

COLLEGE OF MIDWIVES OF ONTARIO

DRAFT PROPOSED CHANGES TO GENERAL REGULATION (PROPOSED QUALITY ASSURANCE REGULATION)

Current Language	Proposed Language 2016	Rationale
<p>PART I QUALITY ASSURANCE¹ Definitions and Program Requirements</p>		
<p>Definitions</p> <p>1. In this Part,</p> <p>“assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code;</p> <p>“Committee” means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code;</p> <p>“practice group” means, in relation to a member, a group of one or more other members with whom the member is associated and, if the member is not associated with other members, means the member;</p> <p>“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code. O. Reg. 335/12, s. 1.</p>	<p>Definitions</p> <p>1. In this Part,</p> <p>“assessor” means a person appointed under section 81 of the Health Professions Procedural Code;</p> <p>“Committee” means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code and includes a panel of the Committee;</p> <p>“practice group” means, in relation to a member, a group of one or more other members with whom the member is associated and, if the member is not associated with other members, means the member;</p> <p>“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code;</p>	<p>Section 3(3) of the current Regulation provides that the Chair of the Committee may appoint a panel of to exercise any of the powers or carry out any of the functions of the Committee. This has been removed and added to the definition to streamline and simplify the Regulation.</p> <p>The term “practice group” is not referred to in this regulation and therefore does not require a definition.</p>
<p>Application</p> <p>2. This Part applies only to members who hold a certificate of registration for the general or supervised</p>	<p>Members must participate</p> <p>2. Every member shall participate in the program.</p> <p>Application</p>	<p>The quality assurance program will require all members in all classes of registration, including the Inactive class, to participate. All registered midwives are expected to continue to maintain and</p>

¹ The College of Midwives of Ontario proposes a new Regulation to prescribe the College’s quality assurance program. It is proposed that this new Regulation will replace Part I of the General Regulation, O. Reg. 335/12 (which Part would be repealed upon the enactment of this Regulation). Alternatively, if a new Regulation is not enacted, the proposed provisions can replace the current provisions in Part I of the General Regulation.

<p>practice class. O. Reg. 335/12, s. 2.</p>	<p>2. This Part applies only to members who hold a certificate of registration for the general or supervised practice class. O. Reg. 335/12, s. 2.</p>	<p>enhance their professionalism and their knowledge, skill and judgment, regardless of the provision of clinical care. It is recognized as a privilege to remain a member of a profession and therefore it is expected that all members continue to enhance their knowledge, skills and judgment as they represent and contribute to the profession throughout their careers. Required activities will be context specific, so that if a member is registered as Inactive, their continuing professional development and self-assessment activities may not be related to clinical standards or the provision of clinical care. For example, an Inactive member who works in health policy or education may design their activities accordingly to address continuing professional development in those areas. Consideration to those on parental or other temporary leaves from clinical practice will be addressed by extending the timeframes for participation and reporting (most likely every 2 years as opposed to every year). Extenuating circumstances are addressed in section 4 below.</p>
<p>Components and administration</p> <p>3(1) The program shall include the following components:</p> <ol style="list-style-type: none"> 1. Provision of clinical information. 2. Continuing education and professional development. 3. Peer case reviews. 4. Quality of care evaluations. 5. Self-assessments. 6. Peer and practice assessments. O. Reg. 335/12, s. 3 (1). <p>(2) The program shall be administered by the Committee. O. Reg. 335/12, s. 3 (2).</p>	<p>Components and administration</p> <p>3. (1) The program shall include the following components:</p> <ol style="list-style-type: none"> a. Provision of clinical information. b. Continuing education and or professional development designed to, <ol style="list-style-type: none"> (i) promote continuing competence and continuing quality improvement among the members, (ii) address changes in practice environments, (iii) promote interprofessional collaboration, and (iv) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues 	<p>The proposed language is consistent with the requirements set out in the RHPA. The College is obligated to create a program that encompasses all of the listed components, at a minimum, as per section 80.1 of the Health Professions Procedural Code (being Schedule 2 to the RHPA).</p> <p>The removal of “provision of clinical information” is addressed in a separate section below.</p> <p>The removal of specific language referencing peer case reviews and quality of care evaluations from the regulation permits the College to adapt to current evidence and best practice in the area of quality assurance for midwives and other primary</p>

<p>(3) The Chair of the Committee may appoint a panel of the Committee to exercise any of the powers or carry out any of the functions of the Committee. O. Reg. 335/12, s. 3 (3).</p>	<p style="text-align: center;">at the discretion of the Council.</p> <p>3. Peer case reviews. 4. Quality of care evaluations. 5. Self assessments. 6. Peer and practice assessments</p> <p>c. Self, peer and practice assessments. d. A mechanism for the College to monitor members' participation in, and compliance with, the program.</p> <p>(2) The program shall be administered by the Committee.</p> <p>(3) The Chair of the Committee may appoint a panel of the Committee to exercise any of the powers or carry out any of the functions of the Committee. O. Reg. 335/12, s. 3 (3).</p>	<p>health care professionals.</p> <p>Peer case reviews and client evaluations may continue to be included in the program as activities under self, peer and practice assessments. However, this amendment provides more flexibility to the College to make changes to the QA program as needed to reflect best practices in quality assurance and quality improvement.</p> <p>As evidence changes, so can the College's quality assurance program so that midwives and the public can be confident that all required activities support the maintenance and enhancement of midwifery knowledge, skill, and judgment.</p> <p>The definition of Committee has been revised in section 1 to include a panel so subsection (3) is now redundant.</p>
<p>Exemptions</p> <p>4. Upon application by a member, the Committee may grant an exemption to the member from any of the requirements of the program because of illness, maternity leave or any other circumstance the Committee considers appropriate. O. Reg. 335/12, s. 4.</p>	<p>Exemptions</p> <p>4. Upon application by a member, the Committee may grant an exemption to the member from any of the requirements of the program because of illness, maternity leave or any other circumstance the Committee considers appropriate.</p> <p>4. Upon application by a member, an exemption from any of the requirements of the program may be granted to the member because of extenuating circumstances the Committee considers acceptable.</p>	<p>The proposed language reflects the intent that all midwives, regardless of registration class, will participate in the quality assurance program.</p> <p>Members who are Inactive for defined durations, such as maternity leaves, will generally be expected to participate as the design of the program will account for such time away from practice.</p> <p>Members who are Inactive for longer durations will be able to design their activities to reflect their context of work.</p> <p>However, members who are faced with extenuating circumstance can apply to the College for an exemption.</p>
<p>Provision of Clinical Information</p> <p>Information re care of patients</p> <p>5. (1) At the request of the Committee, a member shall</p>	<p>Provision of Clinical Information</p> <p>Information re care of patients</p> <p>5. (1) At the request of the Committee, a member shall</p>	<p>The Committee and assessors already have the authority to inspect the member's information in respect of the care of clients and the records of the care of clients under section 82 (1) b and c of the</p>

<p>provide information relating to the member's care of patients to the College in the form and manner specified by the Committee and within the time period specified in the Committee's request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 5 (1).</p> <p>(2) The Committee may request that the information referred to in subsection (1) relates to the member's care of patients during a specified time period. O. Reg. 335/12, s. 5 (2).</p> <p>(3) A member shall ensure that no patients are identified in the information provided to the College under subsection (1). O. Reg. 335/12, s. 5 (3).</p>	<p>provide information relating to the member's care of patients to the College in the form and manner specified by the Committee and within the time period specified in the Committee's request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 5 (1).</p> <p>(2) The Committee may request that the information referred to in subsection (1) relates to the member's care of patients during a specified time period. O. Reg. 335/12, s. 5 (2).</p> <p>(3) A member shall ensure that no patients are identified in the information provided to the College under subsection (1). O. Reg. 335/12, s. 5 (3).</p>	<p>Health Professions Procedural Code.</p>
<p>CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT</p> <p>Participation and record-keeping</p> <p>6. (1) A member shall participate in continuing education and professional development activities for the purpose of maintaining and enhancing the member's knowledge, skill and judgment. O. Reg. 335/12, s. 6 (1).</p> <p>(2) Continuing education and professional development activities shall, among other things, address the following topics:</p> <ol style="list-style-type: none"> 1. Standards of practice. 2. Changes in practice environment. 3. Advances in technology. 4. Changes made to entry to practice competencies. O. Reg. 335/12, s. 6 (2). <p>(3) A member shall maintain an annual record of the member's participation in continuing education and professional development activities and, each year, shall submit the record to the College in the manner specified by the Committee. O. Reg. 335/12, s. 6 (3).</p> <p>(4) A member shall retain the annual record for at least five years from the date the member submits the record to</p>	<p>SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES</p> <p>Participation and record-keeping</p> <p>6. 5. (1) Every member shall participate in self-assessment, continuing education and professional development activities in the form and manner approved by the Committee for the purpose of maintaining and enhancing the member's knowledge, skill and judgment.</p> <p>(2) Continuing education and professional development activities shall, among other things, address the following topics:</p> <ol style="list-style-type: none"> 1. Standards of practice. 2. Changes in practice environment. 3. Advances in technology. 4. Changes made to entry to practice competencies. O. Reg. 335/12, s. 6 (2). <p>(3) (2) A Every member shall maintain an annual record keep records of the member's participation in self-assessment, continuing education and professional development activities and, each year, shall submit the record to the College in the manner specified by the Committee. O. Reg. 335/12, s. 6 (3). in the form and manner specified by the Committee and for the time</p>	<p>The proposed language is clearer than the previous version and encompasses all aspects of the program that would require self-directed participation.</p> <p>This provision is now addressed in the new section 3 (1) b of the Regulation.</p> <p>The proposed language is clearer than the previous version and encompasses all aspects of the program that would require record-keeping.</p>

<p>the College. O. Reg. 335/12, s. 6 (4).</p> <p>(5) The annual record shall contain details about the member’s learning needs as identified by the member and shall list each mandatory continuing education and professional development activity that the member participates in that year, including the content, date, duration, location and, if applicable, the name of the sponsor, for each activity. O. Reg. 335/12, s. 6 (5).</p> <p>(6) The Committee may specify the form and manner in which the annual record must be kept and may specify any additional content that shall be included in the record. O. Reg. 335/12, s. 6 (6).</p>	<p>period specified by the Committee.</p> <p>(4) A member shall retain the annual record for at least five years from the date the member submits the record to the College. O. Reg. 335/12, s. 6 (4).</p> <p>(5) The annual record shall contain details about the member’s learning needs as identified by the member and shall list each mandatory continuing education and professional development activity that the member participates in that year, including the content, date, duration, location and, if applicable, the name of the sponsor, for each activity. O. Reg. 335/12, s. 6 (5).</p> <p>(6) The Committee may specify the form and manner in which the annual record must be kept and may specify any additional content that shall be included in the record. O. Reg. 335/12, s. 6 (6).</p> <p>(3) At the request of the Committee, an assessor or a College employee, a member shall provide to the Committee, the assessor or the College employee, within the time period specified in the request, or where no time period is specified, within 30 days after receiving the request,</p> <p style="padding-left: 40px;">(a) complete and accurate information, in the manner and form specified by the Committee, about the member’s self-assessment, continuing education and professional development activities; and</p> <p style="padding-left: 40px;">(b) the member’s self-assessment, continuing education and professional development activity records described in subsection (2).</p>	<p>This provision is now addressed in section 5 (2) of the Regulation.</p> <p>This provision is now addressed in section 5 (2) of the Regulation.</p> <p>This provision is now addressed in section 5 (2) of the Regulation.</p> <p>The proposed language is clearer than the previous version and encompasses all aspects of the program that would require reporting.</p>
<p>PEER CASE REVIEWS Participation and record-keeping</p> <p>7. (1) The purpose of a peer case review is for members to meet and discuss the clinical care of patients by studying individual patient cases. O. Reg. 335/12, s. 7 (1).</p> <p>(2) A member shall participate in at least six peer case</p>	<p>PEER CASE REVIEWS Participation and record-keeping</p> <p>7. (1) The purpose of a peer case review is for members to meet and discuss the clinical care of patients by studying individual patient cases. O. Reg. 335/12, s. 7 (1).</p> <p>(2) A member shall participate in at least six peer case</p>	<p>The removal of specific language regarding peer case reviews from the regulation permits the College to adapt to current evidence and best practice in the area of quality assurance for midwives and other primary health care professionals.</p>

<p>reviews in every 12-month period commencing on a date to be specified by the Committee. O. Reg. 335/12, s. 7 (2).</p> <p>(3) A peer case review shall be conducted by a group of at least four members belonging to at least two different practice groups. O. Reg. 335/12, s. 7 (3).</p> <p>(4) If all of the members in a peer case review group agree, any number of students who are enrolled in a midwifery education program at an Ontario institution may participate in the review. O. Reg. 335/12, s. 7 (4).</p> <p>(5) A peer case review shall be conducted in the form and manner approved by the Committee and shall include,</p> <p>(a) presentation of a case history, including how the case was managed, by one of the members participating in the review;</p> <p>(b) discussion of the application of College regulations, by-laws, standards, guidelines and policies to the case presented; and</p> <p>(c) observations and feedback from the group members about how the case presented was managed. O. Reg. 335/12, s. 7 (5).</p> <p>(6) A member of a peer case review group shall not disclose information obtained during a peer case review that relates to any other member unless the disclosure is required by an Act of the Legislature or an Act of Parliament or unless the member to whom the information relates consents to the disclosure. O. Reg. 335/12, s. 7 (6).</p> <p>(7) A member shall maintain an annual peer case review record of the member's participation in six peer case reviews. O. Reg. 335/12, s. 7 (7).</p> <p>(8) An annual peer case review record shall include,</p> <p>(a) the names of the members who participated in each review;</p> <p>(b) the date on which each review took place;</p> <p>(c) the duration of each review; and</p> <p>(d) the number of cases reviewed during each review. O. Reg. 335/12, s. 7 (8).</p> <p>(9) Each year, a member shall submit their annual peer case review record to the College in the manner specified</p>	<p>reviews in every 12-month period commencing on a date to be specified by the Committee. O. Reg. 335/12, s. 7 (2).</p> <p>(3) A peer case review shall be conducted by a group of at least four members belonging to at least two different practice groups. O. Reg. 335/12, s. 7 (3).</p> <p>(4) If all of the members in a peer case review group agree, any number of students who are enrolled in a midwifery education program at an Ontario institution may participate in the review. O. Reg. 335/12, s. 7 (4).</p> <p>(5) A peer case review shall be conducted in the form and manner approved by the Committee and shall include;</p> <p>(a) presentation of a case history, including how the case was managed, by one of the members participating in the review;</p> <p>(b) discussion of the application of College regulations, by laws, standards, guidelines and policies to the case presented; and</p> <p>(c) observations and feedback from the group members about how the case presented was managed. O. Reg. 335/12, s. 7 (5).</p> <p>(6) A member of a peer case review group shall not disclose information obtained during a peer case review that relates to any other member unless the disclosure is required by an Act of the Legislature or an Act of Parliament or unless the member to whom the information relates consents to the disclosure. O. Reg. 335/12, s. 7 (6).</p> <p>(7) A member shall maintain an annual peer case review record of the member's participation in six peer case reviews. O. Reg. 335/12, s. 7 (7).</p> <p>(8) An annual peer case review record shall include;</p> <p>(a) the names of the members who participated in each review;</p> <p>(b) the date on which each review took place;</p> <p>(c) the duration of each review; and</p> <p>(d) the number of cases reviewed during each review. O. Reg. 335/12, s. 7 (8).</p> <p>(9) Each year, a member shall submit their annual peer</p>	<p>Peer case reviews may continue to be included in the program as activities under self, peer and practice assessments. However, this amendment provides more flexibility to the College to make changes to the QA program as needed to reflect best practices in quality assurance and quality improvement.</p> <p>Inactive midwives participating in the quality assurance program may not be required to fulfill peer case review requirements but rather demonstrate self and peer assessment in other ways.</p> <p>As evidence and context of practice changes, so can the College's quality assurance program so that midwives and the public can be confident that all required activities support the maintenance and enhancement of midwifery knowledge, skill, and judgment.</p>
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<p>by the Committee. O. Reg. 335/12, s. 7 (9). (10) A member shall retain an annual peer case review record for at least five years from the date the member submits the record to the College. O. Reg. 335/12, s. 7 (10).</p>	<p>case review record to the College in the manner specified by the Committee. O. Reg. 335/12, s. 7 (9). (10) A member shall retain an annual peer case review record for at least five years from the date the member submits the record to the College. O. Reg. 335/12, s. 7 (10).</p>	
<p>QUALITY OF CARE EVALUATIONS Evaluation form and record-keeping 8. (1) A member shall, within six months after a patient is discharged from the member’s care, provide to the patient a quality of care evaluation form and shall request that the patient complete the form and return it to the member’s practice group. O. Reg. 335/12, s. 8 (1). (2) An evaluation form shall not identify the patient completing the form unless the patient identifies herself. O. Reg. 335/12, s. 8 (2). (3) A member shall keep a record of whether the member takes any action in response to a patient’s evaluation and, each year, shall submit the record to the College in the manner specified by the Committee. O. Reg. 335/12, s. 8 (3). (4) The Committee may require that the patient’s evaluation and the record of whether the member takes any action be in forms approved by the Committee. O. Reg. 335/12, s. 8 (4). (5) A member shall retain, (a) a completed evaluation form for at least five years from the date the form is returned to the member’s practice group; and (b) the record of whether the member takes any action in response to a patient evaluation for at least five years from the date the member submits the record to the College. O. Reg. 335/12, s. 8 (5).</p>	<p>QUALITY OF CARE EVALUATIONS Evaluation form and record-keeping 8. (1) A member shall, within six months after a patient is discharged from the member’s care, provide to the patient a quality of care evaluation form and shall request that the patient complete the form and return it to the member’s practice group. O. Reg. 335/12, s. 8 (1). (2) An evaluation form shall not identify the patient completing the form unless the patient identifies herself. O. Reg. 335/12, s. 8 (2). (3) A member shall keep a record of whether the member takes any action in response to a patient’s evaluation and, each year, shall submit the record to the College in the manner specified by the Committee. O. Reg. 335/12, s. 8 (3). (4) The Committee may require that the patient’s evaluation and the record of whether the member takes any action be in forms approved by the Committee. O. Reg. 335/12, s. 8 (4). (5) A member shall retain, (a) a completed evaluation form for at least five years from the date the form is returned to the member’s practice group; and (b) the record of whether the member takes any action in response to a patient evaluation for at least five years from the date the member submits the record to the College. O. Reg. 335/12, s. 8 (5).</p>	<p>The removal of specific language regarding quality of care evaluations from the regulation permits the College to adapt to current evidence and best practice in the area of quality assurance for midwives and other primary health care professionals.</p> <p>Quality of care evaluations may continue to be included in the program as activities under self, peer and practice assessments. However, this amendment provides more flexibility to the College to make changes to the QA program as needed to reflect best practices in quality assurance and quality improvement.</p> <p>Inactive midwives would not be required to fulfill quality of care evaluation requirements but rather demonstrate self and peer assessment in other ways.</p> <p>As evidence and context of practice changes, so can the College’s quality assurance program so that midwives and the public can be confident that all required activities support the maintenance and enhancement of midwifery knowledge, skill, and judgment.</p>
<p>SELF-ASSESSMENTS Questionnaire and declaration 9. (1) At the request of the Committee, a member shall, (a) complete a self-assessment questionnaire in the form</p>	<p>SELF-ASSESSMENTS Questionnaire and declaration 9. (1) At the request of the Committee, a member shall, (a) complete a self assessment questionnaire in the form</p>	<p>The removal of specific language regarding self-assessment activities from the regulation permits the College to adapt to current evidence and best practice in the area of quality assurance for midwives and other primary health care</p>

<p>and manner approved by the Committee; (b) sign a declaration in the form and manner specified by the Committee stating that the member has completed the questionnaire; and (c) submit the declaration to the College within the time period specified in the request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (1). (2) At the request of the Committee, a member shall submit a completed self-assessment questionnaire to the College within the time period specified in the request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (2). (3) A member shall retain a completed self-assessment questionnaire for at least 10 years from the date the member submits the declaration to the College. O. Reg. 335/12, s. 9 (3).</p>	<p>and manner approved by the Committee; (b) sign a declaration in the form and manner specified by the Committee stating that the member has completed the questionnaire; and (c) submit the declaration to the College within the time period specified in the request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (1). (2) At the request of the Committee, a member shall submit a completed self assessment questionnaire to the College within the time period specified in the request or, where no time period is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (2). (3) A member shall retain a completed self assessment questionnaire for at least 10 years from the date the member submits the declaration to the College. O. Reg. 335/12, s. 9 (3).</p>	<p>professionals. Self-assessment activities will continue to be included in the program as activities under self, peer and practice assessments. However, this amendment provides more flexibility to the College to make changes to the QA program as needed to reflect best practices in quality assurance and quality improvement. Inactive midwives participating in the quality assurance program will be required to engage in self-assessment activities within the context of non-clinical practice. As evidence and context of practice changes, so can the College’s quality assurance program so that midwives and the public can be confident that all required activities support the maintenance and enhancement of midwifery knowledge, skill, and judgment.</p>
<p>PEER AND PRACTICE ASSESSMENTS Selection of members 10. (1) Each year, the Committee shall select members to undergo peer and practice assessments in order to assess whether the members’ knowledge, skill and judgment are satisfactory. O. Reg. 335/12, s. 10 (1). (2) The Committee may select a member to undergo a peer and practice assessment, (a) through a process of random selection; (b) on the basis of criteria specified by the Committee and published on the College’s website at least three months before a member is selected on the basis of that criteria; or (c) if a request is made to review the member’s information, records, forms, assessments or questionnaires under this Part and the Committee or an</p>	<p>PEER AND PRACTICE ASSESSMENTS Selection of members 10. 6. (1) Each year, The Committee shall select members to undergo peer and practice assessments in order to assess whether the members’ knowledge, skill and judgment are satisfactory. (2) The Committee may select a member to A member may be required to undergo a peer and practice assessment if, (a) through a process of random selection the member’s name is selected at random, including by stratified random sampling; (b) if a request is made to review the member’s information, records, forms, assessments or questionnaires under this Part and the Committee</p>	<p>The proposed language is clearer than the previous version. This provision clearly outlines when peer and practice assessments may be conducted (at random, insufficient, inadequate or inaccurate reporting of quality assurance program activities, other specified criteria that the College publishes). In addition, the provision sets out who may conduct the assessment (a college-appointed assessor) and the general parameters of the assessment.</p>

<p>assessor is of the opinion that the member has not provided satisfactory documentation in accordance with the request. O. Reg. 335/12, s. 10 (2).</p> <p>Components of assessment</p> <p>11. A peer and practice assessment shall be conducted by an assessor and may include,</p> <ul style="list-style-type: none"> (a) an inspection of the forms and other documents used in the member's practice; (b) an inspection of the member's records of the care of patients; (c) an assessment of any information respecting the member's care of patients; (d) an interview with the member; (e) an inspection of the premises where the member practises; and (f) an examination of the member's birth kit. O. Reg. 335/12, s. 11. 	<p>or an assessor is of the opinion that the member has not provided satisfactory documentation in accordance with the request under subsection 5(3) and, either,</p> <ul style="list-style-type: none"> (i) insufficient or inaccurate information is provided by the member, or (ii) the member's records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or <p>(c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria.</p> <p>Components of assessment</p> <p>11. (3) A peer and practice assessment shall be conducted by an assessor and may include. The Committee shall appoint an assessor to carry out the peer and practice assessment, which may include, but is not limited to,</p> <ul style="list-style-type: none"> (a) an inspection of the forms and other documents used in the member's practice; (b) an inspection of the member's records of the care of patients clients; (c) an assessment of any information respecting the member's care of patients clients; (d) an interview with the member; (e) an inspection of the premises where the member practises; (f) an examination of the member's birth kit equipment and supplies; and (g) an evaluation of the member's knowledge, skill and judgment, which may include a written evaluation or an objective structured clinical examination; and (h) an inspection of the member's records described 	
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	in subsection 5(2).	
<p>Written report</p> <p>12. (1) An assessor shall, within the time period specified by the Committee, provide to the College a written report of the assessment. O. Reg. 335/12, s. 12 (1). (2) The Committee shall provide to the member a copy of the assessor’s report and notice of the member’s right to make written submissions to the Committee within 14 days after the member receives the report and the notice. O. Reg. 335/12, s. 12 (2).</p>	<p>Written report</p> <p>12. 7. (1) An assessor shall, within the time period specified by the Committee, provide to the College a written report of the assessment. (2) The Committee shall provide to the member a copy of the assessor’s report and notice of the member’s right to make written submissions to the Committee within 14 30 days after the member receives the report and the notice.</p>	<p>This provision allows additional time (from 14 days to 30 days) for the member to respond to the assessor’s final written report. This aligns well with the spirit of quality assurance as it is supportive in nature as opposed to punitive. This additional time may permit the member to identify and address gaps for the Committee (or a panel of the Committee) to consider before taking further (if any) action as per the provision below (8).</p>
<p>Remedial action</p> <p>13. After considering the assessor’s report and any submissions made by the member, the Committee may take any action listed in subsection 80.2 (1) of the Health Professions Procedural Code. O. Reg. 335/12, s. 13.</p>	<p>Remedial action</p> <p>13. 8. After considering the assessor’s report and any submissions made by the member, the Committee may take any action listed in subsection 80.2 (1) of the Health Professions Procedural Code.</p>	
	<p>9. (1) Information about a member’s compliance or non-compliance with the requirements of the program is not quality assurance information for the purposes of clause (g) of the definition of “quality assurance information” in subsection 83.1 of the Health Professions Procedural Code.</p> <p>(2) The Quality Assurance Committee may disclose the information referred to in subsection (1) to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee makes a referral under paragraph 4 of subsection 80.2(1) of the Health Professions Procedural Code.</p>	<p>There are strict confidentiality rules that protect the information members provide in the course of the quality assurance program. This is to encourage accurate and honest self, peer and practice assessment. However, there are limited exceptions under the Health Professions Procedural Code where quality assurance information may be shared.</p> <p>One exception is the referral of a member’s name and allegations to the Inquiries, Complaints and Reports Committee where the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.</p> <p>The RHPA considers it to be professional misconduct to fail to cooperate with the Quality Assurance Committee or one of its assessors (s. 51(1)(b.0.1).</p>

		<p>Although it is implied from the RHPA and the Health Professions Procedural Code, this new section in the Regulation makes it explicit that when a referral is made to the ICRC due to a failure to comply with the quality assurance program, the Quality Assurance Committee may also disclose the underlying information relating to the non-compliance (for example, evidence that the member did not report on their QA activities at all or that the member only did not report sufficient QA activities; correspondence between the College and the member regarding the QA requirements). This proposed revision is therefore clearer and more transparent to members of the profession and the public.</p>
<p>PART II NOTICE OF OPEN MEETINGS AND HEARINGS²</p>		
<p>COUNCIL MEETINGS Notice requirement</p> <p>14. (1) The Registrar shall ensure that notice of every council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 335/12, s. 14 (1).</p> <p>(2) The notice shall be published no less than 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario. O. Reg. 335/12, s. 14 (2).</p> <p>(3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3).</p> <p>(4) The notice shall include the intended date, time and place of the meeting and a statement of the purpose of</p>	<p>COUNCIL MEETINGS Notice requirement</p> <p>14. (1) The Registrar shall ensure that notice of every council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 335/12, s. 14 (1).</p> <p>(2) The notice shall be published no less than 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario. O. Reg. 335/12, s. 14 (2).</p> <p>(3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3).</p> <p>(4) The notice shall include the intended date, time and place of the meeting and a statement of the purpose of</p>	<p>The Health Professions Procedural Code specifies that Meetings of Council are to be made public. “7. (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).”</p> <p>Article 7.01 of the College’s General By-law specifies the location and frequency of Council meetings. The College publishes meetings of Council and agendas on the College website. Therefore, this section of the Regulation is no longer necessary.</p>

² The College of Midwives of Ontario proposes to rescind the General Regulation in its entirety and it will not propose to replace Part II Notice of Open Meetings and Hearings. Rationale provided in the table above.

meeting. O. Reg. 335/12, s. 14 (4). (5) The Registrar shall give a copy of the notice to every person who requests it. O. Reg. 335/12, s. 14 (5).	the meeting. O. Reg. 335/12, s. 14 (4). (5) The Registrar shall give a copy of the notice to every person who requests it. O. Reg. 335/12, s. 14 (5).	
DISCIPLINE COMMITTEE HEARINGS Provision of information 15. (1) The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it, (a) at least 30 days before the intended date of the hearing, if possible; or (b) for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made. O. Reg. 335/12, s. 15 (1). (2) The information shall be available in English and French. O. Reg. 335/12, s. 15 (2). (3) The information shall include, (a) the name of the member against whom the allegations have been made; (b) the member’s principal place of practice; (c) the intended date, time and place of the hearing; and (d) a statement of the purpose of the hearing. O. Reg. 335/12, s. 15 (3).	DISCIPLINE COMMITTEE HEARINGS Provision of information 15. (1) The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it, (a) at least 30 days before the intended date of the hearing, if possible; or (b) for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made. O. Reg. 335/12, s. 15 (1). (2) The information shall be available in English and French. O. Reg. 335/12, s. 15 (2). (3) The information shall include, (a) the name of the member against whom the allegations have been made; (b) the member’s principal place of practice; (c) the intended date, time and place of the hearing; and (d) a statement of the purpose of the hearing. O. Reg. 335/12, s. 15 (3).	The Health Professions Procedural Code section 23 (2) requires the public register to contain “A notation of every matter that has been referred to by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and has not been finally resolved, until the matter is resolved.” The College interprets “notation” to include the notice of hearing and the location, dates and times of the hearing when set. This information appears on the public register and on the College’s website. The Health Professions Procedural Code requires hearings to be public: “45. (1) A hearing shall, subject to subsection (2), be open to the public. 1991, c. 18, Sched. 2, s. 45 (1).”
PART III INTUBATION OF A NEWBORN³		
Requirements for intubation beyond the larynx of a newborn 15.1 A member is authorized to perform a procedure under paragraph 10 of section 4 of the Act if the procedure is performed in accordance with the following requirements: 1. The member has the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.	Requirements for intubation beyond the larynx of a newborn 15.1 A member is authorized to perform a procedure under paragraph 10 of section 4 of the Act if the procedure is performed in accordance with the following requirements: 1. The member has the knowledge, skill and judgment to perform the procedure safely, effectively and	This Part of the regulation is no longer required due to the fact that the College completed the training of all current members and evidence of successful course completion in Neonatal Resuscitation is an entry to practice requirement and a continuing competency requirement of the profession.

³ The College of Midwives of Ontario proposes to rescind the General Regulation in its entirety and will not propose to replace Part III Intubation of a Newborn. Rationale provided in the table above.

<p>2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered,</p> <ol style="list-style-type: none"> i. whether the procedure is necessary to preserve or restore the health of the newborn, ii. the known risks and benefits to the newborn of performing the procedure, iii. the predictability of the outcome of performing the procedure, iv. the safeguards and resources available in all the circumstances to safely manage the outcome of performing the procedure, and v. other relevant factors specific to the situation. <p>3. The member has successfully completed an intubation training program approved by the Council. O. Reg. 17/15, s. 1.</p> <p>16. Omitted (revokes other Regulations). O. Reg. 335/12, s. 16.</p> <p>17. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 335/12, s. 17.</p>	<p>ethically.</p> <p>2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered,</p> <ol style="list-style-type: none"> i. whether the procedure is necessary to preserve or restore the health of the newborn, ii. the known risks and benefits to the newborn of performing the procedure, iii. the predictability of the outcome of performing the procedure, iv. the safeguards and resources available in all the circumstances to safely manage the outcome of performing the procedure, and v. other relevant factors specific to the situation. <p>3. The member has successfully completed an intubation training program approved by the Council. O. Reg. 17/15, s. 1.</p> <p>16. Omitted (revokes other Regulations). O. Reg. 335/12, s. 16.</p> <p>17. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 335/12, s. 17.</p>	<p>Furthermore, the College is proposing to add the following provision to the <i>Midwifery Act</i> which refers to the performance of <i>any</i> authorized act, including the act of neonatal intubation.</p> <p><i>A member is not authorized to perform any of the above procedures unless the member:</i></p> <ol style="list-style-type: none"> <i>1. has sufficient knowledge, skill and judgment to perform the procedure safely, effectively and ethically; and</i> <i>2. has determined that a client's condition warrants performance of the procedure after having considered,</i> <ol style="list-style-type: none"> <i>i. whether the procedure is clinically indicated,</i> <i>ii. contraindications and precautions,</i> <i>iii. known risks and benefits, and</i> <i>iv. specific client needs and circumstances.</i>
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