

COLLEGE OF MIDWIVES OF ONTARIO

ANNUAL REPORT 2009-2010

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

2009-2010 COUNCIL

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Ann Montgomery	Vice-President, Professional
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Upasana Sharma	Investigations & Hearings Coordinator
Monica Zeballos-Quiben	Executive Assistant

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ABOUT THE COLLEGE

Mission

The College of Midwives of Ontario (CMO) ensures that its members provide competent and ethical care to the clients they serve. The CMO establishes standards that ensure its members are responsive to individual and community needs. The CMO promotes a model of care for the profession that encourages informed choice for the client and participation of women by providing standards and guidelines for the midwives that ensure quality of care and protection of the public. The CMO 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 to protect the public, specifically the childbearing women and their infants to whom the College's members provide care.

Vision Statement

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 CMO envisions a time when every community and every woman in the province has midwifery care as an accessible and viable option for childbearing.

The College of Midwives of Ontario is the self-regulating body of the province's 488 Registered Midwives. Ontario midwives provide primary care to women during pregnancy, labour, and birth and provide care to mothers and babies during the first six weeks postpartum. Registered Midwives attend births in hospitals or homes according to women's choices and to professional protocols, and are available to their clients 24 hours a day during the course of care.

In 2009/10, midwives provided care to over 12,000 women in Ontario. Of births attended by midwives, 80 percent took place in hospitals and 20 percent took place at home.

The following three principles are the foundation of midwifery care in Ontario:

Continuity of care

A woman develops a relationship with a small group of midwives, who provide her with personalized care during pregnancy, labour, and birth, and for six weeks postpartum. A midwife known to the woman is on call 24 hours a day during the course of care.

Informed choice

A woman under a midwife's care is the primary decision-maker. Midwives provide balanced information and adequate time for consideration so a woman can make informed choices about the care she receives.

Choice of birthplace

Under the primary care of a midwife, a pregnant woman chooses whether to give birth at home or in a hospital. Trained to attend births at either location, a midwife helps a woman to choose where to give birth by providing the information she needs to make an informed decision. Regardless of the setting, midwives work closely with other midwives, nurses, and doctors to maintain a high standard of care.

PRESIDENT AND REGISTRAR'S MESSAGE

Currently, there are a number of developments within the wider health care system that constitute opportunities for evolution. The College of Midwives of Ontario spent the past year looking at these developments and we are excited about the opportunity for growth that they represent.

The developments include legislative changes, the continued focus on interprofessional care, the growing demand for midwifery care, the government's goal of establishing innovative new health care professional roles in areas of high need, increasing pressure on the maternity care system, and the growing focus on normal birth as a means of controlling the rising intervention rates.

In addition to the system changes, the demographics and preferences of clients are also evolving and therefore creating new opportunities for midwifery care. Similarly, members themselves are seeking flexibility and increased choices in regard to their practice structures.

The College believes that sustaining the philosophy of midwifery – and the resulting excellent care – while supporting the evolution of the profession is entirely possible if rigorous standards are maintained. The work that we have done over the past year and that has been highlighted in this report suggests that there is a need to explore the possibility of a pluralism of models that meet these rigorous standards. Such an approach would allow the College and its members to take advantage of opportunities to move forward but to do so in a way that would ensure that the philosophy and value of midwifery care are not damaged or lost.

As a result, the College will proceed with the work of conducting a comprehensive policy review to ensure that we are regulating practice that will continue to:

- reflect current and emerging maternity care best practices;
- allow responsiveness to community needs (i.e., the needs of women and care providers);
- support members' participation in interprofessional care, where appropriate;
- enable midwives to contribute to solving the maternity care provider shortage; and
- support efficient use of the health care system.

We believe that this is the key to ensuring that the profession remains sustainable and that it continues to produce excellent clinical outcomes. We look forward to being able to report further in this initiative over the coming year.



Andrea Lennox, BHSc, RM
President



Deborah Adams, MA, MHSc, CHE
Registrar and CEO

PROTECTING THE PUBLIC

As the body that sets the standards and governs the practice of midwifery, the College of Midwives of Ontario holds at its core the principle of serving and protecting the public. Since the regulation of midwifery in Ontario in 1994, the CMO has grown from 67 registered members to more than 450 practising midwives. The demand for midwifery care in Ontario is increasing significantly each year.

The CMO is conscious of these growing numbers and recognizes the need to build the organization's capacity to continue its role as an effective regulatory body.

Over the past 15 years, the health care environment in which CMO members practise has changed: health care programs are funded and administered differently, roles of health care service providers have been redefined, and the needs and expectations of Ontarians have changed. Regardless of these changing circumstances, midwives have consistently provided safe, valuable, and deeply satisfying care to the women they serve.

Because of the changing health care landscape, the increasing demand for midwifery care, and the changing demographics and preferences of midwifery clients, change to the way members provide midwifery care is inevitable. The CMO is taking full advantage of these shifts, reviewing the policies, guidelines, and standards that govern the model of care, to ensure that Ontario midwives can continue providing high-quality maternity care. With protecting the public as its mandate, the CMO is committed to maintaining the stability and growth of the profession and to protecting the three tenets of midwifery care so valued by clients and members.

Finishing the second year of its three-year strategic plan, the CMO continues to work towards achieving the goals set in partnership with its members in 2008.

Strategic Plan 2008-2011

- Regulating the profession efficiently and effectively
- Protecting, promoting, and advancing midwifery
- Supporting members in meeting regulatory requirements

Three Tenets of Midwifery Care

1. Continuity of care
2. Informed choice
3. Choice of birthplace

The CMO has made noteworthy progress in effectively regulating the profession of midwifery in Ontario. With the enactment of the *Health System Improvements Act, 2007*, the introduction of Bill 179, and key regulation amendments, the CMO has had exceptional opportunities to advocate for and implement regulatory changes within the wider health-care system.

Health System Improvements Act, 2007

On June 4, 2009, the *Health System Improvements Act, 2007* came into effect. The CMO completed significant work to satisfy new legislative requirements, including the review and revision of College by-laws, development of a new website and online database, creation of a public register, and submission of a quality assurance regulation amendment.

Bill 179, An Act to amend various Acts related to regulated health professions and certain other Acts

Bill 179, introduced on May 11, 2009, proposes changes to the scope of practice for midwives in Ontario. The CMO prepared a written submission in response to Bill 179 to inform and influence positive legislative change that would increase access to, and the safety of, midwifery care. As well, on September 29, 2009, the College made a presentation to the Standing Committee on Social Policy, raising concerns about the proposed bill and suggesting changes.

These submissions, along with a presentation made at the annual Ontario Hospital Association conference, demonstrate how the CMO is advocating strongly for the legislative changes needed to authorize midwives to provide the full complement of services that should be available through a primary maternity care provider.

Regulation amendments

The Ministry of Health and Long-Term Care's Regulatory Programs Unit develops policy guidelines for regulated health professions and administers the *Regulated Health Professions Act, 1991*.

This year the Regulatory Programs Unit approved amendments to the following regulations:

- Professional Misconduct
- Designated Drugs

The CMO continues to work with the Regulatory Programs Unit on the following regulation amendments, currently under review:

- Registration
- Quality Assurance
- Lab Tests

PROTECTING, PROMOTING, AND ADVANCING

The developments in the health care system mentioned above provide an unprecedented chance to advance the profession of midwifery in Ontario, and the College is using this opportunity to its best advantage. Being conducted in partnership with members, former members, clients, and stakeholders the CMO's comprehensive review of the policies, standards, and guidelines that govern midwifery meets the strategic goal of protecting, promoting, and advancing midwifery. The CMO is dedicated not only to providing members with the options they need to continue to provide safe, effective care but also to maintaining the components of care that differentiate midwifery so dramatically from other types of maternity care.

Model of care

The current model of regulated midwifery care was developed to protect and promote woman-centred primary maternity care. Client satisfaction with midwifery – and its clinical outcomes – reflects the success of this approach. However, the CMO is aware that client and community resources and needs are changing and many members are seeking to balance professional flexibility with the protection of the principles that guide midwifery. After careful consideration and following established criteria, the CMO has decided to review the following:

- Temporary alternate practice arrangements
- Active practice requirements
- Number of midwives present at birth
- Continuity of care

Stakeholder collaboration

The CMO continues to maintain strong alliances with the following stakeholders in midwifery care:

- Association of Ontario Midwives
- Canadian Association of Midwives
- Canadian Midwifery Regulators Consortium
- International Midwifery Pre-Registration Program
- Midwifery Education Program
- Multi-jurisdictional Midwifery Bridging Program
- Federation of Health Regulatory Colleges of Ontario
- HealthForceOntario
- Health Professions Regulatory Advisory Council
- Office of the Fairness Commissioner
- Ontario Hospital Association

Midwifery Integration Resource Manual

The Government of Ontario has a dedicated focus on interprofessional care (IPC) and collaboration through its HealthForceOntario initiative. The CMO, along with the Association of Ontario Midwives, collaborated with the Ontario Hospital Association to develop a toolkit to guide hospital staff on how to integrate midwives into hospital maternity care teams. The CMO is actively contributing to a system in which IPC is possible, with all health professionals working together effectively and to the full extent of their scopes of practice.

PROTECTING, PROMOTING, AND ADVANCING

Office of the Fairness Commissioner: Registration Practices Audit

The Office of the Fairness Commissioner is an independent agency of the Government of Ontario. Its purpose is to ensure that regulated professions in Ontario have registration practices that meet legislative requirements and are transparent, objective, impartial, and fair. This year the College submitted its second *Fair Registration Practices Report*, covering 2009, and its first audit of compliance with the *Fair Access to Regulated Professions Act, 2006*.

Dedicated to treating all applicants fairly, the CMO was pleased to participate in a formal review of its registration practices. As a result of the audit process, the College formalized a number of existing policies and procedures and ensured that they are consistent, fair, and transparent.

Agreement on Internal Trade

The Agreement on Internal Trade came into effect in Canada on August 1, 2009. This agreement helps qualified workers to access similar work opportunities across Canada. The CMO participated in national meetings, led by the Canadian Midwifery Regulators Consortium, to establish shared competencies and standards to support mobility of midwives between provinces where midwifery is regulated.

SUPPORTING MEMBERS

The CMO works collaboratively with its members to regulate and monitor the profession of midwifery in Ontario. To achieve the strategic goal of facilitating members in meeting regulatory requirements, the College is systematically reviewing those requirements, developing online capabilities, enhancing communications, conducting random practice audits, and creating initiatives to support ongoing education for members.

Member consultation forums

In June 2009, the CMO prepared discussion papers, surveyed members about the model of practice, conducted forum teleconferences and followed up with a practice structure survey to find out how practices function. Results from both efforts revealed that members are interpreting and applying the model of care in a variety of ways across Ontario. While further investigation is required, members have reported that they want the CMO to:

- Protect the philosophy of midwifery care
- Create flexibility and maintain balance
- Support midwives in meeting the needs of their community

The CMO set goals to guide any policy and guideline changes that would affect the model of care. The CMO's goals are to:

- Increase access to safe, efficient, cost-effective primary maternity care, as close to home as possible
- Provide flexibility for members
- Reflect current and emerging best practices in maternity care
- Respond to the needs of women and care providers
- Support interprofessional care
- Ameliorate the maternity care provider shortage
- Be an efficient part of the Ontario health-care system

The CMO is reviewing how to create flexibility within the model of care while preserving the three tenets of midwifery so that members may provide the best care possible to meet the needs of the women they serve.

Online registration

The CMO implemented an online registration database system in order to make it easier for members to complete their renewal. The first online renewals took place in October 2009, with great success.

Member Forums

- **8** teleconference forums held
- **58 of 70** practices participated in the teleconferences
- **270** members responded to the practice survey
- **69 of 70** practices were represented in survey responses

Health Professions Database

The Health Professions Database is an initiative of the Ministry of Health and Long-Term Care through HealthForceOntario. It is intended to provide standardized, consistent, and comparable demographic, geographic, educational, and employment information on all regulated allied health professionals in Ontario. In partnership with HealthForceOntario the CMO expanded its online registration and renewal forms to collect additional information from members to supply this information to the Ministry.

Online learning modules

In December 2009 the government amended the CMO's drug regulation. The CMO Council approved the Standard on Certification for Prescribing and/or Administering Certain Drugs Designated in the Regulation. This standard requires that all members successfully complete a certification exam prior to prescribing and/or administering the drugs included in the amended regulation. The exam and three online learning modules have been developed for implementation in 2010.

Random practice audits

The CMO's Quality Assurance Program has a strong history of excellent audit practices. The random practice audit (RPA) program is designed to monitor members and ensure that they are meeting regulatory requirements. Program results from the past four years show that CMO members' practice well reflects the Ontario midwifery model of care. The College is acting on RPA results to inform standards, policies, and practice-level assessment tools to help members improve their practices.

In response to the increase in the number of practising midwives in Ontario, the College has added an additional random practice audit to the yearly cycle. To support this increase the CMO trained additional clinical practice auditors and added a Clinical Practice Advisor to staff.

COUNCIL HIGHLIGHTS

Policies established by the College's Council direct the College's affairs. The Council consists of thirteen members: seven professional members elected from the College's membership of Registered Midwives and six public members appointed by Order-in-Council of the Lieutenant Governor of Ontario to represent the public interest.

Accomplishments:

- Met the deadline for the implementation of all *Health System Improvements Act*, 2007 requirements
- Submitted the first compliance audit of the CMO's registration practices to ensure they are transparent, objective, impartial, and fair according to requirements of the Office of the Fairness Commissioner
- Completed significant work on the CMO's review of policies, guidelines, and standards that govern the model of care
- Oversaw committee and staff work developing policies, guidelines, and standards:
 - » Prescribing and Administering Drugs, February 2010
 - » Certification for Prescribing and/or Administering Certain Drugs Designated in the Regulation, February 2010
- Collaborated with stakeholders both in midwifery (Association of Ontario Midwives, Midwifery Education Program, International Midwifery Pre-registration Program, Canadian Midwifery Regulators Consortium) and in the regulatory arena (Federation of Health Regulatory Colleges of Ontario)
- Reviewed and approved staff submissions related to the introduction of Bill 179, *An Act to amend various Acts related to regulated health professions and certain other Acts*
- Made a submission to the Standing Committee on Social Policy on Bill 179, *An Act to amend various Acts related to regulated health professions and certain other Acts*
- Guided the development of the CMO response to the changes proposed by Bill 179
- Approved adding a Clinical Practice Advisor position to CMO staff
- Revised and adopted CMO by-laws
- Directed the implementation of newly amended professional misconduct and drug regulations
- Supervised the development of comprehensive online education materials to help members prepare for an exam they must pass to prescribe from the expanded drug list
- Administered a survey for the self-evaluation of committee processes and outcomes
- Approved the CMO *Governance Manual* as part of meeting the strategic priority of fully implementing a governance model
- Developed a statement on pandemic planning

Executive

The Executive Committee oversees all the work of the College by providing direction to staff; planning and conducting Council meetings; representing and exercising the powers of Council as necessary; and initiating, reviewing, and approving policies and regulations.

Accomplishments:

- Held orientation sessions for new public and professional Council members
- Issued four Member Communiqué newsletters
- Conducted member forum teleconferences
 - » 58 of 70 practices participated in 8 teleconferences
 - » Directed the development of follow-up projects to look at continuity of care and client satisfaction
- Contributed revisions to the *Midwifery Integration Resource Manual* for hospitals, a project led by the Ontario Hospital Association
- Participated in national meetings led by the Canadian Midwifery Regulators Consortium to advance work on shared competencies and standards needed to support worker mobility required by the Agreement on Internal Trade
- Developed an emergency preparedness plan
- Created an influenza pandemic planning resource
- Oversaw the development and implementation of an IT system that enabled CMO members to renew their registrations online

Quality Assurance

The Quality Assurance Committee develops standards, policies, guidelines, and regulations for the CMO.

Accomplishments:

- Developed the Home Birth Fact Sheet for Council approval
- Redrafted the Home Birth Statement
- Drafted the Guideline on Caring for Related Persons
- Submitted the Electronic Conversion and Storage of Client Health Records Guideline for Council approval
- Submitted the Smoke-free Workplace Guideline for Council approval
- Submitted the Policy on Disclosure of Harm for Council approval
- Approved the development of education modules and an online examination that members will need to pass to obtain authority to prescribe and administer from an expanded drug list
- Approved the use of a drug course as two credits for annual quality assurance requirements

In fiscal 2009/10, the College held one quality assurance panel to review the results of the 2009 random practice audit.

The **Quality Assurance Program Planning Group** oversees and directs staff on the procedures for the implementation, administration, and maintenance of the quality assurance program for College members.

Accomplishments:

- Held an auditor training session to increase the pool of clinical practice auditors available
- Identified the need to explore the cost of midwives and their practices protecting a client's privacy as it relates to the use of electronic records and devices, resulting in a decision to refer the issue to the Association of Ontario Midwives

STATUTORY COMMITTEES

- Proposed that the Association of Ontario Midwives consider adding a signature sheet template to their existing records package
- Reviewed the 2009 random practice audit results
- Evaluated the random practice audit cycle (2006 to 2009)

Registration

The Registration Committee provides direction to the College and the Registrar with regard to the registration processes.

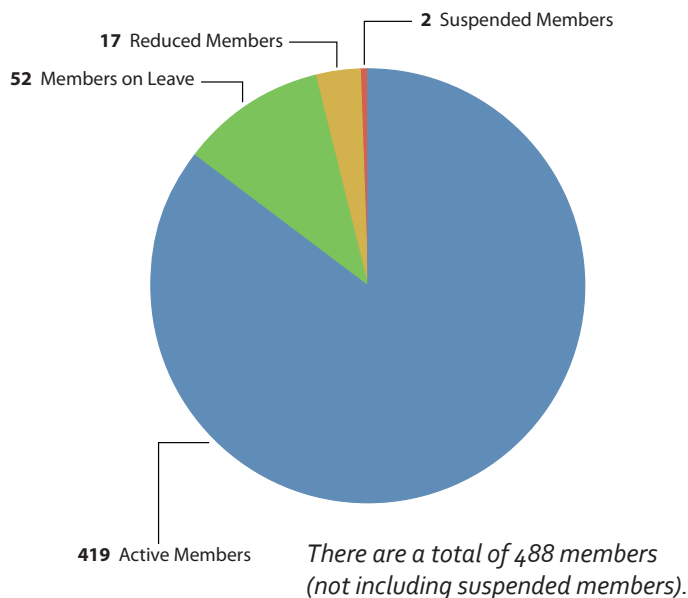
Accomplishments:

- Prepared the *Fair Registration Practices Report* covering 2009 and submitted it to the Office of the Fairness Commissioner as required by the *Fair Access to Regulated Professions Act, 2006* (FARPA)
- Formalized several administrative policies in preparation for a compliance audit of the College's registration practices
- Reviewed and responded to the FARPA auditor's report prepared for the Office of the Fairness Commissioner
- Amended and re-submitted the Registration Regulation to include changes required by the Agreement on Internal Trade and the *Ontario Labour Mobility Act, 2009*
- Trained committee members and staff on registration procedures as per FARPA

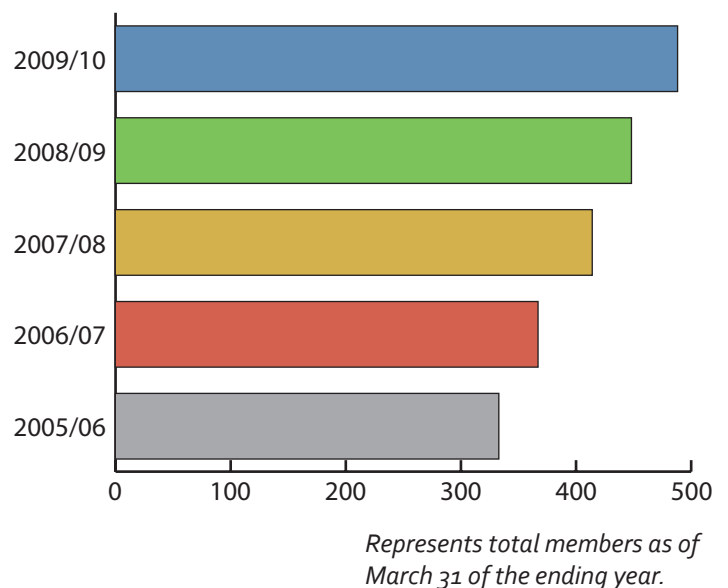
Membership summary

Of the 419 active members, 52 were new registrants. Forty-three of these new registrants graduated from the Midwifery Education Program and nine graduated from the International Midwifery Pre-registration Program. During fiscal 2009/10, two members were suspended.

Membership Summary as of March 31, 2010



Membership Trend 2005 to 2010



In fiscal 2009/10, seven registration panels were held. These panels addressed issues related to active practice requirements, registration, and re-registration.

Inquiries, Complaints, and Reports Committee (formerly Complaints)

The Inquiries, Complaints, and Reports Committee investigates public complaints and information the College receives through reports to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. Based on this information, the Committee determines whether a hearing is required or if some other action would better serve the public interest.

Summary of cases:

- 15 cases were brought forward from fiscal 2009
- 14 new complaint cases opened in fiscal 2010
- 2 cases were completed in fiscal 2010, both from previous fiscal years
- 27 cases in total have been carried forward to fiscal 2011; eight of those are at the monitoring stage, one is before the Health Professions Appeal and Review Board, and 18 are in active investigation stages

Discipline

The Discipline Committee conducts hearings to deal with allegations of a member's professional misconduct or incompetence upon referral from either the Executive or the Inquiries, Complaints, and Reports Committee. The committee conducts hearings in accordance with the *Regulated Health Professions Act, 1991*.

Accomplishments:

- Completed the *Discipline Hearing Handbook*
- Created orientation policies and ongoing education for staff and committee members

Summary of discipline/incapacity cases:

- There were no new discipline panels in fiscal 2010

Client Relations

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.

There has never been an allegation of sexual abuse made against a College member.

Accomplishments:

- Amended terms of reference to expand mandate to include communications
- Created a consistent format for communications designed to meet the emerging electronic communications channels
- Reviewed, rewrote, and redesigned CMO brochure

Fitness to Practise

The Fitness to Practise Committee is mandated to protect the public from members who cannot practise safely or competently because of mental or physical incapacity.

There were no Fitness to Practise Committee proceedings this year.

FINANCIAL STATEMENTS

Condensed Statement of Financial Position

March 31	2010	2009
	\$	\$
ASSETS		
Current assets	737,175	781,192
Capital assets	57,525	41,987
	<u>794,700</u>	<u>823,179</u>
LIABILITIES		
Current liabilities	<u>712,774</u>	<u>756,791</u>
NET ASSETS		
Net assets invested in capital assets	57,525	41,987
Internally restricted net assets	10,000	10,000
Unrestricted net assets	14,401	14,401
	<u>81,926</u>	<u>66,388</u>
	<u>794,700</u>	<u>823,179</u>

FINANCIAL STATEMENTS

Condensed Statement of Operations

Year ended March 31

	2010	2009
	\$	\$
Revenues		
Government grant - operations	369,110	247,841
Government grant - project funding	158,004	55,649
Membership fees	706,938	641,172
Communications	4,801	8,100
Administration fees	21,923	24,772
Other income	3,530	5,578
	<u>1,264,306</u>	<u>983,112</u>
Expenses		
Salaries and benefits	603,789	525,859
Consulting fees	52,268	33,184
Council and committees	76,247	63,744
Insurance	7,176	9,923
Telephone	16,576	13,850
Office and general	83,840	82,137
Rent and utilities	-	-
Communication	19,546	24,906
Amortization	17,002	12,008
Quality Assurance Program	34,309	23,156
Investigations and hearings	154,328	87,521
Federation of Health Regulatory Colleges of Ontario	9,835	8,934
Canadian Midwifery Regulators Consortium	15,400	13,444
Canadian Midwifery Registration Exam	4,400	4,884
Information technology	14,128	30,258
Database review	73,280	10,459
Health System Improvements Act	4,694	26,874
FARPA audit	23,100	-
Communication material development	38,850	-
	<u>1,248,768</u>	<u>971,141</u>
Excess of revenues over expenses for year	<u>15,538</u>	<u>11,971</u>

*Complete audited financial statements available upon request from the office of the Registrar.



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