ANNUAL REPORT

The College of Midwives of Ontario

January 1, 1994 – March 31, 1995

Highlights of 1994/95

This milestone year marked the legal recognition of the role of the midwife in fostering birth as a normal, healthy process.

Highlights of the College of Midwives of Ontario's first year of life include:

- registration of 71 qualified midwives across the province to provide primary care to pregnant women and their newborn babies
- completion and implementation of standards and policies to govern the new profession of midwifery with the goal of providing safe, supportive care based on the principles of informed choice, choice of birth place and continuous care
- collaborative work and consultation with clients, midwives and other health professions on standards, policies and other issues
- creation of the Prior Learning Assessment process to allow qualified individuals from around the world access to the profession of midwifery through an equivalency assessment
- initiation of work on a complaints process including use of Alternative Dispute Resolution to reach mutually agreeable settlements wherever feasible
- crafting of a sexual abuse prevention plan as required by legislation
- completion of standards for free standing birth centres, in partnership with the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario

Midwife with baby born in a Hamilton hospital

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The Council approved the following documents in order to govern the practice of midwifery and administer the College.

Regulations:

- Registration
- Fees
- Professional Misconduct
- Designated Drugs
- Composition of Statutory Committees

Standards:

- Philosophy of Midwifery Care in Ontario
- Code of Ethics
- Continuity of Care
- Indications for Mandatory Discussion, Consultation and Transfer of Care
- Indications for Planned Place of Birth
- Essential Equipment, Supplies and Medications
- Records Content
- Number of Midwife Attendants at Birth
- When the Client Requests Care Outside of Midwifery Standards of Practice
- Temporary Alternate Practice Arrangements within the Model of Midwifery Practice
- Second Birth Attendant not Authorized under both the *RHPA, 1991* and *Midwifery Act, 1991*
- Shared Primary Care
- Supportive Care
- Informed Choice

College By-Laws

Policies:

- Core Competencies
- Statement on Home Birth
- Proposals for the Credentialling of Midwives in Ontario Hospitals
- Midwifery Model of Practice
- Policy Regarding Leave of Absence and the Requirements for Maintaining Continuing Competency in Neonatal Resuscitation and Cardiopulmonary Resuscitation
- New Registrants
- Ambulance Registration of Planned Home Birth
- Prior Learning Assessment Eligibility Requirements
- Sexual Abuse Prevention Plan

Guidelines:

- Management of Labour as a Controlled Act for Midwives
- Laboratory Testing
- Diagnostic Imaging
- Guidelines for Second Birth Attendants
- Shared Care with a Consulting Health Professional
- Guides for Regulation Made Under the *Midwifery Act, 1991*: Designated Drugs
- Guidelines for Structuring Supervision
- Guidelines to Antepartum Consultations for Clients of Midwives to Anaesthesia

Message from the President

It is an honour to present the first Annual Report of the College of Midwives of Ontario covering the period from January 1, 1994 to March 31, 1995. The accomplishments accounted for within this report reflect the hard work and commitment of many individuals to ensure that the philosophy and model of midwifery care will be preserved as the basis for all future policy and regulatory development.

The groundwork for College activities has been provided by a collective contribution over the years. At its first meeting in January 1994, the CMO's Council adopted regulations, policies, by-laws and standards of practice developed by the Transitional Council of the CMO. This was essential to the timely proclamation of midwifery-specific regulations and the standards used to register midwives to practise in the province. In 1993, the Transitional Council had received significant recommendations from the Interim Regulatory Council on Midwifery (IRCM). Prior to this, the IRCM along with members of the Association of Ontario Midwives and representatives from the Midwifery Task Force of Ontario had worked together to provide the basis for future policy development from the perspectives of the practising community midwife and the consumer of midwifery care.

Midwife with baby in hospital

Throughout the whole process, practising midwives have provided input to the development of policies and standards while they continued to provide care to families, adapted to working within a statutory regulatory system, established practice groups, set up new clinics and applied for funding, applied for hospital privileges and worked within the hospital settings as primary caregivers. Many midwives have accepted government appointments to Council or Council appointments to statutory committees or worked as project consultants. This has been done at a time in history when a midwife's professional life may have been the most challenging. I am grateful for their sustained commitment.

The operation of the CMO is possible due to support from the government of Ontario. Acknowledging an initially small membership base, the Ministry of Health provides an operating grant and has offered valuable assistance during the initial set up period of the CMO. The development of a registration process to ensure equitable access to the profession of midwifery was made possible with the generous support and vision of the Ministry of Citizenship, Access to Professions and Trades Branch. As a fledgling college, we have received invaluable support from other regulatory organizations, professional associations and government contacts.

Early on in this reporting period, Council functioned without a full complement of appointments which increased the responsibilities for continuing Council members. The Council, both professional and public, contributed hours of their time and energy to get challenging work done. In order to establish college policies and operations, the Executive approved engaging consultants in areas such as committee work, the prior learning assessment process, the quality assurance plan and finances.

The staff of the College provide the essential cohesive components for the work accomplished. Our Co-Registrars, Elizabeth Allemang and Robin Kilpatrick, took on the responsibilities of creating the senior position in a new organization while maintaining active practice as midwives in their community. Their commitment to the College and their profession provided the College with fundamental clinical continuity as we established the governance model for practising midwives for the first time in this province. Our Executive Coordinator, Holly Nimmons, has been with us since the Interim Regulatory Council on Midwifery in 1990. She has provided us with a continuum of valuable expertise. The full staff endured, accomplished and continued to develop the work of Council members and consultants, particularly while we experienced a low complement of Council appointments. A heartfelt thanks to the staff for their support!

Michelle Kryzanauskas, CMO President, at Midwifery Celebration Day

Reviewing this period causes me to look back on our successes with great pride and forward with inspiration at the challenges ahead. A great deal has been accomplished and there is still a great deal more to do. These accomplishments really are a sum of the individual parts played by so many people. These people are the history and the future of the college.

Co-Registrars' Report

A new chapter in the history of Ontario midwifery began with proclamation of the *Midwifery Act, 1991* and the *Regulated Health Professions Act, 1991* on December 31, 1993. We were honoured to be the first Co-Registrars for the College of Midwives of Ontario and to be among the first registered midwives in Ontario.

Our work has been challenging as we have focussed on the ongoing development of policies for the regulation of midwifery. We have benefited greatly from the work done in the previous ten years by the Association of Ontario Midwives, The Midwifery Task Force of Ontario, the Interim Regulatory Council for Midwifery and the Transitional Council of the College of Midwives. We have strived to integrate our statutory obligations with our philosophy and commitment to the partnership between midwives and midwifery consumers. Our committees have been enriched by the participation of consumer consultants, midwives and midwifery students.

The College has worked in various ways to assist with the integration of midwifery into the health care system. We have provided midwives with letters of professional conduct as a part of the application process for hospital privileges. We have met with and corresponded with many of the hospitals that have granted practice privileges to midwives and with others that are preparing their by-laws for the future. We have responded to various inquiries regarding changes in legislation that will enable midwives to fully practice within their scope, for instance, prescribing medications and ordering ultrasounds.

Our role as a regulatory body means that we also receive reports and inquiries from the public and professionals regarding the *Midwifery Act, 1991*. The College has adopted policies in relation to reports of unauthorized practice and reports regarding registered members from agencies and institutions. We are finalizing the development of our complaints' process that features alternate dispute resolution.

We have developed and administered policies and an application process for Temporary Alternate Practice Arrangements for those midwifery practices that do not have an adequate number of midwives to work within the model of practice defined by the College of two midwives in attendance at a birth. These arrangements enable small practices to develop shared care arrangements with physicians or to use second birth attendants. These arrangements are reviewed annually. As more midwives are registered it is anticipated that these arrangements will be utilized less frequently.

Midwives serve many communities

throughout Ontario and many registered midwives now have hospital privileges. On January 1, 1994, the College had 62 registered midwives and by the end of March 1995 we had 71 registered midwives. We are looking forward to the growth of the profession as we implement the College's registration assessment process and as we anticipate the first graduates of the Ontario Midwifery Education Program in 1996.

Philosophy of Midwifery Care in Ontario

Midwifery care is based on a respect for pregnancy as a state of health and childbirth as a normal physiologic process and a profound event in a woman's life.

- Midwifery care respects the diversity of women's needs and the variety of personal and cultural meanings which women, families and communities bring to the pregnancy, birth, and early parenting experience.
- The maintenance and promotion of health throughout the childbearing cycle are central to midwifery care. Midwives focus on preventive care and the appropriate use of technology.
- Care is continuous, personalized and non-authoritarian. It responds to a woman's social, emotional and cultural as well as physical needs.
- Midwives respect the woman's right to choice of caregiver and place of birth in accordance with the standards of practice of the College of Midwives. Midwives are willing to attend birth in a variety of settings, including birth at home.
- Midwives encourage the woman to actively participate in her care throughout pregnancy, birth and postpartum period and make choices about the manner in which her care is provided.
- Midwifery care includes education and counselling, enabling a woman to make informed choices.
- Midwives promote decision-making as a shared responsibility, between the woman, her family (as defined by the woman) and her caregivers. The mother is recognized as the primary decision maker.
- Midwives regard the interests of the woman and the fetus as compatible. They focus their care on the mother to obtain the best outcomes for the woman and her newborn.
- Fundamental to midwifery care is the understanding that a woman's caregivers respect and support her so that she may give birth safely, with power and dignity.

What is a Midwife?

"The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries."
The Midwifery Act, 1991

Midwifery in Ontario is based on the principles of continuity of care, informed choice and choice of birth place.

Midwives follow women throughout a full course of care from pregnancy to postpartum and attend the birth in the setting chosen by the woman.

Midwifery services are available 24 hours a day from the same group of midwives throughout pregnancy, labour, birth and the first six weeks after birth. Each midwife involved in the woman's care develops a trusting relationship with the woman, and provides safe, individualized care. The standard of midwifery care is to have two midwife attendants at each birth. Births may take place in homes, birth centres or hospitals.

Midwives are specialists in normal birth. The preventive, continuous and personal care of midwives helps women make decisions throughout pregnancy with the goal of safe, healthy births and healthy babies.

Midwife with client and baby in Sudbury hospital

History of the College of Midwives of Ontario

The first year of life of the College of Midwives of Ontario was an historic beginning, but was also the culmination of more than a decade of labour to gain recognition for the important health care role of the community midwife.

Before midwifery became a regulated health profession, there were a number of community midwives in Ontario, serving thousands of women since the mid-70s. These midwives were trained in a variety of ways, including apprenticing with practising midwives, clinical or apprentice training in another country, and clinical training in a related profession.

Midwifery practice emerged in response to consumer demand. Midwifery care was directed by the core belief that pregnancy and birth are normal, healthy, family events. The pregnant and birthing mother was viewed as the primary decision maker. Together with the women they served, community midwives developed a model of care based on the principles of informed choice, continuity of care throughout pregnancy and after, and choice of birth place.

In June 1983, a small group of consumers, health care providers and other supporters of midwifery met with midwives from the Association of Ontario Midwives (AOM) to discuss the status of midwifery in Ontario. Subsequently, the Midwifery Task Force of Ontario was established to promote legislation and recognition of midwifery.

Within three years, the Task Force had the support of over 1,000 members seeking an alternative to the medical model of childbirth and maternity care. Over the next several years, the AOM and the Task Force worked together to advocate the creation of midwifery as a recognized profession. In 1991, Bill 56, the *Midwifery Act* was passed, making Ontario the first province to recognize, regulate and fund midwifery as part of the health care system.

The passage of the *Midwifery Act, 1991*, coincided with the passage of the *Regulated Health Profession Act, 1991* (RHPA), which included midwifery as one of the twenty three regulated health professions. The *RHPA, 1991* established a consistent regulatory framework for all health professions, based on principles of accountability and reflection of the public interest, and governed by Colleges.

With the stage set for the

Midwife weighing baby at home birth

introduction of registered midwives upon proclamation of this legislation, the Interim Regulatory Council on Midwifery (IRCM) was created to develop the standards for this profession.

In consultation with practising midwives, other health professions and midwifery consumers, the IRCM built the foundation for the regulation of the profession, creating policies, standards of practice, and qualifications for entry to practice. The Council also worked with the provincial government and the Ontario Hospital Association on legislative changes to ensure that midwives could attend births in hospitals.

In December 1992, the Ministry of Colleges and Universities announced a baccalaureate program in Health Sciences (Midwifery) for the education of new midwives, with programs to be offered at three Ontario institutions: Laurentian, McMaster and Ryerson Polytechnic universities.

In January 1993, in accordance with the *RHPA, 1991*, the IRCM concluded its work, and the Transitional Council of the College of Midwives was appointed by the government. Over the period of a year, the Transitional Council completed the work necessary to begin regulation of the profession with proclamation of the *RHPA, 1991* and the *Midwifery Act, 1991*.

The Transitional Council designed and implemented registration procedures, including registering the first 60 midwives. Among other regulatory work, the Transitional Council detailed the scope of practice and began development of a prior learning assessment program to recognize the skills of midwives trained outside the province.

On December 31, 1993, the *RHPA, 1991* and the *Midwifery Act, 1991* were proclaimed. "Midwife" became a protected title, and only individuals registered with the College of Midwives became eligible to practise midwifery in Ontario and receive funding.

Midwives were now recognized as autonomous practitioners within the health care system, and Ontario hospitals became a part of the history of midwifery as they approved practice privileges for midwives.

On January 1, 1994, the College of Midwives of Ontario was established to administer the *Midwifery Act, 1991* in accordance with the *RHPA, 1991*, and to protect and promote the midwifery model that was created by women and midwives.

The Role of the College of Midwives of Ontario

With the proclamation of the *Midwifery Act, 1991*, midwifery became a self-regulating profession. The CMO is the governing body of midwifery, with responsibility for overseeing the standards and practice of the profession in the public interest. The College's legislated role is to:

- develop, establish and maintain standards of qualification for registered midwives;
- regulate the practice of the profession of midwifery and to govern the members in accordance with legislation and regulations;
- develop, establish and maintain programs and standards of practice to assure the quality of, safety of, and access to midwifery;
- develop, establish and maintain standards of professional ethics for the members;
- develop, establish and maintain programs to assist midwifery clients to exercise their rights to protection, accountability and quality care;

The College operates under principles of accountability, responsiveness, and accessibility. At the core of all College activity is the principle of serving and protection of the public. In fulfilment of its legislated role, the College consults with members to develop standards and policies and maintains liaisons with other health professionals and health regulatory colleges and areas of government which affect the practice of midwifery.

The College of Midwives provides information to the public on College activities, and provides a registry of members to the public.

Council meetings are open to the public. Meeting dates are published regularly to inform interested individuals and groups. Disciplinary hearings are also open to the public. The College publishes *The Gazette*, a newsletter describing College and Council activities.

The Administration of the College

The affairs of the College are managed and administered by the Council of the CMO. To ensure the profession's accountability and responsiveness, the Council is comprised of 49% public membership and 51%

Babies born at home with midwives

professional membership, in accord with government principles.

Currently all Council members are order-in-Council appointees, selected through the Public Appointments Unit of the Ministry of Health. When there are sufficient numbers of registered midwives, elections will be held for the professional members.

The Council acts as the board of directors for the College, overseeing all activity, developing policies and standards, and providing direction to the staff. Much of the Council work is done in committee.

Committees required by legislation include Executive, Registration, Quality Assurance, Client Relations, Complaints, Discipline and Fitness to Practice. Ad hoc committees are also established as necessary to address specific issues. In 1994/95, ad hoc committees included Finance; the Prior Learning Assessment Working Group, and the Quality Assurance Working Group.

College Staff and Office

College staff in 1994/95 was composed of two Co-Registrars, an Executive Coordinator and an Administrative Assistant.

The Co-Registrars execute policies developed by the Council, and are responsible for registration, professional conduct and governance. The first Co-Registrars of the College were Elizabeth Allemang and Robin Kilpatrick. The Co-Registrars shared the Registrar position while they each maintained an active part-time midwifery practice. As of February 1995, Winnie Hunsburger acted as Co-Registrar while Robin Kilpatrick was on maternity leave.

The Executive Coordinator, Holly Nimmons, coordinates operational and communications functions of the College. The Administrative Assistant, Gabriela Boldrini, provides administrative and clerical support.

The office is located at 2195 Yonge Street, 4th Floor, Toronto, Ontario, M4S 2B2.

Entry to Practice

Prior to the passage of the *Midwifery Act, 1991*, midwives in Ontario were trained through a variety of models, including apprenticeship and training in other countries. As a regulated profession, new midwives will become qualified to practice after successfully completing a four-year baccalaureate program in Health Sciences (Midwifery).

Midwives practising in Ontario prior to the proclamation of the *Midwifery Act, 1991* were required to participate in the Pre-registration Program at the Michener Institute. This was a one time only program to determine whether they met the registration requirements established by the CMO. Seventy-one of these individuals met the requirements and were registered as midwives in the first year of the College's existence.

To ensure that both informal and formal previous midwifery learning and experience are recognized, the CMO developed a registration assessment process based on principles of prior learning assessment (see Special Projects, page 14).

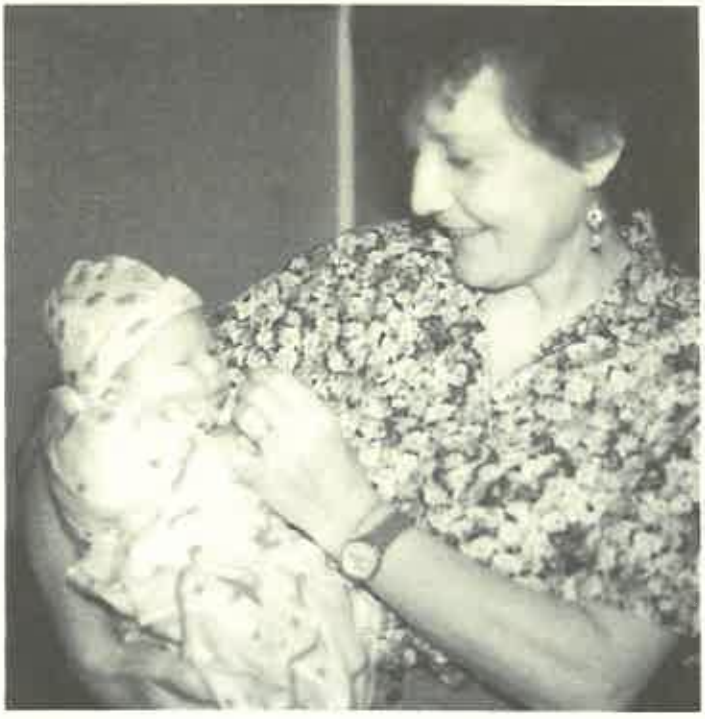
The first PLA Orientation Session in Toronto, October 1994

Special Projects

Registration Assessment

The College's registration assessment process was set in motion this year to allow registration applicants with midwifery training and experience who are not Ontario graduates to apply to become registered midwives in Ontario.

Midwife with baby



The registration assessment process is based on an assessment of candidates' prior learning and experience in relation to Ontario registration standards. The prior learning assessment (PLA) process embodies the CMO's commitment to recognizing the skills and experiences of midwives trained through a variety of formal and informal processes. The PLA process is designed to provide fair and equitable access to the profession of midwifery for these many individuals, while protecting the public through an assessment to common standards.

The PLA process allows applicants to present documentation of learning and experience, and to demonstrate their knowledge and skills. A series of tools are used to identify and assess past experience and informal learning as well as documented learning, emphasizing knowledge and skill rather than formal background. The process also identifies gaps and recommends further learning.

The process consists of several incremental steps, beginning with an orientation session to help the candidate better understand the process and determine whether or not she is eligible for

assessment. After a candidate's application is received with complete documentation, she must pass the Midwives' Language Proficiency Test, a two-stage test which evaluates language competence required for the midwife to function adequately in the profession by testing English or French listening, speaking, reading and writing skills. This test was developed by the College with the support of the Access to Professions and Trades Unit of the Ministry of Citizenship.

The next stage, Portfolio Assessment, allows an applicant to provide an auto-biography and documentation to verify clinical experience equivalency, baccalaureate equivalency and core competency equivalency.

An applicant may proceed to the final phase of PLA, Multi-faceted Assessment, which involves both written and clinical examinations of those areas where equivalency is not demonstrated through the Portfolio Assessment. The development of the Multi-faceted Assessment phase is underway, also with the support of the Access to Professions and Trades Unit of the Ministry of Citizenship.

In 1994, the structure of the process was completed and the first applicants began assessment. The first orientation session, attended by more than 400 applicants, was held in October 1994. It was offered in five sites in the provinces through in-person and teleconference sessions. Subsequently, 165

Brothers born at home with midwives

applications for assessment were received, and 126 individuals completed the required documentation.

The first language tests were administered in early 1995. Stage I (reading, writing and listening) was administered to 125 examinees in February, 1995, simultaneously in five centres throughout the province. Sixty four applicants passed the first stage and were eligible to sit Stage

II, an oral test which was administered to 63 examinees in March, 1995. All examinees passed this stage successfully, and 62 candidates proceeded to the next stage of Portfolio Assessment.

The implementation of the PLA process was the culmination of a project which began in June, 1993. The program was developed by an ongoing PLA Working Group under the Registration Committee, consisting of Elizabeth Allemang (staff), council members Holliday Tyson and Vicki Van Wagner, consultants Susan James and Mary Ann Leslie and PLA Coordinator Shaheen Uddin.

Birth Centres

In early 1995, a Joint Standards Committee of the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario and the College of Midwives of Ontario completed a two-year collaborative project to produce standards for the operation of free standing birth centres.

Building on the standards of each college, the joint standards set out a framework for members of all three professions to work together in free standing birth centres.

Key elements of the standards include:

- prearranged relationships with hospitals for transfer of care where necessary;
- prenatal, intrapartum, postpartum and follow-up care by all health professionals based on the midwifery model;
- mechanisms to ensure all staff have the opportunity to participate in planning, decision-making and the formulation of policies which affect the facility;
- designated Quality Adviser appointed from the professional staff at all facilities;
- equipment of all facilities with a safe environment for an uncomplicated labour and birth, as well as for the management of obstetrical emergencies and emergency transfers.

The CMO also developed standards for midwifery care in birth centres in remote settings in order to allow women in the local communities the opportunity to deliver their babies close to home.

CMO representatives who served on the committee during this reporting period were: Council members Michelle Kryzanauskas and Vicki Van Wagner, consultant Dianne Pudas and Holly Nimmons representing the staff.

Committee Reports

Statutory Committees

Under the *Regulated Health Professions Act (RHPA, 1991)*, all Colleges are required to establish statutory committees to ensure that the work of the profession is conducted in the best public interest. In this start-up year, all committees were formulated and completed significant pieces of their mandates.

Executive Committee

Chair:	Michelle Kryzanauskas, President
Vice-Chair:	Pat Israel, Vice-President
Finance Officer:	Fiona Chapman
Ex Officio:	Co-Registrars, Executive Coordinator

The Executive Committee oversees all work of the College, and is responsible for finances, public relations and government liaison and manages College business between Council meetings.

The Executive committee is also given certain statutory functions to perform. For example, these duties include referring specified allegations of professional misconduct or incompetence to the Discipline committee, making an interim order suspending or restricting a certificate of registration pending a discipline hearing and reinstating a member's certificate of registration without a hearing. In one case, the Executive committee proposed imposing terms and conditions on an interim basis to a member's certificate of registration, pending the outcome of a discipline hearing. The College and the member reached an agreement which satisfied the College's concerns and it was therefore unnecessary to impose conditions or conduct a hearing.

The Executive initiated and participated in ongoing liaison with other midwifery organizations in the province, and with relevant branches of government, including the Professional Relations Branch, the Access Branch of the Ministry of Citizenship, the Alternative Funding Unit, the Public Appointments Unit and the Health Professions Regulatory Advisory Council. The Executive also worked with staff to restructure the office and support systems of the Council and its committees.

To gather information and to establish contacts with other health professionals and midwifery supporters, members of the Executive attended a number of workshops and conferences, including the Council on Licensure, Enforcement and Regulation (CLEAR) conference, DisAbled Women of Toronto, the Ontario Midwifery Consumer Network, District Health Council and the Ontario Hospital Association.

The Committee established a Finance subcommittee with responsibility for the daily financial operations of the College. The Finance committee, working with the Executive Coordinator, finalized budget negotiations for the operating grant with the Ministry of Health, submitted quarterly financial reports, implemented a self-monitoring budgeting process for each committee of the College, and coordinated the external audit of financial statements for the year end.

Registration Committee

Chair: Betty Wu Lawrence

Members: Brenda Hyatali, Abby Pollonetsky, Bobbi Soderstrom*, Holliday Tyson, Vicki Van Wagner, Dena Zimbel*

The Committee mandate is to develop and administer the process through which qualified individuals apply for and become registered midwives.

As required under legislation, the Committee set up four panels to review registration application referrals from the Co-Registrar. Subsequently, the panels directed the Co-Registrar to issue certificates of registration in the following categories:

1 general certificate of registration

2 general certificates of registration with conditions

1 supervised practice certificate of registration

The primary focus of the Committee in 1994/95 was to finalize the process for registration through prior learning assessment (PLA). The project was guided by two mandates: access to the profession for qualified midwives, regardless of the manner or place of training and experience, and public protection. (See Special Projects, page 14). Much of the work on this project was done by a sub-committee, the PLA Working Group.

At the end of the year, the PLA Working Group was meeting regularly to finalize the tools to assess clinical and theoretical midwifery knowledge and skills for the final phase of the process, Multifaceted Intensive Assessment.

Throughout the year, the Registration Committee worked with the PLA Community Advisory Committee, which had been in place since 1993, to gather community input in order to further refine the PLA process and to ensure that it provides fair access to the profession and remains publicly accountable.

The Committee worked on developing guidelines regarding supervised practice, and was involved in reviewing active practice requirements. It also worked with the Quality Assurance committee regarding continuing education and ongoing assessment of competence of members with a view to future policy development.

Client Relations Committee

Chair: Abby Pollonetsky

Members: Pat Israel, Beth Golden*, Patty McNiven, Diane Parkin*

* indicates Non-Council committee participant

The Client Relations Committee has the mandate of developing and implementing a client relations program, including measures to prevent and deal with sexual abuse of clients.

In 1994, the Committee developed a Sexual Abuse Prevention Plan. In developing the plan, the committee researched existing plans from other colleges, and drafted a Statement of Philosophy supporting zero tolerance for all forms of abuse, and commitment to the prevention of sexual abuse through education of its members. The philosophy stresses that zero tolerance does not preclude professional supportive behaviour that may include physical contact that is nurturing or helpful and therefore acceptable to the client.

The plan includes the development of a brochure for clients and the public outlining the College's procedures for handling complaints of sexual abuse; development of an information package for members; training on sexual abuse for College staff and Council members; a prevention program for members; and liaison with the educational program to ensure that the issue of sexual abuse is addressed in the curriculum.

Quality Assurance Committee

Chair:	Jennifer Ristok
Members:	Michele Girash Bevan*, Brenda Hyatali, Michelle Kryzanauskas, Freda Seddon*, Mylene Shields*, Vicki Van Wagner, Anna Waugh, Dorothy Wynne

The Committee is responsible for developing standards, policies, guidelines and regulations related to quality assurance. Under the *RHPA, 1991*, the Committee must also develop a Quality Assurance Program. Much of the work of the Committee was done in subcommittees, and in partnership with other related Colleges and professional associations. Consultation with other health professional groups and with midwives was key to the Committee's work.

Over the year, the Committee worked on a wide variety of issues, including supportive care, informed choice standards, ambulance registration for home births, the ethics of client selection, facility standards for birth centres, temporary alternate practice arrangements, records content and record keeping.

Members of the Committee regularly met with the College of Nurses of Ontario to work through issues such as the midwife's role when a client requests or requires epidural anaesthesia, augmentation or induction of labour. The Committee also developed an ongoing relationship with the Department of Anaesthesia (University of Toronto) to address provincial issues and to develop guidelines and practice policies for the working relationship between midwives and anaesthetists.

A Narcotic Drug Questionnaire was developed and circulated to members to provide the committee with information to assist in discussions about which controlled drugs need to be included in the midwives' pharmacopoeia under the *Narcotics Act*.

* indicates Non-Council committee participant

Other Committee efforts include working closely with the Association of Ontario Midwives to develop guidelines for continuing education opportunities and upgrading and updating midwifery skills, and continued representation on the Joint Standards Committee on Birth Centres to develop clinical practice parameters and facility standards for free standing birth centres (see Special Projects, p. 15). The expected opening of free standing birth centres to be staffed by midwives initiated earlier development of Quality Assurance Program than originally anticipated. The Committee worked with a consultant to develop definitions and terms of reference for a CMO Quality Assurance Plan with processes for assessing peer review, auditing members' practices, ensuring clinical competence and continuing education.

At the end of the year, the Committee was also working on guidelines for solo practitioners, changing requirements on CPR re-certification, and collecting data on transfer of care. The Committee continues to meet and work with other related health care professionals to inform the ongoing development of standards and policies.

Joint Committee on Complaints, Discipline and Fitness to Practice

Chair: Fiona Chapman

Members: Pat Israel, Patty McNiven, Jennifer Ristok, Betty Wu Lawrence

Early in the year, the Council did not yet have its full complement of membership. Therefore, a joint committee was struck to address the establishment of the statutory committees for Complaints, Discipline and Fitness to Practice in order to prepare for statutory work in these areas. In October 1994, the Committee presented its recommendations to the Council on membership, terms of reference and future issues which needed to be addressed.

Key among the Committee's recommendations was an endorsement of the use of alternative dispute resolution (ADR) processes where appropriate for the complaints process (with the exception of allegations of sexual misconduct). The goal of ADR is to reach a mediated settlement satisfactory to all parties. The Committee also recommended that decisions reached using ADR must be approved by the Discipline Committee.

Following these recommendations, the three statutory committees began meeting separately to develop processes which fulfill the College's mandate of protection of the public and respect for the rights of all parties.

Complaints Committee

Chair: Anna Waugh

Members: Fiona Chapman, Belinda Clarke*, Patty McNiven, Rena Porteous*, Holliday Tyson

The Complaints Committee is responsible for reviewing and investigating complaints from the public. A Complaints Panel may resolve

* indicates Non-Council committee participant

a complaint or refer to the Discipline Committee.

In 1994/95, the Committee established its terms of reference, and began developing CMO policies for the complaints process and an information brochure for the public and for College members.

One complaint was referred to a Complaints Panel. The investigation was not complete by the end of this reporting period.

Policies under development at the end of the year included maintaining records, handling anonymous complaints, and using complaints for members' education. Also underway is the finalization of a policy on complaints involving non-registered midwives.

Discipline Committee

Chair: Pat Israel

Members: Fiona Chapman, Dianne Shaver*, Jennifer Ristok

The role of the Discipline Committee is to hold hearings into allegations of a member's professional misconduct or incompetence. The Discipline Committee also reviews settlements of complaints reached through Alternative Dispute Resolution.

In its start-up phase, members of the Discipline Committee attended seminars and discipline hearings of other colleges . The Committee completed its terms of reference, and work began on several policies, including the publication of information on decisions and a document for the preparation of witnesses for tribunal hearings.

The Committee is developing the policies for the process for disciplinary hearings.

There were no referrals to the Discipline Committee during this year.

Fitness to Practice Committee

Chair: Patty McNiven

Members: Betty Wu Lawrence, Sasha Padron*, Merryn Tate*

The Fitness to Practice Committee conducts hearings to investigate allegations of a member's incapacity to practice, acting upon formal referral from the Executive Committee. Beyond its statutory mandate, the Committee will focus on a proactive and preventive role by collecting information and making recommendations on variables affecting ability to practice, such as workplace health, substance abuse and stress.

The Committee focused on developing a process for conducting Fitness to Practice Hearings as well as developing terms of reference and building a body of knowledge about issues relating to ability to practice.

* indicates Non-Council committee participant

Council Members

(January 1, 1994 – March 31, 1995)

Michelle Kryzanauskas, *President, professional member*

Pat Israel, *Vice-President, public member*

Fiona Chapman, *public member*

Brenda Hyatali, *professional member (to January 1994)*

Betty Wu Lawrence, *public member*

Patty McNiven, *professional member*

Abby Pollonetsky, *public member*

Jennifer Ristok, *professional member*

Holliday Tyson, *professional member (as of March 1994)*

Vicki Van Wagner, *professional member (to January 1995)*

Anna Waugh, *public member (as of November 1994)*

Dorothy Anne Wynne, *public member (to February 1995)*

SITTING LEFT TO RIGHT: Pat Israel, Brenda Hyatali, Abby Pollonetsky, Vicki Van Wagner. STANDING LEFT TO RIGHT: Jennifer Ristok, Patty McNiven, Dorothy Anne Wynne, Betty Wu Lawrence, Holliday Tyson, Fiona Chapman, Michelle Kryzanauskas

List of Registered Midwives

We proudly present the first midwives to be registered to practice midwifery in Ontario as members of the College of Midwives of Ontario.

Allemang, Elizabeth
Bandrowska-Maloney, Teresa
Bradley, Anna Jean
Burton, Heather Anne
Brechin, Heather Laura
Cameron, Carol A.
Cannon, Peggy C.
Columbia-Rains, Susan
Cressman, Elsie
Cressman, Evelyn R.
Daviss, Betty-Anne
Duncan, Katherine Taylor
Entwistle, Royce
Fioravanti, Margaret
Gallagher, Shawn C.
Honey, Carol Lynn
Howlett, Susan
Hunking, Mary C.
Hutton, Eileen K. McNally
Johnson, Elana
Katherine, Wendy
Kaufman, Karyn J.
Keffer, Heather
Kemeny, Barbara E.
Kilpatrick, Robin S.
Kilroy, Katrina Helen
Kilthei, Jane
Kryzanauskas, M.D. Michelle
Laverty, Dianne I.
Lenske, Larry
Leslie, Mary Ann
Lynch, Bridget G.
MacGillivray, Shelagh Jay
McDonald, Helen C.
McNiven, Patricia
Meltzer, Shirley Ellen
Molnar, Mary
Morrow, Mary E.A.
Mory, Jaylene
Moscovitch, Linda Ann
Naik, Mina
Nichols, Lucie
Nixon, Letitia Anne
Parkin, Diane D.
Pemberton, Ellen
Penczak, Katherine
Porteous, Rena
Roch, Barbara
Rogers, Judith Marie
Ropp, Violet Showalter
Rose, Christine C.
Rose, Susan
Ristok, Jennifer
Ruskin, Catherine
Seddon, Freda L.
Sexsmith, Kelly Marie
Sharpe, Mary Josephine Donovan
Shaver, Dianne
Smith, Christine
Smith, Debra Ann
Soderstrom, Bobbi
Sternberg, Christine
Tanner, Louise
Tate, Meryn Ellen
Teevan, Jan Elizabeth
Tyson, Holliday Linda
Wagner, Vicki Van
Vandersloot, Arlene
Wheeler, Ava
Wilts, Susan
Wylie, Mary

Midwifery in Ontario

Registered midwives (as of March 31, 1995)	
General	69
General with conditions	1
Supervised	1
Number of Midwifery Practices	23
Total Number of Clients Served by Midwives	2,379
Students in Midwifery Education Program	70
Anticipated graduating class of midwives by August 1996	19
New students expected to begin the program in September 1995	30
Candidates in Prior Learning Assessment Process	62

COLLEGE OF MIDWIVES OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 1995

Hilborn Ellis Grant

Chartered Accountants
Toronto, Canada

Auditors' Report

To the Council of the
College of Midwives of Ontario

We have audited the balance sheet of the **College of Midwives of Ontario** as at March 31, 1995 and the statements of revenues, expenditures and surplus and changes in financial position for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at March 31, 1995 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Hilborn Ellis Grant

Toronto, Ontario
June 7, 1995

Chartered Accountants

COLLEGE OF MIDWIVES OF ONTARIO

Balance Sheet

March 31, 1995	1995 $	1994 $
ASSETS		
Current Assets		
Cash	**114,548**	-
Short-term investments	**125,100**	120,000
Accounts receivable	**26,981**	3,710
Prepaid expenses	**1,100**	7,471
	267,729	131,181
Capital Assets *(note 3)*	**21,602**	17,170
	289,331	148,351
LIABILITIES		
Current Liabilities		
Bank indebtedness	**-**	51,422
Accounts payable and accrued liabilities	**5,199**	3,221
Government advance *(note 4)*	**20,000**	-
Deferred membership fees	**34,813**	4,965
	60,012	59,608
SURPLUS *(note 5)*	**229,319**	88,743
	289,331	148,351

Approved on behalf of the Council:

President M Kryzanowska, RM

Vice-President Ms. P. Israel

Statement of Changes in Financial Position

Year ended March 31, 1995	1995 $	1994 $
Cash provided by (used in)		
Operating activities		
Excess of revenues over expenditures for year	**140,576**	76,627
Item not requiring a current cash payment		
Amortization	**4,184**	3,297
	144,760	79,924
Net change in non-cash working capital balances	**14,926**	(2,995)
	159,686	76,929
Investment activities		
Additions to capital assets	**(8,616)**	(8,351)
Financing activities		
Government advance	**20,000**	-
Net increase in cash during year	**171,070**	68,578
Cash, beginning of year	**68,578**	-
Cash, end of year	**239,648**	68,578
Cash represented by:		
Cash (bank indebtedness)	**114,548**	(51,422)
Short-term investments	**125,100**	120,000
	239,648	68,578

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Revenues, Expenditures and Surplus

Year ended March 31, 1995	Operations $	Dedicated Adjudicative Fund $	Birthing Centres Project $
		(note 7)	*(note 8)*
Revenues			
Government grant *(note 6(a))*	290,617	120,000	-
Membership fees	69,733	-	-
Prior learning assessment fees	32,140	-	-
Subscriptions	1,183	-	-
Document sales	2,493	-	-
Other	8,059	-	5,222
	404,225	120,000	5,222
Expenditures			
Salaries and benefits	173,088	-	-
Professional fees and consultants	51,121	37,891	-
Council and committees	55,533	-	-
Insurance	3,737	-	-
Telephone	14,810	-	-
Printing and postage	10,193	-	-
Office and general	29,161	-	5,222
Amortization	4,184	-	-
Prior learning assessment	23,416	-	-
	365,243	37,891	5,222
Excess of revenues over expenditures (expenditures over revenues) for year	38,982	82,109	-
Surplus, beginning of year	49,639	-	-
Surplus, end of year	88,621	82,109	-

Access Project I $ (note 9)	Access Project II $ (note 10)	1995 $	1994 $
-	50,000	**460,617**	470,453
-	-	**69,733**	19,197
-	-	**32,140**	-
-	-	**1,183**	5,904
-	-	**2,493**	1,733
-	-	**13,281**	14,211
-	50,000	**579,447**	511,498
-	-	**173,088**	118,420
30,515	-	**119,527**	168,452
-	-	**55,533**	66,402
-	-	**3,737**	2,054
-	-	**14,810**	23,119
-	-	**10,193**	11,625
-	-	**34,383**	41,502
-	-	**4,184**	3,297
-	-	**23,416**	-
30,515	-	**438,871**	434,871
(30,515)	50,000	**140,576**	76,627
39,104	-	**88,743**	12,116
8,589	50,000	**229,319**	88,743

March 31, 1995

1. Authority and Objective

The College of Midwives of Ontario (College) was incorporated under the Regulated Health Professions Act (RHPA) (Section 2, Procedural Code) effective upon proclamation December 31, 1993. The College, prior to its incorporation, was organized as the Transitional Council of the College of Midwives of Ontario for the period January 15, 1993 to December 31, 1993 with authority and power provided under Bill 56 (Midwifery Act) in Section 2. As the regulator and governing body of the midwifery profession in Ontario, the College's major function is to administer the Midwifery Act, 1991 in the public interest. The College was established under the RHPA, 1991 to:

- regulate the practice of the profession and to govern the members in accordance with the legislation, the regulations and by-laws;
- develop, establish and maintain standards of qualification for persons to be issued certificates of registration;
- develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession;
- develop, establish and maintain standards of professional ethics for the members;
- develop, establish and maintain programs to assist individuals to exercise their rights under the Procedural Code of the RHPA, 1991; and
- provide protection to the public by regulating the profession.

2. Significant Accounting Policies

a) Capital assets

Capital assets are recorded at cost. Amortization is calculated on the declining balance basis using rates based on the estimated useful life of the assets as follows:

Computer hardware	- 20% per annum
Computer software	- 30% per annum
Office furniture and equipment	- 20% per annum

Notes to Financial Statements (continued)

March 31, 1995

2. **Significant Accounting Policies** (continued)

b) **Revenue recognition**

i) **Member's fees**
Member's fees are recognized as revenue on an accrual basis.

ii) **Subscriptions**
Revenue from subscriptions is recognized on a cash basis.

iii) **Document sales**
Revenue from document sales is recognized on a cash basis.

c) **Fund accounting**
Fund accounting has been developed whereby a self-balancing group of accounts has been provid for each defined project and fund of the College with the exception of operations. Primary accou ing emphasis is on the inflows and outflows of the defined projects. Inter- period allocations of co are not made.

d) **Donated services**
The work of the College is dependent on the voluntary services of many members. The value donated services is not recognized in these financial statements.

e) **Income Taxes**
As a not-for-profit professional membership corporation, the College is not liable for income taxes

3. **Capital Assets**

	Cost $	Accumulated Amortization $	1995 Net Book Value $	1994 Net Book Value $
Computer hardware	20,570	5,845	14,725	14,279
Computer software	4,127	469	3,658	652
Office furniture and equipment	4,386	1,167	3,219	2,239
	29,083	7,481	21,602	17,170

March 31, 1995

4. **Government Advance**

The advance is payable to the Ontario Ministry of Health, is non-interest bearing and has no specific terms of repayment. While public members are reimbursed by the Ontario Ministry of Health, the College administers direct payment to public members on behalf of the government. The advance is to recognize the payment by the College of public members' expenditures prior to being reimbursed by the Ontario Ministry of Health.

5. **Surplus**

The composition of surplus as at March 31, 1995 is as follows:

Operations - unrestricted	$ 88,621
Dedicated Adjudicative Fund	82,109
Access Project I	8,589
Access Project II	50,000
	$ 229,319

6. **Social Contract Recoveries**

The College was required under the Social Contract Act, 1993, to meet certain cost reduction targets.

a) The government grant as reflected in the financial statements, received from the Ontario Ministry of Health in respect of operations, is net of a social contract compensation target recovered from employees of the College in the amount of $2,785.

b) Expenditures as reflected in the financial statements include $1,570 which was remitted to the Ontario Ministry of Health. This amount represents a 3.07% reduction in the honoraria of professional council members.

7. **Dedicated Adjudicative Fund**

The College established the Dedicated Adjudicative Fund to deal with adjudicative matters concerning complaints and matters of discipline as the midwifery profession established itself as a self-regulated and autonomous profession in Ontario and to finance the related costs of the College. A portion of the grant received from the Ministry of Health was allocated to allow for this contingency.

March 31, 1995

8. **Birthing Centres Project**

The College, through contract funds provided by the Ontario Ministry of Health, established the Birthing Centres Project. The Project was designed to facilitate the participation of the College with the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario on the Joint Standards Committee on Birth Centres. The Joint Standards Committee on Birth Centres was established to develop clinical practice parameters and facility standards for free standing birth centres licensed under the Independent Health Facilities Act. The Birthing Centres Project concluded according to contract February 26, 1995.

9. **Access Project I**

The College, through a grant received from the Ontario Ministry of Citizenship, Access to Professions and Trades, established Access Project I. Access Project I is designed to research, develop and implement the midwives language proficiency test (English/French).

10. **Access Project II**

The College, through a grant received from the Ontario Ministry of Citizenship, Access to Professions and Trades, established Access Project II. Access Project II is designed to develop the multi-faceted assessment phase for registration of the Prior Learning Assessment process.

11. **Premises**

The College receives the use of their premises on a rent free basis from the Ontario Ministry of Health.

12. **Comparative Figures**

Certain of the comparative figures have been reclassified to conform to the current year's presentation.