

LETTER OF AGREEMENT
BETWEEN
THE COLLEGE OF MIDWIVES OF ONTARIO
AND
MEMBER'S NAME AND REGISTRATION NUMBER
REGARDING ALTERNATE PRACTICE ARRANGEMENTS

Description of Alternate Practice Arrangements

This letter, effective as of the last date written below once signed by both parties and effective until the parties advise the CMO in writing, sets out the understanding between the College of Midwives of Ontario ("CMO") and *Member's Name* in regard to her practice arrangements with the *Name of Program* at *Name of Institution* and *location*.

The CMO recognizes *the brief description of arrangement*.

Member's name will be providing care that utilizes the skills, abilities and training that she has obtained during the course of her midwifery practice; however there may be aspects of midwifery scope and/or model of practice that *member's name* will not be providing in her practise at the *name of project* (e.g. home birth, continuity of care).

Controlled Acts and Protocols

Any of the care or treatment provided by *member's name* that involves a controlled act (as listed in subsection 27(2) of the *Regulated Health Professions Act*) that is outside the scope of midwifery practice will be performed as a delegated act pursuant to formal delegation by the appropriate physician(s) or other regulated health professional with whom *member's name* is working. In order to carry out any delegated acts, *member's name* agrees to prepare and provide to the College as soon as possible, but in any event, no later than three (3) months from signing this Letter of Agreement, written protocols acceptable to the CMO on the delegation of any of the controlled acts that she may carry out including, but not limited to: *List of protocols required in Alternate Practice Arrangements*.

Memorandum of Understanding (“MOU”)

Member’s name agrees to enter into an MOU with *name of physician or other health care professional/institution working in the APA*. The CMO agrees to provide a template MOU for *member’s name’s* use.

Liability Insurance

Member’s name agrees that she will provide proof acceptable to the CMO of liability insurance in an amount acceptable to the CMO for the care she will be providing to clients prior to beginning work within the Alternate Practice Arrangements described in this Agreement.

Evaluation Plan

Member’s name agrees that the Alternate Practice Arrangements will be evaluated. At six months from the effective date of this Agreement the evaluation plan will be reported to the College; this evaluation plan will be done by *Member’s name and name(s) of other provider(s) and/or institutions or partners in APA*. *Member’s name* will provide the CMO with the evaluation plan for input, which will be implemented by *member’s name*. As well, *member’s name* will provide the CMO with BORN data on an annual basis.

Quality Assurance Requirements

Member’s name agrees that she is responsible for annually meeting the following obligations under the Quality Assurance Program of the CMO during the course of the Alternate Practice Arrangement:

-QAP reporting requirements listed here

Member’s name will complete the CMO Self-Assessment Questionnaire every three years and submit a declaration of completion.

Member’s name will not have to comply with *QA and/or registration requirements* of the CMO registration requirements, as part of her Alternate Practice Arrangements and it will be considered as part of her Active Practice Reporting. Should she wish to provide *registration requirements* as part of her midwifery practice in the future, a plan for re-entry will be established by a Panel of the Registration Committee.

Active Practice Requirements

Member's name agrees that she will be required to satisfy any CMO active practice or currency requirements prior to her return to providing midwifery care to the full scope of midwifery practice and that her work pursuant to these Alternate Practice Arrangements might not satisfy such requirements.

This Agreement is entered into by the parties in a joint effort to allow *Member's name* to utilize her midwifery skills outside of the usual practice of midwifery in a manner that will *brief description of specific elements of APA*.

Signed this _____ day of (month) 201X

Member's Name, RM

Signed this _____ day of (month) 201X

Kelly Dobbin, Registrar
CMO