



COUNCIL AGENDA

Wednesday, March 22, 2017, 09:30 am to 5:00 pm
College of Midwives of Ontario, 21 St Clair Ave, Suite 303

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome & Safety Review	Barb Borland	9:30	INFORMATION		
2.	Conflict of Interest	Barb Borland	9:35			
3.	Enquiries	Barb Borland	9:36	INFORMATION		
4.	Review and Approval of Proposed Agenda	Barb Borland	9:37	MOTION	Agenda	1-2
5.	Consent Agenda <ul style="list-style-type: none"> - Inquiries, Complaints and Reports Committee Report - Registration Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee - Quality Assurance Committee 	Barb Borland	9:40	MOTION	1. Committee reports	
6.	Presentation on Standards Review	Johanna Geraci	9:45	MOTION		TBD
BREAK 11:15						
7.	Regulations <ul style="list-style-type: none"> - Professional Misconduct - Quality Assurance 	Kelly Dobbin	11:25	MOTION	1. Briefing Note 2. Draft proposed changes to Professional Misconduct 3. Public Consultation Feedback 4. AOM feedback 5. Briefing Note 6. Draft proposed changes Quality Assurance Regulation	

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
LUNCH 12:30-1:00						
8.	President's Report	Barb Borland	1:00	MOTION		
9.	In-camera	Barb Borland	1:20	MOTION		
9.	Executive Committee's Report to Council <ul style="list-style-type: none"> - 2017/2018 Budget - Q3 Statement of Operations - Public Member Vacancy - Outcomes Policy - Assessment of the External Auditor 	Barb Borland/ Carolyn Doornekamp	2:00	MOTION	<ul style="list-style-type: none"> 1. Report 2. Budget 3. Briefing Note 4. Q3 Statement of Operations 5. Briefing Note 6. Outcomes Policy 7. Briefing Note 8. Assessment report to Council 9. Annual Assessment Tool 	-
10.	Registrar's Report <ul style="list-style-type: none"> - 2017 Operational Plan 	Kelly Dobbin	3:00	MOTION	<ul style="list-style-type: none"> 1. Report 2. Operational Plan 3. FHRCO letter 	
BREAK 3:45-4:00						
11.	Pre-Audit Consultation	Blair MacKenzie	4:00	INFORMATION		
12.	Strategic Framework	Barb Borland	4:30	MOTION	Strategic Framework	
13.	Proposed Schedule for 2018	Barb Borland	4:45	MOTION	TBD	
14.	Housekeeping		4:55	INFORMATION		
15.	Adjournment	Barb Borland	5:00	MOTION		
Next Meetings: Jun 27-28, 2017; Oct 11-12, 2-17; Dec 12-13, 2017						



Minutes of Council Meeting

Held on Wednesday, December 7, 2016, 9:30 AM to 5:00 PM
Boardroom (21 St. Clair Avenue East)

Chair Barbara Borland, RM
Present Barbara Borland, RM, Caroline Brett, Carron Canning, RM, Rochelle Dickenson, Tiffany Haidon, RM, Claudette Leduc, RM, Jennifer Lemon, Lilly Martin, RM, Philip Playfair, Gemma Salamat, Jan Teevan, RM
Regrets Wendy Murko, RM
Ex-Officio Kelly Dobbin
Staff Carolyn Doornekamp, Rachel Rapaport Beck, Marina Solakhyan, Naakai Garnette, Johanna Geraci

Observers

Recorder Amy Fournier

1. Call to Order, Safety and Welcome

Barbara Borland, President, called the meeting to order at 9:36 am and welcomed all present.

2. Declaration of Conflict of Interests

No conflicts of interest were declared.

3. Enquiries

4. Review and Approval of Proposed Agenda

Report on the Registrar's Performance Evaluation was deferred to March 2017 Council meeting. The Proposed Changes to the *Professional Misconduct Regulation* was moved to the afternoon and the Quality Assurance Committee Report and *Standard on Second Birth Attendants* were moved to the morning.

MOTION: THAT THE PROPOSED AGENDA OF DECEMBER 7, 2016, BE APPROVED AS AMENDED.

Moved: Philip Playfair

Seconded: Lilly Martin

CARRIED

5. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of October 13, 2016, Council Meeting
- Inquiries, Complaints and Reports Committee Report
- Registration Committee Report
- Discipline Committee Report
- Fitness to Practise Committee Report
- Client Relations Committee Report

BE APPROVED AS PRESENTED

Moved: Rochelle Dickenson

Seconded: Jan Teevan

CARRIED

6. Proposed Changes to the General Regulation – approval for 60-day consultation

Jan Teevan, Quality Assurance Committee (QAC) Chair, introduced the proposed changes to the General Regulation. The QAC reviewed the proposed changes at their September and November 2016 meetings and brought the item forward to Council for approval for 60-day consultation.

Kelly Dobbin, Registrar, presented the Proposed Changes to the General Regulation, including reasons and rationale.

1. Parts 2 & 3 of the General Regulation are redundant – the proposed changes to the General Regulation include removing these parts. The Midwifery Education Program (MEP) teaches intubation and it is a core competency in all other Canadian jurisdictions. The College's annual Neonatal Resuscitation Program (NRP) re-certification requirement includes the intubation component.
2. The proposed changes to the Part 1 of the General Regulation, which will become a stand-alone Quality Assurance Regulation, will include less detail on program requirements, which will allow the QAC to build a more flexible program.
3. Section 9 of the proposed regulation was added at the suggestion of legal counsel to avoid risk, as it provides the QAC with the authority to disclose the underlying information relating to the non-compliance to the ICRC.

MOTION: THAT THE QUALITY ASSURANCE REGULATION BE APPROVED FOR A 60-DAY CONSULTATION

YES: Claudette Leduc, Lilly Martin, Barbara Borland, Caroline Brett, Carron Canning, Rochelle Dickenson, Tiffany Haidon, Jennifer Lemon, Philip Playfair, Gemma Salamat, Jan Teevan

NO: None

ABSTAIN: None

7. Quality Assurance Committee Report

- 7.1. Jan Teevan, QAC Chair, presented the proposed amendments to the *Policy on Continuing Education in Fetal Health Surveillance (FHS)*. Jan provided Council with background information on the policy and stated that it was created in response to recommendations made by the Maternal Perinatal Death Review Committee (MPDRC). The policy was titled *Policy on Continuing Education in Electronic Fetal Monitoring (EFM)* because the QAC interpreted EFM as the gap identified by the MPDRC. EFM is a skill that is included as a component in FHS courses, not a stand-alone course. The QAC sought to clarify the language in the policy to make this clear to the membership.

MOTION: THAT THE POLICY ON CONTINUING EDUCATION IN FETAL HEALTH SURVEILLANCE BE APPROVED AS PRESENTED.

Moved: Lilly Martin

Seconded: Jan Teevan

CARRIED

- 7.2. Jan Teevan, QAC Chair, presented the *Standard on Midwife-Conducted Vacuum-Assisted Births*. Although the Standard had been approved by Council in September 2015, shortly after its approval, the College adopted a risk-based approach to regulation. In light of this approach staff felt that rescinding the standard was appropriate. The QAC approved of this approach, noting that

standards are developed to guide practice of *all* members of the profession and the standard was created in response to one member in an Alternate Practice Arrangement (APA) Type 1.

MOTION: THAT THE STANDARD ON MIDWIFE-CONDUCTED VACUUM-ASSISTED BIRTHS BE RESCINDED, EFFECTIVE IMMEDIATELY.

Moved: Isabelle Milot
Seconded: Claudette Leduc
CARRIED

7.3. Quality Assurance Committee Report

MOTION: THAT THE QUALITY ASSURANCE COMMITTEE REPORT BE ACCEPTED AS PRESENTED.

Moved: Philip Playfair
Seconded: Lilly Martin
CARRIED

8. Standard on Second Birth Attendants

Rachel Rapaport Beck, Program Manager, presented on the College's Alternate Practice Arrangement (APA) – Type 2 program, and proposed removing inaccurate language in the College's *Standard on Second Birth Attendants*. To ensure clear communication with the public, staff suggested removing the words "is authorized by the College of Midwives of Ontario" from the Standard on Second Birth Attendants.

MOTION: THAT THE STANDARD ON SECOND BIRTH ATTENDANTS BE APPROVED AS PRESENTED.

Moved: Rochelle Dickenson
Seconded: Caroline Brett
CARRIED

9. Registrar's Report to Council

Kelly Dobbin, Registrar, presented the highlights of her report and responded to questions.

1. Council was informed that Naakai Garnette was attending a meeting with the Ministry of Health and Long-Term Care (MOHLTC) to learn more about the proposed changes to the Regulated Health Professions Act (RHPA) that the Ministry is leading. The goal of the proposed changes is to strengthen the Ministry's goal of zero-tolerance for sexual abuse by health care providers.

2. The College's Operational Plan was presented to Council in March 2016, and included goals that would be reached by December 31, 2016. Kelly reported on which goals were achieved, which goals were a work-in-progress and which goals were not yet achieved. Ten of the goals were successfully achieved; four of the goals are a work in progress; and three of the goals have not yet been achieved.

3. The College hosted four Member Education Day forums throughout the month of November to review proposed changes to the midwifery scope of practice and CMO regulations. Kelly informed Council that the sessions were well-received and well-attended by midwives across the province.

MOTION: THAT THE REGISTRAR'S REPORT TO COUNCIL INCLUDING THE PROGRESS REPORT ON 2016 OPERATIONAL PLAN BE ACCEPTED AS PRESENTED.

Moved: Gemma Salamat

Seconded: Philip Playfair

CARRIED

10. President's Report

Barbara Borland, President, presented the President's Report to Council. Barbara thanked all Council members who could attend Member Education Day and noted that much of her report to Council would be covered in the Executive Committee Report to Council.

MOTION: THAT THE PRESIDENT'S REPORT TO COUNCIL BE ACCEPTED AS PRESENTED.

Moved: Lilly Martin

Seconded: Jan Teevan

CARRIED

11. 2017-2020 Strategic Plan

Council discussed the strategic plan and approved the outcomes, initiatives performance indicators. Council decided that the mission, vision and mandate required further consideration and will be revisited at the March 2017 Council meeting.

The guiding principles, though not part of the strategic plan, were approved with amendments as noted.

MOTION: THAT THE STRATEGIC PLAN FOR 2017-2020 BE APPROVED AS PRESENTED AND THE STRATEGIC FRAMEWORK, INCLUDING THE VISION, MANDATE AND MISSION, BE DEFERRED TO MARCH 2017 COUNCIL MEETING.

Moved: Gemma Salamat

Seconded: Rochelle Dickenson

CARRIED

12. Proposed Changes to the Professional Misconduct Regulation – approval for 60-day consultation

Lilly Martin, Discipline Committee Chair, and Rochelle Dickenson, Inquiries, Complaints & Reports Committee (ICRC) Chair, introduced the proposed changes to the Professional Misconduct Regulation. Both Discipline and ICRC reviewed the proposed changes and provided input and brought the item forward to Council for approval for 60-day consultation.

Naakai Garnette, Director of Registration and Professional Conduct, presented the proposed revisions to the Professional Misconduct Regulation, including reasons and rationale. The proposed revisions are intended to hold all health care providers to the same level of accountability.

MOTION: THAT THE PROPOSED PROFESSIONAL MISCONDUCT REGULATION BE APPROVED FOR 60-DAY CONSULTATION.

YES: Gemma Salamat, Jan Teevan, Barbara Borland, Caroline Brett, Carron Canning, Rochelle Dickenson, Tiffany Haidon, Jennifer Lemon, Philip Playfair, Gemma Salamat, Claudette Leduc, Lilly Martin

NO: None

ABSTAIN: None

13. Executive Committee Report

Carolyn Doornekamp, Director of Operations, presented on the College's Q2 Statement of Operations, which were approved at the Executive Committee meeting in November 2016.

Barbara Borland, President, presented the Executive Committee Terms of Reference and noted that the changes include the committee's increased fiduciary and risk oversight responsibilities.

MOTION: THAT EXECUTIVE COMMITTEE REPORT, INCLUDING THE TERMS OF REFERENCE AND THE Q2 STATEMENT OF OPERATIONS, BE APPROVED AS PRESENTED.

Moved: Claudette Leduc

Seconded: Lilly Martin

CARRIED

13.1. Committee Composition

Barbara Borland, President, presented the Committee Composition and highlighted the addition of three new non-Council professional members.

MOTION: THAT 2016-2017 COMMITTEE COMPOSITION BE APPROVED AS PRESENTED.

Moved: Jan Teevan

Seconded: Lilly Martin

CARRIED

13.2. Council Performance Evaluation Report and Education Plan

Barbara Borland, President, summarized the outcomes of the Council evaluation report, including comments. Barbara briefly outlined Council's next steps for education, training and other learning opportunities.

14. Housekeeping

15. Adjournment

MOTION: THAT THE MEETING BE ADJOURNED AT 4:34 PM

Moved: Gemma Salamat

Seconded: Claudette Leduc

CARRIED

Barbara Borland, President

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT TO COUNCIL – March 2017

Committee Members

Chair:	Wendy Murko, RM
Professional:	Tiffany Haidon, RM, Wendy Murko, RM, Carron Canning, RM
Public:	Caroline Brett, Rochelle Dickenson, Jennifer Lemon
Non-Council:	Heather Brechin, RM, Edan Thomas, RM, Lisa Nussey, RM

Committee Meetings

- There have been no Committee meetings since the last report. Committee meetings have been deferred until Spring 2017 to allow for several necessary panel deliberations. Future meetings and/or trainings will be scheduled in upcoming months.

Panel Meetings/Hearings

- There have been the following panel meetings since the last Council meeting in December 2016:
 - COIN 256I: for deliberation (teleconference, December 2, 2016)
 - COIN 266RI: for the appointment of an investigator (via email, December 2016)
 - COIN 236C: for deliberation (teleconference, January 23, 2017)
 - COIN 238C: for deliberation (teleconference, January 25, 2017)
 - COIN 217A: for deliberation (teleconference, January 25, 2017)
 - COIN 241C: for deliberation (teleconference, February 7, 2017)
 - COIN 251C: for deliberation (teleconference, February 7, 2017)
 - COIN 258C: for deliberation (teleconference, February 10, 2017)
 - COIN 259C: for deliberation (teleconference, February 10, 2017)
 - COIN 244C: for deliberation (teleconference, February 13, 2017)
 - COIN 245/246/247C: for deliberation (teleconference, February 10 & 15, 2017)
 - COIN 249C: for deliberation (teleconference, February 27, 2017)
- ICRC panel meeting for COIN 262C is set for March 3rd
- ICRC panel meeting for COIN 243C is set for March 8th

Items

- **Panel Deliberations:** The ICRC's focus since the last report has been to conduct as many deliberations and finalize as many decisions as possible within the time limits imposed by the RHPA for the disposition of complaint matters. The ICRC endeavours to conduct as full and thorough investigations as possible, and acknowledges that this therefore may mean that a matter may extend beyond the legislatively prescribed time limits. Nevertheless, the ICRC is making best efforts to dispose of matters in a timely and efficient manner.

Attachments:

1. Investigations/Hearings – Current Files Listing (current to February 27, 2017)

As Chair, I'd like to thank the members of ICRC for their time engagement and commitment especially given the increased demands this winter to complete these panels.

Respectfully submitted,

Wendy Murko, Chair

Investigations/Hearings – Current Files Listing
Updated as of February 27, 2017
Last Reported at December 2016 Council Meeting

Files in Progress as of February 27, 2017

TOTAL ACTIVE CASES	27
Mandatory Reports COIN 252, 255	2
Complaints COINs COIN 217A, 236, 238/239, 241, 243, 244, 245/246/247, 249, 251, 258, 259, 260/261, 262, 263/264, 265, 267	21
Fitness to Practice/Incapacity COIN 268I	1
Registrar’s Investigations/ Registrar’s Inquiries COIN 254, 257, 266	3
Closed since last Report (December 2016) COIN 232RI, 240C, 250C, 253RI, 256I	5
Number of active complaints COINs beyond 150 days 236, 238/239, 241, 243, 244, 245/246/247, 249, 251, 258, 259, 262, 263/264 (236, 241, 238/239 draft decisions are currently being finalized)	16

TOTAL MONITORED CASES	6
Discipline COIN 208	1
Monitoring COIN 116, 126, 134, 209, 214	5
Fitness to Practice/Incapacity	0
HPARB Review / Judicial Review	0
Closed since last Report (December 2016) 184, 211, 215, 242	4



REGISTRATION COMMITTEE REPORT TO COUNCIL – MARCH 2017

Committee Members

Chair	Caroline Brett
Professional	Carron Canning, RM, Isabelle Milot, RM
Public	Caroline Brett, Gemma Salamat
Non-Council	Mylene Shields, RM, Alexandra Nikitakis, RM

Committee Meetings

Past

- January 18, 2017 – full day in-person meeting

Upcoming

- June 21, September 13, November 8, 2017

Panel Meetings/Hearings

- Three panel files at one meeting on January 18, 2017 as follows:
 1. Class Change with 5-yr APR shortfall
 2. Class Change with 2-yr APR shortfall
 3. General Certificate application (continuation of Panel started in 2016)
- One panel file on February 23, 2017 as follows:
 1. Clinical Experience shortfall with initial application

Upcoming

- Two panel files – date pending:
 1. Re-registration
 2. Supervised Certificate Reissue

Training

- Orientation for new Non-Council committee member, Alexandra Nikitakis – March 1, 2017

Meeting Items

At its recent meeting, the Registration Committee reviewed:

- Terms of Reference, Supervised Practice, Risk Checklists and Streamlining

At upcoming meetings, the Registration Committee will review:

- The outcomes to date of the streamlining process, including recommendations to rescind certain registration policies and revise others
- OFC Registration Practices Assessment (2016-2017) – the College has selected to undertake a general-duty systems-based self-assessment to align with the College's streamlining initiatives

Ongoing Department Items

- Active Practice Reporting due October 1, 2016 and relevant follow up
- Jurisprudence Course e-module has been finalized and is due to launch in 2017
- Online development of registration application process, class change and Letter of Professional Conduct processes
- Streamlining review of registration processes and strategic priorities
- Canadian Midwifery Registration Examination (CMRE) on May 4, 2017 in Toronto. No requests for Sudbury location received to date.
- OFC Registration Practices Assessment (2016-2017)
- OFC Annual Fair Registration Practices Report filed on March 1, 2017
- Professional Corporation Renewal due March 31, 2017

Membership:

- 858 Registered Members as of February 28, 2017:
 - 630 – General
 - 72 – General with new registrant conditions
 - 6 – Supervised Practice
 - 150 – Inactive
 - 0 - Transitional

Formal Motions to Council

None

Attachments:

None

Respectfully Submitted,
Caroline Brett, Chair

DISCIPLINE COMMITTEE REPORT TO COUNCIL – March 2017

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Claudette Leduc, RM, Jan Teevan ,RM
Public	Gemma Salamat, Philip Playfair

Committee Meetings

- Future meetings and/or trainings will be scheduled in upcoming months. Updates to procedures may arise from Bill 87

Panel Meetings/Hearings

N/A

Trainings

See above.

Items

N/A

Formal Motions to Council (Optional)

The Committee recommends that:

N/A

Attachments:

Respectfully Submitted,

Lilly Martin, RM, Chair

FITNESS TO PRACTISE COMMITTEE REPORT TO COUNCIL – March 2017

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Claudette Leduc, RM, Jan Teevan ,RM
Public	Gemma Salamat, Philip Playfair

Committee Meetings

- Future meetings and/or trainings will be scheduled in upcoming months

Panel Meetings/Hearings

N/A

Trainings

See above.

Items

N/A

Formal Motions to Council (Optional)

The Committee recommends that:

N/A

Attachments:

Respectfully Submitted,

Lilly Martin, RM, Chair

CLIENT RELATIONS COMMITTEE REPORT TO COUNCIL – March 2017

Committee Members

Chair	Carron Canning
Professional	Carron Canning, Tiffany Haidon, Claudette Leduc, Wendy Murko
Public	Rochelle Dickenson
Non-Elected	Christi Johnston

Committee Meetings

- Future committee meetings will be scheduled in relation to work arising from the Sexual Abuse Task Force Report and Bill 87

Panel Meetings/Hearings

N/A

Trainings

- Orientation provided to new committee member, Ms. Christi Johnston, on Wednesday March 1, 2017 at the College

Items

N/A

Formal Motions to Council:

N/A

Respectfully Submitted,

Carron Canning, RM, Chair

QUALITY ASSURANCE COMMITTEE REPORT TO COUNCIL – MARCH 2017

Committee Members

Chair	Jan Teevan, RM
Professional	Lilly Martin, RM, Isabelle Milot, RM
Public	Gemma Salamat, Philip Playfair
Non-Council	Mylene Shields, RM, Tia Sarkar, RM

Committee Meetings

None.

Panel Meetings/Hearings

December 14, 2016 – QAP non-compliance panel (9 cases reviewed)

December 16, 2016 – QAP non-compliance panel (1 case reviewed)

Trainings

None.

Items

None.

Formal Motions to Council

None.

Attachments:

None.

Respectfully Submitted,

Jan Teevan, Chair

Briefing Note for Council

Subject: Proposed amendments to the College's Professional Misconduct Regulation

Background

Professional misconduct is conduct that falls below the minimum expectations of a safe and ethical midwife. Engaging in professional misconduct can lead to disciplinary proceedings that could result in serious orders (e.g., a fine, suspension or even revocation of a member's certificate of registration). Some types of professional misconduct are contained in the *Regulated Health Professions Act (RHPA)* itself. For instance, the *RHPA* makes breaking the law professional misconduct. Being found guilty of professional misconduct outside of Ontario can lead to disciplinary action in Ontario as well. Sexual abuse of a client is also specified in the *RHPA* as being professional misconduct. So is failing to cooperate with the Quality Assurance Program.

The College's Professional Misconduct Regulation defines additional types of professional misconduct. Some provisions found in the College's Professional Misconduct Regulation are common to many of the professions under the *RHPA*, while others are more specific to the profession of midwifery.

The College's Professional Misconduct Regulation defines parameters of professional practice, identifying specific behaviours that constitute misconduct and could trigger disciplinary action by the College. Provisions cover a wide range of professional activities, from record-keeping to billing practices, as well as unacceptable conduct such as abuse of a client or a client's representative, and inappropriate use of titles.

The College has had a Professional Misconduct Regulation in effect since proclamation in 1993. It was last revised in 2008 and ultimately received government approval in October 2009. This last revision sought the addition of 27 new provisions. However, upon government approval only 15 new provisions were added to the Regulation, along with several wording changes. Most notably was the addition of the basket clause, "Engaging in conduct that would be reasonably be regarded by members as conduct unbecoming a midwife", as well as "Practising the profession while the member's certificate of registration has been suspended".

The 12 proposed provisions that weren't approved by the government received consistent feedback. Either it was an issue that was already defined as Professional Misconduct within the *RHPA/Code* or the College had an existing provision that could address the issue. In terms of word changes, the government's feedback centered around ensuring consistency in language with other health college's Professional Misconduct Regulation to ensure health practitioners are held to the same standard with respect to Professional Misconduct.

To determine the proposed changes to the Regulation, we conducted research that included a review of Canadian midwifery legislation and by-laws, relevant Ontario health legislation and other health colleges in Ontario's Professional Misconduct Regulation, particularly newer colleges with a more recently created Regulation.

The proposed amendments to the Professional Misconduct Regulation were drafted by the College's Legal Counsel based on the research we conducted. On September 2, 2016, proposed amendments were reviewed by the Discipline Committee and on October 20, 2016 they were reviewed by the Inquiries, Complaints and Reports Committee. Both committees' feedback and suggested edits were incorporated into the version of the proposed Regulation that was approved by Council to be circulated for consultation in December 2016.

Key Considerations:

- Previous feedback from the government centered around ensuring consistency in language with other health college's Professional Misconduct Regulation to ensure health practitioners are held to the same standard with respect to Professional Misconduct. The College should ensure that what's proposed is consistent in language with what other health colleges have in their Professional Misconduct Regulation and that it doesn't address what's already covered in the RHPA/Code.
- The proposed changes to the Regulation should be in-line with any upcoming changes related to our regulatory framework review. Specifically, if certain standards may be eliminated then we should ensure that the Regulation is generic when referencing standards and doesn't refer to specific standards.
- The proposed Regulation should use gender inclusive language consistent with the CMRC's Position Statement on the Use of Gender Inclusive Language.
- The proposed regulation has completed a 70-day consultation period (extended to account for December/January holidays) with the membership and stakeholders. The feedback received must be carefully considered by Council. If substantive changes are warranted, then Council must revise and recirculate for an additional consultation period. Should Council consider the feedback and not propose substantive revisions, Council may approve the proposed regulation and formally submit to the Ministry.
- Based on the consultation feedback, we're suggesting slight word changes to 3 of the provisions within the Professional Misconduct Regulation that was circulated for consultation. In addition, we've flagged another potential change that Council may want to consider with respect to provision 45.
- Please refer to the attached Professional Misconduct Regulation Table document. All proposed changes, rationale, feedback and responses are provided. The suggested word changes are highlighted in yellow.

Recommendations:

- Approve the proposed changes to the Professional Misconduct Regulation, including the slight changes made based on the consultation feedback, for formal submission to the Ministry of Health.

Attachments:

- Consultation feedback
- Proposed amendments to the Professional Misconduct Regulation (clean copy)
- Professional Misconduct Proposed Regulation Table 2016 with feedback and responses

Submitted by: Naakai Garnette

COLLEGE OF MIDWIVES OF ONTARIO

DRAFT PROPOSED CHANGES TO PROFESSIONAL MISCONDUCT REGULATION

Current Language	Proposed Language 2016	Rationale	Consultation Feedback	College Response to Feedback
<p>Acts of professional misconduct</p> <p>1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:</p>	<p>Acts of professional misconduct</p> <p>1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:</p>			
<p>1. Contravening, by act or omission, a term, condition or limitation imposed on the member’s certificate of registration.</p>	<p>1. Contravening, by act or omission, a term, condition or limitation imposed on the member’s certificate of registration.</p>			
<p>2. Failing to maintain a standard of practice of the profession.</p>	<p>2. Contravening, by act or omission, a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.</p>	<p>The proposed language is clearer to the membership what they’re being held to.</p> <p>It is important for midwives to be held accountable to the same standard, in terms of professional misconduct, as other health professionals as this enables broader consistency in health professional accountability. This language is more consistent with other health colleges with recently approved regulations and the Ministry likes the language to be consistent amongst health colleges.</p>		
<p>3. Doing anything to a client for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose in a situation in which consent is required by law, without such consent.</p>	<p>3. Doing anything to a client for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose in a situation in which consent is required by law, without such consent, except</p> <p>i. with the informed consent of the client or the client’s authorized representative; or</p> <p>ii. as required or authorized by law.</p>	<p>The proposed language is clearer and is more consistent with other health colleges with recently approved regulations.</p>	<p>Midwife #1</p> <p>Under #3 it requires an RM to get informed consent in ALL situations, before doing anything to the client. In certain situations you have to work under implied consent and the assumption that the RM is acting in the best interest of the client if receiving a full informed consent is not possible under the circumstances. I think the wording needs to be clarified.</p> <p>Definistion of IC “permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits”.</p>	<p>The College provides further rationale for this provision for consideration.</p> <p>Obtaining consent from clients must be in accordance with current legislation, which includes the <i>Health Care Consent Act</i> which outlines the steps to obtaining client consent.</p> <p>According to the <i>Health Care Consent Act</i>, if a client is not capable of making a treatment decision, consent must be obtained from a substitute decision maker, their authorized representative.</p> <p>The only time that informed consent is not required is in an emergency where a delay in care would cause suffering or serious bodily harm to the client and the client is incapable of making a treatment decision and there is insufficient time to ask the client’s authorized representative.</p> <p>We believe the proposed language for this provision addresses that there may be circumstances when a midwife may be unable to obtain informed consent from their client and in those instances, they must either obtain consent</p>

				<p>from the client’s authorized representative or follow what’s outlined in the <i>Health Care Consent Act</i>.</p> <p>The College will be developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist members in understanding the types of conduct that are defined as professional misconduct.</p> <p>The College does not consider this feedback to support a change to the proposed amendment</p>
4. Delegating a controlled act in contravention of the Act, the <i>Regulated Health Professions Act, 1991</i> , or the regulations under either of those Acts.	4.[Repeal]	The current provision 37 already addresses this: “Contravening, by act or omission, the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.”		
5. Abusing a client, verbally, physically, psychologically or emotionally, or taking unfair advantage of a client as a result of the member’s position in the midwife-client relationship.	5. Abusing a client or a client’s authorized representative, verbally, physically, psychologically or emotionally, or taking unfair advantage of a client as a result of the member’s position in the midwife-client relationship.	<p>All health care providers have this potential dynamic with clients/patients, so it’s not necessary to highlight this specifically as professional misconduct for midwives.</p> <p>The proposed language is more consistent with other health colleges with recently approved regulations.</p>		
6. Practising the profession while under the influence of any substance, or while suffering from illness or other dysfunction which the member knew or ought to have known would impair the member’s ability to practise.	6. Practising the profession while under the influence of any substance, or while suffering from illness or other dysfunction which the member knew or ought to have known would impair the member’s ability to practise. the member’s ability to do so is impaired or adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects the member’s ability to practise the profession.	<p>The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent. It also uses gender inclusive language.</p>	<p>Midwifery Practice We are concerned that the proposed language on practicing while “impaired or adversely affected” is too general and may discriminate against midwives with disabilities. Including the word “safely” could mitigate against potential discrimination, so the wording would be, “affect the member’s ability to practice the profession <i>safely</i>” rather than implying that a disability means the member couldn’t practice at all.</p> <p>AOM The proposed language on practicing while “impaired or adversely affected” is very broad and may discriminate against midwives with disabilities without providing a higher degree of public protection. In May 2016, a resolution on disability justice was enthusiastically passed at the AOM AGM with the goal to support midwives with disabilities to continue practicing. The CMO’s proposed language change appears to include conditions or dysfunctions that may adversely affect the member’s ability to practice midwifery (e.g., PTSD, arthritis, hearing impairment, vision difficulties); however, with some accommodations these conditions may be managed and the members may in fact be able to provide safe care within the context of their disability. We recommend limiting Sub-section 6 to conditions that</p>	<p>The College agrees that midwives have a commitment to clients to practise safely. Clients trust that they will not be exposed to health care providers whose abilities may be impaired or adversely affected to the extent that the care that they provide is unsafe. It is the professional obligation of the midwife to withdraw from client care to ensure that client safety is not jeopardized.</p> <p>Based on the feedback received during the consultation, we believe a slight change to the proposed language may be warranted for this clause by adding the word “safely”. Council may want to consider rewording this clause to the following:</p> <p>Practising the profession while the member’s ability to do so is impaired or adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects the member’s ability to practise the profession safely.</p>

			“affect the member’s ability to practice the profession safely”. This would clarify that the intent of this point is to protect the public from unsafe practice, rather than equating conditions or dysfunctions with the inability to practice at all.	
7. Prescribing, dispensing or selling drugs for an improper purpose.	7. Prescribing, dispensing or selling drugs a drug or a substance for an improper purpose.	The proposed language is more consistent with the language specified in the RHPA and the <i>Controlled Drugs & Substances Act</i> .		
8. Discontinuing professional services respecting a client unless, i. the client requests the discontinuation, ii. alternative services acceptable to the client are arranged, iii. there is no longer a relationship of trust and confidence between the midwife and the client and the client is given a reasonable opportunity to arrange alternative services, or iv. the client requests services inconsistent with the standards of practice of the profession and the midwife has adhered to the standard of practice for discontinuing care in such circumstances.	8. Discontinuing professional services respecting a client unless, i. the client requests the discontinuation, ii. alternative services acceptable to the client are arranged, iii. there is no longer a relationship of trust and confidence between the midwife and the client and the client is given a reasonable opportunity to arrange alternative services, or iv. the client requests services inconsistent with the standards of practice of the profession and the midwife has adhered to the standard of practice for discontinuing care in such circumstances. that are needed unless the discontinuance would reasonably be regarded by members as appropriate having regard to, i. the member’s reasons for discontinuing the services, ii. the condition of the client, iii. the availability of alternate services, and iv. the opportunity given to the client to arrange alternate services before the discontinuation.	A challenge for the College has been navigating what constitutes a breach in trust or confidence that justifies discontinuing a client’s care as mentioned in this clause. Although this clause may highlight a current midwifery philosophy – the importance of developing and maintaining trusting client-midwife relationships to ensure good care - it may not be necessary or appropriate to continue to include this within the Professional Misconduct Regulation. No other primary health care provider has this stipulation within their Professional Misconduct Regulation. In addition, other Canadian midwifery regulators that share a similar philosophy (e.g. CMBC) do not include this clause in their definition of professional misconduct. The proposed language is more consistent with other health colleges with recently approved regulations and CMBC’s definition of professional misconduct. Clause ii addresses the concern of abandoning a client while in labour and/or other situations where immediate care is indicated.	Midwife #3 I have concerns around the new language for #8. I find the new wording very confusing. I personally don’t understand it at all. The old wording is very clear. I hope that midwives will continue to have the opportunity to discontinue care with a client if the relationship of trust is no longer and we can find alternate care for the client. Although I have never had this happen, I really like knowing that I have this as a possibility if the need should arise. Can you clarify in plain language what the new charges are? Thank you Midwifery Practice We would like explicit assurance from the College that midwives are expected to NOT abandon clients in labour even if they disagree with the choices of the client. We believe that midwives are able to reduce harm by providing whatever care is possible in such a situation. AOM With regards to “discontinuing professional services”, we appreciate the explanation in the rationale that clause (ii) “the condition of the client” addresses the concern of abandoning a client in labour but we hope that this is made clear in a standard as well since we did not interpret this new wording in the way the College articulates it in the rationale. “The condition of the client” will not necessarily be interpreted as a client in labour and we recommend that the expectation of intrapartum non-abandonment be made explicit.	The College considers the previously articulated rationale to adequately addresses this feedback. However, further rationale is provided here for consideration. This clause addresses the issue of abandoning clients. Midwives may not abandon or neglect clients to whom they have made a commitment to provide care. The proposed language is intended to define the parameters in terms of what needs to be considered by a midwife prior to terminating a client’s care and what needs to be in place. It still permits midwives to discontinue a client’s care if a relationship of trust no longer exists, while acknowledging that there may be other justified reasons beyond what’s currently identified. With respect to abandoning clients during labour, this clause makes it clear that if no other caregiver can be arranged, the midwife must provide the immediate care required and must continue to provide care for the safety and well-being of the client. It also allows for other instances in which it may not be appropriate to discontinue a client’s care do to the immediate need for care, for example in the immediate postpartum when there’s an emergency, e.g. a postpartum hemorrhage or a need to perform neonatal resuscitation. The College will be developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist members in understanding the types of conduct that are defined as professional misconduct. The College does not consider this feedback to support a change to the proposed amendment

<p>9. Discontinuing professional services provided to a community or a group of clients without reasonable cause, unless adequate notice has been given or adequate alternative arrangements for services have been made.</p>	<p>9. Discontinuing professional services provided to a community or a group of clients without reasonable cause, unless adequate notice has been given or adequate alternative arrangements for services have been made. Where a member closes the member's practice, failing to take reasonable steps to give appropriate notice of the closure to each client for whom the member has primary responsibility.</p>	<p>This language clarifies what the expectations are when a member closes their practice.</p> <p>The proposed language is more consistent with other health colleges with recently approved regulations and is arguably clearer with respect to the expectations of a member closing their practice. It also uses gender inclusive language.</p>	<p>AOM Clarification as to what “closes the member’s practice” means would be helpful to members. Is this only when a whole midwifery practice group closes its doors or is it also when an associate leaves a practice group and the practice group remains open? In the case where an associate is let go from the practice, does this responsibility fall to the practice group or to the midwife who is leaving the practice? We recommend clarifying the definition of “closing the member’s practice”.</p>	<p>The College provides this further rationale for consideration.</p> <p>This provision is intended to address when a member closes their midwifery practice and not when a member ceases to practice or when a member ceases to practice with a midwifery practice and care is still being provided to clients by the practice.</p> <p>The College will be developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist in clarifying the language of each provision within the Regulation. We believe this document will address the concerns raised.</p> <p>The College does not consider this feedback to support a change to the proposed amendment.</p>
<p>10. Failing without reasonable cause to provide to a client continuity of care in accordance with the standard of practice of the profession.</p>	<p>10.[Repeal]</p>	<p>Clause 2 addresses failing to maintain standards, which includes the Continuity of Care standard.</p>	<p>AOM Continuity of care and choice of birthplace are at the heart of midwifery in Ontario as envisioned by pre-legislation consumers. While we recognize that these original tenets may not apply in every practice context, especially in APAs, there is evidence that continuity of care contributes to positive clinical outcomes. Therefore, it is in the public interest that the CMO continue to promote continuity of care in other College documents, including professional standards.</p>	<p>The College provides this further rationale for consideration.</p> <p>The College is developing a new Professional Standards for Midwives document that describes midwives’ responsibilities to their clients and to the profession. All midwives will be required to provide care in accordance with these standards, whether they are providing direct care to clients, working with their peers and other health care practitioners or applying their knowledge and skills in other roles.</p> <p>The College believes that the Professional Standards for Midwives document will adequately address the concerns that the AOM has raised in their feedback as expectations of continuity of care will be defined in this standard.</p> <p>The College does not consider this feedback to support a change to the proposed amendment.</p>
<p>11. Failing without reasonable cause to provide services to a client during labour and child birth in the setting chosen by the client.</p>	<p>11.[Repeal]</p>	<p>This concern is adequately addressed in clause 2. Offering choice of birthplace to clients is a current standard of the profession.</p>	<p>AOM Continuity of care and choice of birthplace are at the heart of midwifery in Ontario as envisioned by pre-legislation consumers. While we recognize that these original tenets may not apply in every practice context, especially in APAs, there is evidence that continuity of care contributes to positive clinical outcomes. Therefore, it is in the public interest that the CMO continue to promote continuity of care in other College documents, including professional standards.</p>	<p>The College provides this further rationale for consideration.</p> <p>The College is developing a new Professional Standards for Midwives document that will describe midwives’ responsibilities to their clients and to the profession. All midwives will be required to provide care in accordance with these standards, whether they are providing direct care to clients, working with their peers</p>

				and other health care practitioners or applying their knowledge and skills in other roles. The College believes that the Professional Standards for Midwives document will adequately address the concerns that the AOM has raised in their feedback as the expectation to offer choice of birthplace will be defined in this standard. The College does not consider this feedback to support a change to the proposed amendment
12. Practising the profession while the member is in a conflict of interest.	12. Practising the profession while the member is in a conflict of interest. Acting in a conflict of interest while acting in a professional capacity.	The proposed language is clearer in its intent and is more consistent with other health colleges with recently approved regulations.	Midwife #6 My only comment/concern is re section 12 on conflict of interest in the Professional Misconduct Regulation. It doesn't feel clear, in part because of the use of the word "acting", and also because of the lack of any definition of conflict of interest. Perhaps this exists elsewhere and I'm not aware of it.	The College provides this further rationale for consideration. A conflict of interest arises where a midwife may have personal or other interests which conflicts, might conflict or may be perceived to conflict with the interests of the client. Where the personal interest would reasonably affect the midwife's professional judgment, a conflict of interest exists. Most conflicts of interest are prohibited outright. However, there are certain circumstances where taking certain safeguards could remove the concern. For example, when a midwife provides care to a relative or a friend. As such, it's the engaging or acting in a conflict of interest that's of concern versus the existence of a conflict of interest. The College is developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist in clarifying the language of each provision within the Regulation. We believe this document will address the concern raised. The College does not consider this feedback to support a change to the proposed amendment.
13. Giving information about a client to a person other than the client or the client's authorized representative except with the consent of the client or the client's authorized representative or as required or authorized by law.	13. Giving information about a client to a person other than the client or the client's authorized representative except with the consent of the client or the client's authorized representative or as required or authorized by law.			
14. Providing services or treatment to a client where the member knew or ought to have known that the services or treatment would be ineffective, unnecessary or deleterious to the client or inappropriate to meet the needs of the client.	14. Providing services or treatment to a client where the member knew or ought to have known that the services or treatment would be ineffective, unnecessary or deleterious to the client or inappropriate to meet the needs of the client. 14. Recommending or providing services or treatment to a client where the member knows or ought to know is inappropriate, ineffective, unnecessary or deleterious. to the client or inappropriate to meet the needs of the client.	Recommending a treatment that a member knows is inappropriate is just as concerning as providing the treatment, should the client accept the recommendation. The proposed language is clearer in its intent and is more consistent with other health colleges with recently approved regulations.	Midwife #2 I wonder if the professional misconduct revision that would see the recommendation or implementation of care that the member ought to have known is ineffective might be interpreted (and I'm sure this isn't the intent) as occurring if care is provided or recommended for any of the plethora of situations for which we don't have strong evidence at present. So	For each of the provisions within this Regulation, there entails a certain level of complexity and context that will need to be considered when determining if the alleged conduct amounts to Professional Misconduct. The complaints and discipline process allows for procedural fairness and an opportunity for

			<p>for example, could a hospital accuse me of professional misconduct if I recommend acupuncture or hypnobirthing to a VBAC client because there isn't clear and convincing evidence of its efficacy? I know it's a stretch but I'd hate to see it be interpreted in such a way.</p> <p>College of Optometrists Regarding the proposed Professional Misconduct Regulation, CMO may consider retaining the word "services" in paragraph 14. Diagnostic and/or consultation services that are unnecessary should not be recommended or provided to clients.</p> <p>AOM "Recommending or providing treatment that the member knows or ought to know is inappropriate, ineffective, unnecessary or deleterious" is a complex point especially in relation to client choice. There are a number of treatments that are without evidence, or have questionable therapeutic value (including the placebo effect) but are harmless and can contribute to a positive client experience inclusive of their choices. For example, a midwife may agree, at the request of the client, to order a swab for that client who had GBS bacteriuria earlier in pregnancy; the swab itself is unnecessary according to most accepted GBS guidelines but may still be an appropriate course of care taking into consideration the client's choices. We recommend that client choice, notwithstanding risk of harm, be incorporated into this point. It must also be recognized that there are treatments that may be provided that are "inappropriate, ineffective, unnecessary or deleterious" but are outside of the control of the member. For example, neonatal eye prophylaxis with erythromycin eye ointment is known to be ineffective yet is still entrenched in law; and many hospitals require medically unnecessary transfers of care from the midwife to an obstetrician. These contextual realities need to be acknowledged to avoid placing a member in a position where they are committing professional misconduct but otherwise would be committing an illegal act (in the case of neonatal eye prophylaxis) or in breach of hospital protocols in the case of a medically unnecessary transfer of care.</p>	<p>members to respond to the allegations and provide their perspective.</p> <p>Based on the feedback received from the College of Optometrists during the consultation process, we believe a slight change to the proposed language may be warranted for this clause by adding the word "services" which was part of the original wording of this provision. Council may want to consider rewording this clause to the following:</p> <p>Recommending or providing services or treatment that the member knows or ought to know is inappropriate, ineffective, unnecessary or deleterious.</p>
15. Providing or attempting to provide services or treatment that the member knows or ought to have known was beyond the member's knowledge, skills or judgement.	15. Providing or attempting to provide services or treatment that the member knows or ought to have known was know is beyond the member's knowledge, skills or judgement judgment .	Minor grammar and spelling edit.		
16. Inappropriately using a term, title or professional designation in respect of the member's practice.	16. Inappropriately using a term, title or professional designation in respect of the member's practice.	A designation can encompass non-professional designations as well.		

17. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide professional services.	17. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide professional services. Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.		
18. Providing false or misleading information or documents to the College or any other person with respect to the member's professional qualifications.	18. Providing false or misleading information or documents to the College. or any other 18.1 Providing false or misleading information to any person with respect to the member's professional qualifications.	Dividing this clause into 2 separate clauses makes it clearer in its intent and the language is more consistent with other health colleges with recently approved regulations.		
19. Falsifying a record relating to the member's practice.	19. Falsifying a record relating to the member's practice.			
20. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member to a client or the client's authorized representative within a reasonable time after the client or the client's authorized representative has requested such a report or certificate.	20. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member to a client or the client's authorized representative within a reasonable time after the client or the client's authorized representative has requested such a report or certificate.			
21. Signing or issuing, in the member's professional capacity, a document that the member knew or ought to have known contained a false or misleading statement, or signing a blank form.	21. Signing or issuing, in the member's professional capacity, a document that the member knew or ought to have known contained knows or ought to know contains a false or misleading statement, or signing a blank form.	Minor grammar edit		
22. Failing to keep records as required by the regulations.	22. Failing to keep records as required by the regulations in accordance with the standards of the profession.	The College does not have a record-keeping regulation, but rather a standard.		
23. Failing to make arrangements with a client or the client's authorized representative for access to or for transfer of the records of the client in the possession of the member to another member when requested to do so by the client or authorized representative.	23. Failing, without reasonable cause, to make arrangements with a client or the client's authorized representative for to provide access to or to transfer a client's record to another member or health care provider when requested to do so by the client or the client's authorized representative.	The proposed language is clearer in its intent and is more consistent with other health colleges with recently approved regulations.		
24. Breaching an agreement with a client relating to professional services for the client.	24. Breaching an agreement with a client relating to professional services for the client.			
25. Submitting an account or charge for services that the member knew or ought to have known was false or misleading.	25. Submitting an account or charge for services that the member knew or ought to have known was knows or ought to know is false or misleading.	Minor grammar edit		
26. Permitting, counselling or assisting in the submission of a false or misleading account or charge to a client.	26. Permitting, counselling or assisting in the submission of a false or misleading account or charge to a client.			
27. Charging a fee that is excessive in relation to the service provided.	27. Charging a fee that is regarded by members as excessive in relation to the service provided.	The proposed language makes it clear whose definition of "excessive" members are being held to.		

		<p>The term “excessive” is used as the threshold by other health Colleges.</p> <p>Although many of the following clauses do not reflect how midwifery is currently funded, we propose to continue to include them in the event of unforeseen changes in the funding model.</p>		
28. Breaching an agreement with a client relating to fees for professional services.	28. [Repeal]	This provision is adequately addressed in clause 24.		
29. Failing to inform the client or the client’s authorized representative of the fee to be charged for services before the commencement of the services.	29. Failing to inform the client or the client’s authorized representative of the fee to be charged for services before the commencement of the services.			
30. Failing to itemize an account for fees charged by the member or the member’s practice for professional services provided if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.	30. Failing to itemize an account for fees charged by the member or the member’s practice for professional services provided if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.	The proposed language is more consistent with other health colleges with recently approved regulations.		
31. Selling or assigning a debt owed to the member for professional services. (This does not prohibit the use of credit cards to pay for professional services.)	31. Selling or assigning a debt owed to the member for professional services. (This does not prohibit the use of credit cards to pay for professional services.)			
32. Conferring, requesting or receiving a benefit in relation to the referral of a client.	32. Conferring, requesting or receiving a benefit in relation to the referral of a client.			
33. Charging a fee or accepting payment from a client respecting services which have been paid for by the Ministry of Health and Long-Term Care.	33. Charging a fee or accepting payment from a client respecting services which are paid for by the Ministry of Health and Long-Term Care.			
34. Charging for midwifery services on a fee for service arrangement.	34. Charging for midwifery services on a fee for service arrangement.	<p>Fee-for-service is a payment model where services are unbundled and paid for separately. The health care provider receives a fee for each specific service such as an office visit, test, procedure, or other health care service. It can give an incentive to provide more treatments because payment is dependent on the quantity of care, rather than quality of care. It can also create a potential financial conflict of interest for clients, where they choose not to take a test because they have to pay for it separately.</p> <p>For clients that are not residents of Ontario, they may have to pay out of pocket for services. They however should be paying a block fee for each visit and the procedures/tests performed during this visit vs. for each element of care within the visit, i.e. fee for listening to Fetal Heart Rate, fee for drawing blood, fee for taking blood pressure, fee for checking fundal height, etc.</p>	<p>AOM</p> <p>The AOM is currently in negotiations with the MOHLTC about the possibility of compensating midwives in a fee for service arrangement for a limited number of services that midwives are currently providing without compensation including ECV for physician clients, first assist at cesarean section, and attending a delivery for a non-midwifery patient in the absence of a physician. These discrete, limited services will contribute to maintaining maternal newborn care in rural and remote areas, and will support the efficient use of health care resources, both of which are in the public interest. We recommend clarifying that this point applies to charging the client, and not the Ministry of Health and Long Term Care, to facilitate midwives being compensated for services they provide that contribute a public good to the health care system. This point is also particularly confusing as fee for service is defined in the rationale as “each element of care within the visit, i.e. fee for listening to Fetal Heart Rate”, which is different from the OHIP schedule of benefits, how physicians generally define fee for</p>	<p>The College provides this further rationale for consideration.</p> <p>The intent of this clause is to prevent midwives from charging clients directly for discrete services and potentially creating a financial conflict of interest for clients, where they choose not to take a test because they have to pay for it separately.</p> <p>The College will be developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist in clarifying the language of each provision within the Regulation. We believe this document will address the concern raised.</p> <p>The College does not consider this feedback to support a change to the proposed amendment.</p>

			service. If the intent of this regulation is to prevent midwives from charging clients directly for discrete services, this could be more clearly articulated in the regulation.	
35. Charging a block fee without specifying, i. the services covered by the fee, ii. the amount of the fee, iii. the arrangements for paying the fee, iv. the rights and obligations of the midwife and the client if the relationship between them is terminated before all the services are provided.	35. Charging a block fee without specifying, i. the services covered by the fee, ii. the amount of the fee, iii. the arrangements for paying the fee, iv. the rights and obligations of the midwife and the client if the relationship between them is terminated before all the services are provided.			
36. Charging a fee, in addition to a block fee described in paragraph 35, for an undertaking to be available to provide services to the client.	36. Charging a fee, in addition to a block fee described in paragraph 35, for an undertaking to be available to provide services to the client.			
37. Contravening, by act or omission, the Act, the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.	37. Contravening, by act or omission, the Midwifery Act , the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.	The proposed language provides more clarity.		
38. Contravening, by act or omission, a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the <i>Public Hospitals Act</i> or any other health care facility where a member provides professional services if, i. the purpose of the law, by-law or rule is to protect the public health and, ii. the contravention is relevant to the member's suitability to practise.	38. Contravening, by act or omission, a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the <i>Public Hospitals Act</i> or any other health care facility where a member provides professional services if, i. the purpose of the law, by-law or rule is to protect or promote the public health, and or ii. the contravention is relevant to the member's suitability to practise.	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.		
39. Failing to comply with an order or direction of a panel of any Committee of the College.	39. Failing to comply with an order or direction of a Committee or a panel of a Committee of the College.	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.		
40. Failing to carry out an undertaking given to the College, the Registrar or any Committee of the College or breaching an agreement entered into with the College, the Registrar or any Committee of the College.	40. Failing to carry out or abide by an undertaking given to the College, the Registrar or any Committee of the College or breaching an agreement entered into with the College, the Registrar or any Committee of the College .	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.		
41. Failing to provide a reply in writing to a written inquiry from the College within the time specified by the College, or within 30 days from the date of the College's written inquiry if no time is specified.	41. Failing to provide a reply appropriately reply in writing to a written inquiry from the College within the time specified by the College, or within 30 days from the date of the College's written inquiry if no time is specified.	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.		
42. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.	42. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.			
43. Publishing or publicly making a statement the member knew or ought to have known was false or misleading.	43. Publishing or publicly making a statement the member knows or ought to know is false or misleading.		AOM As written, it appears to apply to ALL statements made by a member publicly (e.g., social media), even those unrelated to the practice of midwifery. "Publishing or publicly making a statement related to the professional practice of	The College provides this further rationale for consideration. A statement issued by a midwife makes in her/his professional capacity may be relied upon by others who place their trust in their integrity,

			midwifery the member knows or ought to know is false or misleading” would clarify this point.	even if it does not relate to the professional practice of midwifery. Being a party to false or misleading information is dishonest and breaches the public’s trust in the profession of midwifery. The College does not consider this feedback to support a change to the proposed amendment.
44. Influencing a client or the client’s authorized representative to change the client’s will or other testamentary instrument.	44. Influencing a client or the client’s authorized representative to change the client’s will or other testamentary instrument.			
45. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a midwife.	45. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a midwife a member of the profession.	The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent.	AOM Even though “conduct unbecoming” is common in professional misconduct regulations, including in the Medicine Act, it is archaic and unclear terminology with the potential for subjective application or even discrimination against a member. We recommend replacing this wording with “unsuitable to the reputation of a Registered Midwife”.	Every type of conduct that may be the subject of professional misconduct discipline proceedings cannot be defined. This clause addresses those acts of professional misconduct that are not defined in the earlier clauses, including conduct in a midwife’s personal life that brings discredit to the profession. For example, a midwife who engages in fraud outside of work or who possesses child pornography at home. As mentioned in the consultation rationale, the originally proposed language is more consistent with other health colleges with recently approved regulations and the Ministry likes the language to be consistent amongst health colleges. However, the language suggested by the AOM is arguably more current. Based on the feedback received from the AOM during the consultation, Council may want to consider rewording this clause to the following: Engaging in conduct that would reasonably be regarded by members as unsuitable to the reputation of a midwife.
46. Practising the profession while the member’s certificate of registration has been suspended.	46. Practising the profession while the member’s certificate of registration has been suspended.			
47. Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. O. Reg. 388/09, s. 1.	47. Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.			
	48. Failing to appropriately supervise a person whom the member is professionally obligated to supervise.	Provision included in other health colleges’ Professional Misconduct Regulation.	AOM To whom does this subsection apply? Does it only apply to the supervision of midwives with a formal supervision plan with the CMO? Or does this include mentoring new registrants, administrators or new midwives in the hospital? Does it apply to all midwives at the practice who would be engaging in professional misconduct for failing to provide supervision, or the partners of the practice, or those	The College provides this further rationale for consideration. This clause is applicable to any situation in which a midwife is professionally responsible for supervising another. This includes supervision of midwives with a formal supervision plan with the CMO, as well as other instances where the member is professionally responsible for supervision such as supervising

			midwives identified as responsible for supervision? We recommend that this be clarified and narrowed such that it only apply in the case where a midwife has failed to supervise based on a formal supervision plan.	the first few hospital births of new midwives if it's hospital policy. Based on the feedback received during the consultation, we believe a slight change to the proposed language may be warranted for this clause to help clarify the expectation. Council may want to consider rewording this clause to the following: Failing to appropriately supervise a person whom the member has a professional duty to supervise. In addition, the document that the College will be developing which will discuss each clause of the Professional Misconduct Regulation will help to further clarify this expectation.
	49. Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.	Provision included in other health colleges' professional misconduct regulations.		
	50. Failing to make reasonable attempts to collaborate with a client's other relevant health care providers respecting the care of the client, where such collaboration is necessary for the client's health, unless the client refuses to consent.	Provision included in other health colleges' professional misconduct regulations.		
	51. Failing to advise a client, a client's authorized representative or a member of the public, when requested, of their right to file a complaint with the College.	Provision included in other health colleges' professional misconduct regulations, but modified to use gender inclusive language.		
	52. Failing to promptly report to the College if the member has reasonable grounds to believe that another member has engaged in professional misconduct, is incompetent or is incapacitated.	Provision included in other health colleges' professional misconduct regulations. The College plans to develop a document that discusses each provision of the Professional Misconduct Regulation to ensure it is clear to the membership what constitutes professional misconduct.	AOM We appreciate the plan to develop a document that discusses each provision of the Professional Misconduct Regulation and hope that the points noted for clarification above will be included if they aren't addressed in the Regulation itself.	The College will ensure that the document which discuss each provision of the Professional Misconduct Regulation addresses the points noted for clarification during the consultation process. The College also plans to consult with the AOM when developing this document.
2. Omitted (revokes other Regulations). O. Reg. 388/09, s. 2.	2. OMITTED (REVOKES OTHER REGULATIONS). O. Reg. 388/09, s. 2.			
3. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 388/09, s. 3.	3. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 388/09, s. 3.			

The College of Midwives of Ontario proposes the following changes to the Professional Misconduct Regulation.

Midwifery Act, 1991
Loi de 1991 sur les sages-femmes

ONTARIO REGULATION 388/09
PROFESSIONAL MISCONDUCT

This Regulation is made in English only.

Acts of professional misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a term, condition or limitation imposed on the member's certificate of registration.
2. Contravening, by act or omission, a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.
3. Doing anything to a client for a therapeutic, preventative, palliative, diagnostic or other health related purpose, except
 - i. with the informed consent of the client or the client's authorized representative; or
 - ii. as required or authorized by law.
4. [Repeal]
5. Abusing a client or a client's authorized representative, verbally, physically, psychologically or emotionally.
6. Practising the profession while the member's ability to do so is impaired or adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects the member's ability to practise the profession safely.
7. Prescribing, dispensing or selling a drug or a substance for an improper purpose.
8. Discontinuing professional services that are needed unless the discontinuance would reasonably be regarded by members as appropriate having regard to,
 - i. the member's reasons for discontinuing the services,
 - ii. the condition of the client,
 - iii. the availability of alternate services, and
 - iv. the opportunity given to the client to arrange alternate services before the discontinuation .
9. Where a member closes the member's practice, failing to take reasonable steps to give appropriate notice of the closure to each client for whom the member has primary responsibility.
10. [Repeal]
11. [Repeal]
12. Acting in a conflict of interest while acting in a professional capacity.
13. Giving information about a client to a person other than the client or the client's authorized representative except with the consent of the client or the client's authorized representative or as required or authorized by law.
14. Recommending or providing services or treatment that the member knows or ought to know is inappropriate, ineffective, unnecessary or deleterious.
15. Providing or attempting to provide services or treatment that the member knows or ought to know is beyond the member's knowledge, skills or judgment.
16. Inappropriately using a term, title or designation in respect of the member's practice.
17. Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.

18. Providing false or misleading information or documents to the College.
- 18.1 Providing false or misleading information to any person with respect to the member's professional qualifications.
19. Falsifying a record relating to the member's practice.
20. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member to a client or the client's authorized representative within a reasonable time after the client or the client's authorized representative has requested such a report or certificate.
21. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement, or signing a blank form.
22. Failing to keep records in accordance with the standards of the profession.
23. Failing, without reasonable cause, to provide access to or to transfer a client's record to another member or health care provider when requested to do so by the client or the client's authorized representative.
24. Breaching an agreement with a client relating to professional services for the client.
25. Submitting an account or charge for services that the member knows or ought to know is false or misleading.
26. Permitting, counselling or assisting in the submission of a false or misleading account or charge to a client.
27. Charging a fee that is regarded by members as excessive in relation to the service provided.
28. [Repeal]
29. Failing to inform the client or the client's authorized representative of the fee to be charged for services before the commencement of the services.
30. Failing to itemize an account for fees for professional services provided if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.
31. Selling or assigning a debt owed to the member for professional services. (This does not prohibit the use of credit cards to pay for professional services.)
32. Conferring, requesting or receiving a benefit in relation to the referral of a client.
33. Charging a fee or accepting payment from a client respecting services which are paid for by the Ministry of Health and Long-Term Care.
34. Charging for midwifery services on a fee for service arrangement.
35. Charging a block fee without specifying,
 - i. the services covered by the fee,
 - ii. the amount of the fee,
 - iii. the arrangements for paying the fee,
 - iv. the rights and obligations of the midwife and the client if the relationship between them is terminated before all the services are provided.
36. Charging a fee, in addition to a block fee described in paragraph 35, for an undertaking to be available to provide services to the client.
37. Contravening, by act or omission, the *Midwifery Act*, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
38. Contravening, by act or omission, a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act* or any other health care facility where a member provides professional services if,
 - i. the purpose of the law, by-law or rule is to protect or promote public health, or
 - ii. the contravention is relevant to the member's suitability to practise.
39. Failing to comply with an order or direction of a Committee or a panel of a Committee of the College.
40. Failing to carry out or abide by an undertaking given to the College or breaching an agreement with the College.
41. Failing to appropriately reply in writing to a written inquiry from the College within the time specified by the College, or within 30 days from the date of the College's written inquiry if no time is specified.
42. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.

43. Publishing or publicly making a statement the member knows or ought to know is false or misleading.
 44. Influencing a client or the client's authorized representative to change the client's will or other testamentary instrument.
 45. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.
 46. Practising the profession while the member's certificate of registration has been suspended.
 47. Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
 48. Failing to appropriately supervise a person whom the member has a professional duty to supervise.
 49. Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.
 50. Failing to make reasonable attempts to collaborate with a client's other relevant health care providers respecting the care of the client, where such collaboration is necessary for the client's health, unless the client refuses to consent.
 51. Failing to advise a client, a client's authorized representative or a member of the public, when requested, of their right to file a complaint with the College.
 52. Failing to promptly report to the College if the member has reasonable grounds to believe that another member has engaged in professional misconduct, is incompetent or is incapacitated.
2. OMITTED (REVOKES OTHER REGULATIONS). O. Reg. 388/09, s. 2.
 3. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 388/09, s. 3.

Author	Comment	In response to	Submitted on
Midwife #1	Under #3 it requires an RM to get informed consent in ALL situations, before doing anything to the client. In certain situations you have to work under implied consent and the assumption that the RM is acting in the best interest of the client if reciving a full informed consent is not possible under the circumstances. I think the wording needs to be clarified. Definistion of IC “permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits”.	Professional Misconduct	January 18, 2017
Midwife #2	I wonder if the professional misconduct revision that would see the recommendation or implementation of care that the member ought to have known is ineffective might be interpreted (and I’m sure this isn’t the intent) as occurring if care is provided or recommended for any of the plethora of situations for which we don’t have strong evidence at present. So for example, could a hospital accuse me of professional misconduct if I recommend acupuncture or hypnobirthing to a VBAC client because there isn’t clear and convincing evidence of its efficacy? I know it’s a stretch but I’d hate to see it be interpreted in such a way.	Professional Misconduct	January 17, 2017
Midwife #3	I have concerns around the new language for #8. I find the new wording very confusing. I personally don’t understand it at all. The old wording is very clear. I hope that midwives will continue to have the opportunity to discontinue care with a client if the relationship of trust is no longer and we can find alternate care for the client. Although I have never had this happen, I really like knowing that I have this as a possibility if the need should arise. Can you clarify in plain language what the new charges are? Thank you	Professional Misconduct	January 18, 2017
Midwife #4	I have read the changes proposed to the quality assurance and intubation of the newborn regulations. I could not find the link to the feedback forms. I appreciate the changes proposed as they are less prescriptive and narrow, and facilitates the College in keeping current with changes in knowledge, research, and professional practice.	Professional Misconduct & Quality Assurance	January 30, 2017
Midwife #5	I’m sorry I couldn’t see the feedback forms on the links for the proposed wording changes to the midwifery regulation documents. Please accept this	Professional Misconduct & Quality Assurance	January 6, 2017

	email as my approval for the wording changes suggested. I have no comments.		
Stakeholder - College of Optometrists	<p>Thank you very much for inviting the feedback of the College of Optometrists of Ontario on proposed changes to the Professional Misconduct Regulation and General Regulation, under the Midwifery Act.</p> <p>The College generally supports the proposed changes and compliments the approach used by CMO to share the consultation materials with members and stakeholders. It is clear from the rationale provided that the proposed changes are in the public interest.</p> <p>Regarding the proposed Professional Misconduct Regulation, CMO may consider retaining the word “services” in paragraph 14. Diagnostic and/or consultation services that are unnecessary should not be recommended or provided to clients.</p> <p>Regarding the proposed changes to the General Regulation, it is evident that CMO have considered best practices in quality assurance and that the proposed changes would allow the necessary flexibility for its quality assurance program moving forward.</p> <p>Thank you very much for the opportunity to comment on these proposals.</p>	Professional Misconduct & Quality Assurance	February 7, 2017
Midwife #6	<p>Hi all</p> <p>I've had a chance to look over the proposed changes and think they are all good! My only comment/concern is re section 12 on conflict of interest in the Professional Misconduct Regulation. It doesn't feel clear, in part because of the use of the word "acting", and also because of the lack of any definition of conflict of interest. Perhaps this exists elsewhere and I'm not aware of it.</p>	Professional Misconduct	February 11, 2017
Midwifery Practice Group	<p>To Whom it May Concern: The following feedback on the proposed CMO regulatory changes is based on the discussion and consensus of the midwives at the Midwives Collective of Toronto.</p>	Professional Misconduct & Quality Assurance	February 24, 2017

As a general comment, it is difficult to give feedback on regulatory changes when some content of former regulation is moving into standards, and we have not yet seen the standards. We would appreciate the opportunity to give feedback on the entire package of changes once they are available in order to see where or if the content of the changed regulation has been moved. We are concerned about the College's continued role in protecting and promoting the tenets of the midwifery model in standards if they are moved out of regulations. This is in the interest of public safety.

Given the strong evidence that a continuity of care model supports improved outcomes and client satisfaction, we would like to see this reflected in standards. While eliminating a strict cap on the number of midwives involved in a client's care makes sense to us, we would like to see a standard that supports the concept that more continuity leads to better clinical outcomes and satisfaction than less continuity. We would also like to see client choice as a key component of the College's expectation of a midwife's clinical decision-making featured wherever possible. Finally, we want the provision of the choice of birth place to be a professional standard.

Another concern we have as the CMO moves away from its current regulation and standards is ensuring that there is a document or documents that articulate the expected scope of practice and competencies for midwives. The current CTC Standard is used in our hospital to define our scope. Without such a document, physicians may encroach more on our ability to work autonomously. While we support a reduction in regulation of specific acts, we want to make sure that some documentation is available to help frame the relationship of midwives and physicians for consulting and transferring care.

We have specific feedback for the Professional Misconduct Regulation:

Sub-section 6: We are concerned that the proposed language on practicing while "impaired or adversely affected" is too general and may discriminate against midwives with disabilities. Including the word "safely" could mitigate against potential discrimination, so the wording would be, "affect the member's ability to practice the profession *safely*" rather than implying that a disability means the member couldn't practice at all.

	<p>Sub-section 8: "Discontinuing professional services." We would like explicit assurance from the College that midwives are expected to NOT abandon clients in labour even if they disagree with the choices of the client. We believe that midwives are able to reduce harm by providing whatever care is possible in such a situation.</p> <p>Thank you for the opportunity to provide feedback in this process. The changes are slightly overwhelming and we look forward to hearing about the process and having more chances to have input as it unfolds.</p> <p>Sincerely,</p> <p>The Midwives Collective of Toronto</p>		
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February 24, 2017

Barbara Borland, President
College of Midwives of Ontario
55 St. Clair Ave. West
Suite 812, Box 27
Toronto, ON M4V 2Y7

Dear Barb:

Re: Proposed changes to General Regulation and Professional Misconduct Regulation

We appreciate the opportunities the CMO has provided to the AOM to ask questions and better understand the College's regulatory transformation. These changes are significant and we are appreciative of the invitation to work together to ensure that clients continue to receive excellent midwifery care while also contemplating potential unintended consequences of these many changes.

At this time, we wish to provide some feedback as part of the public consultation regarding the proposed changes to the General and Professional Misconduct Regulations. This feedback includes perspectives from the AOM's Quality Insurance and Risk Management (QIRM) committee.

It is challenging to provide feedback regarding these regulatory changes without knowing specifically what the full range of changes will be. Removing specifics from the regulations makes sense, but we want to be sure that the regulations' intent continues to be clear in College standards. **However, if standards are to be rescinded, we advise caution to ensure that foundational points related to the practice of midwifery are not lost.** Some of our feedback is centered on ensuring that those points remain somewhere, in standards, if not in regulation. Ideally, there will be another opportunity to provide feedback on the entirety of the changes, once the standards are also updated.

The rationale provided for many suggested changes is to be "more consistent with other health colleges". **We appreciate the broader regulatory climate and a desire for consistency, but standards and regulations also need to respect the uniqueness of midwifery and some inconsistency between colleges may be warranted.** For example, midwifery regulations may need greater detail to address the fact that midwifery is not as well established a profession as others and the scope of practice of midwives remains contentious in many contexts. With that in mind, below is our feedback specific to the proposed changes.

General Regulation: Quality Assurance

We are very supportive of members having quality assurance requirements reflective of their alternate practice arrangement or of their different role within the profession (for example, midwives on staff at the AOM or the CMO). However, we question the need to extend those QA requirements to midwives who are on a type of leave where they are not involved with the profession at all.

When midwives are taking a leave from practice, they either need to or are choosing to focus on another aspect of life and should be able to dedicate their time to that other aspect entirely without worrying about midwifery quality assurance activities. **This is particularly important in the case of a sick or disability leave or retirement; midwives in this situation should be able to take leave without the extra work of having to apply for exemption from QA due to extenuating circumstances.** We recommend that the CMO not require QA of midwives on a leave completely disconnected from the profession of midwifery.

General Regulation: Intubation of the Newborn

The change and broader language may facilitate the provision of care in some areas and an expanded scope for some midwives (for example, midwives in rural communities could be trained in vacuum assist). However, in other areas, this change may result in midwives' scope being further restricted. Moving away from a list of acts has the potential to be very confusing to interprofessional colleagues and may result in other professionals claiming that midwives do not have sufficient knowledge, skill, and judgement to perform the procedure. **We recommend the College develop a "core competencies" document that articulates the scope of practice for the profession to midwives and interprofessional colleagues. This document is a crucial advocacy tool for the 50% of Ontario midwives still facing scope restrictions within their hospitals.**

Also of note, client choice is absent from the prerequisites to perform any procedure. There may be situations where a midwife might determine that under normal circumstances they do not have sufficient knowledge and skill to perform a procedure, but are willing to do the best they can to support their client when the client has refused all other options (for example, a vaginal breech at home when a client has refused a consult with an obstetrician and a transfer into hospital). The current proposed wording makes it unclear how client choices interface with this proposed change in definition of authorized acts. **We recommend clarifying that client choice is a fundamental tenet of midwifery care and must be taken into consideration when performing any procedure.**

Professional Misconduct Regulation

There are important changes being proposed to this regulation that could have profound effects on the profession of midwifery in Ontario.

- **Sub-section 6:** The proposed language on practicing while “impaired or adversely affected” is very broad and may discriminate against midwives with disabilities without providing a higher degree of public protection. In May 2016, a resolution on disability justice was enthusiastically passed at the AOM AGM with the goal to support midwives with disabilities to continue practicing. The CMO’s proposed language change appears to include conditions or dysfunctions that may adversely affect the member’s ability to practice midwifery (e.g., PTSD, arthritis, hearing impairment, vision difficulties); however, with some accommodations these conditions may be managed and the members may in fact be able to provide safe care within the context of their disability. **We recommend limiting Sub-section 6 to conditions that “affect the member’s ability to practice the profession safely”.** This would clarify that the intent of this point is to **protect the public from unsafe practice**, rather than equating conditions or dysfunctions with the inability to practice at all.
- **Sub-section 8:** With regards to “discontinuing professional services”, we appreciate the explanation in the rationale that clause (ii) “the condition of the client” addresses the concern of abandoning a client in labour but we hope that this is made clear in a standard as well since we did not interpret this new wording in the way the College articulates it in the rationale. “The condition of the client” will not necessarily be interpreted as a client in labour and **we recommend that the expectation of intrapartum non-abandonment be made explicit.**
- **Sub-section 9:** Clarification as to what “closes the member’s practice” means would be helpful to members. Is this only when a whole midwifery practice group closes its doors or is it also when an associate leaves a practice group and the practice group remains open? In the case where an associate is let go from the practice, does this responsibility fall to the practice group or to the midwife who is leaving the practice? **We recommend clarifying the definition of “closing the member’s practice”.**
- **Subsections 10 & 11: Continuity of care and choice of birthplace** are at the heart of midwifery in Ontario as envisioned by pre-legislation consumers. While we recognize that these original tenets may not apply in every practice context, especially in APAs, there is evidence that continuity of care contributes to positive clinical outcomes. Therefore, it is in the public interest that the CMO continue to promote continuity of care in other College documents, including professional standards.
- **Subsections 14:** “Recommending or providing treatment that the member knows or ought to know is inappropriate, ineffective, unnecessary or deleterious” is a complex point especially in relation to client choice. There are a number of treatments that are without evidence, or have questionable therapeutic value (including the placebo effect) but are harmless and can contribute to a positive client experience inclusive of their choices. For example, a midwife may agree, at the request of the client, to order a swab for that client who had GBS bacteriuria earlier in pregnancy; the swab itself is unnecessary according to most accepted GBS guidelines but may still be an appropriate

course of care taking into consideration the client's choices. **We recommend that client choice, notwithstanding risk of harm, be incorporated into this point.** It must also be recognized that there are treatments that may be provided that are "inappropriate, ineffective, unnecessary or deleterious" but are outside of the control of the member. For example, neonatal eye prophylaxis with erythromycin eye ointment is known to be ineffective yet is still entrenched in law; and many hospitals require medically unnecessary transfers of care from the midwife to an obstetrician. These contextual realities need to be acknowledged to avoid placing a member in a position where they are committing professional misconduct but otherwise would be committing an illegal act (in the case of neonatal eye prophylaxis) or in breach of hospital protocols in the case of a medically unnecessary transfer of care.

- **Subsection 34:** "Charging for midwifery services on a fee for service basis." The AOM is currently in negotiations with the MOHLTC about the possibility of compensating midwives in a fee for service arrangement for a limited number of services that midwives are currently providing without compensation including ECV for physician clients, first assist at cesarean section, and attending a delivery for a non-midwifery patient in the absence of a physician. These discrete, limited services will contribute to maintaining maternal newborn care in rural and remote areas, and will support the efficient use of health care resources, both of which are in the public interest. **We recommend clarifying that this point applies to charging the client, and not the Ministry of Health and Long Term Care, to facilitate midwives being compensated for services they provide that contribute a public good to the health care system.** This point is also particularly confusing as fee for service is defined in the rationale as "each element of care within the visit, i.e. fee for listening to Fetal Heart Rate", which is different from the OHIP schedule of benefits, how physicians generally define fee for service. If the intent of this regulation is to prevent midwives from charging clients directly for discrete services, this could be more clearly articulated in the regulation.
- **Subsection 43:** As written, it appears to apply to ALL statements made by a member publicly (e.g., social media), even those unrelated to the practice of midwifery. "Publishing or publicly making a statement *related to the professional practice of midwifery* the member knows or ought to know is false or misleading" would clarify this point.
- **Subsection 45:** Even though "conduct unbecoming" is common in professional misconduct regulations, including in the Medicine Act, it is archaic and unclear terminology with the potential for subjective application or even discrimination against a member. **We recommend replacing this wording with "unsuitable to the reputation of a Registered Midwife".**
- **Subsection 48:** To whom does this subsection apply? Does it only apply to the supervision of midwives with a formal supervision plan with the CMO? Or does this include mentoring new registrants, administrators or new midwives in the hospital?

Does it apply to all midwives at the practice who would be engaging in professional misconduct for failing to provide supervision, or the partners of the practice, or those midwives identified as responsible for supervision? **We recommend that this be clarified and narrowed such that it only apply in the case where a midwife has failed to supervise based on a formal supervision plan.**

- **Subsection 52:** We appreciate the plan to develop a document that discusses each provision of the Professional Misconduct Regulation and hope that the points noted for clarification above will be included if they aren't addressed in the Regulation itself.

We are happy to further discuss any of these points with you at any point and again, appreciate this opportunity to provide feedback.

Yours truly,



Elizabeth Brandeis, RM, President

Cc: Kelly Dobbin, CEO & Registrar, CMO
Kelly Stadelbauer, Executive Director, AOM
Allyson Booth, Director Quality and Risk Management, AOM

Briefing Note for Council

Subject: Proposed amendments to the College's General Regulation

Background

The College's General Regulation houses three parts: Quality Assurance; Notice of Open Meetings and Hearings; and Intubation of a Newborn.

1. Quality Assurance

Like all health care regulatory colleges, the College is mandated under the *Regulated Health Professions Act* (RHPA) to administer a Quality Assurance Program. The QA program is designed to ensure that the knowledge, skill and judgment of Ontario midwives remains current throughout their careers, and that they continue to provide safe, effective and ethical midwifery care to their clients.

All members with a general or supervised certificate of registration are required to participate in the College's QA Program. As outlined in the QA Regulation, the key elements of the current QA Program are:

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

2. Notice of Open Meetings and Hearings

This part of the General Regulation specifies the manner in which the notice of meetings and other relevant information related to Council meetings and discipline hearings should be circulated. The forms of notice specified in the Regulation are outdated. For example, the Registrar must "ensure that notice of every council meeting is published no less than 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario".

3. Intubation of a Newborn

The Midwifery Act was amended in 2009 to include "intubation beyond the larynx of a newborn". In addition, the *Midwifery Act* (s.4.1) specifies that a member is not authorized to perform intubation procedure unless the member performs the act in accordance with the regulation. The Regulation, i.e. Intubation of a Newborn, was enacted on Jan 30, 2015, and became Part III of the General Regulation. It contains specific requirements for the performance on this particular authorized act (intubation beyond the larynx of a newborn). The requirements include:

1. The member has the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.
2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered,

3. The member has successfully completed an intubation training approved by the Council.

The proposed amendments to the General Regulation (attached) were drafted by the College's staff and legal counsel. The amendments were reviewed by the Quality Assurance Committee on September 28th and November 10th, 2016. The proposed regulation was approved by Council on December 7th, 2016 for a 60-day consultation period.

Key Considerations

- The proposed regulation has completed a 70-day consultation period (extended to account for December/January holidays) with the membership and stakeholders. The feedback received must be carefully considered by Council. If substantive changes are warranted, then Council must revise and recirculate for an additional consultation period. Should Council consider the feedback and not propose substantive revisions, Council may approve the proposed regulation and formally submit to the Ministry.
- Please refer to the attached Quality Assurance Regulation Table document. All proposed changes, rationale, feedback and responses are provided.

Recommendations

Approve the proposed changes to the General Regulation (Quality Assurance) for formal submission to the Ministry of Health with specific instructions to:

1. Rescind Part I of the General Regulation and create a new Quality Assurance Regulation with the proposed amendments.
2. Rescind Part II of the General Regulation.
3. Rescind Part III of the General Regulation *after* amendments to the *Midwifery Act* are made, including removal of 4.1 (1) A member is not authorized to perform a procedure under paragraph 10 of section 4 unless the member performs the act in accordance with the regulations. 2009, c. 26, s. 16 (1) and the amendments related to the performance of authorized acts are added.

Attachments

- Consultation feedback
- Proposed amendments to the General Regulation (Quality Assurance) with feedback and responses.
- Proposed Quality Assurance Regulation – clean copy

Submitted by: Kelly Dobbin

COLLEGE OF MIDWIVES OF ONTARIO

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

Current Language	Proposed Language 2016	Rationale	Consultation Feedback	College Response to Feedback
PART I QUALITY ASSURANCE ¹ Definitions and Program Requirements				
<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 practice class. O. Reg. 335/12, s. 2.</p>	<p>Members must participate</p> <p>2. Every member shall participate in the program.</p> <p>Application 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>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 enhance their professionalism and their knowledge, skill and judgment, regardless of the provision of clinical care.</p> <p>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.</p> <p>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.</p>	<p>The Association of Ontario Midwives (AOM)</p> <p>We are very supportive of members having quality assurance requirements reflective of their alternate practice arrangement or of their different role within the profession (for example, midwives on staff at the AOM or the CMO). However, we question the need to extend those QA requirements to midwives who are on a type of leave where they are not involved with the profession at all.</p> <p>When midwives are taking a leave from practice, they either need to or are choosing to focus on another aspect of life and should be able to dedicate their time to that other aspect entirely without worrying about midwifery quality assurance activities. This is particularly important in the case of a sick or disability leave or retirement; midwives in this situation should be able to take leave without the extra work of having to apply for exemption from QA due to extenuating circumstances. We recommend that the CMO not require QA of midwives on a leave</p>	<p>The College considers the previously articulated rationale to adequately addresses this feedback. However, further rationale is provided here for consideration.</p> <p>While members of the College who are in the Inactive class are not actively caring for clients, and would not pose a risk to the public if they did not maintain competency in their clinical skills, they nevertheless continue to represent the profession by virtue using of the protected title, registered midwife. The public must be able to trust that all registered midwives, who at any time may conduct themselves as a representative of the profession, maintain current knowledge of the profession. The quality assurance program will be flexible to address the context of particular midwives, in various stages of their careers and formal practice.</p> <p>The College does not consider this feedback to support a change to the proposed amendment.</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.

		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.	completely disconnected from the profession of midwifery.	
<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>(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>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 at the discretion of the Council. <p>3. Peer case reviews.</p> <p>4. Quality of care evaluations.</p> <p>5. Self-assessments.</p> <p>6. Peer and practice assessments</p> <ol style="list-style-type: none"> c. Self, peer and practice assessments. d. A mechanism for the College to monitor members' participation in, and compliance with, the program. <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>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 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</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 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>Provision of Clinical Information</p> <p>Information re care of patients</p> <p>5. (1) At the request of the Committee, a member shall 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>exemption.</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 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 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</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 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</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>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>any additional content that shall be included in the record. O. Reg. 335/12, s. 6 (6).</p>	<p>sponsor, for each activity. O. Reg. 335/12, s. 6 (5). (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). (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, (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 (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. 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 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). (2) A member shall participate in at least six peer case reviews in every 12-month period commencing on a date to be specified by the Committee. O. Reg. 335/12, s. 7 (2). (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). (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). (5) A peer case review shall be conducted in the form and manner approved by the Committee and shall include, (a) presentation of a case history, including how the case was managed, by one of the members participating in the review; (b) discussion of the application of College regulations, by-laws, standards, guidelines and policies to the case presented; and (c) observations and feedback from the group members about how the case presented was managed. O. Reg. 335/12, s. 7 (5). (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). (7) A member shall maintain an annual peer case review</p>	<p>PEER CASE REVIEWS Participation and record-keeping 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). (2) A member shall participate in at least six peer case reviews in every 12 month period commencing on a date to be specified by the Committee. O. Reg. 335/12, s. 7 (2). (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). (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). (5) A peer case review shall be conducted in the form and manner approved by the Committee and shall include, (a) presentation of a case history, including how the case was managed, by one of the members participating in the review; (b) discussion of the application of College regulations, by laws, standards, guidelines and policies to the case presented; and (c) observations and feedback from the group members about how the case presented was managed. O. Reg. 335/12, s. 7 (5). (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>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. 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. 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. 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>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 by the Committee. O. Reg. 335/12, s. 7 (9).</p> <p>(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>(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 by the Committee. O. Reg. 335/12, s. 7 (9).</p> <p>(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</p> <p>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).</p> <p>(2) An evaluation form shall not identify the patient completing the form unless the patient identifies herself. O. Reg. 335/12, s. 8 (2).</p> <p>(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).</p> <p>(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).</p> <p>(5) A member shall retain,</p> <p>(a) a completed evaluation form for at least five years from the date the form is returned to the member's practice group; and</p> <p>(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</p> <p>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).</p> <p>(2) An evaluation form shall not identify the patient completing the form unless the patient identifies herself. O. Reg. 335/12, s. 8 (2).</p> <p>(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).</p> <p>(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).</p> <p>(5) A member shall retain,</p> <p>(a) a completed evaluation form for at least five years from the date the form is returned to the member's practice group; and</p> <p>(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</p> <p>9. (1) At the request of the Committee, a member shall,</p> <p>(a) complete a self-assessment questionnaire in the form and manner approved by the Committee;</p> <p>(b) sign a declaration in the form and manner specified by the Committee stating that the member has completed the questionnaire; and</p> <p>(c) submit the declaration to the College within the time period specified in the request or, where no time period is</p>	<p>SELF-ASSESSMENTS Questionnaire and declaration</p> <p>9. (1) At the request of the Committee, a member shall,</p> <p>(a) complete a self-assessment questionnaire in the form and manner approved by the Committee;</p> <p>(b) sign a declaration in the form and manner specified by the Committee stating that the member has completed the questionnaire; and</p> <p>(c) submit the declaration to the College within the time period specified in the request or, where no time period is</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 professionals.</p> <p>Self-assessment activities will continue to be included in the program as activities under self, peer and practice assessments. However, this</p>		

<p>specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (1).</p> <p>(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).</p> <p>(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>is specified, within 30 days after the member receives the request. O. Reg. 335/12, s. 9 (1).</p> <p>(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).</p> <p>(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>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 will be required to engage in self-assessment activities within the context of non-clinical practice.</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>PEER AND PRACTICE ASSESSMENTS</p> <p>Selection of members</p> <p>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).</p> <p>(2) The Committee may select a member to undergo a peer and practice assessment,</p> <p>(a) through a process of random selection;</p> <p>(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</p> <p>(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 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> <p>(a) an inspection of the forms and other documents used in the member's practice;</p> <p>(b) an inspection of the member's records of the care of patients;</p> <p>(c) an assessment of any information respecting the member's care of patients;</p> <p>(d) an interview with the member;</p> <p>(e) an inspection of the premises where the member practises; and</p> <p>(f) an examination of the member's birth kit. O. Reg. 335/12, s. 11.</p>	<p>PEER AND PRACTICE ASSESSMENTS</p> <p>Selection of members</p> <p>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.</p> <p>(2) The Committee may select a member to A member may be required to undergo a peer and practice assessment if,</p> <p>(a) through a process of random selection the member's name is selected at random, including by stratified random sampling;</p> <p>(b) if a request is made to review the member's information, records, forms, assessments or questionnaires under this Part and the Committee 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> <p>(i) insufficient or inaccurate information is provided by the member, or</p> <p>(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> <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>	<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).</p> <p>In addition, the provision sets out who may conduct the assessment (a college-appointed assessor) and the general parameters of the assessment.</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 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.</p>		

		51(1)(b.0.1). 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.		
PART II NOTICE OF OPEN MEETINGS AND HEARINGS²				
COUNCIL MEETINGS Notice requirement 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). (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). (3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3). (4) The notice shall include the intended date, time and place of the meeting and a statement of the purpose of 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).	COUNCIL MEETINGS Notice requirement 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). (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). (3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3). (4) The notice shall include the intended date, time and place of the meeting and a statement of the purpose of 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).	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).” 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.		
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	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	As per the College’s General By-law, the College now publishes all notices of hearing on the public register and on its website. Therefore, this section of the Regulation is no longer necessary. 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).”		

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.

<p>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).</p>	<p>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).</p>			
<p>PART III INTUBATION OF A NEWBORN³</p>				
<p>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. 2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered, 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. 3. The member has successfully completed an intubation training program approved by the Council. O. Reg. 17/15, s. 1. 16. Omitted (revokes other Regulations). O. Reg. 335/12, s. 16. 17. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 335/12, s. 17.</p>	<p>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. 2. Before performing the procedure, the member determines that the newborn's condition warrants performance of the procedure, having considered, 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. 3. The member has successfully completed an intubation training program approved by the Council. O. Reg. 17/15, s. 1. 16. Omitted (revokes other Regulations). O. Reg. 335/12, s. 16. 17. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 335/12, s. 17.</p>	<p>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.</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"> 1. <i>has sufficient knowledge, skill and judgment to perform the procedure safely, effectively and ethically; and</i> 2. <i>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> ii. <i>contraindications and precautions,</i> iii. <i>known risks and benefits, and</i> iv. <i>specific client needs and circumstances.</i> 	<p>Midwifery Practice We would also like to see client choice as a key component of the College's expectation of a midwife's clinical decision-making featured wherever possible.</p> <p>AOM The change and broader language may facilitate the provision of care in some areas and an expanded scope for some midwives (for example, midwives in rural communities could be trained in vacuum assist). However, in other areas, this change may result in midwives' scope being further restricted. Moving away from a list of acts has the potential to be very confusing to interprofessional colleagues and may result in other professionals claiming that midwives do not have sufficient knowledge, skill, and judgement to perform the procedure. We recommend the College develop a "core competencies" document that articulates the scope of practice for the profession to midwives and interprofessional colleagues. This document is a crucial advocacy tool for the 50% of Ontario midwives still facing scope restrictions within their hospitals.</p> <p>Also of note, client choice is absent from the prerequisites to perform any procedure. There may be situations where a midwife might determine that under normal circumstances they do not have sufficient knowledge and skill to perform a procedure, but are willing to do the best they can to support their client when the client has refused all other options (for example, a vaginal breech at home when a client has refused a consult with an obstetrician and a transfer into hospital). The current proposed wording makes it unclear how client choices interface with this proposed change in definition of authorized acts. We recommend clarifying that client choice is a fundamental tenet of midwifery care and must be taken into consideration when performing any procedure.</p>	<p>This comment, and the one below, relate to a separate proposal to add an additional provision to the <i>Midwifery Act</i>. The College agrees that client choice is a requirement in the performance of any procedure and is adequately addressed in the <i>Health Care Consent Act</i>, which supercedes this regulation. Regardless, when the College proposes to add this change to the <i>Midwifery Act</i>, it will consider proposing client choice to the list. The College does not consider this proposed change to the <i>Midwifery Act</i> to alter its proposal to rescind Part III of the General Regulation.</p> <p>On the issue of supporting client choice to request a midwife's performance of an authorized act, when the midwife has clearly articulated to the client that they do not have sufficient skill to carry out the procedure safely but remain in attendance for the safety of the client and in support of their choice. The College will endeavor to find language that supports client choice in these rare circumstances. The College does not consider this proposed change to the <i>Midwifery Act</i> to alter its proposal to rescind Part III of the General Regulation.</p> <p>The AOM may have interpreted the College's rationale to mean that the College proposes to remove reference to the list of authorized acts in the <i>Midwifery Act</i>. This is not being proposed - the list of authorized acts will remain and the College only proposes to propose additional language to the performance of any authorized act. The College does not consider this proposed change to the <i>Midwifery Act</i> to alter its proposal to rescind Part III of the General Regulation.</p>

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.

EXECUTIVE COMMITTEE REPORT TO COUNCIL – MARCH 22, 2017

Committee Members

Chair	Barbara Borland, RM
Professional	Claudette Leduc, RM; Tiffany Haidon, RM
Public	Jennifer Lemon; Rochelle Dickenson
Non-Council	n/a

Committee Meetings

February 22, 2017, 9:30 AM - 5:00 PM

Items

- **Approved on Behalf of Council - Q3 Statement of Operations**
 Council receives a summarized statement whereas the Executive receives a detailed statement of operations, including line items under categories. As the Finance Committee, the Executive has a chance to ask detailed questions and seek clarifications. Since the Executive has access to this additional information, it is appropriate for the Executive to approve quarterly statements on behalf of Council. The Executive commits to bringing any concerns to Council for consideration in a timely manner.

Carolyn Doornekamp will present the College's Q3 Statement of Operations – please see attached. It was approved by the Executive Committee at its February meeting.
- **Proposed 2017-2018 budget**
 This item is brought to Council for approval. Please see attached.
- **CMO Council's Registrar Compensation Policy**
 This item is brought to Council for approval and will be discussed in camera. Please see in camera attachments.
- **Outcomes Policy**
 Executive recommended rescinding the College's Outcomes Policy. Please see background information attached.
- **Public Member Vacancies on Council**
 Executive discussed the public member vacancies on Council, with Gemma Salamat's term coming to an end on April 8, 2017. Council requires a plan in place to address this

shortfall if a new public member is not appointed in the coming weeks. If a new public member is not appointed by March 22, 2017, Executive suggested appointing Rochelle Dickenson and Jennifer Lemon to the Discipline Committee (Section 38(2) of the RHPA indicates that a minimum of two publicly appointed members are required to sit on Discipline Committee panels) and Jennifer Lemon to the Registration Committee.

- **Assessment of External Auditor Tool**

This item is brought to Council for approval. Please see background information attached.

- **HIROC Checklists**

The College will collaborate with the Healthcare Insurance Reciprocal of Canada (HIROC) to complete the Risk Assessment Checklist program, developed and administered by HIROC. It is a web-based, self-assessment program that aims to improve College's internal processes and systems. The program consists of checklists, or risk modules, for each of the high-cost/high-frequency risks identified from HIROC's extensive claims database. Each risk module is comprised of the most impactful, evidence-based mitigation strategies the Colleges should implement to effectively address the respective risk. The program also allows the subscribers to track and benchmark progress over time. The Risk Assessment Checklist Program follows a three-year cycle. It involves a step by step completion of the below modules. The results will be reviewed by relevant statutory Committees, and submitted to HIROC for review and feedback.

The following are the risks identified as high for health regulatory colleges. The College undertook to complete all below modules. As indicated below, Executive will be in charge of overseeing 4 of the 7 modules. The first phase of the program will be completed in May-June 2017. The Executive is scheduled to review the results at its June meeting. They will then be submitted to HIROC for feedback.

Rank	Risk (Allegation)	Risk Owner
1	Registration and Licensure - Failure to register and license in a fair and/or consistent manner	Registration Committee
2	Complaints and Resolution - Mismanagement of practitioner/member complaints	ICRC/Discipline Committee
3	Administration – Mismanagement of complaints from members of the public	ICRC/Discipline Committee
4	Rights - Inappropriate release and/or denial of request to access information	Executive Committee
5	Rights - Privacy breach	Executive Committee
6	Employment – Wrongful dismissal	Executive Committee
7	Fiduciary – Employee fraud	Executive Committee

Formal Motions to Council

- Approve the 2017-18 Budget for Submission to the Ministry
- Appoint Jennifer Lemon and Rochelle Dickenson to the Discipline and Fitness to Practice Committees; and appoint Jennifer Lemon to the Registration Committee (this motion will not be brought to Council if a new public member is appointed by March 22, 2017)

- Approve rescinding the Outcomes Policy
- Approve the choice of an Annual Assessment process for the assessment of the external auditor (fiscal 2016-17)

Attachments

1. Briefing note re: budget
2. 2017-2018 Budget
3. Q3 Statement of Operations
4. Briefing Note re: Outcomes Policy
5. Outcomes Policy
6. Briefing note re: audit assessment
7. Annual Assessment Report to Council
8. Assessment Tool (including revisions)

Respectfully Submitted,

Barbara Borland, Chair

Briefing Note for COUNCIL (Finance)

Subject: Budget Submission for 2017-18

Summary

The budget is being presented to Council for approval in advance of its presentation to the Ministry. It should be noted that the Executive Committee has reviewed this in advance of its presentation to Council.

Background

Each year the budget is presented to Council for approval. This budget is modeled on the 2016-17 budget with a few small changes.

The College requests funds from the Ministry to cover its shortfall. The shortfall at the College exists because the College produces less revenue than its expenses.

The College is submitted this annual request but would like to acknowledge its continued negotiations to reach financial independence of the Ministry.

Key Considerations

Decreases in the *Program & Project* area of the budget are possible for 2017-18 based on circumstances unique to the 2017-18 year. It should be noted that the budget lines in these areas will need to increase to totals similar to previous years for 2018-19.

All other line items in the budget went up according to carefully estimated costs (e.g. rental agreements etc.) or were increased by an inflationary increase of 1.7%.

A 3.43% increase, it should be noted, is the smallest percentage increase to the budget in over five years. The College continues to work within its resources to deliver on its mandate.

The projected shortfall for the College would be calculated as follows:

EXPENSES – REVENUE= SHORTFALL

\$2,516,515 - \$1,717,100 = \$799,415.

A request to the Ministry of \$799,415 is less than our request over the last years of approximately \$840,000/year and therefore represents a 5% reduction in our shortfall.

Recommendations

The following recommendations are submitted for consideration or approval:

- 1) Approve the budget to submit to the Ministry.

Attachments

Budget 2017-18

Submitted by: Carolyn Doornekamp, Director of Operations

BUDGET- Fiscal 2017-18

	2017/18
BUDGET CATEGORY	AMOUNT
STAFF	
Total Salaries & Benefits	\$ 1,401,917
OPERATIONAL COSTS	
<i>Professional Fees</i>	
Finance	\$ 28,443
Legal	\$ 49,129
Expert	\$ 15,514
Sub-Total	\$ 93,086
<i>Council, Committees and Panels Per Diem Expenses</i>	
Council, Committees and Panels Per Diem Expenses	\$ 165,486
<i>Office and General</i>	
Insurance	\$ 8,136
Telecommunications	\$ 21,720
Rent & Operating Costs	\$ 185,500
Equipment Rental	\$ 10,860
Printing, Postage & Courier	\$ 21,203
IT and Network Support	\$ 39,820
Database Development & Maintenance	\$ 40,000
Supplies & Resources	\$ 56,886
Sub-Total	\$ 384,125
<i>Membership Fees & Conferences and Meetings</i>	
Membership Fees	\$ 29,994
Conference & Meeting Attendance/Expenses	\$ 20,686
<i>Program & Project Expenses</i>	
QA Assessments	\$ 23,230
QA Program Administration	\$ 6,000
Registration Program Administration	\$ 50,343
I&H Complaints, Investigations, Audits	\$ 148,938
I&H Discipline Hearings	\$ 130,000
I&H Program Administration	\$ 15,514
Administering the Midwifery Act	\$ 6,516
Sub-Total	\$ 380,541
CAPITAL COSTS	
Capital Purchases	\$ 40,680
TOTAL	\$ 2,516,515

This fiscal 2017-18 budget has a shortfall of \$799,415. The College would request a funding amount of \$799,415 for the April 1, 2017 – March 31, 2018 fiscal year, a 5% decrease from the 2016-17 shortfall.

CMO STATEMENT OF OPERATIONS: FISCAL April 1, 2016- March 31, 2017 (F17)

Q3 Statement April-December 2016

BUDGET CATEGORY	F17 BUDGET AMOUNT	F17 Budget to end of Q3	Q3 Spending April 1, 2016 Dec 31, 2016	Q3 Spending April 1, 2015- Dec 31, 2015	Percentage Variance Against Budget	Variance Notes F17 to Budget
STAFF- Salaries and Benefits						
Sub-Total	\$1,330,853	\$998,140	\$869,149	\$790,972	65.31%	
OPERATIONAL COSTS						
<i>Professional Fees</i>						
Sub-Total	\$91,530	\$68,648	\$74,398	\$76,932	81.28%	Includes pre-approved Jurisprudence Course development costs
<i>Council, Committees and Panels Per Diem Expenses</i>						
Sub-Total	\$162,720	\$122,040	\$114,088	\$111,916	70.11%	
<i>Office and General</i>						
Sub-Total	\$416,224	\$312,168	\$277,443	\$292,744	66.66%	
<i>Membership Fees</i>						
Sub-Total	\$29,493	\$22,120	\$21,880	\$23,343	74.19%	o
<i>Conferences and Meetings</i>						
Sub-Total	\$20,340	\$15,255	\$13,371	\$22,151	65.74%	
<i>Program & Project Expenses</i>						
Sub-Total	\$341,935	\$256,451	\$91,138	\$126,623	26.65%	
CAPITAL COSTS						
Sub-Total	\$40,000	\$30,000	\$32,989	\$20,664	82.47%	Amortization is tracking slightly over budget because of leasehold improvements in 2015-16
TOTALS	\$2,433,095	\$1,824,821	\$1,494,454	\$1,465,345	81.90%	
REVENUE FROM FEES	\$1,592,802	\$1,194,602	\$1,259,403		105.42%	

BIRTH CENTRE DETAILS F17	
Birth Centre Grant Requested	\$91,338
9 months of Budget based on the Grant Request	\$68,504
Birth Centre Expenses (9 months)	\$57,665
Net Birth Centre	\$10,838

ACCRUAL DETAILS F17	
Accrued Liabilities for 9 months	\$102,379
Accrued Liability Usage for 9 months	\$34,338

It should be noted that we have received confirmation of our funding for 16-17 for regular operations
 It should be noted that we received confirmation of our 5 year funding request for the Birth Centre Special Project.

Briefing Note for Council

Subject: Assessment of the External Auditor

Summary

The Executive Committee has completed the pilot of the Assessment tool and wishes to share the results, a revised tool, and recommend an audit type for 2016-17.

Background

The Executive Committee was asked by staff to consider a new oversight structure of the external auditor. Best practices for not-for-profits include a thorough assessment process conducted by the Audit Committee (in the case of the College, the Executive Committee) to oversee the external auditor and determine whether the auditor should be reappointed.

As stated by the Canadian Public Accountability Board on their website: *CPAB supports mandatory comprehensive audit firm review as an alternative to mandatory firm rotation or tendering because it has a greater focus on enhancing audit quality. This type of periodic review requires audit committees to consider institutional familiarity threats created by audit firm tenure and to focus on issues such as the auditor's application of professional skepticism.*

The Executive Committee planned to assess the current auditor and engage in a continued process of assessments annually. New tools were created for the Executive Committee to use, and the Executive decided to pilot those tools while reflecting on the 2015-16 audit. The Executive decided to pilot and verify the tools and then decide in early 2017 on either an annual or comprehensive audit for the 2016-17 audit.

The Executive has worked through a pilot of the Annual Assessment of the External Auditor over the last months. The Executive completed the pilot at the February meeting (for 15-16 fiscal) and delegated follow up to staff. A finalized and revised tool was approved in order to begin the assessment for 2016-17 fiscal. A report to Council on the results of the pilot (audit 2015-16) is being provided with this package as well.

Executive began the assessment process for fiscal 2016-17 by filling out section one of the tool to determine the scope, timing and process of the 2016-17 audit assessment. The Executive recommends to Council to proceed with an Annual Assessment Process.

Key Considerations

In order to proceed with the 2016-17 assessment the Executive Committee needs Council approval to proceed with the Annual Assessment Process. Executive recommends an Annual Assessment for 2016-17 rather than a Comprehensive Assessment because the Comprehensive Assessment reflects on data from years past (gathered through Annual Assessments) of which there isn't any at this time.

Recommendations

Approve the choice of an Annual Assessment for the 2016-17 Audit.

Implementation Date

2016-17 Audit (ongoing process)

Attachments

- 1) Annual Assessment Report to Council (pilot) 2015-16
- 2) Revised Assessment Tool

Submitted by: Executive Committee

ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting Year:	2015-16
Summary Observations:	<p>The tool was piloted this year. As the tool was implemented after the completion of the audit process and the presentation of the statements to Council it should be noted this is reflective of a past audit, and not a real judgement of the auditor. The testing of the tool returned some small changes and identified gaps which will led to tool modifications herein shared with Council.</p> <p>Overall the Executive Committee felt satisfied with the performance of the auditor in 15-16. We see the tool as a living document undergoing changes annually to potentially increase and refine its effectiveness.</p> <p>The Executive reviewed the credentials of the audit team and were satisfied with their expertise. A price evaluation will be conducted as well to ensure the costs of the audit are not excessive.</p> <p>The tool is being provided to Council to help inform their observation of the presentation of the statements by the Auditor in September, and to allow Council to provide any feedback or concerns to Executive as needed.</p> <p>During the assessment in 2016-17 the Executive committee plans on being on site to observe the auditor to better inform the assessment.</p>
Recommendations made to the Auditor:	None
Recommended Audit Structure for 2016-17:	Annual Assessment (FOR APPROVAL BY COUNCIL)
Any recommended changes to the Assessment Process for future:	Some small changes to the tool are recommended. A list of these have been communicated to the Director of Operations and the tool has been updated for the 16-17 Assessment process. These changes involved adding a few more questions to the Obtain <i>Input from College Personnel</i> section



Annual & Comprehensive Assessment of the External Auditor by the Executive Committee¹

Document Approved by Executive Committee: _____

¹ The tools and templates provided by the Chartered Professional Accountants of Canada (CPA) to businesses looking to conduct both annual and comprehensive audits were used as the base to create this tool.

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Introduction

The Executive Committee of the College of Midwives conducts both an Annual Assessment of the external auditor prior to reappointment, and a Comprehensive Audit Assessment in place of an Annual Assessment every five years (at minimum).² Assessments are conducted to align with best practices as laid out under the Enhanced Audit Quality Initiative put forward by the Chartered Professional Accountants of Canada (CPA). This process allows the Committee to produce quality improvement recommendations for the external auditor annually, recommend the auditor for tender or reappointment periodically, as well as note any concerns.

It should be noted that the Annual Assessment's purpose is to help the Committee identify areas for improvement for the audit firm, and not to decide if the auditor should be put forward for reappointment or tender. In the event that the Committee finds real concerns, they could choose to recommend tender early, but normally this would be a decision made at the time of the Comprehensive Assessment.

Following the Comprehensive Assessment the Executive Committee will either reassure Council of the quality and objectivity of the incumbent auditor and put that firm forward for re-appointment, or offer Council the recommendation that they should procure a new external auditor.

Timelines

The annual audit takes place in May each year. The financial statements are presented for approval to the Council at their June meeting. After presentation of the statements the Executive Committee is in a position to reflect on the audit process and decide on its quality and objectivity. The Executive Committee should begin either the annual or Comprehensive Assessment process at their January/February Executive meeting with the goal of sharing with Council their recommendation at Council's October/November meeting. In the event that it is not recommended that the auditor be reappointed, this allows enough time for a procurement process to be undertaken to secure a new auditor in advance of the annual audit in May.

² It should be noted that the Comprehensive Assessment could be conducted earlier than every five years if the Executive Committee determines it is necessary to do a more fulsome assessment. Reasons might include a major change in corporate structure or a poor auditor assessment in the previous year.

Annual Schedule

TIME	DELIVERABLE
Jan/Feb Executive Meeting	At this meeting the Executive Committee will review the previous year's assessment and decide if any changes / altered focus is required in the current year's assessment. The Committee will determine if they will require any additional meetings with the auditor outside of the June Executive Meeting, and will determine if the Committee Chair should be present for any part of the audit. Staff will be directed to set meetings and create schedules as required.
September Executive Meeting	The formal assessment begins. The Executive will determine if meetings with either the auditor or staff are required and will request those meetings. If not, then they will distribute surveys and set deadlines for the feedback.
October/November Executive Meeting	The Committee will review all materials and create a report for Council. They will also determine their recommendation to Council on the upcoming years assessment (will it be the standard Annual Assessment or the Comprehensive Assessment). If recommendations are being made to the auditor or staff they will need to be delivered to the appropriate party after the meeting.
October/November Council Meeting	Executive presents their summary report and (in the event of a comprehensive audit) their recommendation. They will also inform Council of the recommended assessment structure for the following year (annual or Comprehensive Assessment). Council approves the recommended assessment choice for the following year, and either reappoints the auditor or decides to go to tender to find a new auditor.

ADDITIONAL NOTES REGARDING THE SCHEDULE:

- The Executive Committee may require additional meetings to complete the work, these can be in addition to the schedule above.
- The Committee Chair plays a key role in assisting the Committee follow an appropriate process for the Annual Assessment. The Chair may opt to visit the College during the audit process or ask questions in advance of the initial Committee meeting so that they could guide the Committee on any changes in process or scope needed for the assessment.
- To ensure that all views are considered the Committee may wish to finalize their assessment during group discussions (as opposed to collecting comments separately) during a formal Committee meeting.

Assessment Goals

As stated by the CPA tools for external auditor assessment, the assessment tools should assess three key factors³:

1. **Independence, objectivity and professional skepticism** – Do the auditors approach their work with objectivity to ensure they appropriately question and challenge management's assertions in preparing the financial statements?
2. **Quality of the audit team** – Does the audit firm put forward team members with the appropriate industry and technical skills to carry out an effective audit?
3. **Quality of communications and interactions with the external auditor** – Are the communications with the external auditor (written and oral) clear? Is the auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?

Assessment Elements

The Annual Assessment will consist of the following elements:

- 1) Survey(s) distributed to the Director of Operations and/or Registrar
- 2) Executive Committee Analysis
- 3) Observation of the Auditor's performance during Executive and Committee meetings. There is the option to observe part of the audit itself, and Executive would decide if this was necessary at the January/February Committee meeting.
- 4) Discussions with the auditor (as required)
- 5) Any other elements/processes that the Executive Committee deems necessary
- 6) Recommendation report prepared for Council (staff support will be provided for this)
- 7) Report to Council

The Comprehensive Assessment will consist of the following elements:

- 1) Survey(s) distributed to the Director of Operations and/or Registrar
- 2) Executive Committee Analysis
- 3) Observation of the Auditor's performance during Executive and Committee meetings. There is the option to observe part of the audit itself, and Executive would decide if this was necessary at the January/February Committee meeting.
- 4) Discussions with the Auditor (as required) and Auditor Feedback Survey
- 5) Any other elements/processes that the Executive Committee deems necessary
- 6) Recommendation report prepared for Council (staff support will be provided for this)
- 7) Council reappoints the auditor or goes to tender

³ These details were taken directly (with one or two small language changes) from the "Annual Assessment of the External Auditor Tool (Jan 2014) available on the website of the Chartered Professional Accounts of Canada (CPA).

Annual Assessment Process

1. Determine the scope, timing and process

Before proceeding with the Annual Assessment, the Executive Committee should review the process to ensure that no alterations are required for the current year's audit. If changes are required to the Annual Assessment they should be made before the assessment is undertaken. Changes can be suggested at the January/February Committee meeting after the document review, and staff can be engaged to make the required changes and send the revised document to the Committee members.

Guiding questions:

POINTS TO CONSIDER	OBSERVATION
Have there been significant changes in the organization that require changes to the assessment process this year? ⁴	
Do the results of the prior-year's assessment indicate areas that should be given particular focus this year?	
What additional information from the College is needed to help the Executive Committee conduct the assessment?	
What information, if any, from the auditor is needed to help the Executive Committee conduct the assessment (e.g., future changes to the audit team)?	
What changes need to be made to other sections of this tool to reflect the approach to this year's Annual Assessment?	

These determinations are key drivers for conducting an assessment process.

⁴ Note that it may be appropriate to conduct a Comprehensive Assessment rather than an Annual Assessment of the external auditor, for example, if significant issues have already been identified, or if another triggering event has occurred, such as a change in the College's corporate structure that could affect financial oversight (e.g. the Director of Operations leaves and a new system is put in place, or the Registrar leaves etc.).

2. Obtain Input from College Personnel

This section of the tool includes a number of questions the Executive Committee may want to ask College personnel, such as the Registrar and the Director of Operations. The Executive Committee needs to determine whether they wish to obtain input in writing or through discussions.

QUESTIONS FOR COLLEGE PERSONNEL (Normally the Registrar and/or Director of Operations)

POINTS TO CONSIDER	OBSERVATION
RE: INDEPENDENCE, OBJECTIVITY & PROFESSIONAL SKEPTICISM	
How does the external auditor demonstrate integrity, objectivity and professional skepticism, (e.g. by maintaining a respectful but questioning approach throughout the audit)?	
How does the external auditor demonstrate independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements)?	
How were significant differences in views, if any, between management and the external auditor resolved?	
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	
How forthright is the external auditor in dealing with difficult situations (e.g. by proactively identifying, communicating and resolving technical issues)?	
To what extent do you have concerns about the relationship between the external auditor and College personnel that might affect the external auditor's independence, objectivity or professional skepticism?	
The auditor and the audit team should have performed risk assessment at the outset of the audit including assessment of fraud risk. Conclude if this process was followed.	
RE: QUALITY OF AUDITOR AND HIS/HER STAFF	

How would you assess the technical competence and ability of the external auditor to translate knowledge into practice (e.g. by using technical knowledge and independent judgment to provide realistic analysis of issues and by providing appropriate levels of competence across the team)?	
How would you assess the external auditor's understanding of our business and industry (e.g. by demonstrating an understanding of our specific business risks, processes, systems and operations)?	
How sufficient are resources assigned by the external auditor to complete work in a timely manner (e.g. by providing access to specialized expertise during the audit and assigning additional resources to the audit as necessary to complete work in a timely manner)?	
RE: COMMUNICATION AND INTERACTION WITH THE EXTERNAL AUDITOR	
How candid and complete was the dialogue between the auditor and management? How well did the auditor explain accounting and auditing issues?	
How effectively does the auditor provide timely and informative communications about accounting and other relevant developments?	
How does the external auditor communicate about matters affecting the College or its reputation?	
Provide your overall views on how your relationship with the external auditor contributed to your ability to produce reliable financial reporting throughout the assessment period.	
RE: QUALITY OF SERVICE CONSIDERATIONS	
To what extent is the external auditor effective in completing the audit on a timely basis?	
To what extent does the external auditor keep management informed about the progress of the audit and difficulties encountered?	

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To what extent has the Auditor and his/her team maintained a respectful and professional attitude during the audit?	
To what extent is the external auditor proactive in identifying information requirements and timely in requesting information from management?	
OTHER INPUT REQUESTED FROM STAFF	

3. Executive Committee Analysis

This section should be completed by the Executive Committee, either individually, or as a group. The meeting with the auditor at the May/June Committee meeting will help inform this section of the document.

POINTS TO CONSIDER	OBSERVATION
RE: INDEPENDENCE, OBJECTIVITY & PROFESSIONAL SKEPTICISM	
Does the external auditor <u>either confirm their independence or</u> inform the Executive Committee about matters that might reasonably be thought to compromise their independence?	
Did the staff and auditor follow the Policy for Awarding Non-Audit Work to the External Auditor.	
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	
What steps does the auditor take to ensure that their staff exhibits the values, ethics and attitudes necessary to support a quality audit?	
<u>If Executive is aware of any</u> significant differences in views <u>between management and the external auditor</u> resolved?	
What evidence is there that the audit team challenges decisions made by management in preparing the financial statements?	

Comment [CD1]: The auditor presents a letter verifying their independence with the audit presentation

Deleted: How were
Deleted: , if any,

How would you assess the quality of the significant professional judgments made by the auditor?	
RE: COMMUNICATION AND INTERACTION WITH THE EXTERNAL AUDITOR	
How candid and complete was the dialogue between the auditor, the Executive Committee and/or the Executive Committee chair? How well did the auditor explain accounting and auditing issues?	
How would you assess the external auditor's discussion about the quality of the College's financial reporting, including the reasonableness of accounting estimates and judgments, appropriateness of the accounting policies and adequacy of the disclosures?	
What is your assessment of how the external auditor discussed sensitive issues (e.g. were concerns about management's reporting processes, internal control over financial reporting or the quality of the College's financial management team discussed in a timely, candid and professional manner)?	
How promptly did the auditor alert the Executive Committee if they did not receive sufficient cooperation from staff?	
How well did the external auditor inform the Executive Committee of current developments in accounting and auditing standards relevant to the College's financial statements and their potential impact on the audit?	
How does the audit firm provide continuity of team members and perform an orderly transition when key members of the team change?	
RE: QUALITY OF SERVICE CONSIDERATIONS	
During the audit, how well did the external auditor meet the agreed-upon performance criteria (e.g. by meeting agreed-upon performance delivery, being available and accessible to management and the Executive Committee?)	
How did the auditor and audit team ensure that	

the necessary knowledge and skills (College-specific, industry, accounting, auditing) were dedicated to the audit?	
How would you assess the professionalism of the auditor?	
How proactive is the external auditor in identifying opportunities and risks, (e.g by anticipating and providing insights and approaches for potential business issues and improving internal controls)?	
How would you assess the value for money delivered by the external audit (e.g. do the audit fees fairly reflect the cost of the services provided given the size, complexity and risks of the College and a cost-effective quality audit)?	
OTHER INPUT REQUESTED FROM THE EXECUTIVE	

4. Conclude the Annual Assessment and Communicate Results

Conclude on the results of the Annual Assessment and prepare a summary report for Council. The summary report should include a recommendation on whether the next year’s assessment should be an Annual or Comprehensive Assessment.

Points to consider:

- Has sufficient information been obtained to allow the Executive to reach a conclusion and consider the assessment complete? If the preliminary results of the assessment are not satisfactory, the Committee may need to perform further due diligence to determine whether it’s preliminary conclusions are justified and to consult with those affected by its recommendations.
- 1. What recommendations for action should be made to the Council? These would include:
 - Recommendation for the following year’s audit assessment type (annual or comprehensive)

- Recommendation to reappoint the auditor or go to tender (in year's where a Comprehensive Assessment took place)
 - Any recommended changes to assessment procedures (as needed)
2. Does the Committee need to formally discuss the results of the assessment with the Council or will a written report suffice?

Record items to be raised with the auditor for follow-up or future changes:

ITEM	PERSON RESPONSIBLE FOR FOLLOW-UP

Potential future changes to the Annual Assessment, Comprehensive Assessment, or Executive Committee Process:

POTENTIAL CHANGE	PERSON RESPONSIBLE FOR FOLLOW-UP

The Executive team needs to be sure they share necessary feedback with the necessary parties. As a rule the Chair of the Committee will lead on this dissemination of information.

The Committee may opt to meet with staff and the audit firm jointly to discuss actions that the audit firm and management need to take jointly to address Committee concerns and any inconsistencies between input obtained from the audit firm and the staff.

Comprehensive Assessment Process

The Comprehensive Assessment assumes that the Committee has conducted robust Annual Assessments of the external auditor in the previous years. The Comprehensive Assessment includes all processes included in the Annual Assessment as well as the additional assessment elements discussed in these pages. This assessment would cover not just the previous year's audit but would also review all audits that underwent annual assessments since the last comprehensive assessment.

It should be noted that the Executive Committee is responsible for determining the scope, timing and process for the Comprehensive Assessment and not staff or the auditor. Although the staff and the auditor contribute, the process belongs to the Executive Committee. A Comprehensive Assessment should be conducted at least every five years.

As part of the Comprehensive Assessment process the Executive Committee should look for the external auditor to identify any threats to independence and describe safeguards they have put in place. Some factors to consider would be:

- (a) Number of years the audit firm has served as external auditor
- (b) Length of service of key audit team members (e.g. Blair, Peter from Hilborn)
- (c) Whether familiarity threats have been identified and if so what safeguards have been put in place
- (d) The transparency of audit firm and staff interactions and whether the Executive Committee is aware of any interactions that might impair independence.
- (e) Whether the fees are sufficient to provide for an audit of appropriate quality taking into account changes in the College's business.

1. Additional Information to Determine Scope, Timing, and Process

In addition to the considerations noted in the Annual Assessment process, the Executive may wish to also consider the following:

POINTS TO CONSIDER	OBSERVATION
When was the last Comprehensive Assessment conducted and what period should this assessment cover? ⁵	

2. Obtain Additional Information from Staff

In advance of the discussion the Executive Committee will need to request to have the following information made available to them by staff:

⁵ The Comprehensive Assessment should, as a rule, cover all assessments since the previous Comprehensive Assessment.

- Relevant Executive Committee meeting minutes and results of Annual Assessments.
- The College policies for awarding non-audit work and any reports by management on how it has complied with those policies.
- Whistleblowing policy and associated reports that may have relevance to the relationship with the audit firm.
- Information about any significant financial reporting matters that have been questioned by regulators or the press that may have relevance for the relationship with the auditor.
- A summary of relevant information from the Canadian Public Accountability Board's (CPAB) most recent annual public report and periodic newsletters.⁶

3. Obtain Input from the Auditor

This section of the tool sets out the information that the Executive Committee may wish to obtain from the auditor.

In advance of the discussion, the Executive Committee must have the following information made available to them by the auditor:

- Analysis of total services provided by the audit firm, covering audit and non-audit services and related fees, since the last Comprehensive Assessment; explanations for differences between actual and estimated fees and between actual audit fees and cost recoveries. Consider obtaining an analysis of other auditors' fees for similar services to comparable entities, where available.
- Summary of auditor's reports (e.g., consolidated financial statements, subsidiary financial statements, reports to regulators, special reports).
- Summary of reports issued to the Executive Committee, including significant matters addressed.
- A communication from the firm regarding any conflict of interest issues, or independence issues.⁷
- Summary of reports to management.
- Summary of key elements of the firm's quality control processes and how they were applied to the College's audit.
- Transparency reports⁸ of the audit firm (if reports are produced).

⁶ CPAB releases periodic reports that offer guidance and recommendations to audit firms to ensure auditors remain accountable, and independent. Audit firms should be abreast of these reports and recommendations and be ensuring they are implementing any new recommended safeguards or quality assurance advice.

⁷ Canadian auditing standards require the auditor to communicate with the Committee all relationships between the College and the firm that, in the auditor's professional judgment, may reasonably be thought to bear on independence. This includes total fees charged during the period covered by the financial statements for audit and non-audit services and the related safeguards that have been applied to eliminate identified threats to independence or reduce them to an acceptable level.

⁸ As a result of legal and regulatory requirements, audit firms in certain jurisdictions now issue transparency reports on their governance. Audit firms in other jurisdictions issue such reports voluntarily to demonstrate their commitment to audit quality. Such reports can provide useful information about an audit firm's culture of integrity, professional excellence, accountability and continuous improvement.

- Annual reports of the audit firm (to confirm the best practices and liquidity of the firm).

POINTS TO CONSIDER	OBSERVATION
How long has the audit firm been the external auditor? What steps have been taken to address possible institutional familiarity threats?	
What are the firm's plans for the training and development of the audit team?	
What are the firm's expectations as to future partner rotation or other changes to senior audit team personnel?	
How are the size, and resources of the audit firm changing?	
What efforts are being made to enhance audit quality within the audit firm generally and the external audit of the College specifically?	
How has the audit firm's relevant expertise in the industries and markets in which the College operates been evolving? What are the audit firm's future plans to serve the College with an audit team with appropriate expertise?	
How has the audit firm considered systemic audit quality issues identified by CPAB in its public reports?	
What reputational challenges, if any, are facing the audit firm and how are these being addressed?	
How have significant differences in views, if any, between CMO management and the firm been addressed?	
OTHER INPUT REQUESTED FROM THE AUDIT FIRM	

4. Additional Executive Committee Analysis

This section is supplemental to the analysis completed in the Annual Assessment process. The Committee should complete that analysis and, during a Comprehensive Assessment, this additional analysis would be conducted. Again, this section should be completed by the Executive Committee, either individually, or as a group. The meeting with the auditor at the May/June Committee meeting will help inform this section of the document.

A. Safeguards Against Institutional Independence and Familiarity Threats

POINTS TO CONSIDER	OBSERVATION
What institutional familiarity threats has the audit firm identified? What steps have been taken to address them?	
To what extent has the College employed former audit firm staff in key financial positions?	
What personnel changes, if any, in the audit firm or the College could create a perception that the external auditor is no longer independent?	
What corporate hospitality has been provided to the audit firm/management by management/the audit firm that could bring the external auditor's independence into question?	
What reputational damage or regulatory action, if any, has the audit firm suffered that could bring into question its professionalism, independence or financial stability?	
To what extent does the policy for non-audit work by the external auditor adequately ensure that the auditor does not: it audits its own work, involve it in management decisions, act in advocacy role or create conflicts of interest? Has the policy been complied with?	

B. Auditor Responsiveness to CPAB reports

In this area the Executive may wish to include any specific concerns raised from their review of the summary of CPAB reports provided by staff. They can, using this area, ask about the auditor's response to specific recommendations made by CPAB. The Committee can discuss any relevant

materials with the auditor to understand how the auditor has mitigated risks pointed to in the report, and has followed recommendations. Blank boxes have been left for this purpose.

POINTS TO CONSIDER	OBSERVATION
How has the audit firm responded to audit quality issues raised by the CPAB's public reports?	
If CPAB has inspected the audit file related to the College during the assessment period and made significant inspection findings, what was the cause of those findings and how has the audit firm responded?	
OTHER INPUT REQUESTED FROM THE EXECUTIVE	

5. Revisit and Approve or Revise Related Policies

The following policies should be reviewed by Executive as part of the Comprehensive Assessment Process. They should be revised or approved.

- 1) Whistleblower Policy
- 2) Policy on Awarding Non-Audit Work to the External Auditor

6. Additional Information to Conclude the Comprehensive Assessment and Communicate Results

In addition to submitting a report to Council the Executive Committee must also decide if they will recommend the current auditor for reappointment or if they will recommend the College go to tender to procure a new audit firm.

APPENDIX 1 - Templates

TEMPLATE: ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting Year:	
Summary Observations:	
Recommendations made to the Auditor:	
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	<input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Annual Assessment
Any recommended changes to the Assessment Process for future:	

TEMPLATE: COMPREHENSIVE ASSESSMENT REPORT TO COUNCIL

Reporting Year:	
Summary Observations:	
Recommendation to Council – renew auditor or go to tender (FOR APPROVAL BY COUNCIL):	
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	<input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Annual Assessment
Any recommended changes to the Assessment Process for future:	
Recommendations made to the Auditor: (In the event that the auditor is to be renewed)	

Briefing Note for Council

Subject: Outcomes Policy

Background

The Outcomes Policy was approved by Council in November 2015. It includes the College's mandate and mission as well as the 2014-2017 strategic priorities written in an outcomes-based language. The rationale for developing an outcomes policy at the time was that the Council's focus should be on the delivery of outcomes rather than on the goals to be achieved. Without a clear focus on outcomes in the Council-adopted strategic plan, this principle would be difficult to honour. It should be noted, however, that additional initiatives were introduced in the Outcomes Policy, which created some confusion among Council members and staff as to which document should be treated as the College's current strategic plan.

Key Considerations

The College's strategic plan for 2017-2020 was approved by Council at its December 2016 meeting. In designing the strategic plan, the Council moved away from its traditional way of focusing on the goals only, and chose to broadly define the strategic priorities as well as list the strategic initiatives and key performance indicators. Even though the strategic priorities are not written as outcomes, Council will be able to ensure their effective delivery by using success measures articulated in the Strategic Plan.

Recommendations

The Executive Committee recommends that the Outcomes Policy be rescinded.

Implementation Date

March 23, 2017

Attachments

Outcomes Policy

Submitted by: Executive Committee

Policy Type:	Outcomes
Policy Title:	Mission/Purpose
Reference:	O1
Date prepared/revised:	November 2014

The CMO protects the public by regulating the profession of midwifery in accordance with the RHPA and by setting the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

The CMO promotes a model of care that protects informed choice, choice of birthplace and continuity of care delivered by midwives as primary health care providers.

Accordingly,

1. The CMO is recognized and respected as a leader in provincial, national and international health regulation.
 - 1.1 Midwives are the recognized experts in normal birth
 - 1.2 Ontario women have increased access to midwifery care.
 - 1.2.1 Midwives provide fullest scope of care in a safe manner to ALL low risk mothers and babies in Ontario.
 - 1.2.2 Innovation in the midwifery model of care
 - 1.3 Ontario has a Maternity Care Plan driven by midwifery.
 - 1.3.1 The CMO meets the changing needs of the community it serves.
 - 1.4 National and international midwifery regulators and organizations invite the CMO to participate in decisions made.
2. The public, members and other stakeholders understand and support the role of the CMO in defining, protecting and promoting the profession of midwifery through self-regulation.
 - 2.1 Members and stakeholders understand and value the role of the CMO.
 - 2.2 Members are committed to self-regulation as a platform for achieving excellence in midwifery practice.
 - 2.3 The CMO is effectively engaged with its members and other stakeholders.
3. The CMO asserts its authority as a regulatory body.

- 3.1 Midwifery is a strong autonomous profession with scope and tenets protected.
 - 3.2 The CMO supports competent and professional midwifery practice.
 - 3.3 Midwifery standards exist in key areas of practice.
 - 3.4 Members have access to the CMO-developed tools to increase professionalism and standards for their practice.
 - 3.5 The *CMO's* processes and evaluation methods are valid, reliable, credible, transparent, and are applied consistently.
 - 3.6 Appropriate research is used in the development of tools to guide midwives and advance midwifery care.
4. The CMO is a leader in best practices in governance and organizational management
- 4.1 The CMO is a fully functional organization that shares vision of outcomes.
 - 4.2 The CMO is financially sustainable.
 - 4.3 The CMO is accountable for regulatory excellence.
 - 4.4 The CMO is governed effectively and appropriately.
 - 4.5 Council members are fully engaged and informed to make creative and innovative decisions both on Council and Committees.

REGISTRAR-CEO QUARTERLY REPORT TO COUNCIL

From: Kelly Dobbin, Registrar-CEO

To: Council

Date: March 22, 2017

1. General Highlights

As Council is aware, the Minister of Health and Long-Term Care, Dr. Eric Hoskins established a Sexual Abuse Task Force in December 2014 to review the way sexual abuse cases by health professionals are handled by Colleges. Since the release of that report in September 2016, the Minister has acted on several of the report's recommendations through the introduction of [Bill 87, *The Protecting Patients Act*](#). On December 8th, 2016, Bill 87 was carried at its first reading at the Legislative Assembly of Ontario. The Bill proposes significant changes to the *Regulated Health Professions Act*, and in particular, areas related to sexual abuse, transparency of information and the complaints, investigations and discipline processes.

The College has thoroughly reviewed the Bill and continues to actively participate in meetings lead by the Ministry and by the Federation of Health Regulatory Colleges of Ontario (FHRCO). The College fully supports the intent of the Bill and, with regard to areas of transparency, has implemented many of the proposed changes over a year ago. The College has also supported a formal submission from FHRCO to the Minister of Health (see Letter following this report) identifying suggestions to better achieve the intended outcomes and to avoid unintended negative consequences. The Executive Committee has been made aware of these activities in between Council meetings.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College is pleased to report that the Ministry of Health has recently introduced a framework to consider proposed changes to health professions' scope of practice, access to drugs and access to specimen collection and laboratory testing. The College supports the framework as it is clearly focused on patient safety and patient needs as well as health system needs. The College looks forward to framing its rationale for scope of practice, drugs and lab changes while working closely with the Ministry and other stakeholders as we move forward.

The proposed Quality Assurance Regulation and Professional Misconduct Regulation have completed 70-day public consultations. Council will review and consider all feedback at its March 22 meeting.

ii. Implementation of Risk-Based Regulation

In 2016, the College successfully delivered the first phase of risk-based regulation. This work included a number of key deliverables, such as the development of the College's regulatory outcomes and Risk Register. In addition, the phase completed the detailed analysis of the current regulatory processes across the organization as the foundation for the design of the future processes. In January 2017, staff completed risk assessment matrix (risk appetite framework) - it will allow the College to allocate resources proportionately, in line with identified risks to the regulatory objects (as set out by the RHPA) and regulatory outcomes. Consistent with the commitments made in the Strategic Plan, the College also planned a number of key activities to be delivered as part of risk-based regulation. For further details, please see the Operational Plan (attached).

iii. Public Participation & Engagement

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has created a new public-facing website to be launched later this month. The website will be a site where the people of Ontario can easily access information, in multiple languages, about the regulated health professions that care for them. The website will create direct links to our own College's website, and specifically to our "Protecting the Public" and "Making a Complaint" pages. The marketing plan and associated campaigns will raise awareness of the website and of the Colleges that regulate the health professions. The "Public Engagement Project" has completed its first year of a 3-year plan.

3. Stakeholder Engagement

The College continues to meet regularly with stakeholders, including other health Colleges, midwifery sector representatives and the Ministry of Health. We continue to build respectful and meaningful partnerships and believe our efforts have resulted in the College having a positive reputation and excellent progress on our work.

Of interest, the College made presentations to Association of Ontario Midwives (AOM) staff and president on our risk-based regulatory framework and our standards of practice review. Additionally, the College presented to the Midwifery Education Program (MEP) consortium regarding our standards of practice review, providing them with an opportunity to ask questions ahead of incorporating any proposed changes into their curriculum. Feedback from both the AOM and the MEP has been incorporated into our work. The International Midwifery Pre-Registration Program (IMPP) will learn of our standards of practice review later this month.

4. Executive Expectations

i. Interaction with Registrants and Members of the Public

The College continues to communicate regularly with members and stakeholders through monthly reminders, quarterly newsletters, annual reports, twitter and Facebook.

In addition, we routinely assist members via email and telephone. Plans for Member Education Day on November 1, 2017 include a presentation by Zubin Austin on competency and a presentation of our standards of practice, including the principles-based document.

ii. **Programs and Projects**

College staff dedicated two full days to operational planning in January. Our objective was to identify and commit to activities and initiatives within Year 1 (2017) of our strategic plan. Staff collaborated and agreed to a fulsome year of planned achievements. Individual staff work plans are reviewed quarterly to ensure continued progress and identify and mitigate challenges. Council is presented with the 2017 Operational Plan for approval.

The standards review, involving rescinding numerous clinical standards and developing a larger standard based on principles of midwifery practice is in progress. To date, staff have had discussions with the Midwifery Education Program (MEP) and the Association of Ontario Midwives (AOM) about the proposed changes. A working group, comprised of 4 Council members, was struck to provide expertise on the development of the principles-based document. Their first meeting was held on February 10th. Another working group meeting is scheduled for the spring along with ongoing discussions with the AOM, MEP and member consultation. Work on the review process and the principles-based document is ongoing and is meeting scheduled timelines. More details about the process and document will be provided during the March Council meeting.

The database development project continues. At this time, the College is looking to its second year of renewal refinement to ensure that the system is as user friendly as possible. An online tax receipt was just launched, as well as refinements to the invoice module that was launched earlier this fiscal. In the coming months, we will also be working on the reporting capacity of the database to improve our data systems to help inform risk based regulation, by ensuring data is accessible, and able to be queried to discover trends.

The College continues to work on the following additional long-term projects: risk-based regulation implementation; data collection and analysis; Quality Assurance Program review and proposal; review and analysis of APA programs; and the development of a Competency-based Assessment Program. Status updates of these projects will be provided at Council upon request.

iii. **Human Resources**

As Council is aware, a new organizational structure was implemented on March 1st, 2017. We are pleased to welcome Marina Solakhyan into her new role as Director of Policy and Quality Assurance. As part of this reorganization, we also welcome Shivani Sharma into her new position as Policy Analyst within this department. Additionally, Jieun Lee who was acting Registration Coordinator for a maternity leave replacement, has been selected as our new Professional Conduct Coordinator. Jieun is transitioning

to this role over the next month as she continues to support the Registration department until a replacement is selected.

Current vacancies at the College that are in the process of being filled are Professional Conduct Manager, Registration Coordinator (6-month replacement contract), and Communications Coordinator.

Other Human Resource updates may be provided in camera.



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February 27, 2017

Hon. Dr. Eric Hoskins, Minister
Ministry of Health and Long-Term Care
Hepburn Block, 10th Flr
80 Grosvenor St
Toronto ON M7A 2C4

TRANSMITTED BY FAX AND EMAIL

Dear Minister Hoskins:

Re: Submissions of the Federation of Health Regulatory Colleges of Ontario on Bill 87

The Federation of Health Regulatory Colleges of Ontario welcomes the opportunity to make submissions on the proposed amendments to the *Regulated Health Professions Act (RHPA)* found in Schedule 4 of Bill 87, *Protecting Patients Act, 2016*.

Introduction

The Federation is the provincial organization that brings together the 26 health regulatory Colleges for the health professions governed under the *RHPA*. Under the statutory mandate to protect the public interest through regulation, the Colleges govern more than 300,000 health professionals in Ontario.

The members of the Federation are committed to having the strongest legislative framework available to support patients and prevent sexual abuse. The Federation supports the intent and assumed goals of Bill 87; many of the provisions in Bill 87 that pertain to transparency have already been implemented by many *RHPA* Colleges. In some areas, Bill 87 could go further to protect the public and support the effectiveness of College complaints, investigations, and discipline processes.

The Federation's members, with their expertise in regulating health professionals in the public interest, can provide a unique perspective in ensuring that the proposals are effective and able to achieve the outcomes that will protect the public. As such, the Federation is making a number of suggestions, collating the amendments into four substantive topics dealing with:

1. Reducing and Eliminating Sexual Abuse;
2. Enhancing Transparency;
3. Increased Powers of the Minister; and
4. Miscellaneous Amendments.

We have also provided an appendix which addresses drafting issues. The Federation understands and supports the intentions behind these revisions to the *RHPA* and the *Health Professions Procedural Code* (the “Code”) but there are some matters that we believe are quite significant and need to be carefully considered in order to avoid unintended negative consequences.

While we have provided as much feedback as possible in this early submission, we know that more could be achieved through ongoing discussion as the Bill moves through the legislative process.

1. Reducing and Eliminating Sexual Abuse

a. Minister Prescribed Functions: RHPA s. 43(1)(w). This amendment permits the Minister to make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases. In addition, the Minister can make regulations providing for further “functions and duties” for Colleges.

Federation member Colleges, with experience in sexual abuse matters, are continually working to improve their procedures for dealing with such cases; many of the proposals relating to sexual abuse in Bill 87 and in the Sexual Abuse Task Force report have already been implemented. Federation members, who operationalize legislation, are offering to work with the Ministry on regulations as they are developed. Federation members also look forward to working with the external advisor who will be appointed. Our suggestions in this area are put forward to strengthen the legislative framework to ensure that the provisions will achieve the desired outcome and avoid unintended negative consequences.

The Federation will have additional comments to make about this amendment and would welcome further information from the Ministry about the intent of the legislative amendments.

b. Funding for Sexual Abuse: RHPA s. 43(1)(y), Code s. 1.1, 85.7, 95(1)(q). The intention of this amendment is to expand funding for individuals who may have been sexually abused. As we understand it, eligibility for funding for a person who makes a complaint, or is the subject of a report that alleges sexual abuse, commences when the complaint or report is made. In addition, the Minister may make regulations expanding the types of expenses for which funding will be provided. The amendments also state that awarding funding will not be taken as a finding that sexual abuse occurred and cannot be considered by any other committee of the College, which reduces the likelihood that an appearance of bias challenge could be successfully made.

While the Federation supports broader access to funding, we note that these amendments may have a contrary effect in some instances.

Under the amendments, Colleges will no longer be able to maintain (or create) alternative criteria for funding by regulation (e.g., criminal findings of sexual assault of a patient; where the patient has not been named in a complaint or report). Accordingly, where Colleges intended to go beyond the criteria established in the Code, it might not be possible to do so. We urge revisions to avoid this.

c. Mandatory Revocation: RHPA s. 43(1)(u) and (v), Code 51(5) and (5.1), 71.1. The criteria for a mandatory revocation (and the corresponding inability to apply for reinstatement for at least five years) will be expanded to include a list of additional sexual acts. Additional grounds can be enacted through a Minister's regulation. The mandatory revocation also applies where a regulator outside of Ontario makes a finding of professional misconduct that involves the expanded list of revocable sexual acts. In addition, the Minister can make a regulation designating certain offences (e.g., sexual assault, fraud) as also requiring mandatory revocation.

The Federation supports the expansion of mandatory revocation for frank acts of sexual abuse. We are concerned about whether using a prescribed list of sexual acts is too restrictive an approach to take and would welcome the opportunity to discuss other approaches which might afford a higher level of protection without unintentionally excluding some acts that are potentially no less egregious than those on the list.

d. Other Orders by the Discipline Committee in Sexual Abuse Cases: Code s. 51(4.1) and (4.2), 51(5).2, 51(5).3(vi) and (vii). A discipline panel will be prevented from ordering gender-based restrictions in any case (not just sexual abuse cases). Where a discipline panel makes a finding of sexual abuse that requires mandatory revocation and defers the penalty portion of the hearing, it must immediately suspend the member's certificate of registration until the mandatory revocation is ordered. In addition, where a finding of sexual abuse is made and mandatory revocation is not required, a suspension must be ordered.

The Federation supports these changes. In our view, the requirement to suspend a member immediately where there is a finding that requires mandatory revocation is essential to public protection. We note that beyond sexual abuse findings, there are other situations in which mandatory revocation arises and this provision should be expanded to cover all such findings (i.e., offence findings resulting in mandatory revocation discussed in submission 1(c) above). There is no reason to permit a practitioner to keep practising where revocation will inevitably result when the penalty hearing is held. In fact, permitting the practitioner to practise in the interim could encourage attempts by the member to delay the penalty hearing.

e. Definition of Patient for Sexual Abuse Purposes: RHPA s. 43(1)(o), Code s. 1(6). These amendments address the definition of persons who constitute patients in the context of sexual abuse. A "patient" will include former patients for a period of one year after the professional relationship ends (or such longer time as prescribed in a College's regulation). In addition, the Minister can make regulations setting additional criteria for the definition of a "patient".

The Federation supports the intent of these proposed amendments, but urges an approach that will reduce the risk of unintended consequences. The Federation appreciates the need to prevent a practitioner from circumventing the mandatory penalty provisions in this amendment. The ambiguity in the proposed wording could prevent Colleges from fully addressing the goals of this amendment.

Colleges recognize that defining a "patient" is challenging and many have worked on defining a patient as appropriate for professions' practices and practice settings. We concur that there can be

value in consistency across professions but note that the provider/patient interface is highly variable. The nature of a “patient” may even vary considerably within a single profession (e.g., a radiologist viewing an x-ray as compared to a psychiatrist, both of whom are physicians).

In order to recognize this variability, courts show deference to the contextual approach taken by College Discipline Committees (e.g., *College of Physicians and Surgeons of Ontario v. McIntyre*, 2017 ONSC 116, and *Clokie v. Royal College of Dental Surgeons (Ontario)*, 2016 ONSC 4164).

We note, as well, that there are implications to having a different definition of “patient” for sexual abuse purposes and other purposes (e.g., abandonment of patients, billing, record retention, conflicts of interest) and this warrants further exploration.

Instead of a “one size fits all” approach, we believe that there would be value in prescribing criteria for defining “patient” for the purposes of sexual abuse (e.g., sharing of personal health information; circumstances where the person might reasonably rely on the practitioner in making health care decisions; reasonable expectation of being able to obtain additional services).

We also note that the proposed wording is ambiguous as it does not identify when the one-year period begins. It might be anticipated that this ambiguity could lead to unnecessary legal proceedings.

The Federation looks forward to further discussion of these issues.

e. Fines Increased for Failing to Make a Mandatory Report: Code s. 93(2) and (3). The maximum fine on a first offence for an individual who fails to make a mandatory report relating to sexual abuse will be doubled to \$50,000. For corporations, it will be quadrupled to \$200,000.

The Federation takes the mandatory reporting provisions seriously and supports these amendments.

2. Enhancing Transparency

The Federation believes that increased transparency, including the proposals in Bill 87, will enhance Ontario’s health professional regulatory system, which is recognized as having one of the most open professional regulation statutes in the world.

a. Expansion of the Public Register: RHPA s. 43(1)(t), Code s. 23, 94(1)(l.2). The mandatory, universal content of the Colleges’ public registers will be expanded. New information would include: the date a former member died if known, cautions, Specified Continuing Education and Remediation Programs (SCERPs), the date and status of referrals to discipline, a copy of the specified allegations, a synopsis of disciplinary and incapacity decisions even where the finding was that the allegations were not proved, acknowledgements and undertakings, and any inspection outcomes. Also, the Minister will be able to make a regulation requiring additional information to be placed on the public register. The Registrar will now have an explicit duty to post all information promptly. The Registrar will also be required to correct information that is incomplete or inaccurate. The “pardon” provision,

permitting the removal of less serious findings after six years, will be amended to prevent the deletion of any findings of sexual abuse, not just those where there has been sexual touching.

Colleges already have made by-laws placing most, if not all, of this information on their public registers and we support the provisions related to transparency in Bill 87. These provisions will bring consistency in the details of precisely how this information is posted on the register. We do note, however, that the expansion of the public register does not appear to include items that some Colleges currently post, such as relevant pending charges, bail conditions, and convictions. Those items appear to remain within the discretion of individual Colleges.

We also note that our ability to ensure that information related to criminal proceedings is complete and up-to-date is hampered by our own access to information. It would be a tremendous advance in the protection of the public interest to require the Attorney General to promptly notify Colleges of these events when they relate to registered practitioners.

In relation to this section, the Federation is quite concerned with the inclusion of an explicit requirement to correct information that is incomplete or inaccurate. Colleges already correct information that they learn is inaccurate or is no longer accurate. The current drafting of this section could allow for court challenges by members who might consider it their legal “right” to dilute the content of the wording on the public register, making the usefulness of the information negligible for the public. The outcome will be public register postings that are of less assistance to the public accessing them. This is a prime example of unintended consequences.

The Federation also raises whether the proposal to place a synopsis of incapacity determinations on the public register has been fully analyzed for compliance with the Ontario *Human Rights Code* and section 15 of the *Canadian Charter of Rights and Freedoms*. These determinations relate to whether the member has a disability that interferes with the safe practice of the profession, e.g., mental illnesses or substance abuse disorders that impair judgment. Even if this provision is found to be legal, there needs to be consideration regarding how public protection is enhanced by publishing details of those proceedings or determinations as opposed to the terms, conditions, and limitations that arise from them which are posted on the public register.

The Federation also notes that Bill 87 does not address transitional issues such as whether the posting of additional information applies to the date of the conduct, the date of the referral to discipline, or to the date of the disposition that occurs after the enactment. This lack of clarity is likely to result in legal challenges that will delay implementation and may lead to inconsistency of interpretation amongst Colleges.

b. New Mandatory Self-Reporting Obligations: Code s. 85.6.3, 85.6.4. Two new self-reporting obligations will be created. The first will require members to report all other regulatory bodies they are registered with and any findings of professional misconduct or incompetence (but not incapacity) made by those bodies. The second will require members to report all charges for an offence and any resulting bail conditions.

Many Colleges already require the reporting of this information through their by-laws. While the Federation generally supports the inclusion of these provisions, it would be desirable also to require the Attorney General to notify Colleges of charges for an offence and release conditions of practitioners.

c. Posting Council Meeting Information on the College Website, Code s. 7(1.1) and (1.2). Colleges will be required to post the dates and agendas for upcoming Council meetings on their websites.

Many Colleges already post this information. Currently the wording of the proposed amendments does not require the posting of Council meeting materials, which would enhance this provision. We note, however, that if Council meeting materials are added to the amendments, explicit exceptions should be specifically included for privileged materials (e.g., legal advice) as well as information that relates to any part of the meeting that it is anticipated will be closed to the public.

3. Increased Powers of the Minister

a. Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees. This authority will place in the hands of the Minister, and beyond the purview of the Legislature, the power to make fundamental changes to the very essence of self-regulation. Further submissions, including submissions from individual Colleges, will be made on this issue. At this point, the Federation believes it is impossible to assess the significance and impact of these broad ranging amendments without first seeing the proposed Minister's regulations. If enacted, the Federation trusts that the Minister will consult with the Colleges before making any regulations.

4. Miscellaneous Amendments

a. Disclosure of Information where there is a Compelling Public Interest: RHPA s. 36(1)(g). There are significant issues with the confidentiality provisions of the RHPA beyond the ability to disclose confidential information with regulators of long-term care homes (discussed below). For example, some Colleges have experienced media reports to the effect that someone told the College of a threat to public safety "and the College did nothing". Currently a College is generally not able to say anything other than that the matter is under investigation. This inability to respond to the assertion, particularly where it is incorrect, undermines public confidence in the College. Clause 36(1)(g) of the RHPA should be amended to read, "...if, in the opinion of the Registrar, there is a compelling public interest in the disclosure of that information".

b. Earlier Interim Suspensions: Code s. 25.4, 37, 62, 63(1). The ICRC will now be able to make an interim order prior to a referral to discipline. The criteria for making an interim order is expanded to include situations where the member's physical or mental state places the public at risk even in non-incapacity cases. This amendment will enable the earlier protection of the public in urgent cases, especially where an extensive investigation still needs to be done. Interim orders cannot include

gender-based restrictions. There are a number of significant drafting issues with these provisions which are described in the Appendix.

c. Disclosing Information to Regulators of Long-Term Care Homes: RHPA s. 36(1)(d). The confidentiality provision will be amended to permit disclosure of College information to the regulators of long-term care homes. The Federation recommends that this duty should be expanded to include regulators of other similar facilities and would suggest that a corresponding duty be created for the long-term care home (and related) regulators to disclose information to the Colleges.

Conclusion

The members of the Federation are offering to work with the Ministry to share their experience and expertise in the regulation of healthcare professionals in Ontario. Daily, Federation members operationalize legislation, and we can help to prevent any undesirable implications of legislative amendments before unintended consequences occur.

Generally, the Federation supports the overarching objectives of the proposed amendments contained in Bill 87. In some cases, members have already implemented the changes that would follow through enactment of these legislative amendments and, as has been identified, some of the proposed changes do not go far enough. The Federation has also made a number of suggestions to ensure that the intent of the Bill is achieved. Finally, the Federation has identified a number of drafting issues, some of which are quite significant, and would ask that these be given close scrutiny.

The Federation appreciates the opportunity to be part of the process to ensure that the public is fully protected.

Sincerely,



Shenda Tanchak, President
Federation of Health Regulatory Colleges of Ontario¹

cc. Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care
Ms. Denise Cole, Assistant Deputy Minister
Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch
Stephen Cheng, Manager (Acting), Regulatory Policy Unit
FHRCO Board of Directors

¹ *The College of Naturopaths of Ontario has not approved the letter but has agreed to stand aside and allow the Federation's response to proceed.*

Appendix 1

Drafting Suggestions (In Sequential Order)

Drafting Suggestions for Amendments to the Act

- S. 5(2) the proposed wording is that the Minister can require Council to disclose the personal or personal health information of a member. It is suggested that the “Council” be replaced with “Registrar” as the current wording would require that Council be informed of the personal or personal health information of a member.
- S. 5(2.2) requires Colleges not to disclose personal information “if other information is sufficient for the purposes set out in subsection (2.1)”. It would be difficult for Colleges to determine these purposes since they are so broad. It might be better to rephrase s. 5(2.2) so that the Minister is not permitted to request personal information or personal health information if it is unnecessary for the purpose since the Minister is more familiar with the purposes.
- S. 43(1)(w) it is unclear whether the phrase “functions and duties” relates only to allegations of sexual misconduct or whether it could relate to anything the Colleges do. While the context is about sexual misconduct it would enhance clarity if the phrase “with respect to matters involving allegations of a member’s misconduct of a sexual nature” was repeated after the words “functions and duties”.

Drafting Suggestions for Amendments to the Code

- S. 7(1.2) indicates that if the Council intends to exclude the public from a Council meeting, the website posting should indicate this and the grounds for doing so. However, we note that decisions to exclude the public must be made by Council at the meeting. Accordingly, before the meeting is held, one can only speculate as to whether portions of the meeting will be closed and why. Council will not have considered the issue yet. The provision should probably begin with: “If the Registrar anticipates that Council will exclude the public from any meeting or part of a meeting under subsection (2), the anticipated grounds for doing so ...”.
- S. 23(2).2 relates to former members. The phrase “The name of each former member of the College” implies that, without this authorizing provision, information about former members could not be posted on the public register². That undermines the approach taken by most Colleges that information about former members can and should remain on the public register. To eliminate this possible unintended consequence, the provisions should simply begin: “2. Where a member is deceased,...”.³ This drafting concern is potentially of enormous significance.

² There is sometimes an inference in law that making a list (here, a list of information about former members that is on the public register) implies that items not on the list are excluded (i.e., the “*exclusio unius*” rule).

³ Or, in the alternative, at least separate out the two items so that the names of all former members are one paragraph and the date of death is a separate paragraph. This would reinforce the interpretation that additional items about former members could be added through College by-laws.

- S. 23(2).9 refers to the “notice of specified allegations against a member”. There is no such document at most, if not all, Colleges. It should be reworded to read: “A copy of the specified allegations ...”.
- S. 23(2).11 requires acknowledgements and undertakings (A&U’s) to be posted if they are “in relation to professional misconduct and incompetence”. The intent is probably to differentiate them from A&U’s for incapacity and quality assurance. However, the language is unclear as to whether they include ICRC A&U’s or apply just discipline A&U’s. Perhaps the following phrase might be clearer: “in relation to concerns of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee”.
- S. 23(2) refers to a number of dispositions of the ICRC (e.g., cautions, SCERPs, A&U’s) that stay on the public register permanently. However, some Discipline Committee dispositions are eligible to come off the public register after six years (see S. 23(11)). It seems inconsistent to make less serious ICRC dispositions appear on the register permanently while some discipline dispositions are potentially temporary. The two provisions should be reconciled, perhaps by repealing s. 23(11).
- S. 23(14) defines the results of a hearing using the phrase “and where the panel has made no finding, includes the failure to make a finding”. This language is confusing as a finding is always made. Preferable language would be similar to the following: “and including any finding that professional misconduct or incompetence has not been proved”.
- S. 25.4(1) permits interim orders to be made upon receipt of a complaint or “report”. In this context, the “report” refers to the s. 79 report of the Registrar to the ICRC at the conclusion of an investigation. The obvious intent of the amendments is to permit the ICRC to make an interim order immediately upon the concern being identified as urgent, not after a lengthy investigation is undertaken. To achieve this intent, the word “report” should be changed to “the appointment of an investigator under section 75”. This drafting concern is potentially of enormous significance.
- S. 25.4(4) deals with the duration of interim orders. There are two drafting issues with this provision:
 - The language in the Bill says that the order ends upon the “disposition” of the matter by the ICRC which, conceivably, could end the interim suspension upon a referral to discipline. To reduce ambiguity, the provision could be worded: “(4) An order under subsection (1) continues in force until the matter is finally determined.” An alternative, but less satisfactory, solution would be to change the phrase “otherwise disposed of by a panel of the Inquiries, Complaints and Reports Committee” to read: “otherwise *finally* disposed of by a panel of the Inquiries, Complaints and Reports Committee”.
 - It is unclear whether an interim order can be amended if necessary. For example, additional information may come to the attention of the College indicating that a more restrictive interim order is needed to protect the public. On the other hand, the practitioner may propose amendments that would protect the public as much as, or even more than, the original order while having a less severe impact on the member.

These drafting concerns are potentially of enormous significance.

- S. 51(5.1) requires a mandatory revocation lasting at least five years where a regulatory body outside of Ontario has made a finding of professional misconduct involving revocable sexual acts. However, this provision does not apply to findings made by regulatory bodies inside Ontario. For

example, if a practitioner was also registered with the Ontario College of Social Workers and Social Service Workers or the Ontario College of Teachers and was revoked by one of them for frank sexual acts, the practitioner would not necessarily be revoked by the *RHPA* College. This result could also conceivably occur where a practitioner is registered with two *RHPA* Colleges. The solution would be to amend 51(1)(b) to remove the requirement that the misconduct finding must be for a regulator outside of Ontario. Including other Ontario regulators is also more consistent with the drafting approach taken in s. 85.6.3. This drafting concern is potentially of enormous significance.

- S. 85.6.4 requires members to self-report when they are charged with an offence and every bail condition imposed. There are a number of drafting issues with this provision.
 - Unlike the other self-reporting duties, the provision does not include a requirement to disclose the location of the entity laying the charges or imposing the bail conditions (i.e. the location of the courthouse where any information has been laid or any indictment has been preferred in relation to the member). This omission will make it difficult for Colleges to verify the accuracy and completeness of the self-report (which sometimes minimizes the conduct).
 - S. 85.6.4 requires members to self-report every bail condition. Not all relevant restrictions on conduct flowing from a charge are contained in bail conditions. Other instruments that contain similar restrictions include terms of release and peace bonds, for example. A more precise list of relevant restrictions might read as follows:

“A member shall file a report in writing with the Registrar if the member has been charged with an offence, and the report shall include information about every condition of release imposed on the member as a result of the charge including, but not limited to, information regarding any summons, appearance notice, promise to appear, undertaking or recognizance whether with or without sureties. A member shall also file a report in writing with the Registrar if the member has entered into a common law peace bond or a recognizance pursuant to s. 810, s. 810.01, s. 810.011, s. 810.02, s. 810.1, s.810.2 or s. 83.3 of the *Criminal Code*.”
- In the alternative a broader provision could be used such as: “every bail condition or other restriction imposed on or agreed to by the member relating to the charge”.

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION			
Initiatives	Area	Planned Activities	Success Measures
1.1 Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice	Policy	Prepare for submission to the Ministry of Health and Long-Term Care (the Ministry) proposed changes to the <i>Midwifery Act</i> .	<p>The proposed changes to the <i>Midwifery Act</i>, other relevant legislation and all regulations made under the <i>Midwifery Act</i> are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication</p> <p>Communication with the membership and stakeholders is clear, targeted, consistent and effective</p>
		Prepare for submission to the Ministry proposed changes to the <i>Laboratory and Specimen Collection Centre Licensing Act</i> , including proposed rescinding of Appendix B of the Laboratories Regulation made under the <i>Act</i> .	
1.2 Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation.	QA	Formally submit to the Ministry the proposed changes to the General Regulation	<p>The proposed changes to the <i>Midwifery Act</i>, other relevant legislation and all regulations made under the <i>Midwifery Act</i> are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication</p> <p>Communication with the membership and stakeholders is clear, targeted, consistent and effective</p>
	Professional Conduct	Formally submit to the Ministry the proposed changes to the Professional Misconduct Regulation	
	Registration	Submit to Council the proposed changes to the Registration Regulation	
	Policy	Prepare for submission to the Ministry proposed changes to the Drug Regulation, including controlled substances	
	Policy	Prepare for submission to the Ministry proposed changes to the Controlled Acts Regulation (application of ultrasound) under the <i>RHPA</i>	

ANNUAL OPERATIONAL PLAN - 2017

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION			
Initiatives	Area	Planned Activities	Success Measures
	Policy	Develop a Strategic Communications Plan	

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION			
Initiatives	Area	Planned Activities	Success Measures
2.1. Deliver the effective operation of the new systems to balance necessary levels of public protection with reasonable levels of risk	Policy Operations	Implement a new policy making process	Existing College systems and processes are reconfigured to ensure that they are in line with risk-based regulation
		Develop a data strategy	
		Complete risk assessment matrix (risk appetite framework)	Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed
		Set Key Performance Indicators to assess regulatory effectiveness	
		Strengthen IT/data security	
			Implement bank security improvements
2.2. Enhance the organizational capacity and capability to deliver risk-based regulation effectively and efficiently	Operations Professional Conduct Registration	Complete the following HIROC risk assessment checklists and submit to HIROC (Phase 1): <ul style="list-style-type: none"> - Registration and Licensure - Failure to register and license in a fair and/or consistent manner - Complaints and Resolution - Mismanagement of practitioner/member complaints - Administration – Mismanagement of complaints from members of the public - Rights - Inappropriate release and/or denial of request to access information - Rights - Privacy breach 	Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed Risk Assessment Checklists Program is satisfactorily completed Council and staff effectively utilize risk-based regulation tools Internal risk management capability is strengthened

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION			
Initiatives	Area	Planned Activities	Success Measures
<i>Initiative 2.2. continued</i>		<ul style="list-style-type: none"> - Employment – Wrongful dismissal - Fiduciary – Employee fraud 	<i>As above</i>
	QA Policy Registration	Develop a framework for the competency-based assessment program	
	Policy Registration	Develop a good character policy and police check processes	
	Policy Registration	Registration policy review completed and streamlining plan approved. Revise/update registration processes and information, as appropriate	
	Registration	Implement Jurisprudence as a registration requirement	
	Registration	Implement Office of the Fairness Commissioner (OFC) General Duty Self-Assessment	
	QA	Develop a revised Quality Assurance Program and processes to administer the program (including panel processes)	
	Professional Conduct	Evaluate the complaints process	
	Professional Conduct	Implement I&H database into departmental process	
	Professional Conduct	Establish benchmarks for complaints and reports	
Professional Conduct Policy	Analyze I&H data to identify potential trends		

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STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION			
Initiatives	Area	Planned Activities	Success Measures
	Professional Conduct Policy	Create Professional Misconduct Regulation Guide	
	Policy	Develop professionalism standards for midwives	
2.3 Ensure responsiveness and transparency of our new regulatory approach	Policy Communications	Develop a strategic communications plan	Information on risk-based approach is documented and published in a format that is clear, understandable and accessible
		Develop implementation plan for professional standards for midwives	
		Make decision-making tools available to the public on website (e.g. policy making process, ICRC decision-tools)	Regulatory activities and decision making are reported appropriately

STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT			
Initiatives	Area	Planned Activities	Success Measures
3.1 Inform and educate the public regarding the College's role and how we fulfill our public protection mandate	Communications	Revise the College website to ensure easy to access and relevant information is available to the public	Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging
		Post Council packages online	
		Make decision making tools available online	
3.2 Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions	Policy Communications	Develop a Public Engagement Plan	Public engagement initiatives and activities are targeted and mutually beneficial
		Collaborate with health regulatory colleges on the FHRCO-led Public Engagement Project	

Strategic Framework - 2017-2020

The 2017-2020 Strategic Framework is a high-level statement of the College's vision, mission, outcomes and key priorities over the next three years. It also identifies our guiding principles – the shared values that underpin our work as an organization and our relationships with the public, members and stakeholders.

Our Strategic Framework paves the way forward for the organization. It builds a stronger sense of common purpose and direction and a shared understanding of what we will achieve as an organization in collaboration with our partners and stakeholders.

Our Vision

TBD

Our Mission

TBD

Outcomes We Are Expected to Achieve

1. Clients and the public can be confident that midwives possess and maintain knowledge, skills and behaviours relevant to their professional practice, and exercise clinical and professional judgment to provide safe and effective care.
2. Clients and the public can be confident that midwives practise the profession with honesty and integrity, and regard their responsibility to the client as paramount.
3. Clients and the public can be confident that midwives maintain boundaries between professional and non-professional relationships.
4. Clients are safeguarded from sexual abuse from midwives.
5. Clients can expect midwives to facilitate their choice and autonomy in decision-making.
6. Clients and the public can be confident that midwives demonstrate accountability by complying with legislative and regulatory requirements.
7. Clients and the public can expect midwives to practise free of a condition that prevents them from providing safe care.
8. Clients and the public trust that the College of Midwives of Ontario regulates in the public interest.

Our Strategic Priorities

- Modernization of Legislation & Regulation
- Implementation of Risk-Based Regulation
- Public Participation & Engagement

Our Guiding Principles

Accountability

We make fair, consistent and defensible decisions

Transparency

We act openly to enhance accountability

Integrity

We act with respect, fairness and honesty

Proportionality

We allocate resources proportionate to the risk posed to our regulatory outcomes

Innovation

We translate opportunity into organizational value