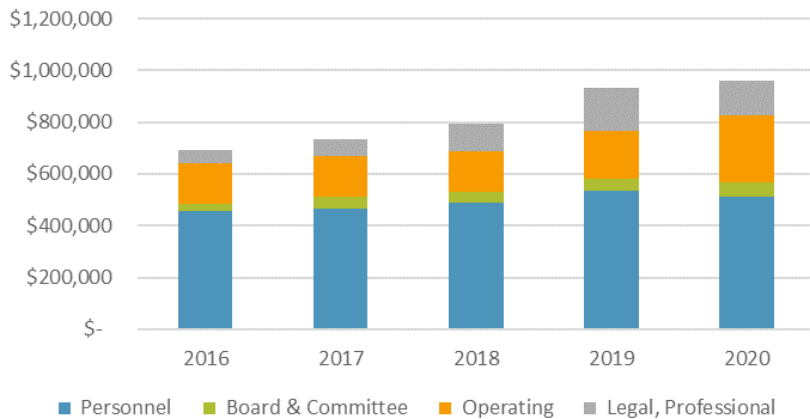
	2020	2019
REVENUE		
Registration Fees	\$ 813,258	\$ 757,217
Application fees, rent, interest and other	106,070	67,578
Grant - Ministry of Jobs, Economic Development and Competitiveness	4,403	-
	<u>923,731</u>	<u>824,795</u>
EXPENSES		
PERSONNEL COSTS		
Salaries and benefits	498,067	516,862
Travel, professional development and other	11,726	19,625
	<u>509,793</u>	<u>536,487</u>
BOARD AND COMMITTEE EXPENSES	<u>58,366</u>	<u>42,585</u>
OPERATING EXPENSES		
Rent and utilities	170,005	74,155
Systems	27,918	25,071
Bank charges and interest	26,467	22,164
Amortization	18,866	23,818
Library, exam marking, members' meeting and other	7,054	24,742
Office expenses and small equipment	3,463	5,856
Communications	1,793	6,296
Loss on disposal of capital assets	2,043	4,000
	<u>257,609</u>	<u>186,102</u>
LEGAL, PROFESSIONAL AND INSURANCE		
Legal	62,139	70,581
Membership, CMRC travel and HPRB review	24,794	20,657
Projects	29,266	59,620
Accounting and audit	7,215	8,327
Insurance	5,867	5,679
Amalgamation related expenses	3,237	-
Training and investigations	2,000	3,119
	<u>134,518</u>	<u>167,983</u>
	<u>960,286</u>	<u>933,157</u>
DEFICIENCY OF REVENUE OVER EXPENSES FROM OPERATIONS	\$ (36,555)	\$ (108,362)



Total expenses in 2019/20 was \$960,286 compared to \$933,157 in 2018/19.



**Expenses
5 Years Comparison**

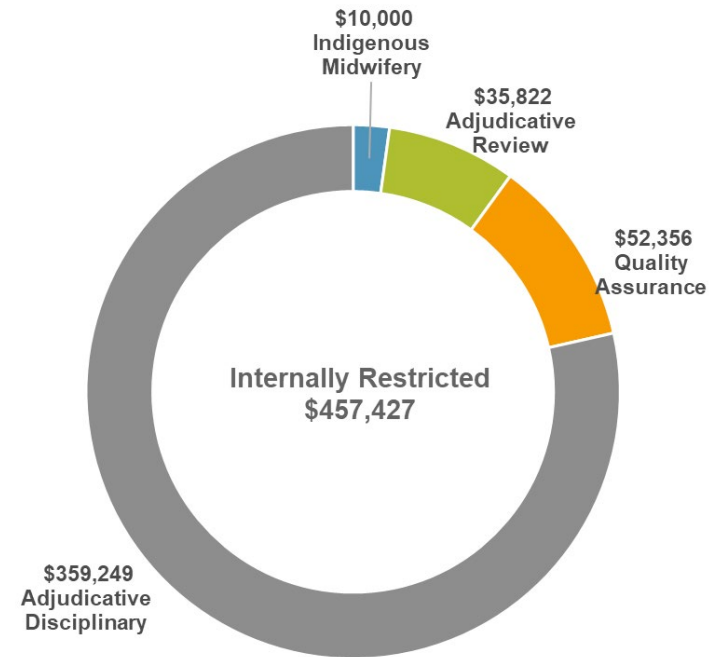
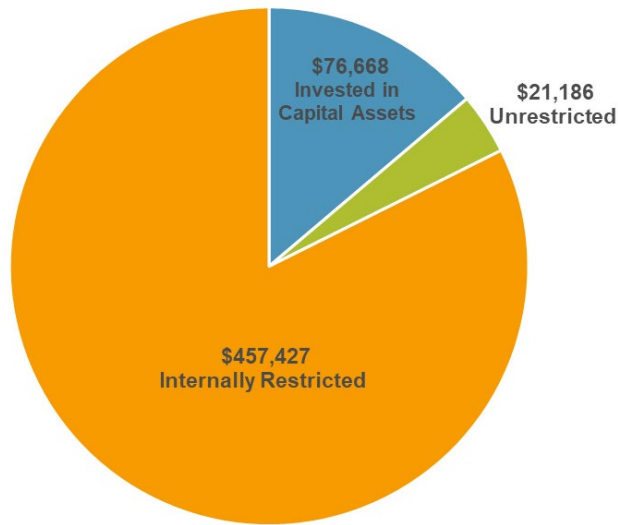


Statement of Financial Position

As at March 31, 2020

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,334,540	\$ 1,477,729
Accounts receivable	25,652	7,223
Prepaid expenses	2,372	2,163
	<hr/>	<hr/>
	1,362,564	1,487,115
TANGIBLE AND INTANGIBLE CAPITAL ASSETS	76,668	125,656
PREPAID RENT EXPENSE	5,216	5,216
	<hr/>	<hr/>
	\$ 1,444,448	\$ 1,586,064
	<hr/>	<hr/>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 65,850	\$ 91,128
Deferred revenue	823,317	732,824
	<hr/>	<hr/>
	889,167	823,952
	<hr/>	<hr/>
NET ASSETS		
UNRESTRICTED	97,854	125,622
INTERNALLY RESTRICTED	457,427	466,214
CANADIAN MIDWIFERY REGISTRATION EXAMINATION FUND	-	191,943
	<hr/>	<hr/>
	555,281	762,112
	<hr/>	<hr/>
	\$ 1,444,448	\$ 1,586,064
	<hr/>	<hr/>

**Net Assets
as at March 31, 2020**



CMBC net assets have been invested in capital assets and reserved into internally restricted funds. Net assets in excess of the amounts internally restricted for specific purposes are presented as unrestricted.

The internally restricted funds further classify into adjudicative disciplinary, adjudicative review, indigenous midwifery, quality assurance program and unauthorized practice to deal with different needs and activities.

ADJUDICATIVE DISCIPLINARY FUND

Funds reserved for dealing with any disciplinary hearings.

ADJUDICATIVE REVIEW FUND

Funds reserved for dealing with any reviews before the Health Professions Review Board of British Columbia in relation to the CMBC’s decisions regarding registration and the timeliness and disposition of complaints.

INDIGENOUS MIDWIFERY FUND

Funds reserved for carrying out activities initiated by the Committee on Aboriginal Midwifery.

QUALITY ASSURANCE PROGRAM FUND

Funds reserved for developing a comprehensive Quality Assurance Program. In 2019/20, \$8,787 was drawn from this fund for carrying out the activities in relation to the program.

