

Policy Name	Registered Midwife Professional Obligation to Update Register Profile		Number 25
Date Approved by Council	September 03, 2020	Date Due for Review	
<p>Policy Statement: Each registered midwife member whose name appears on the Alberta Midwifery Register will have current information on their profile.</p> <p>Purpose: The Alberta Midwifery Register, “the Register”, housed on the CMA Website, is an important component of the profession of midwifery under the <i>Health Professions Act (RSA, 2000)</i>. It is imperative that the Alberta Midwifery Register be as current as possible.</p> <p>The Alberta Midwifery Register is a public document and is accessed and viewed many times a day for a variety of reasons including but not limited to: registration status of members; checking member ability to perform restricted activities and advanced authorizations, member ability to prescribe medications and drugs, order diagnostic tests; Netcare access, checking findings of unprofessional conduct; seeking a midwife for client care; midwifery practice name and phone number where the midwife is contracted and attached to; accounting for members during an emergency.</p> <p>Alberta Health, (Provincial Registries Operations and Planning Unit, Health Information Technology and Systems) also uses the Alberta Midwifery Register to provide data and ongoing updates to Alberta Health, as part of the ongoing commitment to quality care.</p> <p>In addition, if a member of the public, during regular business hours, requests information on the Register, respecting a named regulated member, the college must provide the information described in (<i>HPA s. 33(3)</i>) with respect to that member.</p> <p>Section 33(3) states that the following information will be:</p> <ul style="list-style-type: none"> (a) the full name of the member (b) the member’s unique registration number <ul style="list-style-type: none"> (b.1) whether the member’s registration is restricted to a period of time and, if so, the period of time (c) any conditions imposed on the member’s practice permit (d) the status of the member’s practice permit, including whether it is suspended or cancelled (e) the member’s practice specialization recognized by the college (f) whether the member is authorized to provide a restricted activity not normally provided by regulated members of the college (g) whether the member is not authorized to provide a restricted activity that is normally provided by regulated members of the college 			

Personal information related to registered members (e.g. home address, phone number, emergency contact information) is NOT released by CMA without the consent of the individual midwife.

Policy:

A. The *HPA s. 33(1)* outlines what the CMA Council and Registrar must complete for each midwife on the Alberta Midwifery Register.

As per the *HPA s. 33(3)*, the *Midwives Profession Regulation s. 34(1)*, and the *CMA Bylaws, (05/14/19)*, the Council shall have available on the college side of the CMA Register for each registered member:

- full legal name, and if applicable, previous names or aliases
- home address, telephone number, fax number and email address
- business or work address (Midwifery Practice), telephone number, fax numbers and email address
- emergency contact address, telephone number and email address
- degrees, diplomas and certifications, including areas of specialization, and any other qualifications
- names of educational institutions that granted degrees, diplomas, certifications and other qualifications, and the year in which each was granted
- a recent photo of a size and quality similar to that required for a Canadian passport
- member's unique registration number
- any restricted registration and the period of time
- practice permit status, conditions on the member's practice permit
- practice specialization (advanced authorizations) recognized by the college
- any restricted activities not normally provided by regulated members
- a summary of information respecting a complaint and a ratified settlement in accordance with the *HPA, section 60 (6a)* as established by publication policy
- a summary of information respecting any order made by a hearing tribunal or council under the *HPA, Part 4*, as established by publication policy
- information respecting any decision or order made by a hearing, council, or court of unprofessional conduct based in whole or in part on sexual abuse or sexual misconduct, including any orders made under section 82 as detailed in the *HPA, Part 8.3*, including:
 - i. whether a regulated member's practice permit has been suspended or cancelled
 - ii. any conditions placed on the investigated person's practice permit.

The Registrar may, in accordance with the regulations, enter other information in addition to the above required information (*HPA, Part 2 Registration, s. 33(4)*). For example, CMA is permitted to request Emergency contact information as part of the registration process, and that information can only be released with the consent of the individual midwife. Registration renewal annual birth numbers is also another example.

All new applicants must also provide evidence of being a Canadian citizen or a person lawfully permitted to work in Canada (*HPA, Part 2 Registration s. 28(1) (d)*).

B. It is imperative that the Alberta Midwifery Register be as current as possible.

It is the responsibility of each registered midwife to keep their profile information as current as possible.

Within two weeks of any demographic change (above), the midwife must go into the Alberta Midwifery Register and update their profile. For assistance with this, if needed, please email info@albertamidwives.org.

Midwives Profession Regulation section 34(1) states that: “A regulated member ... must provide information, when applying for registration or to renew a registration, whenever requested by the Registrar or Registration Committee, OR whenever there are changes to the information ...”

Notification of change of address: *registered members must inform the Registrar of their business address and contact information, including but not limited to: telephone number, home address, and electronic email address, and any change in that information forthwith after the change occurs (CMA Bylaws, May 2019).*

The CMA Standards of Practice (2020) also addresses this matter in Principle 6 - Self Regulation:

- *Advises the College, in writing, of information, and any changes to the information, required to be maintained in the register or provided to the College.*
- *Responds promptly to College correspondence.*
- *Knows, understands and complies with mandatory reporting obligations.*

When a Registered Midwife:

- goes on leave
- returns from leave
- retires
- moves from one registration class to another

the midwife must access the “Change of Registration Classification Form” (Appendix A) from admin@albertamidwives.org to request a change of registration status. There is a \$25 fee attached to **each** change of registration status, to cover practice permit card creation.

C. Register Error:

Anyone can alert the Registrar of an error on the Register. The notification of error must come to the Registrar by the regulated member about their own profile (see “Change Form” above). Alternately others can inform the Registrar of an error, but must have concrete proof before the Registrar can gain consent from the individual regulated member for a change to be made.

D. Financial penalties and Practice Permit delays may occur for a regulated member if their profile information is found not to be current, as per CMA Bylaws.

Cassandra Evans, RM, CMA President

Date

Appendix A: Change of Registration Status Form

Change of Registration Status

Last Name: _____ First Name: _____

CMA Registration Number: _____ Initial Registration Year: _____

(Please note: there is a \$25 fee for the change of registration status. Changes cannot be retroactive: a member requesting a change of status more than once within a registration year shall pay a fee of \$100)

Please complete and submit the form below according to your status (A, B, C, D):

A – Active to Non-Practicing Change

As a General Registrant, I would like to change my Practice Permit classification to Non-practicing as of the date provided below. I understand that while NON-PRACTICING I cannot practice midwifery in Alberta and do not require liability insurance.

I am not in default of any fees, penalty or other amount owing to the CMA. In addition, I am not in default of providing any required information to the CMA. I understand that any refund of registration payments is based on the number of year quarters during which I held an Active certificate and the fee of \$200 for Non-practicing Certification.

Retirement

Leave of Absence

Non-practicing Effective Date: _____ Possible Date of Return: _____

Signature: _____ Date of submission: _____

Office use only:	
Approved _____	Effective Date: _____
Fees / Refund: _____	
Certificate/ Practice Permit issued/cancelled: _____	

Please note: information provided on this form may be shared with the Alberta Association of Midwives &/or Alberta Health Services



Change of Registration Status

Last Name: _____ First Name: _____

CMA Registration Number: _____ Initial Registration Year: _____

(Please note: there is a \$25 fee for the change of registration status. Changes cannot be retroactive: a member requesting a change of status more than once within a registration year shall pay a fee of \$100)

B – Non-practicing to Active Practice Permit Change

As a General Registrant with an Inactive Practice Permit, I would like to change my Practice Permit status to Active, which will allow me to practise midwifery once my request has been fully processed. I understand that I must have the required liability insurance prior to starting to practice. A review by the Registration Committee may be necessary when active practice reporting is not current. Please ensure that all current Competency documents and birth numbers are uploaded to your profile. The CMA will advise you of your new registration fees and any other requirements for changing your status to Active. Once your request has been fully processed, you will be advised by e-mail and a new Practice Permit will be issued.

Active Effective Date Requested: _____ (allow a minimum of five weeks to process your request)

Practice Name: _____

Signature: _____ Date of submission: _____

Office use only:	
Approved _____	Effective Date: _____
Fees / Refund: _____	
Certificate/ Practice Permit issued/cancelled: _____	

Please note: information provided on this form may be shared with the Alberta Association of Midwives &/or Alberta Health Services



Change of Registration Status

Last Name: _____ First Name: _____

CMA Registration Number: _____ Initial Registration Year: _____

(Please note: there is a \$25 fee for the change of registration status. Changes cannot be retroactive: a member requesting a change of status more than once within a registration year shall pay a fee of \$100)

C – Active to Conditional: Registered Second Birth Attendant Midwife Practice Permit Change

As a General Registrant, I would like to change my practice permit to **Conditional: REGISTERED SECOND BIRTH ATTENDANT MIDWIFE** in accordance with Policy P13. I acknowledge that this Practice Permit restricts my activities to that of Second Attendant.

I am not in default of any fees, penalty or other amount owing to the CMA. In addition, I am not in default of providing any required information to the College. I understand that any refund of Active registration payments is based on the number of year quarters during which I held an Active certificate and the fee of \$750 for Registered Second Birth Attendant Certification.

A review by the Registration Committee may be necessary to confirm this change of registration. Once your request has been fully processed, you will be advised by e-mail and a new Practice Permit will be issued.

Active Effective Date Requested: _____ (allow a minimum of five weeks to process your request)

Signature: _____ Date of submission: _____

Office use only:

Approved _____ Effective Date: _____

Fees / Refund: _____

Certificate/ Practice Permit issued/cancelled: _____

Please note: information provided on this form may be shared with the Alberta Association of Midwives &/or Alberta Health Services



Change of Registration Status

Last Name: _____

First Name: _____

CMA Registration Number: _____

Initial Registration Year: _____

(Please note: there is a \$25 fee for the change of registration status. Changes cannot be retroactive: a member requesting a change of status more than once within a registration year shall pay a fee of \$100)

D – Cancellation of Registration

As a current registrant, I would like to cancel my registration certificate as of the date provided below. I acknowledge that in cancelling my registration I am not able to refer to myself as a midwife or use the letters R.M. In addition, I am not eligible to hold voting membership in the Alberta Association of Midwives.

I am not in default of any fees, penalty or other amount owing to the College. In addition, I am not in default of providing any required information to the CMA. I understand that any refund of registration payments is based on the number of year quarters during which I held active registration.

Cancellation Effective Date Requested: _____ (allow a minimum of five weeks to process your request)

Signature: _____ Date of submission: _____

Office use only:

Approved _____ Effective Date: _____

Fees / Refund: _____

Certificate/ Practice Permit issued/cancelled: _____

Please note: information provided on this form may be shared with the Alberta Association of Midwives &/or Alberta Health Services