

COLLEGE OF MIDWIVES OF ONTARIO

ANNUAL REPORT

2010-2011

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

College of Midwives of Ontario

The College of Midwives of Ontario (CMO) operates under the principles of accountability, responsiveness and accessibility. At the core of all College activity is the principle of serving and protecting the public. The College's role is to regulate the practice of the profession of midwifery and to govern its members in accordance with legislation and regulation.

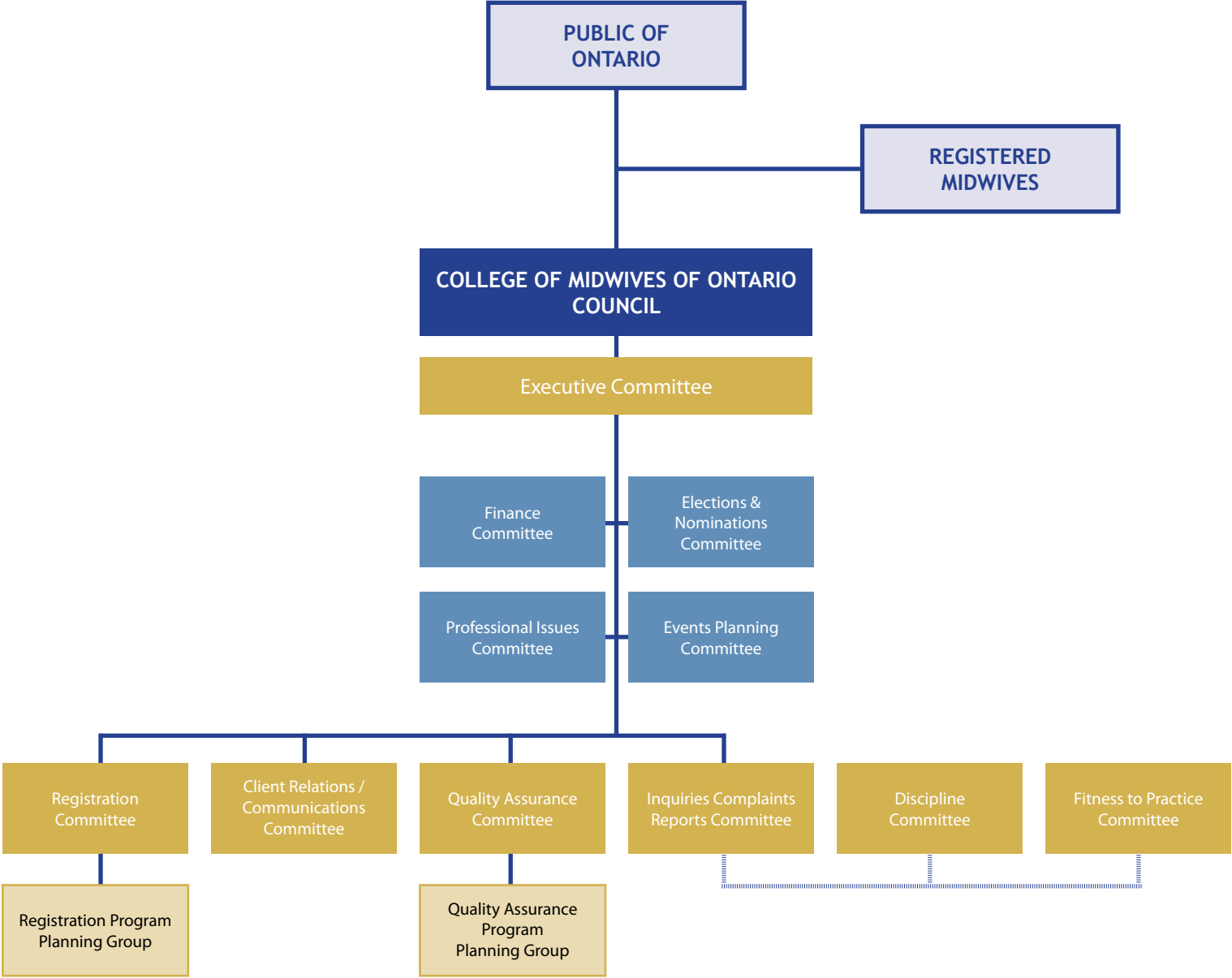
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Vision Statement

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.

ORGANIZATIONAL CHART



- Statutory Committees
- Established by Council Committees
- Working Groups

ABOUT THE COLLEGE

The College of Midwives of Ontario (CMO) is the self-regulating body of the province's 529 Registered Midwives. Ontario midwives provide primary care to women during pregnancy, labour and delivery and continue to provide care to mothers and babies during the first six weeks postpartum. Registered Midwives are available to their clients 24 hours a day during the course of care and attend births in hospitals or homes according to the woman's choice and to professional protocols.

In 2010/11, 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, doctors and other health professionals to maintain a high standard of care.

College of Midwives of Ontario 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 childbearing women and their infants to whom College members provide care.

PROTECTING THE PUBLIC

Over the past year, the College of Midwives of Ontario focused on the goal of building the capacity required to effectively regulate a growing profession within a changing health-care environment. To ensure this goal could be achieved, staff and Council focused on developing a strong, effective team. By enhancing the knowledge and skill of staff and Council members; consulting with members, experts and colleagues at other regulatory Colleges; and collaborating and planning with midwifery and maternity care stakeholders, the CMO is working to remain well-positioned to support members and protect the public.

The CMO operates on a three-year strategic planning cycle. This year marked the completion of the 2008–2011 plan. The CMO Council therefore completed an in-depth evaluation of the past three years and its considerable progress on the priorities and goals that it set in partnership with members in 2007. A new three-year strategy has been set to map out the organization's course for 2011–2014.

Key accomplishments in achieving strategic goals

Efficiently and effectively regulating the profession of midwifery in Ontario

- Assessed and amended internal administrative and policy capacity to more effectively regulate a rapidly growing profession
- Developed information technology systems for College members and Council
- Enhanced financial reporting capabilities
- Created the position of, and retained, a Clinical Practice Advisor to support Council decision-making and provide assistance to members

Protecting, promoting and advancing midwifery

- Evaluated all College work to ensure the three tenets of midwifery inform all decision-making
- Encouraged access to services by developing communication materials to inform the public about midwifery and the CMO
- Improved core services provided through the Inquiries, Complaints and Reports and Quality Assurance Committees by evaluating and codifying policies and procedures

Helping members in meeting the regulatory requirements

- Engaged in broad consultation with multiple stakeholders to inform policy decisions
- Enhanced communication with members through the redesign of Member Communiqués and targeted email messaging
- Provided additional education opportunities to members

Over the next three years the CMO will continue to build the capacity needed to sustain the continued growth of the profession. With 17 years of regulatory experience, a strong membership base that complies with and supports rigorous regulation and an engaged midwifery stakeholder group, the CMO is ready to take advantage of opportunities to advance access to, and maintain the quality of, midwifery care for women in Ontario.

The College's Council directs the College's affairs through implementation of policies designed to ensure public safety. The Council consists of 15 members: eight professional members elected from the College's membership of Registered Midwives and seven public members appointed by Order-in-Council of the Lieutenant Governor of Ontario to represent the public interest. This year the Minister of Health and Long-Term Care appointed a seventh public member to the CMO Council. Since College by-laws require that the Council have 51 percent professional elected members and 49 percent public appointed members, an additional professional member was elected.

REGULATING EFFICIENTLY AND EFFECTIVELY

- Maintain a high standard of public protection
- Ensure a productive staff and Council
- Increase capacity for provincial and national participation
- Use members' fees and public funds effectively

This strategic priority focused on the regulatory role of the College and the commitment of Council to ensure the highest standard of public protection.

Internal and governance capacity building

As an organization committed to continuous development, the CMO uses the results of Council and committee evaluations to direct efforts to improve the processes and procedures that govern the work done by both Council members and staff. These efforts serve to ensure that both elected professional and appointed public members understand their roles and responsibilities and are adequately supported to be effective.

This work included the following:

- Facilitating a self-evaluation process for all Council members to measure Council development, governance work and strategic planning
- Updating role descriptions for the President, Vice-President and Past President to more accurately represent the current accountabilities and clarify how the CMO executive functions
- Creating materials and job aids designed to facilitate understanding of the complex language of the regulatory and health-care systems
- Developing and implementing of a "virtual boardroom" platform for Council and committee work, to not only decrease environmental impact but also increase Council and staff efficiency
- Delivering additional learning through workshops for Council members to assist committees with their work
- Developing and adopting a policy to address incidences of workplace violence and harassment
- Conducting a three-day facilitated strategic planning meeting and completing a comprehensive report
- Supervising Midwifery Education Program policy student interns to provide them with experience in self-regulation

Health Services Improvement Act, 2007

The Health Services Improvement Act, 2007 (HSIA) came into effect on June 4, 2009. The College continues work with the Ministry towards aligning its regulations with the requirements of the HSIA.

Bill 179, Regulated Health Professions Statute Law Amendment Act, 2009

Bill 179, introduced on May 11, 2009, proposes changes to the scope of practice for midwives in Ontario that include the controlled acts of intubating a newborn, communicating a diagnosis and taking blood from genetic fathers.

The preparation for implementing the changes made once Bill 179 is proclaimed include

- determining what education is required to implement the controlled act of intubation;
- writing regulations related to the required competencies for the initiation of this controlled act; and

REGULATING EFFICIENTLY AND EFFECTIVELY

- developing the standards and guidelines as well as continuing competency requirements related to all new controlled acts.

The CMO is consulting with members, educators, midwifery regulators in other jurisdictions and other professions as part of this work.

Regulation amendments

The Ministry of Health and Long-Term Care's Regulatory Programs Unit (RPU) develops policy guidelines for regulated health professions, administers the Regulated Health Professions Act, 1991, and ensures that the regulations for the health professions are aligned with broader government and ministry policy objectives and that those objectives include regulated health professions where appropriate.

The CMO works closely with the RPU on the following regulation amendments, currently under review:

- Designated Drugs
- Laboratory Tests
- Open Meetings
- Quality Assurance
- Registration

Prescribing authority

The College's Designated Drug Regulation was amended in January 2010, increasing the list of drugs midwives are authorized to prescribe. This amendment expands the midwifery scope of practice and provides a much-needed tool for providing primary care. The CMO continues work to update and expand the drug list to ensure that it is comprehensive and responsive to changes in best practices.

In preparation for implementing the changes afforded by the amended drug regulation, the CMO developed and updated the following standards and guidelines:

- Standard on Certification for Prescribing and/or Administering Drugs Designated in the Regulation
- Standard on Prescribing Drugs
- Guideline to Prescribing and Administering Amended Ontario Regulation 884/93 Designated Drugs

The Standard on Prescribing Drugs was informed by the CMO's participation in a multidisciplinary group struck by the Federation of Health Regulatory Colleges of Ontario to ensure that professions with expanded or new prescribing authority are working from a consistent base of knowledge and expectations related to best practices in prescribing.

The CMO's Standard on Certification for Prescribing and/or Administering Drugs Designated in the Regulation requires that all members successfully complete a certification exam prior to prescribing or administering the drugs included in the amended regulation. The CMO developed and delivered three online education modules, an extensive resource list and a web-based discussion board to assist members with their preparations for demonstrating their competence to prescribe and administer from the new drug list. The CMO also developed an online pharmacology examination that all members are required to pass prior to prescribing or administering drugs from the expanded list.

The CMO collaborated with the Canadian Pharmaceutical Association to develop a midwifery-specific collection of drug monographs in both English and French that will be available to members through online subscription.

REGULATING EFFICIENTLY AND EFFECTIVELY

Two exam sittings have been offered and the CMO has conferred the authority to prescribe and use medications based on the new regulation and successful completion of the exam to 480 of its members. The College will make a third exam sitting and remediation available to all other members to ensure that all Registered Midwives have demonstrated their competence to prescribe and administer drugs from the expanded Designated Drug list.

Enhancing knowledge

Committed to enhancing the knowledge and skill of staff and Council members to provide sound and effective decision-making, members of the CMO team have attended professional development workshops and participated in a variety of training sessions, including programs that address the adjudicatory process, human rights, discipline hearings, interprofessional collaboration and education and diversity. Additionally, the CMO held training sessions with legal counsel.

Conferences and workshops attended by members of the Executive, Council members and management include the following:

- Association of Ontario Midwives annual conference
- 5th International Normal Labour & Birth Research Conference
- Breakfast with the Chiefs lecture series that provide invited chief executives the opportunity to share new ideas, policies and best practices with colleagues
- Canadian Association of Midwives annual conference
- Canadian Midwifery Regulators Consortium annual meeting
- Ontario Hospital Association's conference entitled Maternal and Newborn Care: Meeting Community Needs and Integrating Midwives
- Council on Licensure, Enforcement and Regulation (CLEAR) Executive Leadership Program for Regulators
- Certified General Accountants of Ontario's Reading Financial Statements online learning module
- Society of Ontario Adjudicators and Regulators (SOAR) Conducting a Discipline Hearing workshop
- Legal team Mock Hearing workshop
- Facilitated consensus decision-making workshop
- Fair Registration Practices and Procedures workshop (Steinecke Maciura LeBlanc)
- Cultural Competence—Working Effectively with Diversity workshop (Volunteer Toronto)
- Presentations to Council:
- Deanna Williams, Registrar, Ontario College of Pharmacists; Past President, Federation of Health Regulated Colleges of Ontario; past president, CLEAR
- Lily Harmer, independent legal counsel: The Role of ILC and Conducting a Discipline Hearing
- Dr. Joshua Tepper, Assistant Deputy Minister, Ministry of Health and Long-Term Care, Health Human Resources Strategy Division

PROTECTING, PROMOTING AND ADVANCING

This strategic priority was guided by the three tenets of midwifery and acknowledged the privilege of self-regulation and the overlap between the protection of the public and enlightened self-interest.

Regulatory amendments

The CMO worked to see a number of regulatory amendments submitted and obtained, including the following:

- Signing amendments to the Registration Regulation on February 17, 2011, to see the regulation become law
- Preparing amendments to the Registration Regulation to further clarify the process by which the proposed Canadian Midwifery Registration Exam will be administered
- Proposing changes to the list of diagnostic laboratory tests Registered Midwives are authorized to order

Standards, policies, guidelines and statements

The CMO adopted the following new or revised standards, policies, guidelines and statements:

- Guideline to Prescribing and Administering Amended Ontario Regulation 884/93 Designated Drugs
- Standard on Prescribing Drugs
- Guideline for Caring for Related Persons
- Statement on Home Birth
- Policy on Student Participation in Client Care
- Policy for Letters of Professional Conduct
- Letters of Professional Conduct – Consent and Request Form

Stakeholder collaboration

The CMO maintains strong alliances with the following stakeholders in midwifery, maternity and interprofessional care:

- Association of Ontario Midwives
- Better Outcomes Registry Network (BORN Ontario)
- Canadian Association of Midwives
- Canadian Midwifery Regulators Consortium
- Canadian Pharmaceutical Association
- College of Medical Laboratory Technologists of Ontario
- College of Physicians and Surgeons of Ontario
- Federation of Health Regulatory Colleges of Ontario
- HealthForceOntario
- Health Professions Regulatory Advisory Council
- International Midwifery Pre-registration Program
- Midwifery Education Program
- Office of the Fairness Commissioner
- Ontario College of Pharmacists
- Ontario Hospital Association
- Ontario Midwifery Joint Risk Management Working Group
- Ontario Midwifery Program, Ontario Ministry of Health and Long-Term Care
- Ontario Midwifery Reference Group

- Preserve the reputation of midwifery
- Encourage access to services
- Discipline and provide remediation to members

PROTECTING, PROMOTING AND ADVANCING

Stakeholder strategic planning

As the profession grows, stakeholder organizations are becoming more involved in significant developments in midwifery. To support effective collaboration among stakeholder organizations, the CMO initiated and hosted a Facilitated Stakeholder Strategic Planning session attended by representatives of the Association of Ontario Midwives, the Midwifery Education Program and the International Midwifery Pre-registration Program.

Interprofessional care

The CMO has a stated commitment to supporting interprofessional care. In addition, all regulatory colleges in Ontario are mandated by the Regulated Health Professions Act to promote interprofessional collaboration with other health profession colleges; Council considered this mandate in all its work over the past year.

Joint Statement with the College of Physicians and Surgeons of Ontario

Since CMO members routinely collaborate with physicians, the CMO's Council felt it was appropriate to develop a joint statement with the College of Physicians and Surgeons of Ontario (CPSO).

In December 2009, the CMO proposed a draft joint statement to the CPSO. Both the CMO and CPSO Councils approved the statement for adoption at their May 2010 meetings.

Ontario Hospital Association Resource Manual for Sustaining Quality Midwifery Services in Hospitals

In September 2010, the Ontario Hospital Association, in partnership with the CMO and the Association of Ontario Midwives, published an update of the Resource Manual for Sustaining Quality Midwifery Services in Hospitals, a resource manual that provides information, resources and tools. The manual draws from current leading practices as well as guidelines and templates for integrating midwives into the hospital setting.

With midwives having privileges in over three-quarters of Ontario hospitals that have obstetric units and approximately 80 percent of midwifery clients choosing to give birth in a hospital, this manual will support the work midwives are currently doing to establish, improve or maintain good relationships with hospital colleagues. Also, the availability of integrated midwifery services in hospitals improves access to hospital-based maternity and newborn care and to an interprofessional team.

Better Outcomes Registry and Network

The Better Outcomes Registry and Network (BORN Ontario) is a provincial initiative developed to provide the knowledge needed for the best possible beginning for life-long health. CMO President Andrea Lennox was selected to sit as a member of the Pre-natal Screening Subcommittee. The Pre-natal Screening Subcommittee will provide advice to the Ministry of Health and Long-Term Care via the Provincial Council for Maternal and Child Health and BORN Ontario, as appropriate, regarding provincial policies, standards and guidelines for Ontario's prenatal screening program.

Additionally, CMO staff and Council members worked with the BORN Ontario data group of the Ministry of Health and Long-Term Care to inform the development of the registry so that it meets the data needs of the CMO and the midwifery profession.

Office of the Fairness Commissioner

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.

PROTECTING, PROMOTING AND ADVANCING

Entry-to-practice review

The CMO is committed to achieving regulatory excellence and to promoting and protecting midwifery. Developing ongoing monitoring and evaluation efforts and developing the capacity to meet the needs of a growing number of registrants are main priorities. Recommendations from the entry-to-practice review were geared towards maintaining the course established by the CMO's strategic plan to achieve the goals of regulatory excellence and protection, promotion and advancement of midwifery and its primary principles.

Fair registration practices

As required by the Fair Access to Regulated Professions Act, 2006, the CMO prepared its third Fair Registration Practices Report covering 2010 and submitted it to the Office of the Fairness Commissioner.

Committee training

To ensure that Registration Committee members and staff understand and are able to carry out their obligation to comply with the requirements of the Fair Access to Regulated Professions Act, 2006, the CMO ensured that committee members and staff received the required training and education.

Laboratory test consultation

Since its first proposed amendments (in 2005) to the list of laboratory tests that midwives are authorized to order or perform, the CMO has been working with the Regulatory Programs Unit at the Ministry of Health and Long-Term Care to see the amended list approved. While the CMO has been advocating an approach that best fits the role of a primary care provider, the RPU still requires the CMO to submit a limited list of specific tests.

To ensure that the list of requested tests is as extensive as possible and that it provides all tests that are needed for primary maternity care for midwifery clients, the CMO consulted with professionals involved in the provision, use and regulation of laboratory services. In collaboration with the College of Medical Laboratory Technologists of Ontario, the CMO has requested a comprehensive, justifiable list of tests.

Canadian Midwifery Regulators Consortium

The CMO is an active member of the Canadian Midwifery Regulators Consortium (CMRC). The CMRC's mandate is to facilitate interprovincial mobility; to advocate for legislation, regulation and standards of practice that support access to a high standard of midwifery care across the country; and to provide a forum for Canadian regulators to discuss and take action on issues of mutual concern.

Agreement on Internal Trade

The Council President and staff attended meetings to further the work of the CMRC to ensure that midwifery complies with the Agreement on Internal Trade, thus ensuring that midwives moving between jurisdictions under this agreement are doing so with the appropriate support and regulation. As a member of the CMRC, the CMO has participated in the development of consistent competencies and standards of care and so is well positioned to ensure that the requirements of the agreement are met.

Canadian Midwifery Registration Exam

During the year, the CMO participated in maintaining the viability of the Canadian Midwifery Registration Exam by overseeing voluntary sitting of the exam while awaiting the passing of the amended Registration Regulation, by participating in the validation of examination questions and by contributing to the work of setting minimum passing scores on this high-stakes examination.

PROTECTING, PROMOTING AND ADVANCING

Specified Continuing Education Remediation Programs

The Inquiries, Complaints and Reports Committee has the authority to require a member to take specified remedial courses through a Specified Continuing Education Remediation Program (SCERP). The courses and any other activities encompassed by the SCERP are customized to address concerns about a particular member's practice formulated by the panel after it reviews the investigation report. The CMO undertook a number of actions to ensure that SCERPs will be effective in remediating deficiencies in practice, including the following:

- Codifying the difference between audits carried out as part of the CMO's Quality Assurance Program and those carried out to satisfy the requirements of a SCERP
- Providing direction to auditors on the different types of audits
- Amending the Letter of Professional Conduct to include SCERPs and to clarify the related administrative policy to make the process more accessible and transparent

Model of care

The CMO has continued its review of the policies, standards and guidelines that govern the midwifery model of care. The results of extensive member consultation forums in 2009 clearly showed that Ontario midwives not only overwhelmingly support flexibility within the current model but also want to preserve the philosophy of midwifery. This review is a critical piece of the CMO's effort to capitalize on significant opportunities to ensure sustainability and growth in the profession, while guarding against the potential loss of the approach to or components of care that differentiate midwifery from other types of maternity care.

Quality of Care Evaluations

This year, the CMO continued its consultation process by evaluating 12 months of client satisfaction through a review of the completed Quality of Care Evaluation forms that have been collected by members since the Quality Assurance Program implemented the form's use in 2000. The review looked at the variations in the model of midwifery practice throughout Ontario and compared that to client responses on the Quality of Care Evaluation forms.

Significant work in the ongoing policy review includes the following:

- Final report on *Quality of Care Evaluation, Women's Satisfaction with the Model of Midwifery Care, Ontario 2009: Primary versus Shared-Care Call-Schedules*
- Draft of *College of Midwives of Ontario's Quality of Care Evaluation Form: Recommendations for Improvement*
- Draft of continuity of care paper, *Continuity of Care(er): How Can an International and Interdisciplinary Perspective Inform Policy Planning in Ontario?*
- Planning consultation to review the Number of Midwife Attendants at a Birth standard
- Drug list changes and process of gaining the skill and access to prescribe for practising midwives: Standard on Prescribing Drugs; Guideline to Prescribing and Administering Amended Ontario Regulation 884/93 Designated Drugs

SUPPORTING MEMBERS

This priority focused on the need for improved processes as well as enhanced content and frequency of information and education provided to members.

Electronic platform

As part of its commitment to reducing the negative environmental impact of its work and to recognize the fact that midwives work across the province and do not work only between 9 a.m. and 5 p.m. from Monday to Friday, and to reduce stress and reporting time for members, the Council continued to strive to make the transition to a largely electronic platform for communications with members.

This transition included a number of components, including

- a second online registration renewal cycle;
- development of an online Quality Assurance Reporting System for launch in fiscal 2011/12;
- delivery of three online learning modules related to the expanded Designated Drug List;
- continued use of online voting for the professional member Council election; and
- online availability of the CMO Registrant Binder content and other documents.

Health Professions Database

The Health Professions Database (HPDB) 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.

The CMO has a seat on the HPDB Advisory Committee, which is responsible for providing advice on issues related to HPDB operations and implementing recommendations to improve the HPDB. Having a presence on the committee allowed the CMO to change the rationale and wording of some questions, to support the addition of American Sign Language as an official language and to add two questions in relation to teaching and on-call hours. The CMO continues to make recommendations to help ensure that the data reported is complete and reliable and reflects the practice of midwifery in Ontario to the greatest extent possible.

By-laws

To ensure that its by-laws reflect current legislative and policy requirements, the CMO reviewed its by-laws and made needed amendments.

Quality Assurance Program

The CMO revised the definitions of compliance and non-compliance under the Quality Assurance Program to ensure that they reflect best practices in quality assurance. The CMO also revised peer case review requirements to include interprofessional review sessions.

- Improve consultation and communications processes
- Enhance content and frequency of information
- Follow best practices in all areas
- Provide education opportunities

The Health Professions Procedural Code and the Midwifery Act require Council to establish and appoint seven statutory committees and to allow Council to establish other committees as members deem appropriate. The seven required statutory committees are the Executive; Quality Assurance; Registration; Inquiries, Complaints and Reports; Discipline; Fitness to Practise; and Client Relations committees. Each committee includes both appointed public and elected professional members of Council.

Executive

The Executive Committee oversees the day-to-day 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.

Quality Assurance

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

In fiscal 2010/11, the College held two quality assurance panels: one was the result of a referral from the Health Professions Appeals and Review Board and the other was to review the results of the 2010 random practice audit. Random practice audits are a required part of the College's Quality Assurance Program. The audit is an examination of the group practice and of each member's practice of midwifery in accordance with CMO regulations, standards and policies. Two Ontario practices participated in the 2010 audits.

The **Quality Assurance Program Planning Group (QAPPG)** oversees and directs staff on the procedures for the implementation, administration and maintenance of the Quality Assurance Program for College members.

Council established the **Quality of Care Evaluation Working Group** under the QAPPG in 2010 to review the Quality of Care Evaluation form as part of its ongoing review of the model of care.

Registration

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

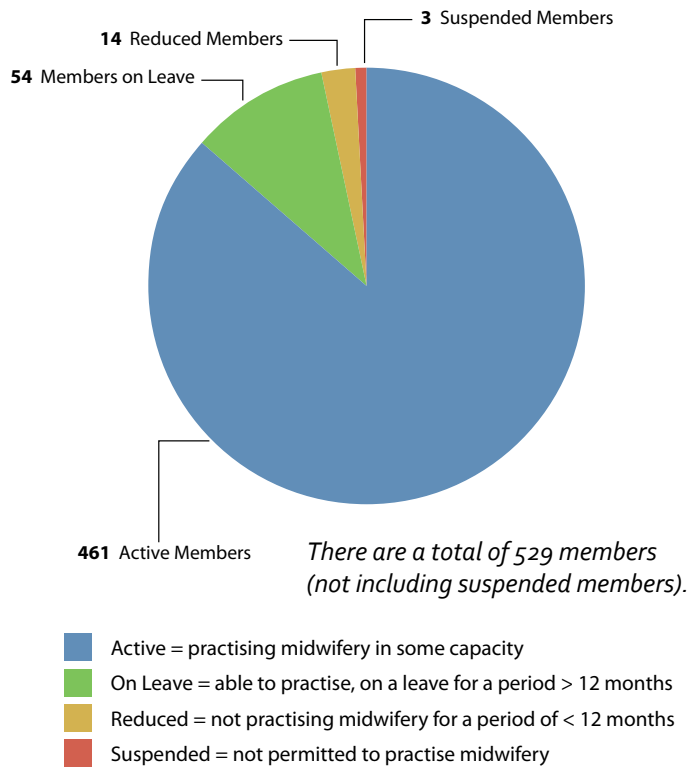
In fiscal 2010/11, 11 registration panels were held. These panels addressed issues related to active practice requirements, supervision and re-registration.

Membership summary

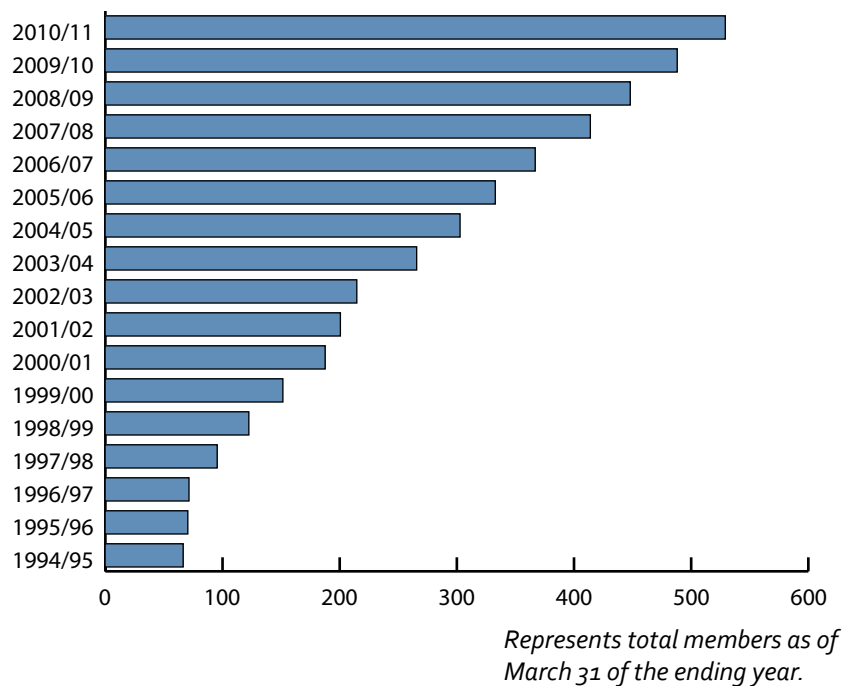
The College has 529 registered members. Of the 461 active members, 57 were new registrants. Of these new registrants, 43 graduated from the Midwifery Education Program, 13 graduated from the International Midwifery Pre-registration Program and one was registered based on registration in another Canadian province. During fiscal 2010/11, three members were suspended for non-payment of fees and 16 members resigned.

STATUTORY COMMITTEES

Number of Registered Midwives in Ontario as of March 31, 2011



Increase in Number of Registered Midwives in Ontario



STATUTORY COMMITTEES

Inquiries, Complaints and Reports

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 disciplinary or fitness to practise hearing is required or if some other action would better serve the public interest.

The committee referred one case to the Discipline Committee during this reporting period; a hearing is scheduled for the autumn of 2011.

Summary of complaints

- 15 cases were brought forward from fiscal 2009/10.
- 22 new complaint cases opened in fiscal 2010/11.
- 5 cases were completed in fiscal 2010/11, all from fiscal 2009/10.
- 32 cases in total have been carried forward to fiscal 2011/12; 13 of those are at the monitoring stage, one is before the Health Professions Appeal and Review Board, and 18 are under active investigation.

Discipline

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

There were no Discipline Committee proceedings this year.

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.

Client Relations

The Client Relations Committee develops and implements policies and procedures to prevent sexual abuse of clients and to define appropriate professional relations between the members of the College and their clients.

Over the course of this reporting period, the Client Relations Committee saw its mandate expanded to incorporate responsibility for the CMO's external communications. Accordingly, the committee worked to propose revisions to the terms of reference and was renamed the Client Relations / Communications Committee.

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

MESSAGE FROM THE PRESIDENT AND REGISTRAR

In reviewing work done over the past year to deliver the 2008–2011 strategic plan and in developing the plan designed to carry us into 2014, the College Council and staff found themselves at a defining moment in the regulation of midwifery in this province. In particular, the CMO noted the importance of considering how the growth of the profession needs to be fostered to meet the need for a strong and sustainable membership base. With 17 years of regulatory experience behind us, a membership that has surpassed 500 registered midwives and a health-care environment that has seen significant legislative changes over the past two years, Council and staff recognize there are numerous opportunities to advance access to and the quality of midwifery care for women in Ontario.

These opportunities include the growing demand for midwifery care; a strong membership that participates actively in complying with and supporting rigorous regulation; an active midwifery stakeholder group working at the provincial, national and international levels; and a government that has made a commitment to renewing and strengthening the regulation of health professions in this province.

Building on the accomplishments of the past year, the Council of the CMO believes it is well positioned to make the best of these opportunities. With a strong Council and knowledgeable staff working together under an effective governance system, there is the capacity to assume a leadership role among midwifery and maternity care stakeholders. In doing so, the CMO will be contributing to the overall security and efficacy of the province's health-care system and to maintaining the safe, effective midwifery care that meets the needs of the women receiving it.

With this in mind, in November 2010 the CMO undertook the work of developing a new strategic plan. As a result of the work done at the planning session, the CMO adopted the following strategic priorities and goals for 2011 through 2014:

- Demonstrate regulatory excellence.
- Protect, promote and advance midwifery and its core tenets.
- Develop partnerships to support a strong, sustainable maternity care system.

These priorities reflect the unique responsibilities of a regulatory body as well as the opportunities for growth of the College's capacity and role in protecting the public, supporting the development of the profession and achieving regulatory excellence. The priorities establish the areas of emphasis for the College over the next three years. We look forward to reporting on our progress in 2011/12.



Andrea Lennox, BHSc, RM
President



Deborah Adams, MA, MHSc, CHE
Registrar and CEO

FINANCIAL STATEMENTS

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

Summary Statement of Financial Position

March 31	2011 \$	2010 \$
ASSETS		
Current assets	713,539	737,175
Capital assets	57,738	57,525
	771,277	794,700
LIABILITIES		
Current liabilities	689,138	712,774
NET ASSETS		
Net assets invested in capital assets	57,738	57,525
Internally restricted net assets	10,000	10,000
Unrestricted net assets	14,401	14,401
	82,139	81,926
	771,277	794,700

Summary Statement of Operations

Year ended March 31	2011 \$	2010 \$
Revenues		
Government grant - operations	472,573	369,110
Government grant - project funding	33,708	158,004
Membership fees	758,514	706,938
Communications	787	4,801
Administration fees	29,653	21,923
Drug exam fees	35,925	-
Other income	6,476	3,530
	1,337,636	1,264,306
Expenses		
Salaries and benefits	629,412	603,789
Consulting fees	60,940	52,268
Council and committees	138,530	76,247
Insurance	1,997	7,176
Telephone	16,717	16,576
Office and general	77,295	83,840
Rent and utilities	-	-
Communication	15,819	19,546
Amortization	19,893	17,002
Quality Assurance Program	36,614	34,309
Investigations and hearings	213,393	154,328
Federation of Health Regulatory Colleges of Ontario	8,776	9,835
Canadian Midwifery Regulators Consortium	17,488	15,400
Canadian Midwifery Registration Exam	2,473	4,400
Strategic planning	9,989	-
Drug exam	28,343	-
Information technology	26,036	14,128
Database review	10,927	73,280
Health System Improvements Act	-	4,694
FARPA audit	-	23,100
Communication material development	2,150	38,850
Better Outcomes Research Network	20,631	-
	1,337,423	1,248,768
Excess of revenues over expenses for year		
March 31, 2011	213	15,538

2010-2011 COUNCIL

Professional Members

Andrea Lennox	President
Ann Montgomery	Vice-President, Professional
Barbara-Ann Borland	
Tia Sarkar	
Sharon Swift	
Terms started in 2010:	
Tiffany Haidon	
Mary Hunking	
Wendy Murko	
Terms ended 2010:	
Carron Canning	
Mylene Shields	

Public Members

Eleni Palantzas	Vice-President, Public
Caroline Brett	
Margeree Edwards	
Samantha Heiydt	
Joan A. Pajunen	
Gemma Salamat	
Term started in 2010:	
Rochelle Dickenson	

STAFF

Deborah Adams	Registrar/Chief Executive Officer
Robin Kilpatrick	Deputy Registrar
Mary D'Andrea	Bookkeeper
Gina Dawe	Registration Administrator
Amy Fournier	Administrative Assistant
Dianne Gardner	Main Reception/Secretary
Julie Kivinen	Policy Analyst
Michelle Kryzanauskas	Clinical Practice Advisor
Kelly McNeill	Investigations & Hearings Coordinator
Rachel Rapaport Beck	Policy Analyst, Acting
Monica Zaballos-Quiben	Executive Assistant

