



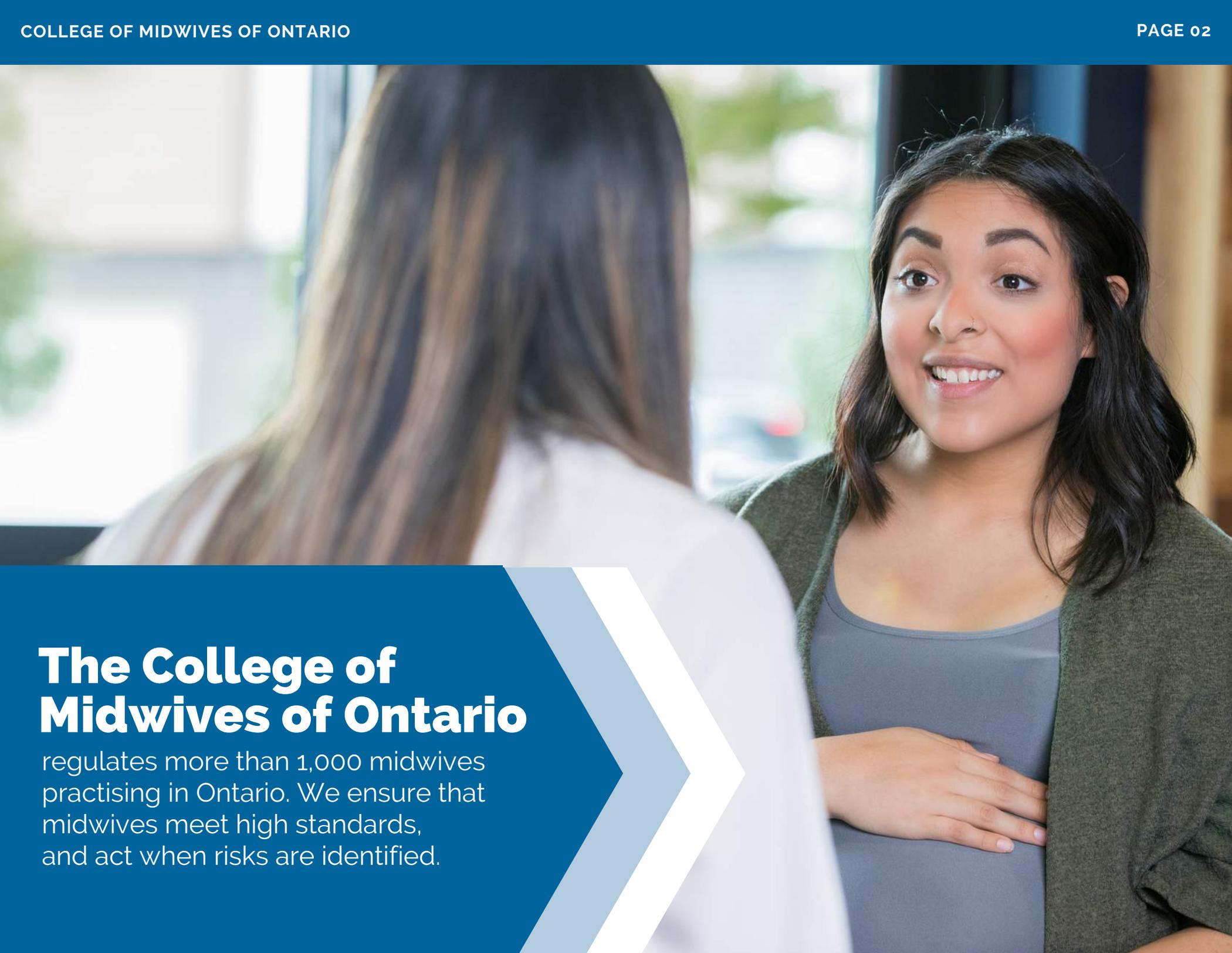
College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Delivering *on our* Mission

Annual Report 2020/21



A photograph of a pregnant woman with dark hair, wearing a grey tank top and a green cardigan, smiling and talking to a midwife whose back is to the camera. The midwife has long dark hair and is wearing a white lab coat. They are in a bright, indoor setting, possibly a clinic or office, with a window in the background showing greenery.

The College of Midwives of Ontario

regulates more than 1,000 midwives practising in Ontario. We ensure that midwives meet high standards, and act when risks are identified.

The College by the Numbers

1,064

Registered midwives in Ontario

64

New midwives registered in 2020/21

195

Class change applications processed



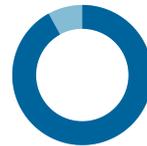
98%

of midwives fulfilled their College quality assurance requirements



97%

of midwives renewed their College registration by the deadline



92%

of midwives required to submit an active practice report met the requirement

184

Inquiries received and responded to by our practice advisor

0

Reports of unauthorized practice were made to the College

51

Complaint matters closed by the Inquiries, Complaints, and Reports Committee

45

Complaint matters received

5

Complaints eligible for Alternative Dispute Resolution that proceeded with consent of all parties

62

Mandatory and other reports received by the College.

100%

of reports received by the College were acted upon. Almost 11% resulted in a formal investigation.



Letter from the Chair



The College's mandate is to regulate midwifery in the public interest. To do so effectively, we must commit ourselves to eradicating racism as it intersects with our sector.

From the professional barriers facing racialized midwives in Ontario, to the inequities experienced by Indigenous, Black, and racialized clients, there are many ongoing harms that both health regulators and midwives must be mindful of as we proceed in this work.

In drafting our strategic plan this year, the College made a critical addition to our guiding principles—we've included equity as a core consideration. How we actively demonstrate our commitment to equity will now serve as a key metric when we evaluate our ability to deliver on our mission.

2020/2021 also saw the College take important steps with anti-racist education and training for staff, improvements to our HR processes, and exciting new sector partnerships to build upon our shared capacity to create change.

Looking to the future, the College will continue to report on our progress as we proactively identify and remove inequities present in our work. We are committed to being accountable as we proceed, and to partner with others so that we may collectively advocate for change.

This work is not about checking the boxes, or fixing a single problem—it is the long and challenging process of becoming advocates for social equity and justice.

Whether you are a midwife, a regulator, or a member of the public, I hope that you too see a role for yourself within this work. The College welcomes your participation—and your feedback.

Please reach out should you have any questions, concerns, or ideas. Building an equitable healthcare system will truly require all of us.



Claire Ramlogan-Salanga, RM
Chair, College of Midwives of Ontario

Letter from the Registrar



It has been a challenging year on so many levels. I wish to share my thanks and admiration to everyone who practised midwifery, instructed students, or otherwise supported the profession and the public during 2020/21. In a tumultuous time, you've provided care and support to thousands.

I am similarly proud of the College's staff, Council, and committees, who rose to the challenge and delivered on our mission. You'll read about how we shifted strategies to provide accessible services to midwives and the public throughout this report.

Despite the many hardships of the past twelve months, I'm ending this year with feelings of optimism. Seeing midwives and clients do their part to protect one another and prevent the spread of COVID-19 bolstered my faith that we will eradicate this virus.

Likewise, I am so pleased to see a marked increase in engagement and enthusiasm from midwives in the College's activities. Whether they ran for College Council, voted in elections, or shared their feedback with us through surveys, their contributions will surely strengthen the work that we do.

This year, the College's Council approved an ambitious strategic plan that will drive our work through 2026. I am confident its activities will enhance the capacity of midwives to provide safe and effective care, and will foster greater trust between the public and the profession. You can find our plan on page 14.

Also included in this Annual Report is an in-depth performance analysis of our impact in four key areas. Through qualitative and quantitative data, we will continually use our new Performance Measurement Framework to chart our successes and identify opportunities for improvement.

The College, Council, and committees will apply the lessons that we've learned over this most arduous year. I have no doubt that by working together, we will continue to swiftly adapt to whatever the future holds.



A handwritten signature in dark blue ink that reads "Kelly Dobbins".

Kelly Dobbins
Registrar and CEO
College of Midwives of Ontario

Staying Connected During COVID

The College is committed to keeping midwives and the public equipped with information and resources on the issues that affect them—no matter what the circumstances.

In response to the pandemic, the College translated our operations and materials into a digital context in 2020/21. Along the way, we've learned valuable lessons and new techniques on how we can make our information more accessible long after the pandemic is over.

COVID Info and Resources

- We've offered timely and accurate information on the pandemic by directing visitors to reputable sources via our website's COVID-19 FAQ and social media accounts.

Remote Meetings

- We held our first digital discipline hearing in 2020 after consulting with other colleges to determine best practices. We found that conducting the hearing virtually enabled more members from the profession and the public to attend. College Council meetings continue to be held online, and remain open to the public.

Visiting Midwifery Education Programs.

- Through remote classrooms visits, we've continued to work with our midwifery education partners and their students. We've added workshops into their curriculum to inform students of their regulatory obligations and better prepare them for entry to practise.



Measuring our Annual Performance

As the regulator of midwifery in Ontario, the College has important goals to achieve. We work to ensure that midwives possess and maintain the knowledge, skills, and behaviours to provide safe, ethical and effective care, and we take swift action when risks are identified.

To meet these critical outcomes, we must continually evaluate our performance and publicly report on the execution of our core functions.

The College created a voluntary **Performance Measurement Framework** in 2019 to ensure we remain effective in our mission. Its standards measure our performance in four domains that seek to provide a balanced picture of all functional areas of the College:

- **Regulatory Policy**
- **Suitability to Practise**
- **Openness and Accountability**
- **Good Governance.**

We are pleased to announce that we have fully met 15/20 of our standards for 2020/2021, and that we've identified a course of action to improve upon our 5 partially met standards.



15 Standards Met



5 Standards Partially Met

Over the following pages, you'll learn about how the activities within these four domains serve the College's mission and mandate, how we assess our performance, and how we are committing to continual improvement in the years to come.





Regulatory Policy

The College has the authority to develop regulations for registered midwives in Ontario. We take a rigorous approach to policy-making that incorporates stakeholder engagement and a thorough evaluation of risk, evidence, and impacts. This ensures we don't choose regulation as the default solution—only when non-regulatory options are unable to deliver the desired results.

The College proposed four policy initiatives in 2020/21: **Standards Review – Phase 2, Clinical Currency, New Registrant Conditions, and Requirements for Issuance and Ongoing Requirements for classes of Registration.**

Our 2020|2021 Performance Successes:



Risk Assessment. Impact assessments were conducted for all new regulatory initiatives to ensure actions were based on evidence of risk and proportionate to the risk being managed.



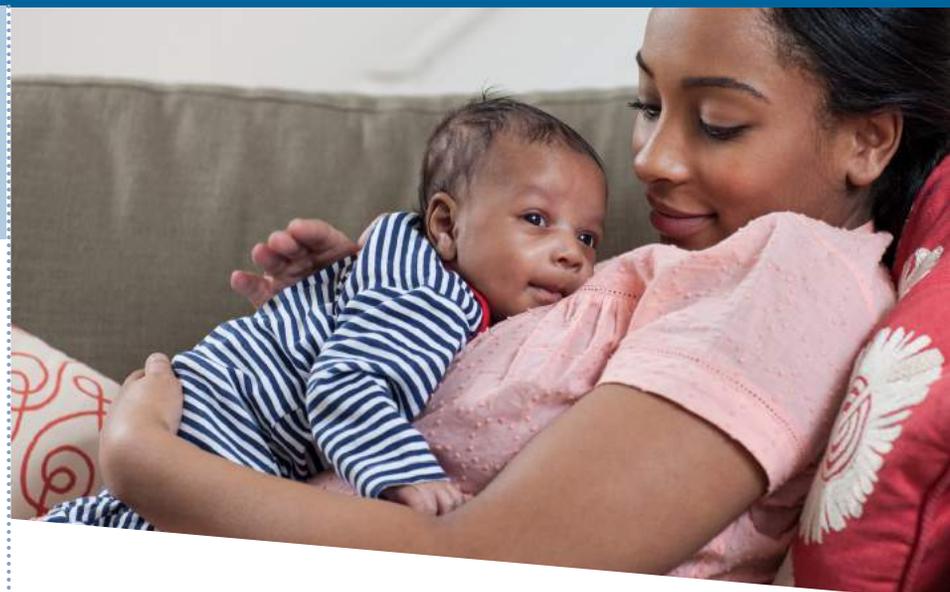
Evidence-based. All policies, standards of practice, and other guiding documents that were approved by Council or a committee involved a thorough literature review.



Community Consultation. We met with the Association of Ontario Midwives, the Midwifery Education Programs, the International Midwifery Pre-registration Program, and others, to ensure clarity and consensus behind our findings and approach.



Surveying Midwives. We surveyed midwives to learn how we could support them to develop confidence and competence as they transition to independent practice, and about their practice environments to understand if there is a need for additional standards or guidance to support positive work environments.



All Four Standards Met



Regulation is proportionate to the risk of harm being managed



Regulation is evidence-based and reflects current best practice



Regular and purposeful engagement is undertaken with stakeholders, midwives, and the public throughout the policy making process



Policy decision-making is open and transparent



Suitability to Practise

The College works to ensure that Ontario midwives are qualified, skilled, and competent in the areas in which they practise.

To do so, we register qualified midwives, set requirements for continuous education and professional development, and investigate complaints and reports about midwives' competence, professional conduct, and fitness to practise.

Our 2020|2021 Performance Successes:



Registration. All applicants who entered/re-entered practice demonstrated that they met all entry to practise requirements.



Quality assurance. All midwives were required to meet ongoing requirements and action was taken in cases where they didn't meet the requirements.



Investigations. All complaints filed with the College were investigated.



Alternative Dispute Resolution (ADR). All complaints that went through ADR met the eligibility criteria.



Assessing risk. Risk assessment is built into our complaints and reports processes, and informed every decision.



Reports of concern. All concerning information—including mandatory reports and concerns from midwives and other sources—that came to the College's attention was acted upon.



All Five Standards Met

- ✓ Applicants and non-practising midwives demonstrate suitability to practise before they are permitted to practise midwifery in Ontario
- ✓ Midwives continually demonstrate suitability to practise
- ✓ Complaints made to the College about the professional misconduct, incompetence, or incapacity of a midwife are acted upon
- ✓ Reports made the College about the professional misconduct, incompetence or incapacity of a midwife are acted upon
- ✓ Risk of harm to the public by individuals illegally practising midwifery is managed appropriately

Areas to improve: We wish to better demonstrate that the decision to launch a formal investigation in response to a report or concern is proportionate to the risk of harm caused to current or potential clients. We are developing a tool to simplify risk assessment and bring greater consistency in decision-making, and will implement it in 2021-2022.



Openness and Accountability

Transparency and accountability are among the College's core values. We seek to serve the public interest by providing timely access to information about our decision-making, and by publicly reporting on the execution of our regulatory functions.

Our 2020|2021 Performance Successes:

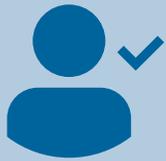
- 
Information Sharing. We offer detailed information on our complaints and investigations processes, and work to ensure clients can access our Sexual Abuse Prevention Program.
- 
Resources. We provide midwives with all relevant standards, by-laws, and guiding documents.
- 
Mandate: We clearly state our mandate of regulating in the public interest.
- 
Brochures: We provide clients with clear expectations through our "What to Expect from Your Midwife" brochure, available in English and French.
- 
Regular Updates. We seek to update the public register in a timely manner to reflect midwives' changes in registration class or committee decisions.
- 
Consistent Outcomes. We use risk assessment tools to ensure greater consistency in decision-making.
- 
Practice Advice. We offer advice to midwifery clients and the public through our Practice Advisor.



All Five Standards Partially Met

-  Clients and the public have access to information to understand what it means to regulate in the public interest and how the College makes decisions that affect them
-  Public register provides access to information about midwives
-  The investigations and hearings process is fair, transparent, timely, consistent and focuses on public protection
-  Registration processes are fair, transparent, impartial and objective
-  Midwives and midwifery applicants have access to information and guidance to understand College requirements

Areas to improve: See next page.



Openness and Accountability

Where we will improve:



Informing the Public. While we are clear at communicating our mandate, there is less information available to the public about the College's core functions—registration and quality assurance—and how we regulate midwives to ensure suitability to practise. There is also limited information on the website about the governance arrangements that are in place to ensure regulatory integrity and objective and impartial decision making.

We do not currently engage directly with the public to measure their understanding of the College's public protection mandate and our decision-making and to assess the overall accessibility of College information.



Updating the Public Register. Our assessment found some out of date information in the register. We must make every effort to ensure that the information provided to us by midwives is timely and complete.



Setting Timelines. Timelines for our investigations procedures, registration processes, and for resolving matters that go to our ICRC and Registration committees are required to benchmark our performance. We will present our benchmarks for investigations in the 2021-2022 annual report.



Surveying the Profession. We will survey midwives and midwifery students to track their perceptions of the College so we can better understand the impact of our work and how we can communicate more effectively with them.

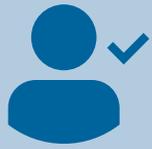


Ensuring Success

In designing our 2021-2026 Strategic Framework, the College reviewed the results of this annual performance evaluation—including our need to improve performance in the domain of openness and accountability.

Our framework's third strategic priority is "**Building engagement and fostering trust with the public and the profession,**" with goals and metrics that were drawn from the gaps identified on this page.

You can read more about our strategic framework on page 14.



Governance

The College is overseen by a Council of up to eight midwives elected by the profession, and up to seven public members appointed by the government. Council sets the College's strategic direction, and they hold staff accountable for fulfilling our mandate and duties.

We continually evaluate our governance structures to ensure effective functioning, to preserve a high degree of regulatory integrity, and to help us achieve decision-making that is objective, impartial, and avoids conflict of interest, bias, or improper influence.

Our 2020|2021 Performance:

 **Education.** All candidates running for election must complete our governance education modules.

 **Code of Conduct.** All Council and committee members have signed our code of conduct after receiving relevant training.

 **Standards for Candidates.** Professional Council members are annually elected by their peers. There are requirements in place that outline the eligibility to stand for election.

 **Orientation.** A comprehensive orientation session is delivered in-person before the first meeting of Council. Both professional and public members are required to attend.

 **Expertise.** All Council members undergo self-assessment and training to ensure Council has the collective expertise to provide oversight and strategic guidance to staff.

 **Evaluation.** Council evaluated its overall performance through an anonymous survey, a Peer Review to assess individual member effectiveness and help them bring value to their roles, and regular post-meeting and training session feedback surveys.



All Six Standards Met

-  Council meetings are open to the public, and Council and committee decision-making is transparent and accessible to the public.
-  Council is structurally separated from inappropriate stakeholder or other influence to support regulatory integrity
-  There are systems in place to protect the independence of Council and committee decision makers from any interests other than the public interests
-  There are systems in place to ensure that Council and its committees fulfill their duties professionally and ethically
-  Collectively, Council and its committees have a diversity of skills and experience tailored to the functions of the College and are appropriately trained to ensure robust decision-making
-  Council regularly evaluates its effectiveness to ensure improved leadership, better decision-making and greater accountability as well as more efficient Council operations

Your College Council 2020-2021

Elected Professional Members

Claire Ramlogan-Salanga, RM, Chair
 Edan Thomas, RM, Vice-Chair
 Claudette Leduc, RM
 Lilly Martin, RM
 Karen McKenzie, RM
 Isabelle Milot, RM
 Maureen Silverman, RM
 Jan Teevan, RM

Non-Council Appointed Committee Members (Professional)

Sabrina Blaise, RM
 Christi Johnston, RM
 Sarah Kirkland, RM
 Alexandra Nikitakis, RM
 Maryam Rahimi-Chatrri, RM
 Jessica Raison, RM
 Kristen Wilkenson, RM

Public Members

Donald Strickland, Vice-Chair
 Pete Aarssen
 Sarah Baker
 Marianna Kaminska
 Judith Murray

Non-Council Appointed Committee Members (Public)

Jill Evans
 Samantha Heiydt
 Sally Lewis

Standing Committees

Client Relations
 Discipline
 Executive
 Fitness to Practise
 Inquires, Complaints, and Reports
 Quality Assurance
 Registration

College Council meetings are always open to members and the general public. They are currently held by videoconference, and access information can be found on our website.

All committees provide quarterly and annual reports to Council. Council materials are also posted on our website for the public to review, along with the agenda and approved minutes.

2021—2026 Strategic Framework

Entitled "**Working with Midwives, Working for the Public**," the College's new strategic framework charts a bold yet responsive vision for our future. We are confident that this focus will allow us to continue to grow and improve — both as a regulator, and as a resource for midwives, midwifery students, and the public.

Our Strategic Priorities

1. Regulation that enables the midwifery profession to evolve.
2. Effective use of data to identify and act on existing and emerging risks.
3. Building engagement and fostering trust with the public and the profession.

Key Outcomes We Expect 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 demonstrate accountability by complying with legislative and regulatory requirements.
4. Clients and the public trust that the College of Midwives of Ontario regulates in the public interest.

Our Guiding Principles

These interrelated principles define how we strive to work as an organization, and shape our culture and our relationships with the public, midwives, and partner organizations.

Accountability. We make fair, consistent and defensible decisions, incorporating diverse and inclusive views.

Equity. We identify, remove and prevent systemic inequities.

Transparency. We act openly and honestly to enhance accountability.

Integrity. We act with humility and respect and apply a lens of social justice to our work.

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

Innovation. We translate opportunity into tangible benefits for the organization.

Discipline Committee Report

Findings of the College's Discipline Committee are made public in service to accountability and transparency. There were two cases that resulted in discipline in 2020/21, and their summaries are listed below.

Sandra Knight v. CMO

On July 22, 2020, a panel of the Discipline Committee of the College of Midwives of Ontario found that Sandra Knight (the Member) engaged in professional misconduct by practising the profession while the member is in a conflict of interest; engaging in conduct that would reasonably be regarded by members as conduct unbecoming a midwife; and 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 unprofessional.

Publication Ban: The Panel made an order that no person shall publish, broadcast or in any manner disclose the name of the Client or the baby referred to during the hearing or in documents filed at the hearing, held July 22, 2020, or any information that would disclose the identity of the Client or the baby. The publication ban applies to the exhibits filed and to the Panel's decision and reasons. Please note that this summary has been drafted to comply with the publication ban ordered by the Discipline Committee and therefore some facts that could identify the Client or the baby have been omitted.

The Facts: The Member admitted that she engaged in professional misconduct and the Member and the College jointly agreed to the facts that were presented to the panel. The allegations in this case involved a blurring of professional and personal boundaries. The Client contacted the Practice through the Practice's online intake form. The Client advised that she had recently learned that she was pregnant. The Client indicated that she wanted to terminate the pregnancy, but she was advised by other health care practitioners that she would not be able to do so. The Client was in a vulnerable position. The Member contacted the Client and arranged to meet her at a coffee shop. They met on October 12, 2018. The Member informed the client she was not there as a midwife but rather, a woman wanting to help another woman in a time of need. The Client and the Member spoke for approximately 5 hours. During the course of this meeting, the Member discussed various care and treatment options, including midwifery, obstetric care and a Caesarean section. The Member also offered to have a non-professional relationship with the Client.

After this meeting, the Member documented in a narrative note that she offered to stay on call for the Client as a midwife in the event anything urgent occurred since the Client had not had prenatal care since early September. The Member admits that it was unprofessional to meet the Client at a coffee shop and to discuss the Client's pregnancy and care options in these circumstances.

On October 13, 2018, the Client contacted the Member and complained of pain. The Member advised her to go to the hospital, but the Client refused to go due to past negative experiences. The Member then offered to pick her up and take her to the hospital, and the Client agreed. While at the hospital, the Member introduced the Client to the other midwife at the practice who would act as the primary midwife if the Client decided to enter midwifery care. The Client indicated that she would like to become a client of that midwife. That midwife was assisting another client in active labour and was therefore unable to provide care to the Client at that time.

The Member provided midwifery care to the Client including: taking the Client's history, completing documentation relating to the Client's care, including the Ontario Perinatal Record, ordering lab work, prescribing medication to the Client, and speaking to the obstetrician about the Client delivering the baby by planned Caesarean section. On October 15, 2018, the Member documented in the Client's midwifery chart that the Member would have a non-professional relationship with the Client and that the Member would no longer be involved clinically in the Client's care. Thereafter, the Client was cared for by a different midwife at the Practice.

The Member acknowledges it was unprofessional to offer to have a non-professional relationship with a person in a vulnerable position who was requesting pregnancy-related care from the Practice and to later provide care, even if limited, to that Client.

Findings of Professional Misconduct: The Panel found the agreed facts supported the findings of professional misconduct. The Panel determined the Member was a practising midwife at the time of the events and as such the Member problematically blurred the line between acting as an individual and acting as a midwife in a professional capacity.

Firstly, had it not been for the Member being a midwife and working within a midwifery practice at the time, the Member would never have had access to the Client nor would they have been aware of the Client at all. In this respect, when the Member contacted the Client, the Client might have reasonably interpreted that the Member was acting as a midwife responding to her email and not as an individual. The Panel found this problematic and felt that the Member could have reasonably anticipated that this involvement could cross boundaries since their involvement with the Client came through their practice in the first place. The Panel also felt that the Member themselves understood that this could be problematic by initially attempting to clarify to the Client that they were not acting as a midwife.

The Panel agreed that the Member acted unprofessionally in choosing to meet the Client at a coffee shop on October 12, 2018, rather than in their clinic or a more professional setting. While the Member believed that this more casual and public setting was for the Client's comfort and that this would also reinforce the idea that the Member was acting as an individual rather than as a midwife, the discussion that took place in the coffee shop was of a professional and private nature and should have been conducted in a suitable environment to protect the Client's privacy and health information. In discussing health care options with the Client at this time the Panel concluded that the Member blurred the lines between being a private individual who only wanted to help, and being a member of a healthcare profession.

The Member's offer to have a non-professional relationship with the Client put the Member in a conflict of interest right away and would reasonably be regarded by the membership and the public at large as unprofessional. Although the Client stated that they did not feel pressured by the Member's conduct, the appearance to the public may be one of the Member taking advantage of a vulnerable client. The Panel was concerned that these actions led to the perception by the public that midwives are unprofessional or untrustworthy.

With respect to the care provided by the Member to the Client on October 13, 2018, the Panel concluded that this was a conflict of interest and thus constituted professional misconduct. The Panel determined that when the Member agreed to be on call for the Client subsequent to their meeting at the coffee shop, the Member was already in conflict of interest as midwifery community standard is that midwives are on call for people who are already in their professional care.

Thus, the Member offering to be on call for the Client in this case would be perceived by the professional community and midwifery clients as the Member having taken on the professional role for this Client while both parties were contemplating a non-professional relationship as well. It would have been more appropriate for the Member at this time to have provided the Client with another midwife from the practice.

It was this on-call provision that led to the Member providing care to this Client on October 13th, 2018. Once the Member met the Client at the hospital and the Client decided to come into midwifery care, the Member should have recused herself and called in another midwife from the practice since the midwife who would ultimately take over care was unavailable at that time.

The fact that the Member had access to the Client's chart and documented in that chart on more than one occasion is problematic. An individual without a professional relationship with this Client would not have had access to the private healthcare information of the Client, nor would they be charting on the record.

The Panel did believe that the Member was trying to act in an altruistic and caring manner and was not trying to take advantage of the situation. The Panel acknowledged that once the Client had decided to officially come into midwifery care and had decided to have a non-professional relationship with the Member, the Member did take steps to remove themselves from the Client's care and to ensure that the Client was taken care of by others within their practice.

However, while this was appropriate to do, the Panel found that the Member should have been more aware of the potential conflicts of interest and the blurring of the boundaries that could and in fact did take place.

Penalty

The Panel accepted the parties' Joint Submission as to Penalty and accordingly made the following order:

- Ms. Knight is required to appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand to appear on the public register of the College;
- The Registrar is directed to impose the following terms, conditions and limitations on Ms. Knight's certificate of registration:
- Within six months of the date of the Discipline Committee's Order, Ms. Knight is required to successfully complete, at her own expense and to the Registrar's satisfaction, an individualized ethics and professionalism course that is pre-approved by the Registrar; and
- Within two months of the date of the completion of the above-noted ethics and professionalism course, Ms. Knight is required to prepare and submit a 1,500-word paper, to the satisfaction of the Registrar, in which Ms. Knight demonstrates her reflection on the importance of establishing and maintaining professional boundaries with persons in a vulnerable position; and
- Ms. Knight is required to pay to the College costs in the amount of \$2,500 within 12 months of the date of the Discipline Committee's Order.

The Panel concluded that the proposed penalty was reasonable and in the public interest. The reprimand, individualized ethics and professionalism course, and reflective paper serve the goal of specific deterrence and are rehabilitative in nature. In addition, the reprimand being posted on the public register of the Member protects the public interest and serves as a general deterrent to the membership.

The Panel considered that the Member had no prior discipline issues at the College; the Member cooperated with the College; the Member has acknowledged her behaviour amounted to professional misconduct and accepted responsibility for her actions; and from the Agreed Statement of Facts, her intentions were perceived by the Panel as altruistic.

Natasha Singleton-Bassaragh v. CMO

On March 5, 2021, a panel of the Discipline Committee of the College of Midwives of Ontario found that Natasha Singleton-Bassaragh (the Member) engaged in professional misconduct by failing to meet a standard of the profession; and 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 unprofessional.

The Client involved in this case delivered a baby girl who was stillborn. The Client was a client of the Practice and the Member became involved when the Client contacted the Practice to report reduced fetal movement and the Client's primary midwife was off call.

The Panel found that the agreed facts supported the findings of professional misconduct in that the care provided failed to meet the standard, in particular with regard to the management of fetal movement.

The Member failed to conduct an in-person assessment of the Client when the Client reported concerns relating to fetal movement and failed to clearly communicate a plan to the Client and document a plan for an in-person assessment following a call related to concerns of reduced fetal movement. The Member failed to appropriately monitor fetal well-being and the fetal heart rate upon the Client's admission to hospital and prior to transferring primary care back to the primary midwife, including failing to conduct a non-stress test upon the Client's admission and failing to auscultate the fetal heart rate in a timely manner.

The Panel was satisfied that the Member's conduct noted above would reasonably be regarded by other members of this profession as unprofessional.

Penalty

The Panel accepted the parties' Joint Submission as to Penalty and accordingly made the following order:

1. The Member is required to appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand to appear on the public register of the College;
2. The Registrar is directed to impose the following terms, conditions and limitations on the Member's certificate of registration:
 - a. Within three months of the date of the Discipline Committee's Order, the Member is required to prepare and submit a 1,500-word reflective paper, to the satisfaction of the Registrar, regarding the management of decreased fetal movement and the assessment of fetal well-being in labour.
 - b. Within six months of the Member's return to practise, the Member must participate in a chart audit with a College appointed auditor, subject to the following terms:
 - i. The Member must notify the Registrar in writing one week before the date that she returns to practise;
 - ii. The auditor will review a minimum of five and a maximum of eight charts, with care provided by Ms. Singleton-Bassaragh after her return to practise referred to in paragraph (i) above, focusing on the documentation and care surrounding the assessment of fetal heart rate, including any charts with reported decreased fetal movement, if available;
 - iii. The auditor will provide a written report to the Registrar regarding the outcome of the chart audit in a form and manner approved by the Registrar;
 - iv. The Member is responsible for any costs or expenses associated with the chart audit to a maximum of \$1,500.
3. The Member is required to pay to the College costs in the amount of \$1,500, to be in paid in 15 monthly instalments of \$100.00, beginning one month after the date of the Discipline Committee's Order and continuing every month until paid in full.

Report of the Independent Auditor on the Summary Financial Statements to the Council of the College of Midwives of Ontario

Opinion:

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2021, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2021.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 23, 2021.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

HILBORN
LISTENERS. THINKERS. DOERS.

Hilborn LLP

Toronto, Ontario
June 23, 2021

Chartered Professional Accountants
Licensed Public Accountants

Statement of Financial Position

Year End March 31

	2021 \$	2020 \$
Assets		
Current assets		
Cash and cash equivalents	3,189,665	3,025,221
Accounts receivable	4,721	15,069
Prepaid expenses	38,193	38,029
	<u>3,232,579</u>	3,078,319
Capital assets	108,620	108,657
	<u>3,341,199</u>	3,186,976
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	264,730	345,777
Deferred registration fees	1,155,406	1,115,596
	<u>1,420,136</u>	1,461,373
Deferred lease incentives	16,908	28,839
	<u>1,437,044</u>	1,490,212
Net Assets		
Invested in capital assets	99,875	93,741
Internally restricted for therapy and counselling	16,000	16,000
Internally restricted for investigations and hearings	300,000	-
Unrestricted	1,488,280	1,587,023
	<u>1,904,155</u>	1,696,764
	<u>3,341,199</u>	3,186,976

Summary Statement of Operations

Year End March 31

	2021 \$	2020 \$
Revenues		
Registration fees	2,380,257	2,139,459
Administration and other	52,104	104,350
Government grant - project funding	75,722	78,011
	<u>2,508,083</u>	<u>2,321,820</u>
Expenses		
Salaries and benefits	1,408,563	1,318,732
Professional fees	78,499	73,174
Council and committees	120,271	93,555
Office and general	109,425	124,322
Rent and utilities	192,042	184,795
Quality assurance program	23,491	26,711
Investigations and hearings	98,913	130,706
Membership dues and fees	55,840	53,442
Information and communications technology	94,863	74,561
Government projects	75,722	78,011
Amortization	43,063	36,285
	<u>2,300,692</u>	<u>2,194,294</u>
Excess of revenues over expenses for year	<u>207,391</u>	<u>127,526</u>

Note to Summary Financial Statements

Basis of presentation

These summary financial statements are derived from the audited financial statements of the College of Midwives Ontario (the "College") for the year ended March 31, 2021, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available to members upon request.

Get Involved!

The College is strengthened by the participation of midwives and the public.

We hope you'll continue to engage with our work by:

- Attending Council
- Running for Council
- Taking part in our surveys
- Signing up for our newsletter
- Following us on social media
- Reaching out with your feedback

Learn more at www.cmo.on.ca





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