

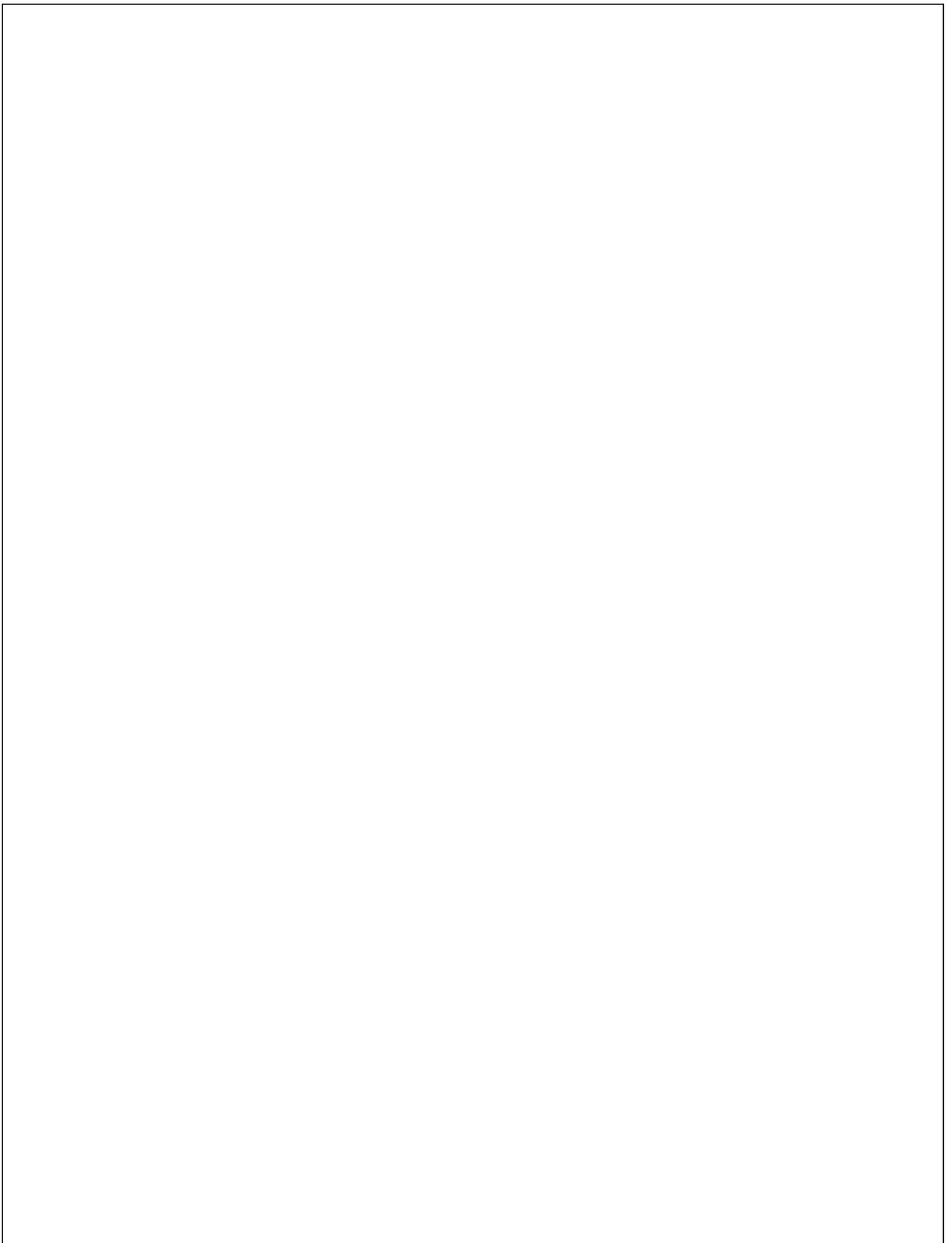
COLLEGE OF  
MIDWIVES  
OF ONTARIO



ORDRE DES  
SAGES-FEMMES  
DE L'ONTARIO

# **ANNUAL REPORT**

**2005-2006**



# CONTENTS

PRESIDENT'S MESSAGE.....	4
ABOUT THE COLLEGE .....	5
HIGHLIGHTS 2005/06 .....	6
ACTIVITIES & ACCOMPLISHMENTS.....	6
INTRA-PROFESSIONAL PARTICIPATION .....	9
COUNCIL .....	12
COMMITTEES.....	13
INTER-DISCIPLINARY PARTICIPATION .....	21
FINANCIAL STATEMENTS.....	23

## PRESIDENT'S MESSAGE

Looking globally, the College is now working on international, national, and provincial levels to promote and strengthen midwifery care. We are proud to include the following highlights for fiscal 05-06: the College is working with government and midwifery organizations to create an inclusive program for recent Canadian immigrants already trained in midwifery care who want to practise midwifery in Canada, and thereby filling a much needed gap in the care of expecting women here. We have worked hard alongside other key midwifery organizations country-wide to create a national exam. The College is continuing to foster close ties with the government and affiliated agencies to establish midwifery within the collaborative care model that is currently being created.

Midwifery care is experiencing growth on a national level, as more provinces and territories create their own midwifery regulatory Councils for the first time. Canadian midwifery regulatory Councils are inspiring and influencing other midwifery organizations on a global scale, as we break new ground in achieving self-governance and autonomy for our profession. The College has played a fundamental role in shaping and establishing a framework for the Canadian Midwifery Regulators Consortium (CMRC). The CMRC has a number of key mandates including helping provinces and territories regulate midwifery, establishing a national exam, and creating important links between provincial organizations. The College is now handing the role of the Chair onto other provinces to ensure the CMRC is a national, multi-dimensional organization.

The College works closely with other maternity care stakeholders to further the practice of midwifery, to support midwives as autonomous practitioners, and to safeguard women's choice. At conferences and inter-organizational meetings, we address difficult issues such as how to work effectively in a system riddled with questions currently unanswered by science, politics, and the medical/legal arena.

The College was proud to be recognized in the fall of 2005 by the Minister of Immigration and Citizenship as an organization working very hard to meet ministry initiatives concerning the registration of nationally and internationally trained midwives.

Mylene Shields, BHSc, RM  
President

# ABOUT THE COLLEGE

## **Vision**

Midwifery care in Ontario is defined and guided by a history of ongoing support for community-based midwives working in partnership with childbearing women. The College envisions a time when every community and every woman in the province has midwifery care as an accessible and viable option for childbearing.

## **Mission**

The College of Midwives of Ontario ensures that its members provide the highest standard of care to their clients through its regulatory processes. The regulatory processes provide an exemplary model of care for the profession by providing standards and guidelines for the midwives that ensure quality of care and protection of the public. The College establishes ethical standards that speak to individual and community needs, encouraging informed choice for the client and the participation of women. The College accomplishes these goals in an atmosphere that is responsive to the public and its members.

## **Mandate**

The mandate of the College is to regulate the profession of midwifery in accordance with the *Regulated Health Professions Act, 1991*. The primary responsibility of the College is the protection of the public, specifically the childbearing women and their infants to whom its members provide care.

As the regulatory body for the province's registered midwives, the College's main function is to administer the *Midwifery Act* in the public interest. The College was established under the *Regulated Health Professions Act, 1991* to:

- Regulate the practice of the profession and to govern the members in accordance with the legislation, the regulations and the 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 this Code and the *RHPA, 1991*;
- Provide protection to the public by regulating the profession.

## HIGHLIGHTS 2005/06

- Implementation of senior management restructuring
- Successful hiring of full-time and contract staff
- Implementation of the first phase of strategic plan initiatives
- Implementation of Outcome Based Evaluations
- Creation of the National Midwifery Registration Exam
- Continued management of the CMRC
- Increased involvement with related provincial and national organizations

## ACTIVITIES & ACCOMPLISHMENTS

### Senior Management Restructuring

The restructuring of the College's senior management is almost complete. The College is now well positioned to address the challenges inherent in the current shortage of maternity care providers in Ontario.

The realignment of senior staff functions has increased our capability for networking and building relationships with the government, other colleges, as well as national and international midwifery organizations.

### New Staff

New staff members have been hired. These include the Registrar/CEO, an Executive Assistant and a Bookkeeper.

### Strategic Plan Initiatives

In December 2004, a three-year strategic plan was developed by Council members and staff. The College has met the majority of the first year strategic goals, while accomplishing its regulatory functions. The plan identified three primary priorities that continue to guide College initiatives.

#### **Priority 1: Structure**

*Change and improve organizational structure and processes*

Identified actions include:

- Put new structure in place
- Improve space, workplace efficiency, and availability of required technologies
- Improve the efficiency and effectiveness of Council meetings

#### **Priority 2: Midwifery**

*Protect, promote, and advance midwifery*

Identified actions include:

- Participate in solving the maternity care crisis
- Increase availability and access to midwifery care

- Confirm the three main tenets of midwifery: informed choice, continuity of care, and choice of birthplace
- Ensure that College is recognized as a leader in promoting these tenets and that it has a voice
- Improve buy-in from other health professionals, government, and consumers
- Improve integration into hospitals

**Priority 3: Midwives**

*Facilitate members/midwives to meet College requirements*

Identified actions include:

- Improve current regulatory requirements
- Reduce stress and reporting time for midwives
- Assist midwives in continuing to be knowledgeable and informed

**Outcome Based Evaluation**

The implementation of Outcome Based Evaluations (OBE) has been successful. Council determined OBE's to be an important management tool to measure performance and ensure a focused strategic direction of the College. Each committee attended a training workshop and subsequently completed their Outcome Based Evaluation Workplans for 2005-06.

**National Midwifery Registration Exam**

The National Assessment Strategy (NAS) is a project of the Canadian Midwifery Regulators Consortium (CMRC). During fiscal 2005-06 it has focused on the creation of a national registration exam in response to the growth of the midwifery profession across Canada. No individual province can afford to stage the exam. However, carried out on a national level, the exam will allow for the pooling of resources amongst provinces, maintaining valid and secure questions, and facilitating upkeep of exams. A national exam will bring midwives in line with many other professions who require a registration exam. Much of the ground work for the exam has been completed. Each member organization of the CMRC will take back to its Council for adoption the requirement that, as of May 2008, all applicants for registration must take and pass the national registration exam.

**Regulations**

The College has proposed amendments for Professional Misconduct, Registration, and Designated Drugs Regulations before the Ministry of Health and Long-Term Care. The submissions before the Ministry include rationales, recommendations from stakeholders, and feedback gathered from member consultation and legal counsel.

## **Designated Drugs Regulation**

In 2003, the College had decided to amend the drug regulation to list classes of drugs as opposed to naming specific drugs. In fiscal 2005, the College prepared the proposal for submission and initiated consultations with the College of Physicians and Surgeons of Ontario (CPSO), the Ontario Medical Association (OMA), the Ontario College of Pharmacists (OCP), the Pharmacists Association of Ontario, and the College of Nurses of Ontario (CNO) to gain support for the proposed amendment. In support of the proposal, draft standards were developed to describe the classes of drugs being requested and the specific situations in which they would be applied.

The proposed amendments to move to classes of drugs were submitted, but not accepted by The Ministry's Direct Payment and Regulatory Programs Policy Unit. The College subsequently began expansion of the designated drug list to provide a more comprehensive list of drugs available for midwives to prescribe and/or administer. This amendment will be submitted to the Ministry in the next fiscal year.

## **Laboratory Testing and Diagnostic Imaging**

The guidelines for Laboratory Testing and Diagnostic Imaging were reviewed and revised to include a number of tests most applicable to primary care practised by midwives. The amendments and rationales will be submitted to the Ministry in the coming year.

## **Registration Regulation**

The Ministry's Direct Deposit Payment and Regulatory Programs Policy Unit (DPRPPU) requested that the College prepare a chart of all proposed amendments and rationales that have been submitted over the past five years. The College submitted a draft to the DPRPPU in the fall of 2005 but had not received a response by the end of fiscal 2006.

## **Membership**

As of March 31, 2006, the College had 333 registered members. In fiscal 2005, the College registered 51 new midwives, and 22 members resigned, retired or were revoked. The 51 newly registered members consist of 34 graduates of the Midwifery Education Program, 14 graduates of the International Midwifery Pre-registration Program, and 3 transferred to Ontario through the Mutual Recognition Agreement (MRA).

## **Policy Revision and Development**

A midwife consultant was contracted to review the random practice audit component of the Quality Assurance Program.

## **Systems**

The College has completed upgrading the computer network and desktop systems.

## **Communications**

One issue of *The College Bulletin* was produced and distributed to members and subscribers. Comprehensive website updates were posted providing members with easy access to reporting forms and the current activities of the College. The website continues to provide current documents to facilitate access to midwifery care and an understanding of the profession for the Ontario public.

## **Member Consultation Forums**

The 2004 forums were reviewed by council and seen as a great success. Dates for 2007 forums are being established.

# **INTRA-PROFESSIONAL PARTICIPATION**

## *Provincial*

### **Stakeholder Participation**

The College participated in a two day stakeholder retreat in June 2005 with representatives from the following organizations: the Midwifery Education Program, the Association of Ontario Midwives, the RM Advisory Committee of the Society of Obstetricians and Gynaecologists, the Coroner's Maternal and Perinatal Death Review Committee, the Ontario Maternity Care Expert Panel, and the Ontario Midwifery Program.

Key issues addressed were: fostering cohesiveness and communication among the organizations; determining how midwives can most effectively facilitate practice within the larger maternity and health care environment; the growth of the profession and human resources issues; recruitment and retention in the profession.

### **Association of Ontario Midwives (AOM)**

The College and the AOM continued to meet regularly to further the shared interests and goals of their members. Collaborating on improved processes and communication with members is essential to integrating the interests of our shared membership.

### **Midwifery Education Program (MEP)**

The College continued to present information to all levels of students of the Midwifery Education Program throughout the year. Communicating with prospective students early in their decision-making process is vital to their constructive integration into the profession of midwifery.

### **International Midwifery Pre-Registration Program (IMPP)**

The College completed a 30-page survey compiled by the IMPP with respect to foreign trained professionals as a means to increase efficiency and speed in their ability to practice in Ontario.

### **Joint Risk Management Working Group (JRMWG)**

The JRMWG comprises representatives from the College of Midwives of Ontario, the Association of Ontario Midwives, and the Midwifery Education Program. The group's mandate is to discuss and recommend ways to improve the quality of midwifery care and manage potential areas of risk of harm to clients.

A review of the midwifery practice survey conducted in November 2004 took place. The response rate of the survey was very good with 41 out of 49 practices contributing, reflecting practice conditions in 49 different hospitals.

In regards to the issue of midwives practicing within their full scope, approximately 20-25 practices are still required to transfer care to an obstetrician for oxytocin and epidural interventions, and almost all midwives transfer care for twins and breech deliveries. The information will be considered by the stakeholders when discussing issues of liability, extended class and scope, and member support and educational development.

Other agenda topics included peer case review, informed choice, supervision and mentoring, infection control, College drug and lab changes, hospital privileges, and pilot projects.

### **Midwifery Pilot Project Review Committee (MPPRC)**

The Midwifery Pilot Project Review Committee (MPPRC) consists of representatives from the College, the Association, and the Education Program. It was established to review midwives' proposals to develop innovative approaches to the provision of midwifery care. The MPPRC developed the Pilot Project Overview and Criteria to guide the application and review process. The College hosted a telephone information session prior to the first application deadline and posted information and application packages on the College website. Two applications were received and reviewed by the Committee with one application receiving approval. The approved application uses nurse practitioners as second birth attendants and in the provision of pre and postnatal care. The College continues to participate on this Committee as it moves into the second round of applications.

## *National*

### **Canadian Midwifery Regulators Consortium (CMRC)**

The Registrar and Director of Operations acted as chair and secretariat, respectively, for the Canadian Midwifery Regulators Consortium (CMRC). The Registrar was a participant, along with the president. The College participated in several national initiatives, including the National Assessment Strategy (NAS) and consultations with the Office of Controlled Drugs and Substances to facilitate narcotics prescription and administration by midwives.

### **National Assessment Strategy (NAS)**

The NAS research project investigated the best possible assessment practices for a successful national assessment strategy for foreign-educated midwives. The project concluded that a registration exam administered nationally would provide a consistent assessment of applicants for registration across Canada. The NAS Steering Committee began work on a proposal for the funding to develop a National Registration Exam.

### **Office of Controlled Drugs and Substances (OCDS)**

The Office of Controlled Drugs and Substances oversees the Controlled Drugs and Substances Act. As a CMRC member, the College participated in the development of a proposal to expand the authority of midwives to prescribe and administer controlled substances.

### **Mutual Recognition Agreement (MRA)**

The purpose of the Mutual Recognition Agreement (MRA) is to establish the conditions under which a midwife who is registered in one Canadian jurisdiction will have her qualifications recognized in another Canadian jurisdiction that is a party to the agreement. In 2005 a review and revision of the original agreement signed in 2001 occurred.

### **Canadian Association of Midwives (CAM)**

The president and registrar attended the CAM conference in Halifax, Nova Scotia. The national exam was piloted to 30 midwives attending the conference, and it met with great success. Other topics included collaborative care and informed choice. The conference provided an important opportunity for networking and discussion of midwifery at a national level.

# COUNCIL

The role of Council is to act as the Board of Directors. Council sets the strategic direction of the College and manages and administers its affairs. The Council of the College consists of thirteen members: seven professional members elected by their peers and six public members appointed by the Lieutenant Governor of Ontario. Council members work in partnership to govern the profession of midwifery in Ontario.

## Council Members

**April 2005 - March 2006**

### Professional Members

Mylene Shields, RM	President	April 2005 – March 2006
Carron Canning, RM	Vice President	April 2005 – March 2006
Kay Hanson, RM		September 2005 – March 2006
Alison Lavery, RM		April 2005 – March 2006
Sylvie Lemay, RM		April 2005 – September 2005
Andrea Lennox, RM		September 2005 – March 2006
Diane Parkin, RM		April 2005, March 2006
Wendy St. Laurent-Coutts		April 2005 – June 2005
Meghan Shuebrook, RM		March 2006

### Public Members

Pawanjit Gosal	Vice President	April 2005 – March 2006
Elizabeth Beno		April 2005 – October 2005
Ruby Dosanjh-Lailna		October 2005 – March 2006
Barbara Herron		April 2005 – March 2006
Fatima Kapasi		April 2005 – March 2006
Sue Miller		April 2005 – June 2005
Judy Noseworthy		April 2005 – March 2006
Eleni Palantzas		August 2005 – March 2006

## College Staff

Registrar	Rena Porteous	January 2006 – March 2006
Acting Registrar	Robin Kilpatrick	April 2005 – January 2006
Deputy Registrar	Robin Kilpatrick	January 2006 – March 2006
Director of Operations	Katharine McEachern	January 2005 – March 2006
Executive Assistant	Colleen Vandeyck	October 2005 – March 2006
Registration Coordinator	Jill Moriarty	April 2005 – March 2006
Administrator, Investigations & Hearings	D'Arcy Atkinson	January 2006 – March 2006
Administrative Assistant	D'Arcy Atkinson	July 2005 – January 2006
Secretary	Norma Gibbs	April 2005 – March 2006
Bookkeeper (Consultant)	Shannon Shields	April 2005 – June 2005
Bookkeeper (Consultant)	Jeri Martin	October 2005 – March 2006

# COMMITTEES

There are seven statutory committees established by the *Regulated Health Professions Act (RHPA)*, the compositions of which are in accordance with the College By-laws:

- Executive
- Registration
- Client Relations
- Complaints
- Discipline
- Fitness to Practice
- Quality Assurance

These committees have the legislative responsibility to carry out specific statutory functions that are key components of self-regulation.

## Executive Committee

The Executive Committee oversees all the work of the College by providing direction to management, planning and conducting Council meetings, representing and exercising the powers of Council as necessary, initiating, reviewing, and approving policies and regulations, and directing investigations. The Executive Committee has the powers to make decisions on behalf of the Council with respect to matters that require immediate attention.

### Members

Carron Canning, RM  
Barbara Herron  
Pawanjit Gosal  
Diane Parkin, RM  
Mylene Shields, RM

### Ex Officio

Robin Kilpatrick  
Katharine McEachern

### Staff

Colleen Vandeyck

The Executive Committee, its working groups and program planning groups met regularly in order to effectively conduct Council business throughout the year. On behalf of and in collaboration with Council, the Executive Committee oversaw the organizational changes necessary with the restructuring.

In addition, the Committee accomplished the following:

Updates of the Council manual for members  
Monitoring of ongoing legislative requirements for privacy compliance  
Revision of job descriptions  
Drafted revision of personnel policies  
Active in FHRCO/stakeholder activities  
Submission to HPRAC Review

Managed hiring process for Registrar/CEO  
Oversaw Orientation for new Registrar/CEO  
Oversaw organization transition  
Budget Approval/New Contract discussions with OMP

The Executive Committee appoints and directs the activities of the following Working Groups:

- Election and Nomination Working Group
- Finance Working Group
- Internal Risk Management Working Group
- Privacy Working Group
- Scope of Practice Working Group
- Event Planning Program Planning Group
- Quality Assurance Program Planning Group
- Registration Program Planning Group

### **Election and Nomination Working Group**

The Election and Nomination Working Group oversees the election and nomination process to the Executive Committee as well as the nomination and election process of Professional members to the Council.

#### Members

Diane Parkin, RM  
Fatima Kapasi

#### ExOfficio

Robin Kilpatrick

#### Staff

Colleen Vandeyck

The group accomplished the following:

- Running Election for three new council members
- Revision of elections procedures
- Revision of Terms of Reference
- Creation of work plan
- Publication of concise website information
- Revision of by-laws for elections

### **Finance Working Group**

The purpose of the Finance Working Group oversees financial and budgetary planning directives of the College.

#### Members

Barbara Herron  
Mylene Shields, RM

#### Ex Officio

Robin Kilpatrick  
Katharine McEachern  
Rena Porteous

The Finance Working Group prepared and monitored the budget for presentation and submission to the Ministry of Health and Long-Term Care. An audit was successfully performed and demonstrated stable financial management, allowing the group to develop the annual budget. The group also created a work plan.

#### **Internal Risk Management Working Group**

The Internal Risk Management Working Group consists of Chairs from the Executive, Quality Assurance, Complaints, Discipline, and Fitness to Practice Committees. The mandate of the group is to identify trends and issues in midwifery care, develop strategies to optimise the quality of midwifery care, and refer to the appropriate committee for follow-up.

#### Members

Carron Canning, RM  
Alison Lavery, RM  
Diane Parkin, RM  
Mylene Shields, RM  
Pawanjit Gosal

#### Ex Officio

Robin Kilpatrick

#### Staff

D'Arcy Atkinson

The group added information to the website regarding discipline summaries and published features in *Lessons Learned*. A work plan was developed for the coming year.

#### **Privacy Working Group**

The Privacy Working Group was established to ensure that the College had fair information practices that comply with the federal and provincial privacy legislation. Ensure the principles of the College Privacy Code are upheld. This adhoc group reports to the Executive Committee.

#### **Scope of Practice Working Group**

The Scope of Practice Working Group was established to review the midwifery scope of practice under Council's direction and suggest amendments to the *Midwifery Act*. Expansion of the scope of practice will serve to ensure that midwives are able to continue to practice in accordance with professional community standards and provide comprehensive midwifery care as primary care providers.

Members

Diane Parkin, RM  
Mylene Shields, RM  
Alison Lavery, RM

Ex Officio

Robin Kilpatrick

Non-Council

Kelly Dobbin, RM

**Outcome Based Evaluation Working Group**

This group supported the implementation of the Outcome Based Evaluations (OBE) for all committees. Training was held with Council and staff.

Members

Mylene Shields, RM  
Alison Lavery, RM  
Barbara Herron  
Judy Nosworthy

ExOfficio

Rena Porteous  
Katharine McEachern

Staff

Colleen Vandeyck

**Registration Program Planning Group (RPPG)**

The Registration Program Planning Group is responsible for development and implementation of registration programs, and it reports to the Registration Committee. The group liaises with the International Midwifery Pre-Registration Program (IMPP).

Members

Carron Canning, RM  
Eleni Palantzas  
Mylene Shields, RM

Ex Officio

Robin Kilpatrick

The group held meetings with the IMPP, developed education materials for College members about the national exam, and created a work plan.

## **Quality Assurance Program Planning Group (QAPPG)**

The Quality Assurance Program Planning Group is mandated to monitor, administer and implement the Quality Assurance Program on behalf of the Quality Assurance Committee.

### Members

Barbara Herron  
Michelle Kryzanasuskas, RM (consultant)  
Alison Lavery, RM

### Ex Officio

Robin Kilpatrick

### Staff

D'Arcy Atkinson

Every midwife registered in the province of Ontario is required to participate in the Quality Assurance Program. The Program consists of continuing education and professional development, peer case review, quality of care evaluation, self-assessment, and practice audits. The 2005 Quality Assurance Program achieved 100% compliance by our members.

The random practice audit component of the Quality Assurance Program was implemented for the first time in 2003. A detailed report on the 2003 audits found the audited members were providing safe care within the midwifery model. The QAPPG began the creation of a discussion paper to address issues raised about the new auditing program, including the number of practices to be audited each year, changes to eligibility criteria, and the timing of the 2006 audits. The paper will be finalised in the 2006-07 fiscal year.

## **Client Relations Committee (Inactive)**

The Client Relations Committee is mandated to develop and implement policies and procedures to prevent sexual abuse of clients and to define appropriate professional relations between the members of the College and their clients. The intent of a mandated client relations program is to augment professional behaviour, and to increase awareness of and build a prevention framework for problems such as sexual abuse.

### Members

Andrea Lennox, RM  
Alison Lavery, RM  
Eleni Palantzas  
Judy Nosworthy  
Diane Parkin, RM

### Ex Officio

Robin Kilpatrick

The group created a work plan and revised terms of reference.

### **Complaints Committee**

The Complaints Committee is mandated to investigate complaints concerning the conduct of members to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. The Committee appoints a Panel to consider each complaint and may resolve the complaint or refer it to the other committees.

#### Members

Carron Canning, RM  
Pawanjit Gosal  
Alison Lavery, RM  
Judy Nosworthy  
Kay Hanson, RM

#### Staff

D'Arcy Atkinson

The Committee attended a workshop to further educate committee members regarding complaints procedures.

### **Discipline Committee**

The Discipline Committee is mandated to conduct hearings to deal with allegations of a member's professional misconduct or incompetence upon referral from either the Executive or Complaints Committees. Hearings are conducted in accordance with the *Regulated Health Professions Act*.

#### Members

Barbara Herron  
Andrea Lennox, RM  
Fatima Kapasi  
Eleni Palantzas  
Diane Parkin, RM

#### Ex Officio

Robin Kilpatrick

#### Staff

D'Arcy Atkinson

A referral to discipline resulted in a negotiated resolution following an investigation into the dissolution of the Queen East Midwifery Clinic in Toronto between 2003 and 2004. The outcome is to be released in April 2006.

The group completed a work plan for the coming year.

### **Fitness to Practice Committee (Inactive)**

The Fitness to Practice Committee is mandated to protect the public from members who cannot practice safely or competently due to mental or physical incapacity. Upon a formal referral from the Executive Committee, the Practice Committee conducts hearings to investigate allegations of a member's incapacity to practise.

#### Members

Fatima Kapasi  
Andrea Lennox, RM  
Eleni Palantzas  
Diane Parkin, RM

#### Ex Officio

Robin Kilpatrick

#### Staff

D'Arcy Atkinson

### **Quality Assurance Committee**

The Quality Assurance committee is mandated to develop the standards, policies, guidelines, and regulations for the practice of midwifery.

#### Members

Pawanjit Gosal  
Barbara Herron  
Alison Lavery, RM  
Andrea Lennox, RM  
Meghan Shuebrook, RM

#### Ex Officio

Robin Kilpatrick

#### Staff

Colleen Vandeyck

The Quality Assurance Committee accomplished a significant amount of work revising, developing, and implementing College regulations, standards, and policies. Members were consulted and this feedback was considered in the development of policies. The Quality Assurance Committee accomplished the following:

- Developed panel procedures for Quality Assurance Practice Audits
- Developed training for new members on panels
- Held Quality Assurance panels for all Quality Assurance Practice Audits
- Participated in Practice Audit Program de-briefing session
- Committee Workplan
- Revised the informed choice standard

### **Registration Committee**

The Registration Committee is mandated to provide direction to the College and the Registrar with regard to registration processes.

Members

Carron Canning, RM  
Fatima Kapasi  
Andrea Lennox, RM  
Eleni Palantzas  
Meghan Shuebrook, RM

Ex Officio

Robin Kilpatrick

Staff

Jill Moriarty

The Registration Committee accomplished the following:

- Revision of the registration regulation policies
- Revision of new proof of certification procedures
- Revision of the new registrant's policy
- Revision of terms of reference
- Revision of Procedures on the Granting of Temporary Alternate Practice Arrangements
- Creation of Workplan

# INTER-DISCIPLINARY PARTICIPATION

## *Provincial*

### **Federation of Regulated Health Professions of Ontario (FHRCO)**

The President and the Registrar attended the two Federation meetings, including the Annual General Meeting. College representatives and Committee members attended discipline and complaints workshops designed for Federation members. Ongoing networking provides valuable insight from other Colleges.

The College provided members with an update to the comprehensive privacy toolkit developed in collaboration with the Federation of Health Regulatory Colleges of Ontario.

### **Health Professions Regulatory Advisory Council (HPRAC)**

The College received notice that the Minister of Health requested a review of the *Regulated Health Professions Act* by HPRAC. The College prepared a submission to HPRAC.

The submission included the following comments:

### **Midwifery Act Amendments**

We believe that the following amendments will enhance patient safety and allow midwives to contribute to the delivery of quality care.

1. The College requires an amendment to the authorized act to enable midwives to intubate newborns for the purposes of neonatal resuscitation. All other provinces that regulate midwifery have authorized this procedure; it is the one regulatory difference identified in the Mutual Recognition Agreement for Midwifery.
2. The College is requesting the re-wording of the authorized acts to remove the phrase “in the course of engaging in the practice of midwifery”. This phrase limits midwives from using their skills in any other type of health care setting where they are not providing midwifery care, e.g., a prenatal care clinic.
3. The College requires clarification on the performance of certain procedures in order to determine whether amendments are required to ensure the delivery of safe primary midwifery care. Examples of these procedures are: applying a fetal clip, performing a scalp Ph, and manual removal of the placenta.
4. The College wishes to explore the possibility of an “extended class” option for registration for midwives working in areas of the province where an expanded role would enable midwives to provide additional services that are needed in the community and to ensure the availability of appropriate maternity care services.

Examples are well woman and baby care beyond the six weeks postpartum currently in the scope of practice statement, as well as repair of 3<sup>rd</sup> and 4<sup>th</sup> degree tears.

The College explained that it is in the best interests of the health care consumers of Ontario to have a regulatory system that ensures a timely response to advances in health care. The College therefore recommended that an alternate mechanism be established for the processing of regulations that address items specific to clinical practice such as new medications and procedures since they are a constant in the delivery of proper health care in today's environment.

### **Ontario Maternity Care Expert Panel**

The Ontario's Women's Health Directorate appointed an expert panel on maternity care, the Ontario Maternity Care Expert Panel (OMCEP) earlier this year. The panel will be making recommendations later this fall. The College has a consultation scheduled with the panel in October 2006 to discuss regulatory issues with respect to the delivery of primary maternity care.

### ***National***

### **Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>)**

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>), funded by Health Canada, was created to address the human resource shortage crisis that exists in the provision of intra-partum care to pregnant women. The MCP<sup>2</sup> is developing a framework for the provision of quality maternity care by multidisciplinary teams. Midwives are included as a professional group in this project. The College continued to participate in the project throughout the year.

# FINANCIAL STATEMENTS

The College of Midwives of Ontario wishes to acknowledge the funding provided by the Ministry of Health and Long-Term Care (MHLTC). The financial support from the Ministry is essential in enabling the College to fulfil its responsibilities while it continues to develop and grow as a regulatory body.