



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

December 12 & 13, 2017



NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Tuesday, December 12, 2017, from 3:00 PM to 5:30 PM and Wednesday, December 13, 2017, from 9:30 AM to 5:00 PM in the College's Board Room at 21 St. Clair Ave. E., Suite 303, Toronto, Ontario.

Kelly Dobbin, RM
Registrar



CMO Council Meetings – Guidelines for Observers

- Council meetings are held at the College of Midwives of Ontario in the Board Room (21 St. Clair Ave E, Ste 303)
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are asked to be quiet during the meeting, and keep side conversations to a minimum.
- Observers are asked to limit comings and goings during the meeting. There are morning and afternoon refreshment breaks and a one-hour break for lunch.
- Please turn off or silence mobile devices while in the Council Board Room.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the CMO website one week prior to the scheduled Council meeting.
- The College is a fragrance-free environment. This applies to all staff, CMO members, Council representatives and visitors to the CMO.
- Observers can access the Council package materials approximately one week prior to the scheduled Council Meeting.

If you have any questions after the meeting, please contact Amy Fournier at a.fournier@cmo.on.ca or 416-640-2252, ext. 204.



COUNCIL AGENDA

Tuesday, December 12, 2017 | 3:00 PM to 5:30 PM

Wednesday, December 13, 2017 | 9:30 AM to 5:00 PM

College of Midwives of Ontario (21 St Clair Ave, Suite 303)

Item	Discussion Topic	Presenter	Time	Action	Pg
DAY 1					
1.	Call to Order: Welcome, Safety Review & Land Acknowledgment	Tiffany Haidon	3:00	INFORMATION	
2.	Conflict of Interest	Tiffany Haidon	3:02		
3.	Enquiries	Tiffany Haidon		INFORMATION	
4.	Review and Approval of Proposed Agenda	Tiffany Haidon	3:03	MOTION	4-5
5.	Consent Agenda - Draft Minutes of October 12, 2017 Council Meeting - Inquiries, Complaints and Reports Committee Report - Discipline Committee - Fitness to Practise Committee - Client Relations Committee - Quality Assurance Committee	Tiffany Haidon	3:05	MOTION	6-21
6.	President's Report	Tiffany Haidon	3:10	MOTION	22- 23
7.	Registration Committee Report - Streamlining Plan - Registration Regulation	Isabelle Milot	3:20	MOTION	24- 112
8.	Public Engagement Strategy	Tiffany Haidon/ Victoria Marshall	4:50	MOTION	113- 120
DAY 2					
9.	Drug Regulation & Other Related Issues <i>*Break from 11:05-11:15</i>	Kelly Dobbin	9:35	MOTION	121- 144



Item	Discussion Topic	Presenter	Time	Action	Pg
10.	Executive Committee Report	Tiffany Haidon	11:45	MOTION	145-152
LUNCH 12:30-1:30					
11.	In-camera Session	Tiffany Haidon	1:30	MOTION	
12.	Proposed Changes to the General By-law <ul style="list-style-type: none"> - Non-council public members - Professional Liability Insurance & Register 	Tiffany Haidon	2:30	MOTION	153-158
BREAK 3:20-3:30					
13.	Registrar's Report & Operational Plan	Kelly Dobbin	3:30		159
14.	Adjournment		5:00		
	Next Meetings: <ul style="list-style-type: none"> - March 20 & 21, 2018 - June 12 & 13, 2018 - October 10 & 11, 2018 - December 11 & 12, 2018 				



Minutes of Council Meeting

Held on October 12, 2017, 9:30 AM to 5:00 PM

Boardroom (21 St. Clair Avenue East)

Chair	Tiffany Haidon, RM
Vice-Chair	Jennifer Lemon
Present	Carron Canning, RM; Rochelle Dickenson; Tiffany Haidon, RM; Claudette Leduc, RM; Jennifer Lemon; Lilly Martin, RM; Wendy Murko, RM; Gemma Salamat, Jan Teevan, RM; John Stasiw; Deirdre Brett; Isabelle Milot, RM.
Regrets	Susan (Sally) Lewis
Ex-Officio	Kelly Dobbin, Registrar
Staff	Victoria Marshall; Marina Solakhyan; Johanna Geraci; Naakai Garnette; Krista Madani; Zahra Grant; Nadja Gale
Observers	Claire Ramlogan-Salanga, RM; Edan Thomas, RM; Lisa Nussey, RM; Julie Toole
Recorder	Amy Fournier

1. Call to Order, Safety and Land Acknowledgement

Tiffany Haidon, President & Chair, called the meeting to order at 9:30 AM and welcomed all present.

2. Declaration of Conflict of Interests

None declared.

3. Enquiries

No enquiries were brought forward to the meeting.

4. Proposed Agenda

MOTION: THAT THE PROPOSED AGENDA OF OCTOBER 12, 2017, BE APPROVED AS AMENDED.

Moved: Lilly Martin

Seconded: Gemma Salamat

CARRIED

5. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of June 28, 2017, Council Meeting
- Inquiries, Complaints and Reports Committee Report
- Registration Committee Report
- Discipline Committee Report
- Fitness to Practise Committee Report
- Quality Assurance Committee Report

BE APPROVED AS AMENDED.

Moved: Claudette Leduc

Seconded: Wendy Murko

6. Professional Standards

Isabelle Milot, Professional Standards Working Group member, provided background on the proposed Professional Standards for Midwives (Professional Standards) review process and summarized the outcomes of the public consultation that took place over the summer.

The working group introduced the revised Professional Standards document and welcomed questions and comments on the content. Council made several suggestions on how to clarify the content. Council also discussed how to reach more respondents and how to present the proposed changes to the membership in a comprehensive way.

The working group members noted that the College's Member Education Day that is being held on November 1, 2017 will focus on the Professional Standards and the event will be livestreamed via webcast.

7. Regulation Update

Kelly Dobbin, Registrar, presented the updates on the Designated Drugs Regulation (O. Reg. 884/93) under the Midwifery Act and the Laboratories Regulation (O. Reg. 682) under the Laboratory and Specimen Collection Centre Licensing Act, 1990. Ms. Dobbin noted that the Ministry of Health and Long-Term Care ("the Ministry") has recently prioritized midwives' increased access to laboratory tests and prescribing controlled substances. The College received letter from the Ministry asking the College to work with the ministry to move forward on these items, which will require making of both College and government regulations.

Ms. Dobbin provided additional background on the Laboratories Regulation (O. Reg. 682), and how it affects the profession of midwifery, highlighting the College's commitment to revising the regulation. The College is proposing a regulation change that reflects midwives' current scope of practice and competencies and is flexible to adapt to evolving standards of practice in low-risk maternity care.

Ms. Dobbin introduced the proposed changes to the Designated Drugs Regulation, noting that in addition to the inclusion of controlled substances, other gaps in this regulation must be addressed. The current regulation is prescriptive and limits adaptability. The revised regulation will likely undergo significant changes and some standards would require redevelopment.

MOTION: THAT THE PROPOSED CHANGES TO O. REG. 682 LABORATORIES REGULATION, UNDER THE LABORATORY AND SPECIMEN COLLECTION CENTRE LICENSING ACT, 1990, BE APPROVED FOR 60-DAY CONSULTATION.

YES: Rochelle Dickenson, Wendy Murko, Jennifer Lemon, Tiffany Haidon, John Stasiw, Lilly Martin, Isabelle Milot, Claudette Leduc, Carron Canning, Gemma Salamat, Jan Teevan, Wendy Murko, Deirdre Brett.

NO: None.

ABSTAIN: None.

8. In-Camera Session

MOTION: THAT AT 2:02 PM THE PUBLIC BE EXCLUDED FROM THE MEETING PURSUANT TO CLAUSE 7.2(D) OF THE HEALTH PROFESSIONS PROCEDURAL CODE OF THE REGULATED HEALTH PROFESSIONS ACT, 1991, IN THAT PERSONNEL MATTERS OR PROPERTY ACQUISITIONS WILL BE DISCUSSED.

Moved: Claudette Leduc
Seconded: Isabelle Milot

MOTION: THAT THE MEETING RESUME OPEN SESSION AT 2:27 PM.

Moved: Claudette Leduc
Seconded: Lilly Martin

9. Registrar's Report

Kelly Dobbin, Registrar, introduced her report and presented several highlights.

O. Reg. 107/96 Controlled Acts, under the Regulated Health Professions Act, 1991, the regulation that permits midwives to order ultrasounds, is being revised to include medical diagnostic sonographers. The College is working with the Ministry to ensure that any amendments made to this regulation do not impose unintended consequences on midwives' current practice with respect to diagnostic ultrasound.

Ms. Dobbin informed Council that staff is currently reviewing personnel policies, noting that in the past, these policies were developed by staff and brought to Council for approval. Ms. Dobbin requested clarification regarding this process, asking Council if they wished to continue with the existing approval process, or if it was appropriate for the Registrar to approve personnel policies. Council decided that it was appropriate for the Registrar to have oversight of the College's personnel policies and they will no longer come forward to Council for approval. Council has the authority to request to see these policies at any time.

MOTION: THAT THE REGISTRAR'S REPORT BE ACCEPTED AS PRESENTED

Moved: Carron Canning
Seconded: John Stasiw
CARRIED

10. President's Report

Tiffany Haidon, President & Chair, introduced highlights of her report, which included a presentation on Council Evaluation results. Overall themes from the results included preparedness, engagement, increase in public member appointments and capacity-building.

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

Moved: Jan Teevan
Seconded: Lilly Martin
CARRIED

11. Executive Committee Report

Tiffany Haidon, President & Chair, introduced the Executive Committee Report, with

Carolyn Doornekamp, Director of Operations, presenting the Q1 Statement of Operations.

Privacy Code: Ms. Haidon introduced changes to the Privacy Code and the Executive Committee Terms of Reference, noting that the Privacy Code was updated to reflect the College's current practices (e.g., use of the cloud, analytics, social media platforms, etc.). These updates to the Code led to revisions to the Executive Committee Terms of Reference, in that the Executive will act as the Privacy Working Group when a privacy challenge cannot be resolved by the College's Information Officer.

President's Job Description: Ms. Haidon introduced and summarized changes to the President's Job Description. The proposed changes aim to strengthen the relationship between the President and the Vice-Presidents for increased capacity building and information sharing.

Time commitments: Ms. Haidon introduced current time commitment requirements of council members. The Executive Committee recommended that Council training days and Member Education Day require mandatory attendance by all Council members. She clarified that these time commitment requirements would not apply to current terms and would only take effect in the next electoral term for professional members and the next appointment or reappointment period for public members. Council discussed the challenges in mandatory attendance to Member Education Day that may prevent them from attending, including location. Council ultimately decided that Member Education Day should not require mandatory attendance, but training days should be mandatory.

MOTION: THAT THE REVISED PRIVACY CODE AND EXECUTIVE COMMITTEE TERMS OF REFERENCE BE APPROVED AS PRESENTED; THAT THE REVISED PRESIDENT'S JOB DESCRIPTION BE APPROVED AS PRESENTED; THAT THE REVISED TIME COMMITMENT GUIDELINES INCLUDING ENCOURAGED ATTENDANCE AT MEMBER EDUCATION DAY AND MANDATORY ATTENDANCE AT ALL COUNCIL TRAINING DAYS BE APPROVED AS PRESENTED; AND THAT THE EXECUTIVE COMMITTEE REPORT, INCLUDING THE Q1 STATEMENT OF OPERATIONS BE ACCEPTED AS PRESENTED.

Moved: Gemma Salamat

Seconded: Isabelle Milot

CARRIED

12. Client Relations Committee Report

Carron Canning, Client Relations Committee Chair, introduced the committee's report to Council. Highlights of the report comprised changes to the Sexual Abuse Prevention Policy and the Client Relations Program that arose from Bill 87, Protecting Patients Act, S.O. 2017, C11.

MOTION: THAT THE CLIENT RELATIONS COMMITTEE REPORT, INCLUDING THE REVISED SEXUAL ABUSE PREVENTION POLICY, BE APPROVED AS PRESENTED (SUBJECT TO PROCLAMATION OF RELEVANT SECTIONS OF THE HEALTH PROFESSIONS PROCEDURAL CODE AND THE REGULATED HEALTH PROFESSIONS ACT).

Moved: Lilly Martin

Seconded: Jan Teevan

CARRIED

13. Executive Election

Kelly Dobbin, Registrar, informed Council that four nominations were received by the deadline, including: Tiffany Haidon, President; Jennifer Lemon, Vice-President (Public); Lilly Martin, Vice-President (Professional); Isabelle Milot, Executive Member at Large (Professional).

No nominations for Executive Member at Large (Public) were submitted by the deadline, and nominations were accepted from the floor. Ms. Dobbin noted that Gemma Salamat and Rochelle Dickenson met the eligibility criteria. Lilly Martin nominated Rochelle Dickenson and the nomination was accepted.

MOTION: THAT THE COUNCIL ACCEPTS THE ACCLAMATION OF TIFFANY HAIDON AS PRESIDENT; THE ACCLAMATION OF LILLY MARTIN AS VICE-PRESIDENT (PROFESSIONAL); THE ACCLAMATION OF JENNIFER LEMON AS VICE-PRESIDENT (PUBLIC); AND THE ACCLAMATIONS OF ISABELLE MILOT AS EXECUTIVE MEMBER AT LARGE (PROFESSIONAL) AND ROCHELLE DICKENSON AS EXECUTIVE MEMBER AT LARGE (PUBLIC).

Moved: Jan Teevan
Seconded: Claudette Leduc
CARRIED

14. Approval of Slate of Council Members 2017-2017

MOTION: THAT THE FOLLOWING SLATE BE APPROVED AS THE 2017-2018 COLLEGE OF MIDWIVES OF ONTARIO'S COUNCIL:
PROFESSIONAL ELECTED MEMBERS: TIFFANY HAIDON; LILLY MARTIN; ISABELLE MILOT; WENDY MURKO; LISA NUSSEY; CLAIRE RAMLOGAN-SALANGA; JAN TEEVAN; EDAN THOMAS.

APPOINTED PUBLIC MEMBERS: DEIRDRE BRETT; ROCHELLE DICKENSON; JENNIFER LEMON; SUSAN LEWIS; GEMMA SALAMAT; JOHN STASIW.

Moved: Tiffany Haidon
Seconded: Jennifer Lemon
CARRIED

15. Housekeeping

16. Adjournment

MOTION: THAT THE MEETING BE ADJOURNED AT 4:40 PM

Moved: Lilly Martin
Seconded: Gemma Salamat
CARRIED



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

Committee Members

Chair	Wendy Murko, RM
Professional	Wendy Murko, RM; Lisa Nussey, RM; Edan Thomas, RM
Public	Jennifer Lemon; Rochelle Dickenson
Non-Council	Heather Brechin, RM
Ex-Officio	Tiffany Haidon, RM

Committee Meetings

The ICRC Committee Meeting was held on November 14, 2017 from 9 am – 11 am via teleconference.

Panel Meetings/Hearings

- COIN 274RI: for deliberation (teleconference, October 17, 2017)
- COIN 266RI: for deliberation (teleconference, October 17, 2017)
- COIN 265C: for deliberation (teleconference, October 17, 2017)
- COIN 263/264C: for deliberation (teleconference, October 20, 2017)
- COIN 273C: for deliberation (teleconference, November 3, 2017)
- COIN 269/270RI: for deliberation (teleconference, November 3, 2017)
- COIN 263/264C: for deliberation (via email, November 18, 2017)
- COIN 266RI: for deliberation (teleconference, November 28, 2017)
- COIN 271RI: for deliberation (teleconference, December 5, 2017)
- COIN 278/279C: for deliberation (teleconference, December 5, 2017)
- COIN 275/276/277C: for deliberation (teleconference, December 5, 2017)

Items

The ICRC made the following decisions on November 14, 2017:

- To implement the use of the revised Risk Assessment Framework, in accordance to changes with Bill 87 and the College's newly developed principles-based approach to standards of practice
- To implement the new online complaints feedback survey

The ICRC also provided input on the new Professional Misconduct Guide.

Attachments:

1. Professional Conduct Current Files Listing, as of September 30, 2017

Respectfully Submitted,

Wendy Murko, Chair

Professional Conduct Report to Council
Current Files in Progress as of September 30, 2017

TOTAL ACTIVE CASES	17	TOTAL MONITORED CASES	13
Mandatory Reports	0	Discipline	0
Complaints COINs 263/264, 265, 273, 275/276/277, 278/279, 280/281	11	Complaints & Reports COINs 214R, 217A, 236C, 243C, 244C, 257RI, 261C, 267C	8
Fitness to Practice/Incapacity	0	Fitness to Practice/Incapacity	0
Registrar's Investigations/ Registrar's Inquiries COINs 266, 269/270, 271, 272, 274	6	HPARB / Judicial Review COINs 238/239C, 245/246/247C	5
Closed since last Report COINs 252R, 260/261C, 262C, 267C	5	Closed since last Report COIN 236C (HPARB request withdrawn), 251C	2
Active complaints beyond 150 days COINs 263/264, 265, 273	4		
Decision Drafting & Review COINs 263/264C, 265C	3		



DISCIPLINE COMMITTEE REPORT TO COUNCIL – December 2017

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM
Public	Jennifer Lemon, Rochelle Dickenson, Gemma Salamat
Non-Council	None
Ex-officio	Tiffany Haidon, RM

Committee Meetings

The Discipline Committee Meeting has been rescheduled to December, date to be confirmed. The Committee will provide input into the Professional Misconduct Guide. Required updates to the Discipline Procedures Manual and Rules of Procedures due to Bill 87 will also be reviewed.

Panel Meetings/Hearings

None.

Items

None.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair



FITNESS TO PRACTISE COMMITTEE REPORT TO COUNCIL – December 2017

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM
Public	Jennifer Lemon, Rochelle Dickenson, Gemma Salamat
Non-Council	None
Ex-officio	Tiffany Haidon, RM

Committee Meetings

The Fitness to Practise Committee Meeting has been rescheduled to December, date to be confirmed. The Committee will review required changes to the Fitness to Practise Procedures Manual due to Bill 87.

Panel Meetings/Hearings

None.

Items

None.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair



CLIENT RELATIONS COMMITTEE REPORT TO COUNCIL – December 2017

Committee Members

Chair	Vacant
Professional	Wendy Murko
Public	Rochelle Dickenson
Non-Council	Christi Johnston

Committee Meetings

- The next meeting will be scheduled in early 2018. Expected items for discussion include:
 - the revised Guideline to Appropriate Professional Behaviour with Clients
 - resources and information regarding funding for complainants alleging sexual abuse
 - Sexual Abuse Complaints Guide
 - resources and information regarding implementing the Sexual Abuse Prevention Policy

Trainings
None.

Items
None.

Formal Motions to Council
None.

Respectfully Submitted,

Rochelle Dickenson



QUALITY ASSURANCE COMMITTEE REPORT TO COUNCIL – DECEMBER 2017

Committee Members

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

Committee Meetings

November 20, 2017 (9:30–12:30)

Panel Meetings/Hearings

- Quality Assurance Program (QAP) non-compliance panel teleconference – November 24, 2017 (9:30–11:30)
 - 25 members were marked non-compliant
 - 9 non-compliant members were approved by staff
 - 14 non-compliant members were reviewed by the panel
- QAP non-compliance panel ePanel – November 27, 2017
 - 2 non-compliant members reviewed by the panel

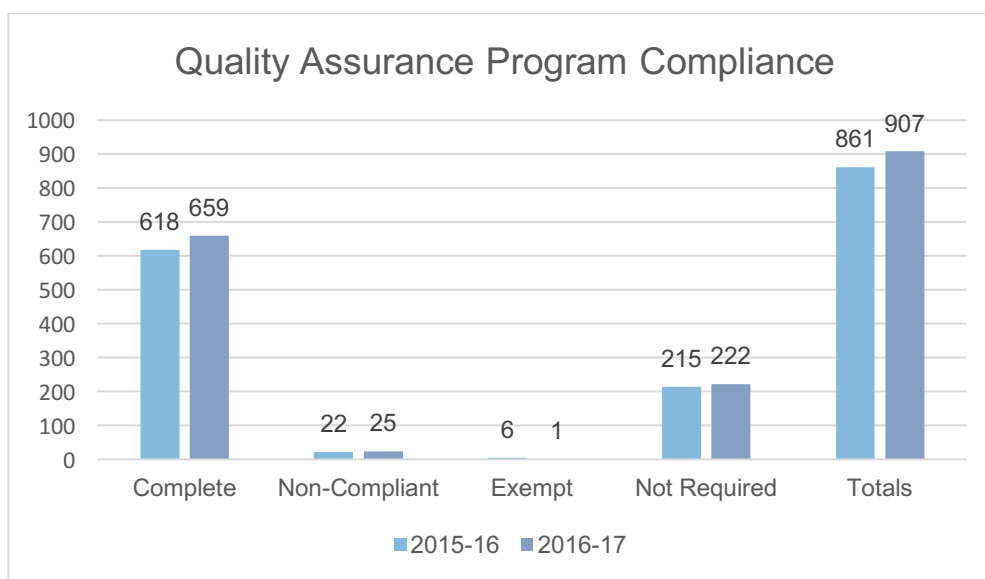
Trainings

None.

Items

- **Quality Assurance Program (QAP) 2017–2018 Compliance**

All members in the registered in the general and supervised class must submit a QAP. For the 2016–2017 QAP reporting period (October 1, 2016–September 30, 2017), 659 (96%) of general and supervised registrants were issued notices of compliance and 25 members (4%) were marked non-compliant. Of the total membership (including the inactive class, 222 members (24%) were not required to submit a QAP report (due to being in the inactive class of registration or because of prorating). The following graph compares the 2016–2017 reporting period data to the previous reporting period of 2015–2016.



- QAP Framework**

In 2015, staff began a preliminary review of the QAP and began revising its Quality Assurance Regulation. In September 2016, the Quality Assurance Committee (QAC) directed staff to develop a proposal for a revised QAP by spring 2017. Based on member focus groups and a review of the literature about maintaining competency through quality assurance programs, staff presented an initial report summarizing this information to the QAC in May 2017. QAC recommendations and revisions to the QAP were made by staff and presented to the QAC in September 2017.

Some of the major changes that have been made to the QAP are; moving from a 1-year to a 3-year reporting cycle, reporting by members registered in the inactive class and the general class, accepting both peer and interprofessional case reviews with no limit on the number of interprofessional reviews, no pro-rating of activities for members registered in the inactive class for part of the year, and using learning goals to track continuing professional development activities.

At the September meeting, the Quality Assurance Committee (QAC) directed staff to research and make recommendations regarding particular questions they had:

1. Are there different ways to self-assess (e.g., reflecting on their personal data collected through the Better Outcomes Registry Network (BORN), peer evaluation)?
 1. Should members be required to do a continuing professional development learning goal every year or should they determine when they will achieve their 3 learning goals?
 2. Peer Reviews
 - What is the research about specifying a number of peer case reviews compared with no required number? What would that number be?
 - What is the research about requiring all members to present peer case reviews?

3. What is the research about submitting a self-declaration instead of requiring all members to submit their QAP to the College to be checked by staff?

Staff performed additional research on the above-noted questions and provided the QAC with thorough responses. The recommendations above have been incorporated into the proposed QAP. Please see attached. All changes in the QAP are pending ministry approval of the proposed new Quality Assurance regulation.

- **QAC Benchmarks & Panel Process**

The Panel Process document provides necessary details on panel composition, conflict of interest, appointing a panel chair, contents of panel packages, member submissions, administrative fees and drafting and approving decisions. The document will act as a useful resource for QAC members and staff alike.

The following benchmarks were approved for the QAP non-compliance and QAP exemption processes:

QAP non-compliance	Timeframe
QAP reports due:	October 1
Email notices of non-compliance & create invoices	7 days
Administrative fee & barriers to compliance document due	40 days
Issue default letters	40 days
Non-compliance reports approved by staff with letters issued	50 days
Referral to QAC panel (incl. scheduling)	50 days
Hold QAC panel, draft & approve decision	65 days
Assessment (if ordered)	3 months of decision
QAP Exemptions	
Panels are held in March & September. Referrals to panels & scheduling are made in accordance with these months in mind.	
Draft & approve decision	7 days of panel date

The Committee recommends that:

The Quality Assurance Committee report to Council be accepted as presented.

Attachments:

QAP Framework

Respectfully Submitted,

Jan Teevan, Chair

Quality Assurance Program

The Quality Assurance Program (QAP) is a requirement for all members registered in the general, supervised and inactive classes. The program proposed here is designed for midwives registered in the general and supervised practice class and registrants in the inactive class who have practiced or have intention to practice at some point during the reporting cycle.

Self-assess

Midwives will use a self-assessment to evaluate their practice and develop learning goals based on identified gaps and areas for growth. The self-assessment will either be housed in the member portal and be anonymous or will be housed elsewhere. A midwife's self-assessment will not be reviewed by the College.

The self-assessment will be developed in collaboration with an external consultant and ready for the 2019 reporting year.

Develop learning plan

Midwives will develop and document a learning plan based on their learning needs identified through the self-assessment. The learning plan will be housed in the member portal. The learning plan will be developed based on areas that have been identified by the self-assessment as *learning opportunities* and will involve identifying 3 SMART¹ learning goals. Each year, one learning goal must be met. In the learning plan, members will be asked to demonstrate how they will meet their learning goals, dates for expected completion and the ways in which those goals will be achieved.

Participate in learning activities

There are 2 parts to the learning activities:

1. Members will participate in activities that meet their identified learning goals
2. Members will participate in 4 case reviews every year (peer and interprofessional)

Reflect on learning activities

Once each learning activity has been finished, midwives will reflect on what they have learned and how the learnings have been, or will be, incorporated into their practice and profession. Members will not be required to reflect on their learning from their peer and interprofessional case reviews for the QAP

Submit a declaration of completion

Members will submit a QAP declaration confirming completion of their required QAP activities at the end of their reporting period (i.e., every 3 years). Members will be randomly selected to have their QAP reviewed by the College for completion.

¹ SMART learning goals are Specific, Measurable, Attainable, Relevant and Time-limited. More information about SMART goals is provided in the *learning plan*

President's Report

From: Tiffany Haidon, President
To: Council
Date: December 13, 2017

1. General Highlights

Member Education Day

The College held its annual Member Education Day on November 1, 2017 in Toronto. The event was well-received by the membership, with approximately 60 members attending in-person and 151 logins to view the livestream. Highlights included informative presentations by Deanna Williams on self-regulation and Dr. Zubin Austin on competency and professionalism. The College's Professional Standards Working Group presented on the new professional standards and provided thoughtful, articulate responses to questions that arose from the membership. Many thanks to the working group for their contributions to Member Education Day. Thank you to all Public and Professional Council Members who were able to attend this day, as well much gratitude to College Staff for hosting and coordinating a very successful event.

Media Training

Media training for the President, Vice-President (Public), Registrar, Communications Coordinator, and available members of the Professional Standards Working Group took place on October 26, 2017. The College's communication leadership is prepared to address media concerns as they arise. The training reinforced important presentation skills and key message delivery.

2. Governance

Meetings with the Registrar

Weekly meetings continue to take place with the Registrar to ensure that Council and staff continue to work well together and are mutually informed of issues.

Statutory Committee Meetings

I have attended the following meetings as President in an ex-officio capacity:

- Registration Committee (November 10, 2017)
- Inquiries, Complaints and Reports Committee (November 14, 2017)
- Quality Assurance Committee (November 20, 2017)

Executive Committee

The Executive Committee met on November 15th, 2017, the first meeting with the new committee composition, based on the results of the October 12th election. Lilly Martin and Isabelle Milot both attended as newly elected professional members. It was an effective meeting with very engaged and prepared members. I am looking forward to a productive year with the Executive as we work toward meeting the College's goals.

3. Stakeholder Engagement

I participated in the following meetings with the Association of Ontario Midwives (AOM) regarding:

- Consultation on the proposed changes to the Professional Standards; and
- Discussion on the proposed changes to the Drug Regulation as well as the Laboratories Regulation under the *Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990*, that we will be submitting to the Ministry of Health and Long-Term Care.



REGISTRATION COMMITTEE REPORT TO COUNCIL – December 2017

Committee Members

Chair	Isabelle Milot, RM
Professional	Isabelle Milot, RM
Public	Gemma Salamat; Jennifer Lemon
Non-Council	Mylene Shields, RM; Alexandra Nikitakis, RM

Committee Meetings

- November 10, 2017 – full day in-person meeting

Panel Meetings/Hearings

Upcoming:

- November 29, 2017
 - AIT Application for registration
 - Class change – Inactive to General – requalification program required
- December 4, 2017
 - Active Practice Shortfalls Greater than 30%

Trainings

None. Training to be implemented at the first meeting in 2018.

Items

Renewal

The registration renewal period is now complete. Members who did not complete the renewal process and/or who had outstanding fees, information or certificates, were sent notices of default. Penalty fees were applied during this time in accordance with the College's Fees and Remuneration By-law. At the end of this period, 3 members were suspended for non-payment of fees.

New Registrants

Since the Registration Committee's last report to Council, there have been 17 new registrations (11 General with New Registrant Conditions, 3 Supervised Practice, 2 AIT – General, 1 Transitional).

Canadian Midwifery Registration Exam (CMRE)

The Fall sitting of the CMRE was successfully held at the College on October 26, 2017. Exam results have just been released and candidates will be sent their results in the coming days.

Jurisprudence Course

On July 1, 2017, the College's Jurisprudence Course became a registration requirement for all applicants. As of April 1, 2018, all members switching from the Inactive class back to the General class must complete the Jurisprudence Course once, unless it is required as part of a requalification program. The College's website and relevant forms will be updated to provide this information and a communication plan will be developed and implemented to inform the membership and stakeholders.

Criminal Record Screening Policy and Good Character Guide

A draft Criminal Record Screening Policy was presented at the last Registration Committee meeting. The Policy would enable the College to require applicants and members (in certain circumstances) to submit a Vulnerable Sector (VS) Check as part of regulating midwifery in the public interest and to assist with ensuring public safety.

The Registration Committee reviewed and approved the Policy on the proviso that a statement be added to provide the Registrar discretion in situations where an applicant may not be able to obtain a vulnerable sector check. Research has been conducted to determine in what circumstances this may occur and what options are available to address the risk. The information gathered to date has uncovered more questions for further review to ensure the Policy and the administrative processes are achievable, both for the applicant and for the College. Therefore, further work will be conducted and the information brought back to the Registration Committee for consideration in early 2018. The Registration Committee will then finalize the Policy and bring it forward to Council for approval.

A Good Character Guide was also reviewed by the Registration Committee and is attached for Council's information. The Good Character Guide outlines the "good character" requirements of the College and specifies how the College will assess the good character of an applicant or member. Both the Registration Regulation and the Professional Misconduct Regulation include provisions related to "good character" and suitability to practice the profession. The Guide includes sources of information regarding good character and the factors that will be considered when assessing it.

The Good Character Guide will be posted on the College's website and referenced in registration application and professional conduct materials as applicable.

The development of a good character policy and police check process was one of the strategic priorities under the Registration Department's 2017 work plan.

Risk-based Regulation and Streamlining

The Registration Committee has completed its review of the recommendations with respect to the streamlining of registration policies and tools to align with the College's implementation of Risk-based Regulation. The Registration Committee has brought forward a streamlining plan including recommendations for revising and rescinding of registration policies and development of other regulatory tools to support effective and efficient registration processes. A briefing note, streamlining plan and rationale document have been provided for Council's consideration.

Registration Regulation

The Registration Committee has reviewed an extensive second round of proposed changes to the Registration Regulation. The draft proposed changes have been brought forward for Council's review and approval to circulate for 60-day consultation.

Decision Making Process and Tools

A draft framework has been developed to better support Registration Committee Panel decision making in the interest of fairness, objectivity, impartiality and transparency. The risk-assessment approach is consistent with the strategies being implemented by other College Committees. The framework will be tested and refined before it is finalized.

Membership Stats:

College of Midwives of Ontario Membership Stats

	June 30, 2017	Sept 30, 2017	Net Change
General	625	665	40
General with New Registrant Conditions	70	74	4
Supervised Practice	4	7	3
Inactive	154	149	-5
Current Members	853	895	42
Resigned as a Member	215	226	11
Revoked for non-payment of fees	21	21	0
Revoked for failure to meet registration requirements	8	8	0
Revoked by order of the Discipline Committee	1	1	0
Suspended for non-payment of fees	3	2	-1
Expired Certificate of Registration	1	1	0
Deceased	3	3	0

TOTAL REGISTRANTS**Changes within the Quarter**

New Members

Re-registrations

Resignations

Net Change during Quarter

1105	1157
April 1, 2017 to June 30, 2017	July 1, 2017 to Sept 30, 2017
1	53
2	1
5	12
-4	42

The Committee recommends that:

- Council approve the Registration Streamlining Plan as presented.
- Council approve the proposed changes to O. Reg. 168/11 Registration Regulation, under the *Midwifery Act, 1991* for 60-day consultation.
- The Registration Committee report to Council be accepted as presented.

Attachments:

- Good Character Guide
- Registration Streamlining Plan
- Proposed changes to the Registration Regulation

Respectfully Submitted,

Isabelle Milot, RM, Chair

Briefing Note for Council

Subject: Risk-based regulation and registration streamlining

Summary

The Registration Streamlining Plan is being presented to Council for approval and implementation.

Background

As part of the College of Midwives of Ontario's ("the College") Strategic Plan and specifically strategic priority #2: Implementation of Risk-based Regulation, the Registration Department committed to complete a registration policy review and streamlining plan for approval by the Registration Committee and Council.

In 2016, the College initiated a project to identify ways to streamline its current regulatory framework, i.e., regulations, policies and standards of practice as well as the systems to support our various regulatory functions.

Scrutinizing who can enter the midwifery profession in Ontario is one of the core regulatory functions of the College. Pursuant to the Health Professions Procedural Code, Schedule 2 under the *Regulated Health Professions Act, 1991* ("the Code") the College has the responsibility to "develop, establish and maintain standards of qualification for persons to be issued certificates of registration." The registration process is the 'front line' in that it strives to ensure that only qualified and capable individuals are permitted to enter and re-enter practice. Registration policies and processes have been developed to mitigate the following risks, as captured in the College's Risk Register:

Eligibility to practise	Risk that the College grants eligibility to enter or re-enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently.
Unfair registration processes	Risk that the College fails to register and license in a fair and consistent manner.
Failure to comply with College Committee orders or requirements	Risk that a midwife is non-compliant with College Committee orders and/or requirements.
Failure to cooperate or comply with legislative or regulatory requirements	Risk that a midwife fails to cooperate or comply with legislative or regulatory requirements.

Failure to appropriately supervise	Risk that a midwife fails to appropriately supervise a person whom they are professionally obligated to supervise.
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As part of the implementation of Risk-Based Regulation, the College has established a policy development process to ensure a rigorous approach to policy making. This includes ensuring that policy decisions are based on a proper evaluation of risk, solid evidence and a thorough analysis of options and impacts. College policies (program and operational) should describe, in greater detail, issues set out in legislation, regulation or by-laws. Policies alone are not legally binding. If a matter deals with procedures and actions related to an activity covered in the legislation or regulation but otherwise does not introduce any new information, a guide or information sheet is a more appropriate means by which to capture this information.

Using this approach, staff conducted an in-depth review of the current registration policies and other regulatory tools. The review revealed that current registration policies and other regulatory tools can be organized into two categories (for detailed information on the current policies, rationale for recommendations and additional considerations see the attached Registration Streamlining Rationale):

1. **Revise** – the policy/tool is relevant and necessary within the current regulatory framework but requires revision, including but not limited to the implementation of a regulatory impact assessment to ensure the policy/tool is appropriately addressing a specific risk, that it builds on the legislative framework, is proportionate, enforceable, and can be effectively operationalized.
2. **Rescind** – Based on the College’s new regulatory tool and policy development process, these policies/tools do not meet the policy criteria. Often the “policy” is repeating information outlined in regulation or in the *Regulated Health Professions Act, 1991* (RHPA), or outlines a procedure as opposed to a policy. This information is better suited for publication on the College’s website, in a handbook or guide.

Staff have also identified additional regulatory tools and processes for development. Many of these items stem from having completed the registration HIROC checklist, which addresses Failure to Register and License in a Fair and/or Consistent Manner, as well as internal operational evaluation. Additional items may be identified via the Office of the Fairness Commissioner (OFC) systems-based self-assessment of the General Duty, which will be re-initiated prior to year-end for completion by summer 2018.

Key Considerations

The Registration Streamlining Plan (attached) outlines and categorizes the various registration policies and tools, identified next steps and prioritizes them based on risk and operational impact. The plan is to take a staged approach to streamlining. This includes 1) rescinding any policies and other regulatory tools which are no longer needed in this format once any relevant information has been incorporated into website information, handbooks or guides; and 2) making revisions to the current policies and tools over the course of the next two years. Strategic and operational planning at the beginning of 2018 will identify a schedule for this work.

Although the recommendation is to rescind some of these policies, any key registration information will be maintained and published in a more accessible format for applicants and members. To accomplish this, an implementation date of March 1, 2018, for rescinding the policies is recommended.

New policies may be developed as needed following completion of a regulatory impact assessment or OFC requirement. Timing for revision and implementation of the Registration Streamlining Plan may be affected by the outcome of the OFC assessment.

The goal of streamlining is to ensure development and implementation of appropriate regulatory tools and administrative systems to effectively and efficiently administer the registration program of the College thereby mitigating the risks identified above.

Recommendations

The following motion(s) are submitted for consideration or approval:

- Approve the Registration Streamlining Plan as presented and implementation date of March 1, 2018, for rescinding those policies identified as not meeting the College's policy criteria under Risk-based Regulation.

Attachments

- Registration Streamlining Plan
- Registration Policy Streamlining Rationale

Submitted by:

Registration Committee

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
<p><u>Transitional Certificate of Registration Policy</u></p> <p>Lists the requirements for holders of a transitional certificate of registration, including what they are permitted and not permitted to do. It also contains relevant transitional certificate information about initial registration dates, numbers, birth records, revocation.</p>	<p>The policy is necessary because the current Registration Regulation does not outline what it means to practise under supervision while in the transitional class. However, the policy needs to be reviewed and revised as it contains information that is in the Registration Regulation, for example, how and when a transitional certificate of registration is revoked. In addition, it includes other information that may require updating.</p>	<p>Policy review should include clarification of direct and indirect supervision definitions.</p> <p>Document issuance procedures for a transitional certificate of registration – clarify the change and purpose of new registrant number. Transitional certificate holders should only work in an established practice in order to count births towards new registrant numbers.</p>
<p><u>Acknowledgement and Undertaking form</u></p> <p>Provides the applicant undertaking as required by the Registration Regulation and outlines all the requirements that a holder of a transitional certificate of registration must comply with as outlined in the policy.</p>	<p>Review and ensure currency of information outlined in forms related to the transitional class. Ensure consistency of requirements outlined in forms/agreements when the Transitional Certificate of Registration Policy is revised.</p>	<p>Create information/guide for transitional applicants and members to be posted on the College's website.</p> <p>Review the current supervisor criteria to ensure it is still applicable.</p>
<p><u>Agreement to act as a Supervising Midwife to a Midwife with a Transitional certificate of registration form</u></p> <p>Outlines the requirements which must be upheld by a midwife who is to act as a supervisor for a member holding a transitional certificate of registration.</p>		
<p><u>Criteria for Approval of Supervisors</u></p>	<p>It is important for the College to have a means by which to vet proposed</p>	<p>Criteria should be reviewed to determine if still relevant. Information and</p>

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
The Policy outlines factors to be considered by staff and the Registration Committee when determining if a midwife will be able to carry out their role as a supervisor responsibly, professionally and competently. It also outlines procedures that staff can use to determine if the proposed supervisor meets the criteria.	supervisors; however, the current policy requires review and updating as it refers to the Registration Committee but then provides for staff to make a determination. Procedures do not need to appear in a policy. The current policy appears to have been last approved by the Executive Committee but the authority to approve supervisors lies with the Registration Committee as outlined in the Registration Regulation, s. 13.	procedures to be documented in Supervised Practice Guide for the Registration Committee and staff operating procedures. All information should be posted on the College website.
<u>Agreement to Act as a Supervising Midwife</u> Agreement used to outline the responsibilities of a supervising midwife and signed by all approved General registrant midwives who will act as supervisors for members in the Supervised Practice class.	Review and revision is needed to strengthen the document and ensure understanding of responsibilities and possible outcomes when supervising a midwife.	Revised agreement should align with any changes to the Plan for Supervised Practice and Evaluation and possible development of a guide for Supervisors. Strengthen wording to assist in establishing accountability.
<u>Supervision Information</u> Includes the following information: <ol style="list-style-type: none"> 1. Searching for a practice 2. Supervision explained 3. College approval of supervising midwife 4. Role of the supervising midwife 5. Sample plan for Supervised Practice and Evaluation 6. Criteria for Approval of Supervisors 7. Agreement to Act as Supervising Midwife 	Information on applying for and holding a Supervised Practice certificate of registration is very useful. Current information is focused on Supervised Practice for IMPP applicants; however, Supervised Practice certificates can also be issued to members to enable them to complete a requalification program. The information is due for review and update. Clarify supervision definition. The Sample Supervision Plan Template requires review and revision to better	Revise information, templates, and agreements related to Supervised Practice to align with changes to the Plan for Supervised Practice and Evaluation, current best practice and focus on clarification of supervision requirements versus mentorship, competency requirements and means for assessment and remediation. Updated Supervised Practice Information to be posted to College website.

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
	address supervision and clinical requirements and possible outcomes. Templates should be created to support entry-to-practice Supervised Practice vs. Requalification Supervised Practice.	Potential guide to be developed to assist Supervisors and Supervisees in meeting the requirements.
<p><u>Reissuing a General Certificate to the holder of an Inactive Certificate Policy</u></p> <p>Provides a means for the College to determine if a member can be considered to have current active practice for the purpose of enabling a class change from Inactive to General.</p> <p>Policy states: When a member who currently holds a certification of registration in the Inactive class and wishes to be reissued a General certificate of registration, the Deputy Registrar/Registrar may approve the change in class of certificate when the following conditions are met:</p> <ol style="list-style-type: none"> 1. Member is current in reporting Active Practice numbers. 2. Member has met all other requirements to be reissued a General certificate of registration including registration fees, NRP, CPR, ES certification, and the College's pharmacology examination. <p>When Active Practice Reporting, or any other requirement, has not been met, a</p>	<p>This Policy should likely be rescinded once a regulatory impact assessment has been completed and it has been determined how best to handle class changes based on the requirements outlined in the Registration Regulation. A policy may not be needed as it is clear in the Regulation what is required.</p> <p>The Policy can be interpreted in different ways, for example, does the "member is current in reporting Active Practice numbers" mean the member last met their active practice requirement or that the member is current in reporting their numbers, which are now reported annually by October 1?</p>	<p>Any changes to this Policy should be considered in relation to any changes to the Policy on Active Practice Requirements.</p> <p>Class change forms and information to be updated on website.</p>

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
panel of the Registration Committee will review the request.		
<u>Policy on Continuing Competencies</u> Outlines the College's requirements and approved courses for members and applicants to meet the Registration Regulation's continuing competency requirements related to neonatal resuscitation, emergency skills and cardiopulmonary resuscitation.	Regulatory Impact Assessment to be completed to determine how to best address the continuing competency requirements using a risk framework and considering the College's ability to enforce the requirements.	Consideration to be given to risk-assessment and alternative approaches for mitigating any risks while still meeting the intent of the Registration Regulation. Possibilities include declarations and proof when requested.
<u>Policy on Active Practice Requirements (APR)</u> The intention of the College's active practice requirements is to ensure that midwifery clients are being offered choice of birthplace and that the member's skills are being maintained in both birth settings. The Policy outlines what the Registration Regulation requires with respect to active practice numbers and establishes shortfall thresholds and procedures.	While s. 12(5) of the Registration Regulation establishes a process should a member fail to satisfy the APR, more information is needed to provide for a process which enables the Registration Committee to address shortfalls. A streamlined process is needed to manage the active practice requirements and shortfalls. The College is aware that it is not uncommon for members to have a shortfall in their out-of-hospital births due to circumstances not within the member's control.	options for approaching active practise shortfalls, until such time that a regulation change occurs, have been explored. However, policy revisions are needed to enable a different, more streamlined approach to handling active practice reporting and shortfalls. Future approaches to currency to be established through the revised Registration Regulation.
<u>Requalification Program Policy</u> The purpose of the Policy is to clearly define the requalification program. Requalification programs are required by the Registration Regulation in sections 8(5)(c) for re-registration after resignation and 15(4)(b) for class change.	While additional information is needed to outline how a requalification program will be established, such information may be better suited to a guide. A draft risk-assessment framework and decision-making tools have been developed and will help further inform the process for determining a	A review of the need for a competency-based assessment process and tools has been completed. External expertise is needed to develop a competency-based assessment program and the College is undertaking a staged approach to develop systems for the various areas of

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
The Policy describes a requalification program as an individualized assessment of midwifery knowledge and skills, as well as orientation to the current practise of midwifery in Ontario. It outlines what factors the College will use when determining a requalification program and that it generally involves a needs assessment, supervised practice and completion of a specified supervision plan.	<p>requalification program on a case by case basis, in the continued interest of enabling fair, objective, impartial and transparent decisions.</p> <p>Related tools such as the core competency self-assessment have been identified for review and update.</p>	the College including QA, Registration and Professional Conduct.
<p><u>New Registrants Policy and Guidelines</u></p> <p>This Policy lists new registrant conditions, as required by the Registration Regulation and provides a rationale for the New Registrants conditions.</p> <p>The Guidelines outline some additional information as to how the new registrant year should proceed. It allows for the following:</p> <p>3. Prior to meeting the minimum clinical requirements of 30 births as a primary midwife and 30 births as a second midwife, the New Registrant: a) May not attend births with a Second Attendant. b) May only attend births with another new registrant or physician (approved under Temporary Alternate Practice Arrangements) up to a maximum of 20%</p>	<p>The new registrant conditions are outlined in s. 12(1)4. of the Registration Regulation including the requirement that a member for their first year of practice after receiving their initial certificate of registration must work in an established practice and must attend a minimum of 30 births as primary midwife and 30 births as second midwife with a member who is not subject to this condition.</p> <p>Information in the Regulation does not need to be repeated in a policy. A new registrant guide should be developed to help new registrants and their practices meet these requirements and facilitate effective skill consolidation. Definitions can also be included in a new registrant guide and additional website information.</p>	<p>The clinical experience reporting form will also require updating. Consideration is needed to determine the most effective way to administer the new registrant conditions.</p> <p>Work on developing a New Registrants Guide has begun and will be completed in 2018.</p> <p>Currently, when new registrants meet their new registrant birth numbers (30 primary and 30 seconds) they can then attend births with other new registrants or attendants. However, if this occurs prior to having worked in an established practice for one year, the new registrant conditions remain in place and on the public register until the 12 month mark.</p> <p>Additional research is needed (potential survey or focus groups) to better</p>

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
<p>of primary care births. c) May attend births with another new registrant, performing the role of either primary or second midwife if a general registrant is in attendance. It is expected that the general registrant would attend at the same time as the second midwife. As the third midwife in attendance, the general registrant would provide mentoring at the birth, but would not play an active role as one of the two attending midwives. The general registrant would not count this birth for active practice purposes unless she is providing supervision to one of the new registrants.</p> <p>The Guideline includes definitions for “established practice” and “second midwife”.</p>		<p>understand the new registrant year, challenges and how to best address first year registrants from a regulatory perspective going forward.</p>
<p><u>Approval of Canadian Midwifery Education Programs</u></p> <p>The Policy was established to define a process for approving Canadian Midwifery Education Programs outside of Ontario as equivalent to Ontario Midwifery Education Programs as allowed under s. 8(1)1.iii. of the Registration Regulation. It outlines the criteria for equivalency as follows:</p> <ul style="list-style-type: none"> • The program has been approved by another Canadian midwifery regulatory body for registration in that province or 	<p>For the purposes of AIT and labour mobility it is very helpful for the College to have a means by which to approve Canadian Midwifery Education Programs so that applicants can apply directly to Ontario. However, since the policy was implemented, the College has not been able to obtain documentation to support the approval process.</p> <p>The policy should be reviewed to consider relevancy and clarification of equivalency criteria to ensure the required information can be obtained to</p>	

Registration Policies/Regulatory Tools to Revise		
Policy/Tool	Rationale	Additional Considerations
territory; • The program or regulatory body provides a report to the College on either the regulatory body's review or the midwifery education program's review of the program; and • The report contains sufficient information to satisfy Council that the program is equivalent to an Ontario Midwifery Education Program.	enable the Council to make a decision when needed.	

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
<p><u>Supervision Plan for International Midwifery Pre-Registration Program Applicants</u></p> <p>The policy states that the College must create a supervision plan for IMPP applicants within 15 days of receipt of an application and outlines the procedures for developing the plan and completion of a period of supervision. It also outlines the minimum time for supervision as being 3 months within the procedures section.</p>	<p>The information contained in this policy does not appear to meet the criteria for a policy.</p> <p>Procedures and timelines can be captured in information guides.</p> <p>All applications, even those that are from IMPP applicants, must first be reviewed to determine if the applicant meets the requirements for a General certificate of registration as outlined in s. 8(1) of the Registration Regulation.</p> <p>The processing timeframe must align with other registration application processing timeframes.</p>	<p>Any key information related to IMPP Supervision Plans can be captured in a revised, comprehensive policy or guide for Supervised Practice.</p>
<p><u>Information on the registration process</u></p> <p>Policy statement states that detailed and appropriate information on the registration process is accessible to applicants and outlines procedures.</p>	<p>Under the the Health Professions Procedural Code, Schedule 2 under the Regulated Health Professions Act, 1991 ("the Code"), the College is obligated to provide information on its website to individuals who are applicants for registration, the procedures for applying and timelines for processing.</p>	<p>A review of the registration section of the website has been completed and a new approach outlined. The registration section of the website will be prioritized when the website overhaul is initiated.</p> <p>The College is planning to implement an online application process. At this time, an applicant handbook and new website information will become available.</p>
<p><u>Clinical Midwifery Experience Requirements for Registration in Ontario</u></p> <p>Specifies the clinical requirements for MEP and IMPP graduates.</p>	<p>The current clinical experience requirements for entry-to-practise are outlined in s. 8(1)2 of the Registration Regulation and therefore do not need to be repeated in a policy.</p>	<p>If an applicant does not meet the current clinical experience requirements, then the Registrar would have doubts, on reasonable grounds, that the applicant is not eligible for a General certificate of registration. The Registration Regulation then provides for entry-to-practise via a</p>

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
	Inclusion of this information in applicant guides, website information and presentations would be beneficial.	Supervised Practice certificate of registration, where a Panel of the Registration Committee has determined that the deficiencies in the applicant's clinical experience may be fully remedied by a period of no more than one year under supervision.
<p><u>Initial applicant letter of professional conduct and good standing from other regulated professions</u></p> <p>The policy statement says that an applicant pursuing registration must provide to the College a letter of professional conduct and good standing from each regulatory body where they were previously or are currently registered.</p>	<p>Rescind and replace with information.</p> <p>It is a registration requirement for a certificate of registration of any class (s. 6 of Registration Regulation) that the applicant's past and present conduct affords reasonable grounds for the belief that the applicant,</p> <p>(a) is not suffering from a physical or mental disorder that would make it desirable in the interest of the public that the applicant not be permitted to practice midwifery;</p> <p>(b) will practise midwifery with decency, honesty, integrity and in accordance with the law; and</p> <p>(c) can communicate effectively with patients and colleagues, and will display an appropriate professional attitude towards patients and colleagues.</p> <p>It is this provision that allows us to:</p> <ol style="list-style-type: none"> 1. Require applicants to provide to the College a letter of professional conduct and good standing from other regulatory 	<p>Currently this information is included in the application form and guidelines. Outlining that the letter must be sent directly to the College from the regulatory body and that it must be in English or French is important.</p> <p>Additional information about what should be included in such a letter may be helpful, especially for applicants from overseas where regulatory bodies may not normally provide such information and they do not have a public register.</p> <p>We may wish to indicate that an electronic copy of the letter would be acceptable to help facilitate faster processing.</p> <p>Information should highlight for applicants that letters can take quite some time to process and can delay application processing. Therefore, they should be requested early on.</p>

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
	<p>bodies where they were previously or are currently registered.</p> <p>2. Ask disclosure questions</p> <p>3. Take any other actions necessary to verify good character requirements (e.g. police checks; reference letters from MEP, etc).</p> <p>In addition, the sections of the Registration Regulation related to out-of-province applicants refer directly to the requirement for letters of good standing.</p> <p>Include all good character requirements in a registration handbook for applicants.</p>	<p>Good character guide now addresses how the information will be considered should something be revealed in a letter of professional conduct and good standing.</p>
<p><u>Processing Registration Applications</u></p> <p>Outlines the acceptable timelines for processing registration applications.</p>	<p>Rescind and replace with information. The College is obligated to provide information on processing times under the Code. Information to be included on the website and in a registration handbook.</p>	<p>The implementation of an online application will impact how applications and documents are processed as well as timelines. A review of the current processing times are needed to establish appropriate service standards to ensure efficient operational procedures.</p>
<p><u>Acceptable Supporting Documentation</u></p> <p>Specifies what is considered to be acceptable supporting documentation for registration.</p>	<p>Supporting documentation requirements are part of the application requirements and not a policy. The Code requires:</p> <p>Qualifications</p> <p>22.4 (1) The College shall make information publicly available on what documentation of qualifications must accompany an application and what</p>	<p>Current information to be reviewed to ensure it is up-to-date and consideration to be given to alternative supporting documentation which may be acceptable should an applicant not be able to meet the requirements due to circumstances beyond their control.</p>

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
	alternatives may be acceptable to the College if an applicant cannot obtain the required documentation for reasons beyond his or her control. 2006, c. 31, s. 35 (3).	
<u>Referral of a registration application to a registration committee panel</u> Specifies when an application may be referred to the Registration Committee and timelines.	Policy repeats what's in the Code. Procedures are included in the Registration Committee Handbook.	In addition to written information, many Colleges use decision trees/flow charts to illustrate the registration and panel referral process. Work is underway on a panel referral tool and template for staff use when processing applications which do not meet all of the requirements to better ensure efficiency and consistency.
<u>Panel Member Appointment</u> Specifies how panel members are appointed.	Policy repeats what is in the Code, including panel composition. Instead provide information in the registration handbook and on the website.	Should be made clear that should an applicant appeal a decision or is re-applying based on new information, a different Panel will be struck to consider the matter.
<u>Information on Appeal Rights</u> Policy statement says that information about the appeal process is available to unsuccessful applicants.	The right of an applicant to appeal a decision and request a review by HPARB is outlined in the Code. Information about appealing to HPARB is currently available on the College's website, in cover letters sent to applicants who are issued a decision from the Registration Committee and can be included in a registration handbook.	All template decision cover letters to include information on appeals.

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
<p><u>Retention of registration application records</u></p> <p>Specifies the retention period and disposal method of registration application records at the College.</p>	<p>This policy is not needed as the College has a Record Retention and Disposition Policy which also addresses registration documents.</p>	
<p><u>Access to Registration Applicant Records</u></p> <p>Specifies that a registration applicant may receive a copy of their file and the cost for the request.</p>	<p>This Policy may be rescinded and replaced with information as an applicant's ability to access their file is covered in the Code and in the College By-laws.</p>	
<p><u>Accommodation of Special Needs</u></p> <p>Specifies that the College will consider accommodations from applicants. Notes that accommodations granted will be made on an individual basis and will depend on the nature and extent of the need.</p>	<p>The College's duty to accommodate stems from the Ontario Human Rights Code.</p> <p>In addition, the College implements accommodation requests related to the CMRE and in accordance with the CMRE policies.</p> <p>The College is subject to the Accessibility for Ontarians with Disabilities Act and therefore the application and registration process must be accessible. The College has an Accessibility Policy.</p> <p>This Policy may be rescinded and replaced with information on the website and in a registration handbook, as applicable. Information may cover in</p>	<p>Additional research to review what other College's do would be helpful to see if there is any other approach the College should take with respect to the accommodation of special needs.</p> <p>The current policy notes that all accommodation requests would be reviewed by a Panel of the Registration Committee; however, this would only occur if an applicant disclosed that they suffer from a physical or mental disorder and the Registrar believes that in the interest of the public the applicant should not be permitted to practise midwifery.</p>

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
	what circumstances and how accommodation requests could be made.	
<u>CMO/IMPP Relationship</u> Specifies that the College maintains a relationship with the IMPP.	Rescind: This is required by the Code, s. 22.4(2): (2) If the College makes its own assessment of qualifications, it shall do so in a way that is transparent, objective, impartial and fair and, if it relies on a third party to assess qualifications, it shall take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair. 2006, c. 31, s. 35 (3). The College now has a Memorandum of Understanding with the IMPP.	The College continues to meet with the IMPP at regular intervals. HIROC recommends that where the College relies on another organization for part of the registration process, there is a documented mechanism to manage the relationship.
<u>Training Committee and Staff</u> Specifies that all Committee members and staff should be trained.	Rescind: this is required by the Code s. 22.4(3): (3) The College shall ensure that individuals assessing qualifications and making registration decisions or reviewing decisions have received training that includes, where appropriate, (a) training on how to assess such qualifications and make such decisions;	College implements annual training for Registration Committee members and ongoing training throughout the year for Council members. College is reviewing current training approach with plans to enhance training. In addition, work is underway on tools to assist with Registration Committee Panel decision making.

Registration Policy Streamlining Rationale

Registration Policies/Regulatory Tools to be Rescinded		
Policy/Tool	Rationale	Additional Considerations
	(b) training in any special considerations that may apply in the assessment of applications and the process for applying those considerations. 2006, c. 31, s. 35 (3).	For transparency, decision making process to be outlined in information for applicants and members.

Registration Streamlining Plan

Recommendation: Revise		
Current Policies and Other Regulatory Tools/Forms	Next Steps	Priority (High, Medium, Low)
Policy on Transitional Certificate of Registration, Undertaking and Agreement	<ul style="list-style-type: none"> Complete regulatory impact assessment (RIA) Develop revised policy and handbook/guide/website information 	Medium: Demand for transitional certificates is relatively low; however, ensuring proper understanding of requirements is essential for proper regulation.
Supervision Information, Plan for Supervised Practice and Evaluation template, Agreements, Reporting forms, Supervisor Criteria	<ul style="list-style-type: none"> Update all based on current knowledge and experience to improve information and reporting, strengthen plans and agreements Develop handbook/guide/website information Conduct research to determine best approach for managing supervised practice 	High: Current information and templates are outdated and lack clarity. Difficult to work with when using for Requalification Program.
Class Change: <ul style="list-style-type: none"> Reissuing a General Certificate to the holder of an Inactive Certificate Policy Policy on Active Practice Requirements Forms 	<ul style="list-style-type: none"> Complete RIA Determine best means to measure current clinical experience and how this relates to APR (see notes in registration policy streamlining document) Revise class change forms and develop online process Post information on website 	High: For consistency and to ensure clarity, this needs to be implemented.
Policy on Continuing Competencies	<ul style="list-style-type: none"> Complete RIA Consider how best to address ongoing continuing competency requirements listed in the Registration Regulation Consider operational impact 	High: A streamlined approach for addressing proof of continuing competencies is required to reduce administrative burden for

	<ul style="list-style-type: none"> • Inform and educate members 	staff and to effectively address policy concerns.
Policy on Active Practice Requirements (APR)	<ul style="list-style-type: none"> • Complete RIA • Consider future currency plans and best practice • Revise policy accordingly based on current requirements • Inform and educate members • Ensure database capacity 	High: A streamlined approach to APR is needed to align with current practice realities, level of risk, and to address the administrative burden.
Requalification Program Policy	<ul style="list-style-type: none"> • Complete RIA • Improve policy/information as needed based on best practice and panel decision making tools • Create handbook/enhanced website information • Update Core Competency self-assessment tool 	Medium: Policy doesn't necessarily create problems now but will need to align with other changes. Other information related to requalification and decision-making tools is more urgent.
New Registrants (NR) Policy and Guidelines	<ul style="list-style-type: none"> • Complete RIA • Conduct research • Update policy and reporting forms accordingly • Develop NR handbook/enhanced website information 	Medium-High: Current information/process requires clarification for members, practices, staff and public.
Approval of Canadian Midwifery Education Programs	<ul style="list-style-type: none"> • Complete RIA • Update policy to make it possible to be implemented 	Medium: Plan for Canadian Midwifery Education Programs to be accredited and then recognized by provincial regulatory bodies is underway, which will enable this policy to be used/implemented.

Recommendation: Rescind		
Current Policies and Other Regulatory Tools/Forms	Next Steps for all policies listed in this category	Priority (High, Medium, Low)
Supervision Plan for IMPP Applicants	<ul style="list-style-type: none"> • Incorporate relevant information into enhanced website information, handbooks and guides. • Determine benchmarks and service standards (e.g. processing times) • Rescind policies 	High: More accessible and clear information on website is urgently needed.
Information on the registration process		
Clinical Midwifery Experience Requirements for Registration in Ontario		
Initial applicant letter of professional conduct and good standing from other regulated professions		
Processing registration applications		
Acceptable supporting documentation		
Referral of a registration application to a registration committee panel		
Panel member appointment		
Information on appeal rights		
Retention of registration application records		
Access to Registration Applicant Records		
Accommodation of special needs		
CMO/IMPP relationship		
Training Committee and Staff		

Briefing Note for Council

Subject: Proposed amendments to the College's Registration Regulation

Background

In conjunction with the process of implementing a risk-based approach to regulation and streamlining, the College is reviewing and modernizing its various regulations, including the Registration Regulation. In order to be current with changes in health regulation and be innovative and responsive to change, we are proposing changes to the Registration Regulation, including removing certain requirements currently embedded in the Regulation.

The College has long sought to make changes to legislation and regulations to improve the effectiveness and efficiency of its programs, to respond to best practices in regulation, to remove barriers to the delivery of safe, timely and quality midwifery care, and to improve client experience in the health care system. However, under the current regulatory system, changing legislation and regulations is a difficult and often lengthy process that requires Ministry and stakeholder support and significant College resources.

Fortunately, the Ministry is now working towards modernizing its systems so that Colleges can be more responsive and effective. In addition to recent changes to the *Regulated Health Professions Act, 1991* (RHPA) and the framework under which we function, the Ministry is expecting to streamline their processes to review and revise College regulations in a timely way. In addition, the College is well-positioned to dedicate the necessary human resources to lead a comprehensive review and propose changes to be able to regulate in the most effective manner possible.

The College has had a Registration Regulation in effect since proclamation in 1993. The Registration Regulation outlines the requirements for obtaining and maintaining registration with the College and addresses:

- Acceptable routes of entry
- Non-exemptible and exemptible entry to practice requirements
- Classes of registration and each class' specific registration requirements and conditions
- First year of practise requirements
- Initial and continuing competency requirements
- Active practice requirements (APR) as a measure of currency
- Labour mobility requirements
- Requalification, reinstatement, suspension, and revocation

In 2012, the Registration Regulation was revised to meet the government's priorities with respect to labour mobility and compliance with the Agreement on Internal Trade, which in 2017 was replaced with a new trade agreement, the Canadian Free Trade Agreement (CFTA). This added legally required provisions related to labour mobility to enable

registered midwives from elsewhere in Canada to transfer to Ontario with full recognition of their qualifications. The amendments ensured that the College's Registration Regulation conformed to the labour mobility provisions of the Health Professions Procedural Code ("the Code"). This revision also included key changes to:

- Require a mandatory entry to practice examination, currently the Canadian Midwifery Registration Examination (CMRE)
- Create two new classes of registration (Inactive and Transitional)
- Addition of a new registration requirement (Jurisprudence Course)

Significant changes are being proposed to the Registration Regulation, which are outlined in the attached overview document. The College sought preliminary feedback from key stakeholders: the Ontario Midwifery Program, Office of the Fairness Commissioner, Ontario's Midwifery Education Programs, the International Midwifery Pre-Registration Program, and the Association of Ontario Midwives. The feedback received was taken into consideration by the Registration Committee when they initially reviewed the proposed changes. The Registration Committee reviewed another version of the Regulation in November 2017. The Registration Committee's additional feedback and suggested amendments have been incorporated into the attached version of the proposed Registration Regulation being brought forward to Council for consideration. In addition, the proposed amendments were reviewed by the College's legal counsel.

Key Considerations

A challenge with the current Registration Regulation is its confusing language and layout. Many sections are self-referring, are difficult to interpret and thus require legal consultation. An additional challenge is, in general, ensuring that the Regulation remains current with changes in health regulation and what is evidence based. When requirements are embedded in Regulation as opposed to policy or other guiding documents, it prevents the College from being current, responsive to change, or innovative.

When considering revisions to the Registration Regulation, ensuring consistency with other Canadian midwifery regulators in terms of classes of registration, entry to practice requirements, and measures of currency for the purposes of labour mobility amongst provinces and territories. In addition, since midwifery is a primary care profession, the registration requirements should be consistent with other primary care professions in Ontario, to ensure health practitioners are held to the same standards with respect to registration. Lastly, the proposed Regulation should use gender inclusive language consistent with the CMRC's Position Statement on the Use of Gender Inclusive Language which the College endorsed in 2016.

The proposed amendments to the Registration Regulation are based on a review of Canadian midwifery legislation, standards, policy and by-laws, relevant Ontario health legislation, the United Kingdom's, New Zealand's and Australia's midwifery

registration standards, policies and processes, and other health colleges in Ontario's Registration Regulation, specifically colleges with more recently created regulations and primary care professions.

Recommendations

The following motion is submitted for approval:

- Approve proposed changes to O. Reg. 168/11 Registration Regulation, under the *Midwifery Act, 1991* for 60-day consultation.

Implementation Date

The College will conduct a 60-day consultation following the December Council meeting. After the consultation period, the feedback will be analyzed and, if there's significant feedback, the Regulation will return to the Registration Committee for further consideration. The Regulation and consultation feedback will return to Council for consideration either after it's reviewed by the Registration Committee or directly after consultation if there isn't significant feedback obtained during the consultation period. Council will review all feedback received during consultation to determine if further changes to the Regulation are warranted. If Council is satisfied with a version of the Regulation that is substantially the same, it may approve for formal submission to the Ministry at that time.

Legislative and Other References

[Midwifery Act, S.O. 1991, c. 31](#)

Attachments:

- Overview of proposed Registration Regulation amendments, November 2017
- Proposed Registration Regulation – track changes
- Proposed Registration Regulation – amendments incorporated
- Registration Regulation Submission table

Submitted by: Registration Committee

Overview of Proposed Registration Regulation Amendments

November 2017

A. Format and Layout

A current challenge with the College's current Registration Regulation is the confusing language and layout of the Regulation. Many sections and clauses are self-referring, are difficult to interpret, and thus require legal advice.

To make interpreting the Regulation clearer, we're proposing a new layout. Each class of registration would have specific sections: registration requirements, conditions, and if applicable, mobility in Canada. In addition, to simplify the interpretation of the Regulation, we propose placing all application requirements together, conditions applicable to all classes of registration together and registration requirements and conditions applicable to a specific class within the section discussing that specific class.

B. Currency

1. Eliminate the Active Practice Requirements
2. Implement a three-year currency requirement and flesh out the details of the currency requirement through policy

Reference sections 12 (2), (3) and (4) of the current regulation and sections 6.2 ii, 7(3), 8(1) 1, 13.1(2), 18.1(2), 19.2(2), 20(2) and 22(2) of the proposed regulation

The College's current measure of currency is Active Practice Requirements, in which we ask members to report how many hospital, out-of-hospital and overall number of births they've attend as the primary midwife over initially a 2-year period and then every subsequent 5 years. There is no current evidence that attending a certain number of births within a given time frame is a gauge of maintaining clinical skill or competence. As a result, the College of Family Physicians removed the requirements to attend a certain number of births for physicians providing intrapartum care.

In 2008, a report from HPRAC identified issues with the College's Active Practice Requirements. In their report, HPRAC recommended that the College's Active Practice Requirements be revoked to provide flexibility for the College and ensure the involvement of other maternity care professions in developing joint standards for maternity care in order to provide assurance to patients that they will receive the highest standards of care.

Instead of using Active Practice Requirements as a gauge of currency, or as an alternative number of hours worked within a given period, we're proposing a

currency measure of three years in which a member is required to practice to remain current, and thus maintain their competency in practising midwifery. The threshold of three years of not practising is consistent with the College of Physicians and Surgeons of Ontario (CPSO), the College of Nurses of Ontario (CNO), the Royal College of Dental Surgeons of Ontario (RCDSO), midwifery regulation in the UK as well as in New Zealand. The CPSO deals with currency solely through policy, as does the UK, Australia and New Zealand midwifery regulators. The CNO requires an annual declaration of practice.

The evaluation of currency is also being reviewed with other Canadian midwifery regulators to ensure national consistency to uphold the principles of labour mobility. Earlier this year, the College of Midwives of British Columbia (CMBC) amended their by-laws to eliminate their active practice requirements after 2 years of practice. Instead the CMBC requires members to make an annual declaration of practice within the last three years upon renewal of membership and complete a self-assessment tool.

We're proposing an annual declaration of practice upon renewal which will ask members to identify if they've provided care to clients over the last year. If a member is registered in the General class and declares that they have not practised over three successive years, there are two possible outcomes:

- a. They can switch to the Inactive class; or
- b. If they wish to remain in the General class, they will have to undergo an assessment to determine whether further learning/training is required to remain in the General class and be able to practise.

Alternatively, the member can sign an undertaking with the College to have terms, conditions or limitations placed on their certificate of registration to not practise in the areas of midwifery practice they are not current or have been assessed to require further learning.

Newly practising midwives would still be required to attend a certain number of births within their first year of practising. The specific number(s) will be specified in policy instead of the Regulation to ensure it remains evidence-based.

If a member is in the Inactive class for three years or more and wants to switch to the General class, the member will be assessed to identify whether further learning or training is needed prior to returning to practise.

The assessment process and determination of learning needs would not go through the Registration Committee as the pre-determined elements of the program (approved by the Registration Committee) would direct the process. Instead, the assessment process would discern any deficiencies that need to be addressed prior to returning to practise. The College will be developing a competency-based assessment program, as well as guiding documents for the program. A review of

the need for a competency-based assessment process and tools has been completed. External expertise is needed to develop a competency-based assessment program and the College is undertaking a staged approach to develop systems for the various areas of the College including Quality Assurance, Registration and Professional Conduct.

C. Classes of Registration

Currently the College's Registration Regulation establishes four classes of members:

1. **General** for Midwives practising independently
2. **Supervised Practice** for Midwives obtaining clinical experience required for a General class of registration;
3. **Inactive** for Midwives who are not practising; and
4. **Transitional** for Midwives who are awaiting the results of the qualifying registration examination.

Midwives in the General class of registration are required to maintain and report on their active practice (number of births they have attended) and maintain liability insurance, among other requirements. If a Midwife falls short on their active practice requirements, they can be required to comply with a plan (and related terms, conditions and limitations) proposed by the Registration Committee.

It is a condition for Supervised and Transitional class Midwives to practise under the supervision of a Midwife registered in the General class. Midwives in the Transitional class have further limitations placed on their practise.

Inactive class Midwives must not engage in the practice of midwifery. They must have been registered in the General class of registration prior to switching to the Inactive class. In addition, before resuming General class status, an inactive Midwife may be required to successfully complete a requalification program that is individualized to their circumstances if they are not current in active practice.

We are proposing the following changes with respect to registration classes:

Supervised Practice Class

- a. Rename Supervised Practice to "Supervised"
- b. Re-envision this class of registration - for those that do not meet the currency requirement
- c. Require supervised class midwives to use a modified title

We propose renaming this class of registration from "Supervised Practice" to "Supervised" for further clarity. We also propose that Supervised midwives use a

modified title, midwife (supervised), RM (supervised), sage-femmes (supervisé) or RM (supervisé). This provides further clarity for the public in terms of which midwives are supervised vs. those midwives that are not supervised.

The Supervised class would be used for the following reasons:

- a. An applicant that does not meet the currency requirement (more than 2 years since graduating)
- b. A member that does not meet the currency requirement (more than three years since practising)
- c. A former member who applies to be re-registered with the College and does not meet the currency requirement (more than three years since practising)

Currently the Supervised Practice class is primarily used for graduates of the International Midwifery Pre-Registration Program (IMPP) who do not meet the continuity of care requirement in terms of clinical experience. However, we recommend moving away from this approach and instead expect all graduates of approved midwifery education programs and bridging programs to meet the College's registration requirements. Instead, the Supervised class would be reserved for applicants that do not meet the currency requirement. Graduates from British Columbia's midwifery bridging program meet the registration requirements and are registered in the General class with New Registrant conditions, similar to University of British Columbia's Midwifery Education Program graduates.

Inactive Class

1. Require inactive class midwives to use a modified title
2. Inactive midwives must meet the currency requirement or be assessed to determine if they have the knowledge, skill and judgement prior to switching back to the General class

We propose that Inactive midwives use a modified title, for example midwife (inactive), RM (inactive), sage-femme (inactif), RN (inactif). This provides further clarity for the public in terms of which midwives are entitled to practise midwifery vs. those that are inactive, but are still registered with the College.

A separate section was created in the proposed regulation to outline what is required of Inactive members to switch back to the General class. We propose that to switch back to the General class, Inactive midwives must demonstrate that they have the knowledge, skill and judgment expected of a member holding a general certificate of registration by meeting the new currency requirements (have practised within past three years) or complete be assessed to determine if they require further education and/or training prior to returning to practise.

Transitional Class

1. Rename the Transitional Class of Registration to “Temporary”
2. Require Temporary class midwives to use a modified title

This class of registration was originally created for the gap of time between when a graduate from the Midwifery Education Program (MEP) or International Midwifery Pre-Registration Program (IMPP) has written the CMRE and when they receive the results of their exam. When the CMRE was introduced there was concern that there would be a large gap in time between when graduates wrote the exam and when they received their results (which are required to be provided within 90 days). This class of registration was enacted to allow graduates to remain involved in client care and to encourage continued consolidation of knowledge, skill and judgment and avoid atrophy of skills during this period of not practising.

We propose renaming this class of registration to ***Temporary*** for consistency with the other midwifery regulators in Canada, who refer to this class as ***Temporary*** in their jurisdiction. In addition, other health regulators in Ontario that have a similar class of registration also refer to this class as ***Temporary***. We are also proposing that members with a ***Temporary*** certificate use a modified title, e.g. midwife (temporary), RM (temporary), sage-femme (temporaire), RM (temporaire), similar to other regulators in Ontario (e.g. naturopaths, psychotherapists, kinesiologists). This will ensure further clarity for the public in terms of which midwives practise with specific limitations.

D. Applicants – Requirements for Issuance of a Certificate

1. Eliminate the list of specific clinical experience requirements in the Regulation, subparagraph 8(1), (2), (3) & (4) of the current Regulation
2. Change the language from approved Ontario Midwifery Education Program to approved Canadian Midwifery Education Program, subparagraph 8(1)i of the current

Currently the regulation outlines two different clinical experience requirements, one for graduates of an Ontario Midwifery Education Program and one for graduates of “equivalent” programs. We’re proposing to eliminate the list of specific clinical experience requirements in the regulation and change the language from approved Ontario Midwifery Education Program to approved Canadian Midwifery Education Program. The required clinical experience to be registered would be fleshed out within policy that outlines the curriculum a midwifery education program would need to be comprised of, which would be used by Council, or a body designated by Council, to determine which midwifery education programs to approve or be deemed substantially equivalent. This policy would be based on

best practice and current evidence.

The proposed language would facilitate labour mobility for recent midwifery graduates within Canada. Currently a graduate from another province/territory has to register in another province/territory prior to applying for registration with the College.

3. [Require a police record check as a registration requirement, sections 4.2, and 5.2 of the proposed Regulation](#)

Many other health Colleges in Ontario and other Canadian midwifery regulators require a police record check as part of the application process and also as a requirement of membership. Implementing this as a requirement is consistent with our transparency initiatives and reinforces our disclosure process for applicants and members. Although it does not necessarily have to be in the regulation in order to require an applicant or member to submit a police record check, including it within the regulation is more transparent.

4. [Remove permission to work in Canada as a registration requirement within the Registration Regulation, section 7.6 of the current Registration Regulation](#)

Many of the newer health colleges do not require a member to be a Canadian citizen, permanent resident, or have a valid work permit. The Office of the Fairness Commissioner advised during our preliminary consultation that their experience shows that other regulators implement similar changes to enable applicants to start the registration process from outside Canada.

E. Disclosure

1. [Add more detail regarding what information an applicant is required to disclose, section 6 of the current and section 4 of the proposed Regulation](#)
2. [Revise the information members must disclose to the College and the amount of time in which they must disclose this information.](#)

The additional information proposed to be disclosed by applicants is consistent with what the College currently asks applicants to disclose as part of the application process. In addition, the majority of the information is consistent with what members must disclose per the Health Professions Procedural Code and the College's by-laws. In terms of members, the timeframe to disclose information was revised from 30 days to 14 days, which is consistent with the College's by-laws and added a provision that they must disclose information that is required in the by-laws and is required to be included on the College's Public Register.

F. New Registrants

1. Remove details regarding New Registrant requirements from the Regulation, section 12(1)4 of the current and section 8(1)6 proposed Regulation

The College would still place conditions on the General certificate of New Registrants during the first year of practice, but these specific conditions would be fleshed out only in policy which would allow for greater flexibility and thus informed by evidence and reflect best practice. This will help facilitate labour mobility amongst provinces/territories as Canadian midwifery regulators can work towards a consistent expectation during the first year of practice.

G. Registration card and wall certificate

1. Remove the requirement to have a current registration card available for inspection, section 10.3.ii of the current Regulation
2. Revise language regarding displaying a wall certificate, section 10.3 of the current and 5.5 of the proposed Regulation.

Currently the public can refer to College's Public Register to verify whether someone is currently registered with the College and if there are any conditions or restrictions on their certificate of registration. The Public Register provides the most up-to-date information. As such, we propose removing the requirement that members display their certificate of registration and instead require member to provide proof of registration with the College upon request.

H. Re-registration of Former Members

1. Align former members' currency requirement and conditions of registration with requirements of members, section 8(5) of the current Regulation and 22 of the proposed Regulation

We propose creating a separate section of the regulation that outlines the requirements for a former member's registration to be reinstated. To align with the currency requirement recommendation, we're proposing different pathways for those who resigned and are reapplying within three years of practising midwifery vs. those reapplying after three years. For those applying after three years of not practising, they would be required to be assessed, and if deemed necessary, complete required training, further education, etc., to address deficiencies in midwifery practice since they stopped practising.

I. Certifications (Continuing Competencies)

1. Remove details of specific continuing competency requirements for applicants and members from Regulation, section 7.3, 7.4 & 7.5, 12(1)3,

12(1)4 and 12(1)5 of the current Regulation and section 4.9 and 5.8 of the proposed Regulation

By removing the details of specific continuing competency requirements for both applicants and members from the regulation, it will allow the College to be adaptable to best practice and current evidence. The specific requirements would be fleshed out in policy or a guiding document in terms of what's required, how frequently, and exempting inactive members.

J. Resignations

Proposed adding a section to the regulation to address members resigning their membership that outlines the implications.

K. Revocation, Reinstatement, etc.

Add separate sections to the regulation outlining the requirements to address revocations, suspensions for non-payment of fees vs. failure to provide information, lifting suspensions, and reinstatements. The Registration Regulation should make it clear that members who are suspended or even former members who resigned or were revoked, that wish to be reinstated are subject to specific registration requirements similar to those who are applying initially for registration or a member who is Inactive switching to General (e.g., good conduct, current practice). They should also be responsible for paying outstanding membership fees and/or penalty fees prior to being reinstated.

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

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

**ONTARIO REGULATION 168/11
REGISTRATION**

Consolidation Period: From October 19, 2012 to the [e-Laws currency date](#).

Last amendment: O. Reg. 320/12.

This Regulation is made in English only.

INTERPRETATION

Definitions

1. In this Regulation,

“active practice” means the provision of midwifery care to a woman throughout pregnancy, labour, birth and the postpartum period in accordance with section 12;

“clinical preceptor” means a practising member who teaches a midwifery student as a part of the student’s practice in a clinical setting;

“clinical teacher” means a member who is on the faculty of a midwifery program that meets the description set out in subparagraph 1 i or ii of subsection 8 (1);

“continuity of care” means midwifery care provided in accordance with the standards of practice of the College;

“primary midwife” means a midwife who assumes sole responsibility for the care of a woman in the intrapartum period, or, working with another midwife or a small group of midwives, assumes primary responsibility for the care of a woman in the intrapartum period and, subject to meeting those requirements, may include a midwife who attends a birth as a supervisor approved by the College, a member registered with a certificate of registration in the supervised practice class when acting under a plan for supervised practice and evaluation that has been accepted by the College, and a clinical preceptor;

“remote birth centre” means a birth centre located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using a method of transportation ordinarily used for health care purposes in the area;

“remote clinic” means a clinic located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using the method of transportation ordinarily used for health care purposes in the area;

“supervision” refers to a professional relationship where the supervisor mentors and assesses the supervised midwife.

“supervisor” means a member who has been approved by the College to mentor and ~~assess~~ ~~monitor~~ a member who holds a supervised practice certificate of registration.

~~GENERAL~~ CERTIFICATES OF REGISTRATION

Classes of Certificate

2. The following are prescribed as classes of certificates of registration **for registered midwives:**

1. General.
2. Supervised practice.
3. Inactive.
4. ~~Transitional~~ **Temporary**.

APPLICATION FOR CERTIFICATE OF REGISTRATION

Application

3. (1) A person may apply for a certificate of registration by submitting a completed application **in the form provided by** ~~to~~ the Registrar together with the applicable ~~tion~~ **fees required under the by-laws and any supporting documentation**

required by the Registrar.

(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with their application and any certificate of registration issued to such an applicant may be revoked by the Registrar.

Issuance

~~4. A certificate of registration shall be issued if the member,~~

~~(a) pays the administration fee;~~

~~(b) pays the annual fee; and~~

~~(c) satisfies the registration requirements for a certificate of the applicable class.~~

False or misleading statements

~~5. An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant, whether by commission or omission, makes a false or misleading statement or representation on or in connection with his or her application and any certificate of registration issued to such an applicant shall be deemed to be invalid.~~

GENERAL REQUIREMENTS FOR ISSUANCE REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

General requirements for issuance

~~6.4. An applicant must satisfy the following requirements for the issuance of a certificate of registration in any class:~~

~~It is a registration requirement for a certificate of registration of any class that~~

1. The applicant must, at the time of the application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:

i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant made by a body that governs a profession in any jurisdiction.

ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the applicant by a body that governs a profession in any jurisdiction.

iii. A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction.

iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.

v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.

vi. Information about a coroner's inquest proceeding or verdict relating to the applicant's conduct.

vii. A finding of guilt for any offence.

viii. A current proceeding in respect of any offence in any jurisdiction.

ix. Information about any finding, decision, or restriction relating to the applicant that would be required to be included on the public register if the applicant was a member.

x. Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner.

2. The applicant must, at the time of the application, provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee.

3. The applicant must,

(a) pay the annual fee and any additional fees required under the by-laws; and

(b) satisfy the registration requirements for a certificate of the applicable class.

4. ~~†~~The applicant's past and present conduct **must** afford reasonable grounds for the belief that the applicant will practise midwifery with decency, honesty, and integrity and in accordance with the law.

5. The applicant **must** ~~(a) is not be~~ suffering from a physical or mental condition or disorder that could affect their ability to practise midwifery in a safe manner.

6. The applicant must have sufficient knowledge, skill and judgment to competently engage in the practice of midwifery authorized by their certificate of registration.

7. The applicant must be able to speak, read and write in English or in French with reasonable fluency.
8. The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.
9. The applicant must provide evidence satisfactory to the Registrar of current competency in clinical and emergency skills as specified by the College.
10. The applicant must have completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course.

~~ISSUANCE — GENERAL AND SUPERVISED PRACTICE CLASSES~~ TERMS, CONDITIONS AND LIMITATIONS OF EVERY CERTIFICATE

Issuance — general and supervised practice classes

~~7 The following are non-exemptible registration requirements for a certificate of registration of the general and supervised practice classes:~~

- ~~1. The applicant must provide the College with evidence of having obtained personal protection against professional liability of the type and in the amount as required of members under the by-laws of the College, effective as of the date on which the certificate of registration is to be granted.~~
- ~~2. The applicant must demonstrate the ability to communicate with reasonable fluency in either English or French.~~
- ~~3. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.~~
- ~~4. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.~~
- ~~5. The applicant must provide satisfactory evidence of competency in emergency skills.~~
- ~~6. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to engage in employment in Canada.~~

5. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the member within 14 days of its occurrence:
 - i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the member made by a body that governs a profession in any jurisdiction.
 - ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the member by a body that governs a profession in any jurisdiction.
 - iii. A refusal to register the member to practise as a midwife or another profession in any jurisdiction.
 - iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - vi. Information about a coroner's inquest proceeding or verdict relating to the member's conduct.
 - vii. A finding of guilt for any offence.
 - viii. A current proceeding in respect of any offence in any jurisdiction.
- ix. Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner.
- x. Any other information the member is required to disclose to the Registrar under the by-laws or that may be included on the public register pursuant to the by-laws.
2. At the request of the Registrar, the member must provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee
3. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.
4. The member shall not make a false or misleading representation or declaration to the College.
5. The member shall show proof of registration with the College upon request.
6. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws.
7. The member shall provide the College with written details within two days of the member becoming aware that they do not have the professional liability insurance that they are required to have under the by-laws.
8. The member shall, at such frequency as determined by the Registration Committee, provide evidence satisfactory to the Registrar of continuing competency in such clinical and emergency skills as specified by the College.

GENERAL CERTIFICATE OF REGISTRATION

Issuance—general class **Registration Requirements**

86. (1) Subject to subsections (2) to (5) and to subsection 15 (4), ~~the following are non-exemptible registration requirements for the issuance of a general certificate of registration of the general class:~~

1. The applicant must have at least one of the following,
i. A baccalaureate degree in ~~health sciences (midwifery)~~ from a university in ~~Ontario~~ **Canada that has been approved by the Council or a body designated by the Council.**

~~Repeal ii. A degree, diploma or certificate from a program listed in Schedule 1.~~

iii. **ii.** Qualifications that are **substantially** equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body ~~or bodies~~ designated by the Council.

2. The applicant,

i. **must have completed the requirement set out in paragraph 1 no more than two years before the date of the applicant's application,**

ii. **must demonstrate evidence of practice as a registered midwife as specified by the College no more than three years before the date of application, or**

iii. **must have successfully completed, in the opinion of the Registrar or the Registration Committee, a period of supervised practice in accordance with subsection 9(1) or subsection 10(1).**

~~i. have current clinical experience consisting of active practice for at least two years out of the four years immediately before the date of the application, and~~

~~ii. have attended at least 60 births, of which at least,~~

~~A. 40 were attended as primary midwife,~~

~~B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,~~

~~C. 10 were attended in hospital, of which at least five were attended as primary midwife, and~~

~~D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.~~

3. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.

(1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the qualifying examination within the applicant's first three attempts; or

(b) successfully completed the qualifying examination on the applicant's fourth or any subsequent attempt after having first successfully completed the further education or training or combination of education and training, if any, that may have been specified by ~~a panel of~~ the Registration Committee. O. Reg. 320/12, s. 1.

4. A member holding a supervised certificate of registration may only apply for a general certificate of registration in the member submits to the College a report from the member's supervisor indicating successful completion of the period of supervision.

~~(2) Subparagraph 2 i of subsection (1) does not apply to an applicant who, within the two years immediately preceding the date of application, satisfied the educational requirements in paragraph 1 of subsection (1) or successfully completed a supervised practice approved by a panel of the Registration Committee.~~

~~(3) An applicant who holds a qualification referred to in subparagraph 1 i of subsection (1) is not considered to have met the requirements set out in subparagraph 2 ii of subsection (1) unless those requirements were met while the applicant was under the supervision of a clinical teacher or clinical preceptor.~~

~~(4) An applicant who holds a qualification referred to in subparagraph 1 iii of subsection (1) is considered to have met the requirements of subparagraph 2 ii of subsection (1) if,~~

~~(a) the applicant has attended at least 40 births as primary midwife, of which at least,~~

~~(i) 10 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,~~

~~(ii) 10 were attended in hospital, and~~

~~(iii) one was attended in a residence, a remote clinic, or a remote birth centre;~~

~~(b) the applicant has attended at least one birth other than the one required under subelause (a) (iii) at a place referred to in that subelause, whether or not as primary midwife; and~~

~~(c) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement~~

~~(5) An applicant who is a former member and who had previously resigned from the College is not required to meet~~

the requirements of subsection (1) if,

- (a) the applicant reapplies for a general certificate of registration within five years of having resigned;
- (b) the applicant had held a general certificate of registration for at least one year and, while holding that certificate, had provided midwifery care in accordance with clause 12 (2) (a);
- (c) the applicant successfully completes a requalification program that has been approved by the Registration Committee for that purpose; and
- (d) the applicant meets all the requirements in sections 6 and 7.

When applicant holds out-of-province certificate ~~Mobility within Canada~~

97. (1) ~~Subject to subsection (2),~~ ~~Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a general certificate of registration,~~ the applicant is deemed to have met the requirements of ~~paragraphs 3, 4 and 5 of section 7 and of paragraphs 1, 2 and 3 of subsection 86(1).~~

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or ~~a panel of the Registration Committee~~ establishing that the applicant is **of good character and** in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.

(3) ~~Without in any way limiting the generality of subsection (2), being in “good standing” with respect to a jurisdiction shall include the fact that,~~

- (a) ~~the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and~~
- (b) ~~the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.~~

(4) (3) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or ~~a panel of the Registration Committee~~ that the applicant practised the profession of midwifery to the extent that would be permitted by a general certificate of registration at any time in the preceding three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by ~~a panel of the Registration Committee~~.

(5) (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph ~~2~~ **7** of section ~~7~~ **4** where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(6) (5) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

CONDITIONS OF EVERY CERTIFICATE

Conditions of every certificate

10. The following are conditions of every certificate of registration of every class:

1. The member shall disclose the following events to the Registrar within 30 days of the event occurring, whether the event occurs in Ontario or in any other jurisdiction:
 - i. A finding against the member of professional misconduct, incompetence or incapacity or any like finding made by a regulatory body or, where there is no regulatory body, by a professional association.
 - ii. The initiation of a proceeding against the member that is in relation to professional misconduct, incompetence or incapacity or any similar proceeding by a regulatory body or, where there is no regulatory body, by a professional association.
 - iii. A denial of registration, licensure or similar status by a regulatory body or, where there is no regulatory body, by a professional association.
 - iv. The termination or suspension of the member’s registration, licensure or similar status by a regulatory body or, where there is no regulatory body, by a professional association.
 - v. The imposition of any term, condition, limitation or other restriction on the member’s registration, licensure or similar status by a regulatory body or, where there is no regulatory body, by a professional association.
 - vi. The member’s conduct becomes or is the subject of a coroner’s inquest proceeding or verdict.
 - vii. A finding of guilt either for a criminal offence or for any other offence.
 - viii. The settlement by the member of an action with respect to the member’s professional activities, whether actual or

potential, or the member's becoming subject to a judgment in any action in respect of such activities

2. The member shall not make a false or misleading representation or declaration to the College.

3. The member shall,

i. clearly display his or her certificate of registration as issued by the College at his or her principal place of practice, and

ii. on request, make available for inspection his or her

current registration card as issued by the College.

4. The member shall continue to be a Canadian citizen or a permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to engage in employment in Canada.

Condition re insurance

11. It is a condition of every general, supervised practice and transitional certificate of practice that the member shall have and continue to have personal protection against professional liability in accordance with the by-laws of the College.

Conditions, general certificate

128. (1) The following are **additional** conditions of a general certificate of registration:

1. The member shall carry on an active practice in accordance with this section, and shall correct any deficiencies in accordance with subsection (5), unless a panel of the Registration Committee grants an exception under extenuating circumstances.

The member shall, in every year, provide evidence satisfactory to the College of continuing competency in neonatal resuscitation.

The member shall, every two years, provide evidence satisfactory to the College of continuing competency in emergency skills and cardiopulmonary resuscitation.

1. Every member holding a general certificate of registration shall make a declaration, at the request of the Registrar or at the time the member renews their annual membership as required under the by-laws, about whether the member has engaged in the practise of midwifery during the previous three years.

a. Unless the member applies for and receives an inactive certificate of registration, if a member declares that the member has not engaged in the practice of midwifery during the previous three years,

i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and

ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

2.1 At the request of the Registrar, a member who makes a declaration under paragraph 1 under subsection (1) shall provide evidence that, in the opinion of the Registrar, is satisfactory to support the declaration, within 14 days.

3. Unless the member qualified for a certificate of registration under section 97, in the member's, his or her first year of practice after receiving his or her the member's initial certificate of registration, the member

i. must only work within an established practice, and a practice approved by the Registrar, and

ii. must attend the minimum **number** of 30 births **that is set or approved by the Registration Committee**. as a primary midwife as well as 30 births as a second midwife the latter of which must be attended with a member who is not subject to this condition.

as well as 30 births as a second midwife the latter of which must be attended with a member who is not subject to this condition.

(2) A member satisfies the requirement for active practice if the member provides midwifery care,

(a) over a one-year period, to at least 20 women, 10 of whom the member attended as primary midwife with at least five births occurring in a hospital and at least five in a residence, remote clinic or remote birth centre; or

(b) over a two-year period, to at least 40 women, at least 20 of whom the member attended as primary midwife with at least 10 births occurring in a hospital and at least 10 in a residence, remote clinic or remote birth centre.

(3) A member who complies with subsection (2) in the first two consecutive years after registration in Ontario may elect to satisfy the requirement for active practice by, in any subsequent five-year period, providing midwifery care to at least 100 women, at least 50 of whom the member attended as primary midwife with at least 25 births occurring in a hospital and at least 25 in a residence, remote clinic or remote birth centre.

(4) Despite subsection (3), a member may satisfy the requirement for active practice over any five-year period after

registration in accordance with subsection (3) if the member,
 (a) practised as a midwife in a jurisdiction outside of Ontario before being issued a certificate of registration under the Act; and
 (b) would, if the member had been registered as a midwife in Ontario, have been in compliance with clause 2 (a) or (b) in two of the four years immediately preceding the member's registration as a midwife with a general certificate of registration in Ontario.
 (5) A member who receives notice from the Registrar of having failed to satisfy the active practice requirements in subsections (2) to (4) shall not engage in the practice of midwifery unless,
 (a) within 30 days of the notice being sent, the member agrees to comply with a plan proposed by a panel of the Registration Committee that is designed to enable the member to meet the active practice requirements; and
 (b) the member gives an undertaking to the Registration Committee that he or she will comply with any term, condition or limitation imposed on his or her certificate of registration that is in relation to the plan mentioned in clause (a).

SUPERVISED PRACTICE CERTIFICATE OF REGISTRATION

Registration requirements

139. (1) Subject to subsection (2), a **An applicant** person may obtain a supervised practice certificate of registration if the **person-applicant**,
 (a) has applied for a general certificate of registration and meets all the registration requirements for the general certificate of registration with the exception of **those the** requirements set out in paragraph 2 of subsection 8 **6**(1); or
 (b) is required to undergo supervised practice **to obtain additional training, experience, examinations or assessments that has been specified** by a panel of the Registration Committee.
 (2) A supervised practice certificate of registration may only be granted if the following apply, as applicable:
 1. In the case of an applicant who qualifies for a supervised practice certificate of registration under clause (1) (a), if a panel of the Registration Committee has determined that the deficiencies in the applicant's clinical experience may be fully remedied by a period of no more than one year spent under the supervision of a member holding a general certificate of registration who is an approved supervisor.
 2. In all cases, if the applicant has agreed to abide by a plan for supervised practice and evaluation that,
 i. satisfactorily addresses the deficiencies in the applicant's clinical experience;
 ii. has been agreed to by a supervisor who has been approved by a panel of the Registration Committee, and
 iii. is acceptable to the College.
 (3) **(2)** A supervised practice certificate of registration may be granted for a period of up to one year, **unless approved by the Registration Committee**.
 (4) If a supervised practice certificate of registration is granted for a period of less than a year, the certificate may be reissued so long as the reissuance will not result in the total period of supervised practice being longer than one year.
 (5) A supervised practice certificate of registration may not be reissued after the member has undertaken one year of supervised practice unless the Registration Committee approves of it being reissued.
 (6) A member holding a supervised practice certificate of registration may only apply for a general certificate of registration if the member submits to the College a report from his or her supervisor indicating successful completion of the period of supervision.

(7) The following are the conditions of a supervised practice certificate of registration:
 1. The member shall only practice midwifery in accordance with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2).
 2. The member shall only practice midwifery while under the supervision of a supervisor who has been approved by a panel of the Registration Committee.
 3. The member must file any agreements and undertakings required by the College in connection with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2) within the time periods specified by the College.

When applicant holds out-of-province certificate **Mobility within Canada**

104. (1) Subject to subsection (2), **w**Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a supervised practice certificate, the applicant is deemed to have met the requirements of **paragraphs 3, and 4 and 5 of section 7 and of subsections 139 (1) and (2).**

- (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is **of good character and** in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.
- (3) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 27 of section 74 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.
- ~~(4) Without in any way limiting the generality of subsection (2), being in "good standing" with respect to a jurisdiction shall include the fact that:~~
- ~~(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and~~
- ~~(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.~~
- ~~(5)~~ (4) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a supervised practice certificate of registration at any time in the preceding three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments, if any, that may be specified by a panel of the Registration Committee.
- ~~(6)~~ (5) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.
- ~~(7)~~ (6) In respect of an applicant to whom subsection (1) applies, the reference in **paragraph 1 of** subsection 13 11 ~~(7)~~ (1) to a plan for supervised practice and evaluation **supervision** shall be read as a reference to the equivalent of such a plan as has been approved by the individual or body that granted the applicant the out-of-province certificate that is equivalent to a supervised practice certificate of registration.

Conditions, supervised certificate

- 11.** (1) The following are additional conditions of a supervised certificate of registration:
1. The member shall only practice midwifery under the supervision of a supervisor approved by the Registration Committee and in accordance with a plan for supervision approved by the Registration Committee.
 2. The member shall only use the title "midwife (supervised)", "RM (supervised)" or "RM (supervisé)", "sage-femme (supervisé)" in French.
- (2) In order to be approved, the supervisor shall agree to:
- (a) mentor the supervised midwife;
 - (b) assess the supervised midwife's knowledge, skill and judgment to practise midwifery;
 - (c) report to the College on the progress of the supervision; and
 - (d) inform the College of any current or anticipated problems with the supervised midwife's practice.

INACTIVE CERTIFICATE OF REGISTRATION

Registration requirements

- 125.** (1) The following are non-exemptible registration requirements for an inactive certificate of registration:
1. The applicant must be a member holding a general certificate of registration.
 2. ~~The member must not be in default of any fee, penalty or other amount owing to the College.~~ **Repeal**
- 32.** The member must have provided the College with any information that it has required of the member.
- (2) The Registrar shall issue an inactive certificate of registration to any member who meets the requirements in subsection (1) upon application of that member.
- ~~(3) It is a condition of an inactive certificate of registration that the member shall not engage in the practice of midwifery.~~
- ~~(4) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if he or she continues to meet the requirements in paragraphs 2 and 3 of subsection (1) and the member,~~
- ~~(a) meets all the registration requirements for the general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1); or~~

~~(b) successfully completes a requalification program that has been approved by a panel of the Registration Committee for that purpose.~~

Conditions, inactive certificate

13. (1) The following are conditions of an inactive certificate of registration:

1. The member shall not engage in the practice of midwifery;
2. The member shall not hold themselves out as a person qualified to practise in Ontario as a midwife; and
3. The member shall only use the title “midwife (inactive)”, “RM (inactive)” or “RM (inactif)”, “sage-femme (inactif)” in French.

Moving from inactive to general certificate

13.1 (1) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member:

- (a) applies in writing to the Registrar for reinstatement;
- (b) pays any fee, penalty or other amount owed to the College;
- (c) provides the College with any information that it has required of the member; and
- (d) meets the registration requirements of section 4.

(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the member may only be reissued a general certificate of registration if the following additional requirements are met:

- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practice midwifery competently and safely, and
- ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

When applicant holds out-of-province certificate

~~**16. Repeal** (1) Where an applicant holds a certificate of registration or other licensure or similar status that is equivalent to an inactive certificate of registration and which was issued by the regulatory body for midwifery in another province or territory of Canada, the applicant shall be deemed to have met the requirements of paragraph 1 of subsection 15 (1) if;~~

- ~~(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate;~~
- ~~(b) the applicant satisfies the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by either a general or a supervised practice certificate of registration at any time in the three years immediately before the date of application; and~~
- ~~(c) the applicant meets the requirement in paragraph 7 of section 7.~~

~~(2) Without in any way limiting the generality of clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that;~~

- ~~(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and~~
- ~~(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.~~

TRANSITIONAL TEMPORARY CERTIFICATES OF REGISTRATION

Registration requirements

~~**17.14.**~~ (1) It is a non-exemptible registration requirement for a ~~transitional~~ **temporary** certificate of registration that one of the following apply:

1. The applicant is able to meet all registration requirements for a general certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection ~~86~~ (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination.
2. The applicant is able ~~to~~ meet all registration requirements for the supervised ~~practice~~ certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection ~~86~~ (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that

examination.

(2) A ~~transitional~~ temporary certificate of registration,

(a) shall only be issued **once** to an applicant; and

(b) the applicant who has filed an undertaking with the Registrar in a form and manner that is acceptable to the Registrar; ~~and~~

~~(b) is subject to the condition that the member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration.~~

(3) A ~~transitional~~ temporary certificate of registration is revoked on the earliest of the date on which any of the following events occurs:

1. The member is issued a general certificate of registration.

2. The member is issued a supervised ~~practice~~ certificate of registration.

3. The College notifies the member that he or she has failed to successfully pass the examination referred to in paragraph 3 of subsection ~~86~~ (1).

4. Ninety days have passed since the issuance of the ~~transitional~~ temporary certificate of registration.

~~When applicant holds out-of-province certificate~~ Mobility within Canada

~~18~~**15.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the applicant is deemed to have met the requirements of subsection ~~47~~**15** (1) and reference to the examination referred to in paragraph 3 of subsection ~~86~~ (1) shall be read as a reference to the examination requirement imposed by the regulatory body for midwifery in the other province or territory in Canada from which the applicant holds a certificate of registration which is equivalent to the exam required under paragraph 3 of subsection ~~86~~ (1) if,

(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is **of good character and** in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate; and

(b) the applicant meets the requirement in paragraph ~~7~~**11** of section ~~74~~.

~~(2) Without in any way limiting the generality of clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that,~~

~~(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and~~

~~(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.~~

~~(3)~~ **(2)** Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Conditions, temporary certificate

16. (1) The following are conditions of a temporary certificate of registration:

1. The member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration approved by the Registrar.

2. The member shall only use the title “midwife (temporary)”, “RM (temporary)” or “RM (temporaire)”, “sage-femme (temporaire)” in French.

RESIGNATIONS, SUSPENSIONS, REVOCATIONS, AND REINSTATEMENTS, ETC.

Revocation, reinstatement, etc.

~~19.~~ (1) The Registrar may revoke the certificate of registration of a member who fails to comply with the conditions set out in paragraph 1, 2 or 3 of section 10.

(2) The Registrar shall revoke the certificate of registration;

(a) of a member holding a certificate in any class who fails to comply with the condition set out in paragraph 4 of section 10;

(b) of a member holding a certificate in the general, supervised practice or transitional class who fails to comply with the condition set out in section 11, and

(c) of a member holding a certificate in the inactive class who fails to comply with the requirement set out in subsection ~~15~~ (3).

(3) A former member who held a certificate of registration in the general or supervised practice classes and whose

~~certificate of registration was revoked under subsection (1), except for a failure to comply with the conditions set out in paragraph 2 of section 10, may be reinstated within one year of the revocation if the former member,~~

- ~~(a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1);~~
- ~~(b) satisfies the Registration Committee that the failure to comply that led to the revocation will not be repeated; and~~
- ~~(c) pays the reinstatement fee.~~

~~(4) A former member who held a certificate of registration in the general or supervised practice classes and whose certificate of registration was revoked under clause (2) (a) or (b) may be reinstated within one year of the revocation if the former member,~~

- ~~(a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1);~~
- ~~(b) provides evidence satisfactory to the Registration Committee that the former member will, immediately upon reinstatement, be in compliance with the condition or conditions, the failure which to meet led to the revocation; and~~
- ~~(c) pays the reinstatement fee.~~

~~(5) Where, under clauses (3) (a) and (4) (a), the former member is required to satisfy the applicable requirements for a certificate of registration, a requirement for clinical experience may be met by successfully completing a requalification program that has been approved by the Registration Committee for that purpose.~~

Resignation

- 17. (1)** A member may resign as a member of the College by giving written notice to the College.
- (2)** A resignation under this section is effective on the date set out in the resignation or on the date it is received by the College, whichever is later.
- (3)** A resignation under subsection (1) automatically revokes the certificate of registration to which it applies at the time the resignation is effective.

Suspension for Failure to Provide Information

- 18.** If a member fails to provide the College with information about the member required under the by-laws,
- (a)** the Registrar may give the member notice of intention to suspend the member's certificate of registration; and
- (b)** the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.

Lifting of Suspension for Failure to Provide Information

- 18.1 (1)** If the Registrar suspends a member's certificate of registration under section 18, the Registrar shall lift the suspension upon being satisfied that the former member,
- (a)** has provided the required information to the College;
- (b)** has paid any fees required under the by-laws for lifting the suspension;
- (c)** has paid any other applicable fees required under the by-laws;
- (d)** has paid any outstanding monies otherwise owed to the College;
- (e)** has professional liability insurance coverage in the amount and in the form required under the by-laws; and
- (f)** is in compliance with,
 - (i)** any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii)** any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
 - (iii)** any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv)** any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.

(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:

- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
- ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage

19. The Registrar may immediately suspend a member's certificate of registration if the Registrar becomes aware that the member fails to hold professional liability insurance required under the by-laws.

Lifting of Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage

19.1 (1) If the Registrar suspends a member's certificate of registration under section 19, the Registrar shall lift the suspension upon being satisfied that the former member,

- (a) has provided the required information to the College;
- (b) has paid any fees required under the by-laws for lifting the suspension;
- (c) has paid any other applicable fees required under the by-laws;
- (d) has paid any outstanding monies otherwise owed to the College;
- (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and
- (f) is in compliance with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
 - (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee

(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:

- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
- ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Lifting of suspension for failure to pay fees

20. (1) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failing to pay a fee, the Registrar shall lift the suspension upon being satisfied that the former member,

- (a) has paid the fee in question;
- (b) has paid any fees required under the by-laws for lifting the suspension;
- (c) has paid any other outstanding fees and any outstanding penalties required under the by-laws;
- (d) has paid any outstanding monies otherwise owed to the College;
- (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and
- (f) is in compliance with,
 - (ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practice Committee,

- (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
- (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.

(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:

- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
- ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

~~If the Registrar suspends a member's certificate of registration for failure to pay a prescribed fee, the Registrar may, within one year of the date of the suspension, lift the suspension on payment of;~~

- ~~(a) the fee the member failed to pay;~~
- ~~(b) the penalty for late payment of the fee; and~~
- ~~(c) the reinstatement fee.~~

~~(2) If the Registrar does not lift the suspension of a certificate of registration that was suspended for failure to pay a prescribed fee under subsection (1), the certificate is revoked one year after the day of the suspension.~~

~~(3) A former member whose certificate of registration was revoked under subsection (2) may be reinstated within one year of the revocation if during that year, the former member successfully completes a requalification program satisfactory to the Registration Committee.~~

Revocation

21. If the Registrar suspends a member's certificate of registration under section 18 or 19 of this Regulation or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is one year after the day it was suspended.

Reinstatement

22. The Registrar shall reinstate the certificate of registration of a former member who resigned pursuant to section 17 or whose certificate of registration was revoked under section 21 if,

- (a) the former member has paid any outstanding monies otherwise owed to the College;
- (b) the former member has paid any fees required under the by-laws for reinstatement of a certificate of registration;
- (c) the former member has paid all other outstanding fees or penalties required under the by-laws;
- (d) the former member meets the registration requirements of section 4;
- (e) the former member has professional liability insurance coverage in the amount and in the form required under the by-laws; and
- (f) the former member is in compliance with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
 - (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee

(2) If a former member declares that the former member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only reinstate the former member's certificate of registration if the following additional requirements are met:

- i) the Registrar shall require the former member to be assessed to determine if the former member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
- ii) the former member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Transition

~~21~~**23.** A certificate of registration under Ontario Regulation 867/93 that was in existence immediately before the coming into force of this Regulation is continued as a certificate of registration of the nearest equivalent class under this Regulation, and is subject to the terms, conditions and limitations that apply under this Regulation. **O.Reg 168/11, s.21**

Revocation

~~22. Ontario Regulation 867/93 is revoked.~~

24. OMITTED (REVOKES OTHER REGULATIONS). O.Reg 168/11, s.22.

Commencement

~~23. This Regulation comes into force on the day it is filed.~~

25. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION) O.Reg 168/11, s.23.

SCHEDULE 1

~~1. The Midwifery Pre-registration Program of the Michener Institute of Applied Health Sciences.~~

Repeal O.Reg 168/11, Schedule 1.

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

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

**ONTARIO REGULATION 168/11
REGISTRATION**

Consolidation Period: From October 19, 2012 to the [e-Laws currency date](#).

Last amendment: O. Reg. 320/12.

This Regulation is made in English only.

INTERPRETATION

Definitions

1. In this Regulation,
“supervision” refers to a professional relationship where the supervisor mentors and assesses the supervised midwife.

“supervisor” means a member who has been approved by the College to mentor and assess a member who holds a supervised practice certificate of registration.

CERTIFICATES OF REGISTRATION

2. The following are prescribed as classes of certificates of registration for registered midwives:
1. General.
 2. Supervised.
 3. Inactive.
 4. Temporary.

APPLICATION FOR CERTIFICATE OF REGISTRATION

3. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by ~~to~~ the Registrar together with the applicable fees required under the by-laws and any supporting documentation required by the Registrar.
- (2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with their application and any certificate of registration issued to such an applicant may be revoked by the Registrar.

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

4. An applicant must satisfy the following requirements for the issuance of a certificate of registration in any class:
1. The applicant must, at the time of the application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:
 - i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant made by a body that governs a profession in any jurisdiction.

- ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the applicant by a body that governs a profession in any jurisdiction.
 - iii. A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction.
 - iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - vi. Information about a coroner's inquest proceeding or verdict relating to the applicant's conduct.
 - vii. A finding of guilt for any offence.
 - viii. A current proceeding in respect of any offence in any jurisdiction.
 - ix. Information about any finding, decision, or restriction relating to the applicant that would be required to be included on the public register if the applicant was a member.
 - x. Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner.
2. The applicant must, at the time of the application, provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee.
3. The applicant must,
- (a) pay the annual fee and any additional fees required under the by-laws; and
 - (b) satisfy the registration requirements for a certificate of the applicable class.
4. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant will practise midwifery with decency, honesty and integrity and in accordance with the law.
5. The applicant must not be suffering from a physical or mental condition or disorder that could affect their ability to practise midwifery in a safe manner.
6. The applicant must have sufficient knowledge, skill and judgment to competently engage in the practice of midwifery authorized by their certificate of registration.
7. The applicant must be able to speak, read and write in English or in French with reasonable fluency.
8. The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.
9. The applicant must provide evidence satisfactory to the Registrar of current competency in clinical and emergency skills as specified by the College.
10. The applicant must have completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course.

TERMS, CONDITIONS AND LIMITATIONS OF EVERY CERTIFICATE

- 5.** Every certificate of registration is subject to the following terms, conditions and limitations:
1. The member shall provide the College with written details about any of the following that relate to the member within 14 days of its occurrence:
- i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the member made by a body that governs a profession in any jurisdiction.
 - ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the member by a body that governs a profession in any jurisdiction.
 - iii. A refusal to register the member to practise as a midwife or another profession in any jurisdiction.
 - iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - vi. Information about a coroner's inquest proceeding or verdict relating to the member's conduct.
 - vii. A finding of guilt for any offence.
 - viii. A current proceeding in respect of any offence in any jurisdiction.

- ix. Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner.
- x. Any other information the member is required to disclose to the Registrar under the by-laws or that may be included on the public register pursuant to the by-laws.
- 2. At the request of the Registrar, the member must provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee
- 3. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.
- 4. The member shall not make a false or misleading representation or declaration to the College.
- 5. The member shall show proof of registration with the College upon request.
- 6. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws.
- 7. The member shall provide the College with written details within two days of the member becoming aware that they do not have the professional liability insurance that they are required to have under the by-laws.
- 8. The member shall, at such frequency as determined by the Registration Committee, provide evidence satisfactory to the Registrar of continuing competency in such clinical and emergency skills as specified by the College.

GENERAL CERTIFICATE OF REGISTRATION

Registration Requirements

- 6. (1) The following are non-exemptible registration requirements for the issuance of a general certificate of registration:
 - 1. The applicant must have at least one of the following,
 - i. A baccalaureate degree in midwifery from a university in Canada that has been approved by the Council or a body designated by the Council.
 - Repeal
 - iii. ii. Qualifications that are substantially equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body designated by the Council.
 - 2. The applicant,
 - i. must have completed the requirement set out in paragraph 1 no more than two years before the date of the applicant's application,
 - ii. must demonstrate evidence of practice as a registered midwife as specified by the College no more than three years before the date of application, or
 - iii. must have successfully completed, in the opinion of the Registrar or the Registration Committee, a period of supervised practice in accordance with subsection 9(1) or subsection 10(1).
 - 3. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.
- (1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant,
 - (a) successfully completed the qualifying examination within the applicant's first three attempts; or
 - (b) successfully completed the qualifying examination on the applicant's fourth or any subsequent attempt after having first successfully completed the further education or training or combination of education and training, if any, that may have been specified by the Registration Committee. O. Reg. 320/12, s. 1.
- 4. A member holding a supervised certificate of registration may only apply for a general certificate of registration in the member submits to the College a report from the member's supervisor indicating successful completion of the period of supervision.

Mobility within Canada

- 7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a general certificate of registration, the applicant is deemed to have met the requirements of subsection 6(1).
- (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or

more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.

(3) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a general certificate of registration at any time in the preceding three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 7 of section 4 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Conditions, general certificate

8. (1) The following are additional conditions of a general certificate of registration:

1. Every member holding a general certificate of registration shall make a declaration, at the request of the Registrar or at the time the member renews their annual membership as required under the by-laws, about whether the member has engaged in the practise of midwifery during the previous three years.

a. Unless the member applies for and receives an inactive certificate of registration, if a member declares that the member has not engaged in the practice of midwifery during the previous three years,

i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and

ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

2.1 At the request of the Registrar, a member who makes a declaration under paragraph 1 under subsection (1) shall provide evidence that, in the opinion of the Registrar, is satisfactory to support the declaration, within 14 days.

3. Unless the member qualified for a certificate of registration under section 7, in the member's first year of practice after receiving the member's initial certificate of registration, the member

i. must only work within a practice approved by the Registrar, and

ii. must attend the minimum number of births that is set or approved by the Registration Committee.

SUPERVISED CERTIFICATE OF REGISTRATION

Registration requirements

9. (1) An applicant may obtain a supervised certificate of registration if the applicant,

(a) has applied for a general certificate of registration and meets all the registration requirements for the general certificate of registration with the exception of the requirements set out in paragraph 2 of subsection 6(1); or

(b) is required to undergo supervised practice to obtain additional training, experience, examinations or assessments that has been specified by the Registration Committee.

(2) A supervised certificate of registration may be granted for a period of up to one year, unless approved by the Registration Committee.

Mobility within Canada

10. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a supervised certificate, the applicant is deemed to have met the requirements of subsections 9 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.

(3) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 7 of section 4

where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(4) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a supervised certificate of registration at any time in the preceding three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments, if any, that may be specified by the Registration Committee.

(5) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

(6) In respect of an applicant to whom subsection (1) applies, the reference in paragraph 1 of subsection 11(1) to a plan for supervision shall be read as a reference to the equivalent of such a plan as has been approved by the individual or body that granted the applicant the out-of-province certificate that is equivalent to a supervised practice certificate of registration.

Conditions, supervised certificate

11. (1) The following are additional conditions of a supervised certificate of registration:

1. The member shall only practice midwifery under the supervision of a supervisor approved by the Registration Committee and in accordance with a plan for supervision approved by the Registration Committee.
2. The member shall only use the title "midwife (supervised)", "RM (supervised)" or "RM (supervisé)", "sage-femme (supervisé)" in French.

(2) In order to be approved, the supervisor shall agree to:

- (a) mentor the supervised midwife;
- (b) assess the supervised midwife's knowledge, skill and judgment to practise midwifery;
- (c) report to the College on the progress of the supervision; and
- (d) inform the College of any current or anticipated problems with the supervised midwife's practice.

INACTIVE CERTIFICATE OF REGISTRATION

Registration requirements

12. (1) The following are non-exemptible registration requirements for an inactive certificate of registration:

1. The applicant must be a member holding a general certificate of registration.
 2. The member must have provided the College with any information that it has required of the member.
- (2) The Registrar shall issue an inactive certificate of registration to any member who meets the requirements in subsection (1) upon application of that member.

Conditions, inactive certificate

13. (1) The following are conditions of an inactive certificate of registration:

1. The member shall not engage in the practice of midwifery;
2. The member shall not hold themselves out as a person qualified to practise in Ontario as a midwife; and
3. The member shall only use the title "midwife (inactive)", "RM (inactive)" or "RM (inactif)", "sage-femme (inactif)" in French.

Moving from inactive to general certificate

13.1 (1) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member:

- (a) applies in writing to the Registrar for reinstatement;
- (b) pays any fee, penalty or other amount owed to the College;
- (c) provides the College with any information that it has required of the member; and
- (d) meets the registration requirements of section 4.

(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the member may only be reissued a general certificate of registration if the following additional

requirements are met:

- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practice midwifery competently and safely, and
- ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

TEMPORARY CERTIFICATES OF REGISTRATION

Registration requirements

14. (1) It is a non-exemptible registration requirement for a temporary certificate of registration that one of the following apply:

- 1. The applicant is able to meet all registration requirements for a general certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 6 (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination.
- 2. The applicant is able to meet all registration requirements for the supervised certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 6 (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination.

(2) A temporary certificate of registration,

(a) shall only be issued once to an applicant; and

(b) the applicant has filed an undertaking with the Registrar in a form and manner that is acceptable to the Registrar.

(3) A temporary certificate of registration is revoked on the earliest of the date on which any of the following events occurs:

- 1. The member is issued a general certificate of registration.
- 2. The member is issued a supervised certificate of registration.
- 3. The College notifies the member that he or she has failed to successfully pass the examination referred to in paragraph 3 of subsection 6 (1).
- 4. Ninety days have passed since the issuance of the temporary certificate of registration.

Mobility within Canada

15. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the applicant is deemed to have met the requirements of subsection 15 (1) and reference to the examination referred to in paragraph 3 of subsection 6 (1) shall be read as a reference to the examination requirement imposed by the regulatory body for midwifery in the other province or territory in Canada from which the applicant holds a certificate of registration which is equivalent to the exam required under paragraph 3 of subsection 6 (1) if,

(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate; and

(b) the applicant meets the requirement in paragraph 11 of section 4.

(2) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Conditions, temporary certificate

16. (1) The following are conditions of a temporary certificate of registration:

1. The member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration approved by the Registrar.

2. The member shall only use the title “midwife (temporary)”, “RM (temporary)” or “RM (temporaire)”, “sage-femme (temporaire)” in French.

RESIGNATIONS, SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS

Resignation

- 17.** (1) A member may resign as a member of the College by giving written notice to the College.
(2) A resignation under this section is effective on the date set out in the resignation or on the date it is received by the College, whichever is later.
(3) A resignation under subsection (1) automatically revokes the certificate of registration to which it applies at the time the resignation is effective.

Suspension for Failure to Provide Information

- 18.** If a member fails to provide the College with information about the member required under the by-laws,
(a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and
(b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.

Lifting of Suspension for Failure to Provide Information

- 18.1** (1) If the Registrar suspends a member's certificate of registration under section 18, the Registrar shall lift the suspension upon being satisfied that the former member,
(a) has provided the required information to the College;
(b) has paid any fees required under the by-laws for lifting the suspension;
(c) has paid any other applicable fees required under the by-laws;
(d) has paid any outstanding monies otherwise owed to the College;
(e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and
(f) is in compliance with,
(i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
(ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
(iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
(iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.
(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:
i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage

- 19.** The Registrar may immediately suspend a member's certificate of registration if the Registrar becomes aware that the member fails to hold professional liability insurance required under the by-laws.

Lifting of Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage

- 19.1** (1) If the Registrar suspends a member's certificate of registration under section 19, the Registrar shall lift the suspension upon being satisfied that the former member,
(a) has provided the required information to the College;
(b) has paid any fees required under the by-laws for lifting the suspension;
(c) has paid any other applicable fees required under the by-laws;
(d) has paid any outstanding monies otherwise owed to the College;

- (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and
 - (f) is in compliance with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
 - (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee
- (2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:
- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
 - ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Lifting of suspension for failure to pay fees

- 20.** (1) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failing to pay a fee, the Registrar shall lift the suspension upon being satisfied that the former member,
- (a) has paid the fee in question;
 - (b) has paid any fees required under the by-laws for lifting the suspension;
 - (c) has paid any other outstanding fees and any outstanding penalties required under the by-laws;
 - (d) has paid any outstanding monies otherwise owed to the College;
 - (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and
 - (f) is in compliance with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practice Committee,
 - (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.
- (2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:
- i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
 - ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Revocation

21. If the Registrar suspends a member's certificate of registration under section 18 or 19 of this Regulation or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is one year after the day it was suspended.

Reinstatement

22. The Registrar shall reinstate the certificate of registration of a former member who resigned pursuant to section 17 or whose certificate of registration was revoked under section 21 if,

- (a) the former member has paid any outstanding monies otherwise owed to the College;

- (b) the former member has paid any fees required under the by-laws for reinstatement of a certificate of registration;
 - (c) the former member has paid all other outstanding fees or penalties required under the by-laws;
 - (d) the former member meets the registration requirements of section 4;
 - (e) the former member has professional liability insurance coverage in the amount and in the form required under the by-laws; and
 - (f) the former member is in compliance with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,
 - (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and
 - (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee
- (2) If a former member declares that the former member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only reinstate the former member's certificate of registration if the following additional requirements are met:
- i) the Registrar shall require the former member to be assessed to determine if the former member has the required knowledge, skill and judgment to practise midwifery competently and safely, and
 - ii) the former member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.

Transition

23. A certificate of registration under Ontario Regulation 867/93 that was in existence immediately before the coming into force of this Regulation is continued as a certificate of registration of the nearest equivalent class under this Regulation, and is subject to the terms, conditions and limitations that apply under this Regulation. O.Reg 168/11, s.21

24. OMITTED (REVOKES OTHER REGULATIONS). O.Reg 168/11, s.22.

25. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION)
O.Reg 168/11, s.23.

Repeal O.Reg 168/11, Schedule 1.

COLLEGE OF MIDWIVES OF ONTARIO

DRAFT PROPOSED CHANGES TO REGISTRATION REGULATION

Current Language	Proposed Language 2017	Rationale
INTERPRETATION	INTERPRETATION	
<p>Definitions</p> <p>1. In this Regulation, “active practice” means the provision of midwifery care to a woman throughout pregnancy, labour, birth and the postpartum period in accordance with section 12; “clinical preceptor” means a practising member who teaches a midwifery student as a part of the student’s practice in a clinical setting; “clinical teacher” means a member who is on the faculty of a midwifery program that meets the description set out in subparagraph 1 i or ii of subsection 8 (1); “continuity of care” means midwifery care provided in accordance with the standards of practice of the College; “primary midwife” means a midwife who assumes sole responsibility for the care of a woman in the intrapartum period, or, working with another midwife or a small group of midwives, assumes primary responsibility for the care of a woman in the intrapartum period and, subject to meeting those requirements, may include a midwife who attends a birth as a supervisor approved by the College, a member registered with a certificate of registration in the supervised practice class when acting under a plan for supervised practice and evaluation that has been accepted by the College, and a clinical preceptor; “remote birth centre” means a birth centre located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using a method of transportation ordinarily used for health care purposes in the area;</p>	<p>Definitions</p> <p>1. In this Regulation, “supervision” refers to a professional relationship where the supervisor mentors and assesses the supervised midwife. “supervisor” means a member who has been approved by the College to mentor and assess a member who holds a supervised practice certificate of registration.</p>	<p>The terms “active practice”, “clinical preceptor”, “clinical teacher”, “continuity of care”, “primary midwife”, “remote birth centre” and “remote clinic” are not referred to in this regulation and therefore do not require a definition.</p> <p>Added “supervision” as it’s mentioned in the regulation and to provide more context in terms of what supervision entails and the role of the supervisor.</p> <p>Revised the definition of “supervisor” by changing “monitor” to “assess”</p>

<p>“remote clinic” means a clinic located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using the method of transportation ordinarily used for health care purposes in the area;</p> <p>“supervisor” means a member who has been approved by the College to mentor and monitor a member who holds a supervised practice certificate of registration</p>		
GENERAL CERTIFICATES OF REGISTRATION	CERTIFICATES OF REGISTRATION	
<p>Classes of Certificate</p> <p>2. The following are prescribed as classes of certificates of registration:</p> <ol style="list-style-type: none"> 1. General. 2. Supervised practice. 3. Inactive. 4. Transitional. 	<p>2. The following are prescribed as classes of certificates of registration for registered midwives:</p> <ol style="list-style-type: none"> 1. General. 2. Supervised. 3. Inactive. 4. Temporary. 	<p>Proposing to rename the “transitional” certificate of registration to “temporary”. Temporary is consistent with other Canadian midwifery regulators’ class or status for those members who are awaiting the results of the registration qualifying examination. Thus, from a labour mobility standpoint, helps clarify equivalency. In addition, many regulators in Ontario also have a temporary class for those who in the process of awaiting or completing a registration requirement. The term temporary makes is arguably clearer than transitional.</p> <p>Proposing to rename “supervised practice” to “supervised” for increased clarity and consistency with other health Colleges.</p>
	APPLICATION FOR CERTIFICATE OF REGISTRATION	
<p>3. A person may apply for a certificate of registration by submitting a completed application to the Registrar together with the application fee.</p>	<p>3. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by to the Registrar together with the applicable fees required under the by-laws and any supporting documentation required by the Registrar.</p>	<p>The proposed language provides direction as to where to locate information regarding fees.</p> <p>Combined what is currently section 5 with this section of the Regulation as the information is interconnected.</p>
Issuance	<p>(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of</p>	<p>Combined with section 4 so information regarding registration requirements</p>

<p>4. A certificate of registration shall be issued if the member,</p> <p>(a) pays the administration fee;</p> <p>(b) pays the annual fee; and</p> <p>(c) satisfies the registration requirements for a certificate of the applicable class.</p>	<p>registration if the applicant makes a false or misleading statement or representation on or in connection with their application and any certificate of registration issued to such an applicant may be revoked by the Registrar.</p>	<p>applicable to all classes can be found in one section.</p>
<p>False or misleading statements</p> <p>5. An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant, whether by commission or omission, makes a false or misleading statement or representation on or in connection with his or her application and any certificate of registration issued to such an applicant shall be deemed to be invalid.</p>	<p>Repeal.</p>	<p>Moved to section 3 as noted above</p>
<p>GENERAL REQUIREMENTS FOR ISSUANCE</p>	<p>REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS</p>	
<p>General requirements for issuance</p> <p>6. It is a registration requirement for a certificate of registration of any class that the applicant's past and present conduct affords reasonable grounds for the belief that the applicant,</p> <p>(a) is not suffering from a physical or mental disorder that would make it desirable in the interest of the public that the applicant not be permitted to practice midwifery;</p> <p>(b) will practise midwifery with decency, honesty, integrity and in accordance with the law; and</p> <p>(c) can communicate effectively with patients and colleagues, and will display an appropriate professional attitude towards patients and colleagues.</p>	<p>4. An applicant must satisfy the following requirements for the issuance of a certificate of registration in any class:</p> <p>1. The applicant must, at the time of the application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:</p> <p>i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant made by a body that governs a profession in any jurisdiction.</p> <p>ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the</p>	<p>In this section propose adding the disclosure questions asked upon application for increased transparency. Use language in the Code that's awaiting proclamation re: other professional regulatory bodies.</p> <p>The language is also more consistent with other health regulators with more up-to-date Registration Regulations.</p> <p>In addition, the College has drafted a Guide to Good Character which will provide guidance in terms of how the information that's disclosed will be used to assess an applicant's good character.</p>

	<p>applicant by a body that governs a profession in any jurisdiction.</p> <p>iii. A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction.</p> <p>iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</p> <p>v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</p> <p>vi. Information about a coroner's inquest proceeding or verdict relating to the applicant's conduct.</p> <p>vii. A finding of guilt for any offence.</p> <p>viii. A current proceeding in respect of any offence in any jurisdiction.</p> <p>ix. Information about any finding, decision, or restriction relating to the applicant that would be required to be included on the public register if the applicant was a member.</p> <p>x. Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner.</p> <p>2. The applicant must, at the time of the application, provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee.</p> <p>3. The applicant must,</p> <p>(a) pay the annual fee and any additional fees required under the by-laws; and</p> <p>(b) satisfy the registration requirements for a certificate of the applicable class.</p> <p>4. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant will practise midwifery with decency, honesty and integrity and in accordance with the law.</p>	<p>The College is proposing the addition of a police record check as a registration requirement. Implementing this requirement is consistent with our recent transparency initiatives. Many health colleges have implemented a criminal record check requirement as part of their application process. Including it within the Regulation is clearer and more transparent to applicants. The College has drafted a criminal background check policy.</p> <p>Moved from previous section 4 - Issuance</p>
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	<p>5. The applicant must not be suffering from a physical or mental condition or disorder that could affect their ability to practise midwifery in a safe manner.</p> <p>6. The applicant must have sufficient knowledge, skill and judgment to competently engage in the practice of midwifery authorized by their certificate of registration.</p> <p>7. The applicant must be able to speak, read and write in English or in French with reasonable fluency.</p> <p>8. The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.</p> <p>9. The applicant must provide evidence satisfactory to the Registrar of current competency in clinical and emergency skills as specified by the College.</p> <p>10. The applicant must have completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course.</p>	<p>The information within the College's by-laws regarding professional liability insurance will clarify when and how much coverage is required and provide exemption for Inactive midwives.</p> <p>The new language regarding continuing competency allows the College greater flexibility to ensure that the type of continuing competency required and the frequency can be based on evidence and/or community standards.</p> <p>Exemption for Inactive midwives would be in policy/guiding documents.</p>
ISSUANCE – GENERAL AND SUPERVISED PRACTICE CLASSES	TERMS, CONDITIONS AND LIMITATIONS OF EVERY CERTIFICATE	
<p>Issuance — general and supervised practice classes</p> <p>7. The following are non-exemptible registration requirements for a certificate of registration of the general and supervised practice classes:</p> <p>1. The applicant must provide the College with evidence of having obtained personal protection against professional liability of the type and in the amount as required of members under the by-laws of the College, effective as of the date on which the certificate of registration is to be granted.</p> <p>2. The applicant must demonstrate the ability to communicate with reasonable fluency in either English or French.</p> <p>3. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.</p> <p>4. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.</p>	<p>5. Every certificate of registration is subject to the following terms, conditions and limitations:</p> <p>1. The member shall provide the College with written details about any of the following that relate to the member within 14 days of its occurrence:</p> <ul style="list-style-type: none"> i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the member made by a body that governs a profession in any jurisdiction. ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the member by a body that governs a profession in any jurisdiction. iii. A refusal to register the member to practise as a midwife or another profession in any jurisdiction. 	

<p>5. The applicant must provide satisfactory evidence of competency in emergency skills.</p> <p>6. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to engage in employment in Canada.</p> <p>7. The applicant must have completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course.</p>	<p>iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</p> <p>v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</p> <p>vi. Information about a coroner's inquest proceeding or verdict relating to the member's conduct.</p> <p>vii. A finding of guilt for any offence.</p> <p>viii. A current proceeding in respect of any offence in any jurisdiction.</p> <p>ix. Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner.</p> <p>x. Any other information the member is required to disclose to the Registrar under the by-laws or that may be included on the public register pursuant to the by-laws.</p> <p>2. At the request of the Registrar, the member must provide the Registrar with the results of a police record check in a form acceptable to the Registration Committee</p> <p>3. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.</p> <p>4. The member shall not make a false or misleading representation or declaration to the College.</p> <p>5. The member shall show proof of registration with the College upon request.</p> <p>6. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws.</p> <p>7. The member shall provide the College with written details within two days of the member becoming aware that they do not have the professional liability insurance that they are required to have under the by-laws.</p>	<p>Propose to remove the requirement for members to be a Canadian citizen, permanent resident, or have a valid work permit. Health colleges are increasingly not requiring this as it enables applicants to start the registration process from outside Canada, yet does not have a significant impact on the safety of clients. Thus, this can be viewed as an unnecessary barrier.</p> <p>The College is proposing the addition of a police record check as a registration requirement. Implementing this requirement is consistent with our recent transparency initiatives. Many health colleges have implemented a criminal record check requirement as part of their registration process. Including it within the Regulation is clearer and more transparent to members.</p> <p>The College has drafted a criminal background check policy as well as a Guide to Good Character which will provide guidance in terms of how the information that's disclosed will be used to assess a member's good character.</p> <p>Proposing to remove language requiring members display a wall certificate as proof of</p>
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	8. The member shall, at such frequency as determined by the Registration Committee, provide evidence satisfactory to the Registrar of continuing competency in such clinical and emergency skills as specified by the College.	registration vs. other items, e.g. public register entry, etc.
	GENERAL CERTIFICATE OF REGISTRATION	
Issuance — general class 8. (1) Subject to subsections (2) to (5) and to subsection 15 (4), the following are non-exemptible registration requirements for a certificate of registration of the general class: 1. The applicant must have at least one of the following, i. A baccalaureate degree in health sciences (midwifery) from a university in Ontario. ii. A degree, diploma or certificate from a program listed in Schedule 1. iii. Qualifications that are equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council. 2. The applicant must, i. have current clinical experience consisting of active practice for at least two years out of the four years immediately before the date of the application, and ii. have attended at least 60 births, of which at least, A. 40 were attended as primary midwife, B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care, C. 10 were attended in hospital, of which at least five were attended as primary midwife, and D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.	Registration Requirements 6. (1) The following are non-exemptible registration requirements for the issuance of a general certificate of registration: 1. The applicant must have at least one of the following, i. A baccalaureate degree in midwifery from a university in Canada that has been approved by the Council or a body designated by the Council. Repeal iii. ii. Qualifications that are substantially equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body designated by the Council. 2. The applicant, i. must have completed the requirement set out in paragraph 1 no more than two years before the date of the applicant's application, ii. must demonstrate evidence of practice as a registered midwife as specified by the College no more than three years before the date of application, or iii. must have successfully completed, in the opinion of the Registrar or the Registration Committee, a period of supervised practice in accordance with subsection 9(1) or subsection 10(1). 3. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.	The proposed language facilitates labour mobility for recent midwifery graduates within Canada. Currently a graduate from another province/territory would have to register in another province/territory prior to applying for registration with the College. The program listed under schedule 1 (Michener) was a program that grand parented pre-legislation midwives. Midwives who completed this program wishing to re-enter the profession could register under qualifications substantially equivalent or having practised within last 3 years provisions. Proposing to retain the requirement to apply for registration within 2 years of completing education/training. This interval differs from the 3 year currency measure in acknowledgment that practising consolidates knowledge in a different way than education. For former members who wish to re-register with the College, they can apply to become re-registered without being assessed if they practised within the last 3 years. This interval is consistent with the College's gauge of currency, which we're proposing to be 3 years.

<p>3. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.</p> <p>(1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant,</p> <p>(a) successfully completed the qualifying examination within the applicant's first three attempts;</p> <p>Revised the definition of "supervisor" to provide more information regarding general expectations.</p> <p>or</p> <p>(b) successfully completed the qualifying examination on the applicant's fourth or any subsequent attempt after having first successfully completed the further education or training or combination of education and training, if any, that may have been specified by a panel of the Registration Committee. O. Reg. 320/12, s. 1.</p> <p>(2) Subparagraph 2 i of subsection (1) does not apply to an applicant who, within the two years immediately preceding the date of application, satisfied the educational requirements in paragraph 1 of subsection (1) or successfully completed a supervised practice approved by a panel of the Registration Committee.</p> <p>(3) An applicant who holds a qualification referred to in subparagraph 1 i of subsection (1) is not considered to have met the requirements set out in subparagraph 2 ii of subsection (1) unless those requirements were met while the applicant was under the supervision of a clinical teacher or clinical preceptor.</p> <p>(4) An applicant who holds a qualification referred to in subparagraph 1 iii of subsection (1) is considered to have met the requirements of subparagraph 2 ii of subsection (1) if,</p> <p>(a) the applicant has attended at least 40 births as primary midwife, of which at least,</p> <p>(i) 10 were attended as part of the care provided to a</p>	<p>(1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant,</p> <p>(a) successfully completed the qualifying examination within the applicant's first three attempts; or</p> <p>(b) successfully completed the qualifying examination on the applicant's fourth or any subsequent attempt after having first successfully completed the further education or training or combination of education and training, if any, that may have been specified by the Registration Committee. O. Reg. 320/12, s. 1.</p> <p>4. A member holding a supervised certificate of registration may only apply for a general certificate of registration in the member submits to the College a report from the member's supervisor indicating successful completion of the period of supervision.</p>	<p>The removal of specific language referencing required clinical experience from the regulation permits the College to develop a policy based on current evidence and best practice. This policy will assist the Council, or a body designated by the Council, in approving midwifery education programs within Canada and to determine whether an applicant's program is substantially equivalent to an approved Canadian midwifery degree.</p> <p>A competency based assessment program or an akin process, can be used for instances when an applicant has failed the CMRE three times to determine the required education and/or training that may be needed prior to attempting to write the CMRE a subsequent time.</p> <p>The proposed language eliminates different clinical experience requirements for graduates of midwifery education programs vs. applicants with substantially equivalent qualifications.</p>
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<p>woman in accordance with the principles of continuity of care,</p> <p>(ii) 10 were attended in hospital, and</p> <p>(iii) one was attended in a residence, a remote clinic, or a remote birth centre;</p> <p>(b) the applicant has attended at least one birth other than the one required under subclause (a) (iii) at a place referred to in that subclause, whether or not as primary midwife; and</p> <p>(c) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement.</p> <p>(5) An applicant who is a former member and who had previously resigned from the College is not required to meet the requirements of subsection (1) if,</p> <p>(a) the applicant reapplies for a general certificate of registration within five years of having resigned;</p> <p>(b) the applicant had held a general certificate of registration for at least one year and, while holding that certificate, had provided midwifery care in accordance with clause 12 (2) (a);</p> <p>(c) the applicant successfully completes a requalification program that has been approved by the Registration Committee for that purpose; and</p> <p>(d) the applicant meets all the requirements in sections 6 and 7.</p>		<p>Proposing to remove former registrants applying to become registered again from this section and address in a separate section related to reinstatement (section 22)</p>
<p>When applicant holds out-of-province certificate</p> <p>9. (1) Subject to subsection (2), where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of paragraphs 3, 4 and 5 of section 7 and of paragraphs 1, 2 and 3 of subsection 8 (1).</p> <p>(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee</p>	<p>Mobility within Canada</p> <p>7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a general certificate of registration, the applicant is deemed to have met the requirements of subsection 6(1).</p> <p>(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good</p>	<p>The College determines whether an applicant applying for registration in Ontario under the Labour Mobility Act is in good standing in other Canadian jurisdictions by obtaining a Letter of Standing and Professional Conduct from each jurisdiction they are currently registered. In addition, applicants are required to disclose certain information as part of the application process. The proposed</p>

<p>establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.</p> <p>(3) Without in any way limiting the generality of subsection (2), being in “good standing” with respect to a jurisdiction shall include the fact that,</p> <p>(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p> <p>(4) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a general certificate of registration at any time in the preceding three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.</p> <p>(5) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 7 where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p> <p>(6) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p>	<p>character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.</p> <p>(3) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a general certificate of registration at any time in the preceding three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p> <p>(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 7 of section 4 where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p> <p>(5) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p>	<p>language is more transparent in terms of this expectation.</p> <p>In addition, the College has drafted a Guide to Good Character which will provide guidance in terms of how this information that’s disclosed will be used to assess an applicant’s good character.</p> <p>Requirement to have practised within the last three years or undertake further training, education, etc., is consistent with the College’s proposed currency interval.</p>
CONDITIONS OF EVERY CERTIFICATE		
Conditions of every certificate	Repeal.	

<p>practice, and</p> <p>ii. on request, make available for inspection his or her current registration card as issued by the College.</p> <p>4. The member shall continue to be a Canadian citizen or a permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to engage in employment in Canada.</p>		<p>The College proposes to remove the requirement to have a current registration card for inspection. The College's Public Register has the most up-to-date information regarding each member's class and status, among other information.</p>
<p>Condition re insurance</p> <p>11. It is a condition of every general, supervised practice and transitional certificate of practice that the member shall have and continue to have personal protection against professional liability in accordance with the by-laws of the College.</p>	<p>Repeal.</p>	<p>Professional Liability Insurance requirement has moved up to section 5, paragraph 6</p>
<p>Conditions, general certificate</p> <p>12. (1) The following are conditions of a general certificate of registration:</p> <p>1. The member shall carry on an active practice in accordance with this section, and shall correct any deficiencies in accordance with subsection (5), unless a panel of the Registration Committee grants an exception under extenuating circumstances.</p> <p>2. The member shall, in every year, provide evidence satisfactory to the College of continuing competency in neonatal resuscitation.</p> <p>3. The member shall, every two years, provide evidence satisfactory to the College of continuing competency in emergency skills and cardiopulmonary resuscitation.</p> <p>4. Unless the member qualified for a certificate of registration under section 9, the member, in his or her first year of practice after receiving his or her initial certificate of registration,</p> <p>i. must only work within an established practice, and</p> <p>ii. must attend a minimum of 30 births as a primary midwife as well as 30 births as a second midwife the</p>	<p>Conditions, general certificate</p> <p>8. (1) The following are additional conditions of a general certificate of registration:</p> <p>1. Every member holding a general certificate of registration shall make a declaration, at the request of the Registrar or at the time the member renews their annual membership as required under the by-laws, about whether the member has engaged in the practise of midwifery during the previous three years.</p> <p>a. Unless the member applies for and receives an inactive certificate of registration, if a member declares that the member has not engaged in the practice of midwifery during the previous three years,</p> <p>i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and</p> <p>ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p> <p>2.1 At the request of the Registrar, a member who</p>	<p>The College is proposing to eliminate the requirement to attend a specified number of births within a given period (known as Active Practice Requirements) as a gauge of currency and replace it with a 3 year currency requirement. There is no current evidence to attest that attending a specific number of births ensures the maintenance of competence once it is acquired. The threshold of 3 years of not practising is consistent with other primary care providers within Ontario (CPSO, CNO-NPs, RCDSO), as well as midwifery in other jurisdictions (UK and New Zealand). In addition, the College of Midwives of British Colombia recently eliminated their APR requirements (which were housed in their by-laws), replacing it with a 3 year gauge of currency and an annual declaration of midwifery practice.</p>

<p>latter of which must be attended with a member who is not subject to this condition.</p> <p>(2) A member satisfies the requirement for active practice if the member provides midwifery care,</p> <p>(a) over a one-year period, to at least 20 women, 10 of whom the member attended as primary midwife with at least five births occurring in a hospital and at least five in a residence, remote clinic or remote birth centre; or</p> <p>(b) over a two-year period, to at least 40 women, at least 20 of whom the member attended as primary midwife with at least 10 births occurring in a hospital and at least 10 in a residence, remote clinic or remote birth centre.</p> <p>(3) A member who complies with subsection (2) in the first two consecutive years after registration in Ontario may elect to satisfy the requirement for active practice by, in any subsequent five-year period, providing midwifery care to at least 100 women, at least 50 of whom the member attended as primary midwife with at least 25 births occurring in a hospital and at least 25 in a residence, remote clinic or remote birth centre.</p> <p>(4) Despite subsection (3), a member may satisfy the requirement for active practice over any five-year period after registration in accordance with subsection (3) if the member,</p> <p>(a) practised as a midwife in a jurisdiction outside of Ontario before being issued a certificate of registration under the Act; and</p> <p>(b) would, if the member had been registered as a midwife in Ontario, have been in compliance with clause 2 (a) or (b) in two of the four years immediately preceding the member's registration as a midwife with a general certificate of registration in Ontario.</p> <p>(5) A member who receives notice from the Registrar of having failed to satisfy the active practice requirements in subsections (2) to (4) shall not engage in the practice of midwifery unless,</p> <p>(a) within 30 days of the notice being sent, the member agrees to comply with a plan proposed by a panel of the</p>	<p>makes a declaration under paragraph 1 under subsection (1) shall provide evidence that, in the opinion of the Registrar, is satisfactory to support the declaration, within 14 days.</p> <p>3. Unless the member qualified for a certificate of registration under section 7, in the member's first year of practice after receiving the member's initial certificate of registration, the member</p> <p>i. must only work within a practice approved by the Registrar, and</p> <p>ii. must attend the minimum number of births that is set or approved by the Registration Committee.</p>	<p>The proposed language outlines an annual declaration of midwifery practice, or upon request. It also outlines that evidence may be requested and required to be provided by the member. In addition, it outlines what will occur if a member has not practised within the last 3 years. An alternative for the member is to elect to switch to the Inactive class.</p> <p>In 2018, the College will be developing a framework for a competency based assessment program which would in part be used to assess whether a member has maintained their knowledge, skill and judgment having not practised midwifery over a 3 year period.</p> <p>Details pertaining to the number of births a newly registered member must attend to assist them in further consolidating their knowledge, skill and judgement will be fleshed out in a policy approved by the Registration Committee. The removal of specific language referencing these requirements from the regulation permits the College to develop a program based in current evidence and best practice. It also allows the College to develop consistency with other midwifery regulators within Canada to facilitate labour mobility.</p>
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Registration Committee that is designed to enable the member to meet the active practice requirements; and (b) the member gives an undertaking to the Registration Committee that he or she will comply with any term, condition or limitation imposed on his or her certificate of registration that is in relation to the plan mentioned in clause (a).		
SUPERVISED PRACTICE CERTIFICATE OF REGISTRATION	SUPERVISED CERTIFICATE OF REGISTRATION	
<p>Registration requirements</p> <p>13. (1) Subject to subsection (2), a person may obtain a supervised practice certificate of registration if the person, (a) has applied for a general certificate of registration and meets all the registration requirements for the general certificate of registration with the exception of those requirements set out in paragraph 2 of subsection 8 (1); or (b) is required to undergo supervised practice as part of a requalification program under this Regulation. (2) A supervised practice certificate of registration may only be granted if the following apply, as applicable: 1. In the case of an applicant who qualifies for a supervised practice certificate of registration under clause (1) (a), if a panel of the Registration Committee has determined that the deficiencies in the applicant's clinical experience may be fully remedied by a period of no more than one year spent under the supervision of a member holding a general certificate of registration who is an approved supervisor. 2. In all cases, if the applicant has agreed to abide by a plan for supervised practice and evaluation that, i. satisfactorily addresses the deficiencies in the applicant's clinical experience, ii. has been agreed to by a supervisor who has been approved by a panel of the Registration Committee, and</p>	<p>Registration requirements</p> <p>9. (1) An applicant may obtain a supervised certificate of registration if the applicant, (a) has applied for a general certificate of registration and meets all the registration requirements for the general certificate of registration with the exception of the requirements set out in paragraph 2 of subsection 6(1); or (b) is required to undergo supervised practice to obtain additional training, experience, examinations or assessments that has been specified by the Registration Committee. (2) A supervised certificate of registration may be granted for a period of up to one year, unless approved by the Registration Committee.</p>	<p>Proposing to segment this information into 3 separate sections: 1) registration requirements; 2) mobility within Canada; and 3) conditions specific to being registered in the Supervised class. This is consistent with the General certificate information.</p> <p>Details pertaining to the supervision plan will be fleshed out in a policy approved by the Registration Committee. The removal of specific language referencing these requirements from the regulation permits the College to develop a program based on current evidence and best practice. It also allows the College to develop consistency with other midwifery regulators within Canada to facilitate labour mobility.</p> <p>Since this section deals with the requirements for obtaining a supervised certificate, moved the requirements to switch from supervised to general to section 6 instead and removed from this section.</p> <p>The language was also revised so that successful completion is determined by the</p>

<p>iii. is acceptable to the College.</p> <p>(3) A supervised practice certificate of registration may be granted for a period of up to one year.</p> <p>(4) If a supervised practice certificate of registration is granted for a period of less than a year, the certificate may be reissued so long as the reissuance will not result in the total period of supervised practice being longer than one year.</p> <p>(5) A supervised practice certificate of registration may not be reissued after the member has undertaken one year of supervised practice unless the Registration Committee approves of it being reissued.</p> <p>(6) A member holding a supervised practice certificate of registration may only apply for a general certificate of registration if the member submits to the College a report from his or her supervisor indicating successful completion of the period of supervision.</p> <p>(7) The following are the conditions of a supervised practice certificate of registration:</p> <ol style="list-style-type: none"> 1. The member shall only practice midwifery in accordance with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2). 2. The member shall only practice midwifery while under the supervision of a supervisor who has been approved by a panel of the Registration Committee. 3. The member must file any agreements and undertakings required by the College in connection with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2) within the time periods specified by the College. 		<p>Registrar or the Registration Committee (and not the supervisor).</p> <p>The plan of supervision would still include reporting requirements for supervisors though, since the Registrar or Registration Committee would need this information to decide whether the supervision was completed successfully.</p>
<p>When applicant holds out-of-province certificate</p> <p>14. (1) Subject to subsection (2), where section 22.18 of the Health Professions Procedural Code applies to an applicant for a supervised practice certificate, the applicant is deemed to have met the requirements of paragraphs 3, 4 and 5 of section 7 and of subsections 13</p>	<p>Mobility within Canada</p> <p>10. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a supervised certificate, the applicant is deemed to have met the requirements of subsections 9 (1). (2) It is a non-exemptible registration requirement</p>	

<p>(1) and (2).</p> <p>(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.</p> <p>(3) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 7 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p> <p>(4) Without in any way limiting the generality of subsection (2), being in "good standing" with respect to a jurisdiction shall include the fact that,</p> <p>(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p> <p>(5) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a supervised practice certificate of registration at any time in the preceding three years immediately before the date of that applicant's application the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments, if any, that may be specified by a panel of the Registration Committee.</p> <p>(6) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is</p>	<p>that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.</p> <p>(3) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 7 of section 4 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.</p> <p>(4) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a supervised certificate of registration at any time in the preceding three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments, if any, that may be specified by the Registration Committee.</p> <p>(5) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p> <p>(6) In respect of an applicant to whom subsection (1) applies, the reference in paragraph 1 of subsection 11(1) to a plan for supervision shall be read as a reference to the equivalent of such a plan as has been approved by the individual or body that granted the applicant the out-of-province certificate that is equivalent to a supervised practice certificate</p>	<p>The proposed language is clearer in its intent. The College determines an applicant's good character and good standing from other jurisdictions and this language is more transparent in terms of this expectation. Within Canada, the Canadian Midwifery Regulator's Council has recently revised their Letter of Good Standing and adopted a consistent consent form which is in line with this language.</p>
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described in subsection 22.18 (3) of the Health Professions Procedural Code. (7) In respect of an applicant to whom subsection (1) applies, the reference in subsection 13 (7) to a plan for supervised practice and evaluation shall be read as a reference to the equivalent of such a plan as has been approved by the individual or body that granted the applicant the out-of-province certificate that is equivalent to a supervised practice certificate of registration.	of registration.	
	<p>Conditions, supervised certificate</p> <p>11. (1) The following are additional conditions of a supervised certificate of registration:</p> <p>1. The member shall only practice midwifery under the supervision of a supervisor approved by the Registration Committee and in accordance with a plan for supervision approved by the Registration Committee.</p> <p>2. The member shall only use the title “midwife (supervised)”, “RM (supervised)” or “RM (supervisé)”, “sage-femme (supervisé)” in French.</p> <p>(2) In order to be approved, the supervisor shall agree to:</p> <p>(a) mentor the supervised midwife;</p> <p>(b) assess the supervised midwife’s knowledge, skill and judgment to practise midwifery;</p> <p>(c) report to the College on the progress of the supervision; and</p> <p>(d) inform the College of any current or anticipated problems with the supervised midwife’s practice.</p>	<p>Propose placing conditions specific to the supervised class in one section for greater clarity and ease of reference.</p> <p>Also proposing that supervised midwives use a title identifying that they have a supervised certificate of registration for increased transparency. Many health Colleges require members to make this distinction.</p> <p>Added information regarding general expectations of a supervisor.</p>
INACTIVE CERTIFICATE OF REGISTRATION	INACTIVE CERTIFICATE OF REGISTRATION	

<p>Registration requirements</p> <p>15. (1) The following are non-exemptible registration requirements for an inactive certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must be a member holding a general certificate of registration. 2. The member must not be in default of any fee, penalty or other amount owing to the College. 3. The member must have provided the College with any information that it has required of the member. <p>(2) The Registrar shall issue an inactive certificate of registration to any member who meets the requirements in subsection (1) upon application of that member.</p> <p>(3) It is a condition of an inactive certificate of registration that the member shall not engage in the practice of midwifery.</p> <p>(4) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if he or she continues to meet the requirements in paragraphs 2 and 3 of subsection (1) and the member,</p> <ol style="list-style-type: none"> (a) meets all the registration requirements for the general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1); or (b) successfully completes a requalification program that has been approved by a panel of the Registration Committee for that purpose. 	<p>Registration requirements</p> <p>12. (1) The following are non-exemptible registration requirements for an inactive certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must be a member holding a general certificate of registration. 2. The member must have provided the College with any information that it has required of the member. <p>(2) The Registrar shall issue an inactive certificate of registration to any member who meets the requirements in subsection (1) upon application of that member.</p>	<p>The College does not think it is in the public interest to impede a member from stopping practise should they owe the College and thus propose removing the requirement to not have money owed to the College prior to switching to the Inactive class.</p> <p>The proposed language is consistent with the College's current process and expectations when switching from the General to Inactive class. Including it within the regulation is clearer and more transparent. The proposed language is consistent with newer health colleges, including the requirement to use a modified title which makes it clear that the member is inactive.</p> <p>Proposing separate sections specific to inactive class conditions and switching back to general class from inactive for greater ease of reference.</p>
	<p>Conditions, inactive certificate</p> <p>13. (1) The following are conditions of an inactive certificate of registration:</p> <ol style="list-style-type: none"> 1. The member shall not engage in the practice of midwifery; 2. The member shall not hold themselves out as a person qualified to practise in Ontario as a midwife; and 3. The member shall only use the title "midwife 	<p>Propose placing conditions specific to an inactive certificate in one section for greater clarity and ease of reference.</p> <p>Also proposing that inactive midwives use a title identifying that they have an inactive certificate of registration for increased transparency. Most health Colleges with newer regulations require members to make this distinction.</p>

	(inactive)”, “RM (inactive)” or “RM (inactif)”, “sage-femme (inactif)” in French.	
	<p>Moving from inactive to general certificate</p> <p>13.1 (1) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member:</p> <p>(a) applies in writing to the Registrar for reinstatement;</p> <p>(b) pays any fee, penalty or other amount owed to the College;</p> <p>(c) provides the College with any information that it has required of the member; and</p> <p>(d) meets the registration requirements of section 4.</p> <p>(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the member may only be reissued a general certificate of registration if the following additional requirements are met:</p> <p>i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practice midwifery competently and safely, and</p> <p>ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p>	Proposing a separate section which addresses what’s required of members to switch back to the general class form inactive for ease of reference. Have also added requirement to pay any outstanding fees or monies owed.
<p>When applicant holds out-of-province certificate</p> <p>16. (1) Where an applicant holds a certificate of registration or other licensure or similar status that is equivalent to an inactive certificate of registration and which was issued by the regulatory body for midwifery in another province or territory of Canada, the applicant shall be deemed to have met the requirements of paragraph 1 of subsection 15 (1) if,</p>	Repeal.	The College proposes to repeal this section of the Regulation as it’s redundant.

<p>(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate;</p> <p>(b) the applicant satisfies the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by either a general or a supervised practice certificate of registration at any time in the three years immediately before the date of application; and</p> <p>(c) the applicant meets the requirement in paragraph 7 of section 7.</p> <p>(2) Without in any way limiting the generality of clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that,</p> <p>(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p>		
TRANSITIONAL CERTIFICATE OF REGISTRATION	TEMPORARY CERTIFICATE OF REGISTRATION	
<p>Registration requirements</p> <p>17. (1) It is a non-exemptible registration requirement for a transitional certificate of registration that one of the following apply:</p> <p>1. The applicant is able to meet all registration requirements for a general certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 8 (1) for the sole reason that the applicant has taken the examination</p>	<p>Registration requirements</p> <p>14. (1) It is a non-exemptible registration requirement for a temporary certificate of registration that one of the following apply:</p> <p>1. The applicant is able to meet all registration requirements for a general certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 6 (1) for the sole reason that the applicant has taken the</p>	

<p>referred to in that paragraph but has not received the results of that examination.</p> <p>2. The applicant is able to meet all registration requirements for the supervised practice certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 8 (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination.</p> <p>(2) A transitional certificate of registration,</p> <p>(a) shall only be issued to an applicant who has filed an undertaking with the Registrar in a form and manner that is acceptable to the Registrar; and</p> <p>(b) is subject to the condition that the member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration.</p> <p>(3) A transitional certificate of registration is revoked on the earliest of the date on which any of the following events occurs:</p> <p>1. The member is issued a general certificate of registration.</p> <p>2. The member is issued a supervised practice certificate of registration.</p> <p>3. The College notifies the member that he or she has failed to successfully pass the examination referred to in paragraph 3 of subsection 8 (1).</p> <p>4. Ninety days have passed since the issuance of the transitional certificate of registration.</p>	<p>examination referred to in that paragraph but has not received the results of that examination.</p> <p>2. The applicant is able to meet all registration requirements for the supervised certificate of registration with the exception that the applicant is not able to meet the requirement in paragraph 3 of subsection 6 (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination.</p> <p>(2) A temporary certificate of registration,</p> <p>(a) shall only be issued once to an applicant; and</p> <p>(b) the applicant has filed an undertaking with the Registrar in a form and manner that is acceptable to the Registrar.</p> <p>(3) A temporary certificate of registration is revoked on the earliest of the date on which any of the following events occurs:</p> <p>1. The member is issued a general certificate of registration.</p> <p>2. The member is issued a supervised certificate of registration.</p> <p>3. The College notifies the member that he or she has failed to successfully pass the examination referred to in paragraph 3 of subsection 6 (1).</p> <p>4. Ninety days have passed since the issuance of the temporary certificate of registration.</p>	<p>Proposing that temporary class midwives use a title identifying that they're registered in the temporary class for increased transparency. Most health Colleges with newer regulations require members to make this distinction.</p>
<p>When applicant holds out-of-province certificate</p> <p>18. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the applicant is deemed to have met the requirements of subsection 17 (1) and reference to the examination referred to in paragraph 3 of subsection 8 (1) shall be read as a reference to the examination requirement imposed by the regulatory body for midwifery in the other province or</p>	<p>Mobility within Canada</p> <p>15. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the applicant is deemed to have met the requirements of subsection 15 (1) and reference to the examination referred to in paragraph 3 of subsection 6 (1) shall be read as a reference to the examination requirement imposed by the regulatory body for midwifery in the other</p>	

<p>territory in Canada from which the applicant holds a certificate of registration which is equivalent to the exam required under paragraph 3 of subsection 8 (1) if,</p> <p>(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate; and</p> <p>(b) the applicant meets the requirement in paragraph 7 of section 7.</p> <p>(2) Without in any way limiting the generality of clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that,</p> <p>(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p> <p>(3) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p>	<p>province or territory in Canada from which the applicant holds a certificate of registration which is equivalent to the exam required under paragraph 3 of subsection 6 (1) if,</p> <p>(a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate; and</p> <p>(b) the applicant meets the requirement in paragraph 11 of section 4.</p> <p>(2) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p>	
	<p>Conditions, temporary certificate</p> <p>16. (1) The following are conditions of a temporary certificate of registration:</p> <p>1. The member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration approved by the Registrar.</p> <p>2. The member shall only use the title “midwife (temporary)”, “RM (temporary)” or “RM (temporaire)”, “sage-femme (temporaire)” in French.</p>	<p>Propose placing conditions specific to temporary certificates in one section for greater clarity and ease of reference.</p> <p>Also proposing that temporary midwives use a title identifying that they have a temporary certificate of registration for increased transparency. Most health Colleges with newer regulations require members to make this distinction.</p>

REVOCATION, REINSTATEMENT, ETC.	RESIGNATIONS, SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS	
<p>Revocation, reinstatement, etc.</p> <p>19. (1) The Registrar may revoke the certificate of registration of a member who fails to comply with the conditions set out in paragraph 1, 2 or 3 of section 10.</p> <p>(2) The Registrar shall revoke the certificate of registration,</p> <p>(a) of a member holding a certificate in any class who fails to comply with the condition set out in paragraph 4 of section 10;</p> <p>(b) of a member holding a certificate in the general, supervised practice or transitional class who fails to comply with the condition set out in section 11, and</p> <p>(c) of a member holding a certificate in the inactive class who fails to comply with the requirement set out in subsection 15 (3).</p> <p>(3) A former member who held a certificate of registration in the general or supervised practice classes and whose certificate of registration was revoked under subsection (1), except for a failure to comply with the conditions set out in paragraph 2 of section 10, may be reinstated within one year of the revocation if the former member,</p> <p>(a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1);</p> <p>(b) satisfies the Registration Committee that the failure to comply that led to the revocation will not be repeated; and</p> <p>(c) pays the reinstatement fee.</p> <p>(4) A former member who held a certificate of registration in the general or supervised practice classes and whose certificate of registration was revoked under clause (2) (a) or (b) may be reinstated within one year of the revocation if the former member,</p> <p>(a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of</p>	<p>Repeal.</p>	<p>Proposing different sections that address the specific ways of becoming suspended, lifting of suspensions, revocations and reinstatements for ease of reference and greater clarity.</p>

<p>subsection 8 (1);</p> <p>(b) provides evidence satisfactory to the Registration Committee that the former member will, immediately upon reinstatement, be in compliance with the condition or conditions, the failure which to meet led to the revocation; and</p> <p>(c) pays the reinstatement fee.</p> <p>(5) Where, under clauses (3) (a) and (4) (a), the former member is required to satisfy the applicable requirements for a certificate of registration, a requirement for clinical experience may be met by successfully completing a requalification program that has been approved by the Registration Committee for that purpose.</p>		
	<p>Resignation</p> <p>17. (1) A member may resign as a member of the College by giving written notice to the College. (2) A resignation under this section is effective on the date set out in the resignation or on the date it is received by the College, whichever is later. (3) A resignation under subsection (1) automatically revokes the certificate of registration to which it applies at the time the resignation is effective.</p>	<p>Propose adding a section to address resignation in the Regulation. There would be further information on the College's website regarding the process.</p>
	<p>Suspension for Failure to Provide Information</p> <p>18. If a member fails to provide the College with information about the member required under the by-laws, (a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.</p>	<p>Proposing a phased College response to a member failing to provide required information. Instead of revocation as the first step, suspension first and then if the member still fails to provide the required information and/or and additional requirements, revocation after 1 years' time (section 21). This approach protects the public, as the member cannot practise while suspended, but is more procedurally fair. It is also consistent with other College's Registration Regulation.</p>
	<p>Lifting of Suspension for Failure to Provide Information</p>	<p>Proposing a separate section related to the lifting of a suspension for failing to provide</p>

	<p>18.1 (1) If the Registrar suspends a member's certificate of registration under section 18, the Registrar shall lift the suspension upon being satisfied that the former member,</p> <ul style="list-style-type: none"> (a) has provided the required information to the College; (b) has paid any fees required under the by-laws for lifting the suspension; (c) has paid any other applicable fees required under the by-laws; (d) has paid any outstanding monies otherwise owed to the College; (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and (f) is in compliance with, <ul style="list-style-type: none"> (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee, (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee, (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee. <p>(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:</p> <ul style="list-style-type: none"> i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and 	<p>required information, that lists all that is required prior to this occurring in one area for ease of reference and greater clarity administratively.</p>
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	ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.	
	<p>Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage</p> <p>19. The Registrar may immediately suspend a member's certificate of registration if the Registrar becomes aware that the member fails to hold professional liability insurance required under the by-laws.</p>	Proposing a phased College response to a member failing to provide evidence of liability insurance. Instead of revocation as the first step, immediate suspension first and then if the member still fails to provide evidence and/or additional information required to lift the suspension, revocation (section 21). This approach protects the public, as the member cannot practise while suspended, but is more procedurally fair. It is also more consistent with other College's Registration Regulation and thus ultimately may be a requirement of the Ministry going forward.
	<p>Lifting of Suspension for Failure to Provide Evidence of Professional Liability Insurance Coverage</p> <p>19.1 (1) If the Registrar suspends a member's certificate of registration under section 19, the Registrar shall lift the suspension upon being satisfied that the former member,</p> <ul style="list-style-type: none"> (a) has provided the required information to the College; (b) has paid any fees required under the by-laws for lifting the suspension; (b) has paid any other applicable fees required under the by-laws; (d) has paid any outstanding monies otherwise owed to the College; (e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and 	Proposing a separate section related to the lifting of a suspension for failing to provide evidence of liability insurance, that lists all that is required prior to this occurring in one area for ease of reference and greater clarity administratively.

	<p>(f) is in compliance with,</p> <p>(i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,</p> <p>(ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee,</p> <p>(iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and</p> <p>(iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee</p> <p>(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:</p> <p>i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and</p> <p>ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p>	
<p>Lifting of suspension</p> <p>20. (1) If the Registrar suspends a member's certificate of registration for failure to pay a prescribed fee, the Registrar may, within one year of the date of the suspension, lift the suspension on payment of,</p> <p>(a) the fee the member failed to pay;</p> <p>(b) the penalty for late payment of the fee; and</p> <p>(c) the reinstatement fee.</p> <p>(2) If the Registrar does not lift the suspension of a certificate of registration that was suspended for failure</p>	<p>Lifting of suspension for failure to pay fees</p> <p>20. (1) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failing to pay a fee, the Registrar shall lift the suspension upon being satisfied that the former member,</p> <p>(a) has paid the fee in question;</p> <p>(b) has paid any fees required under the by-laws for lifting the suspension;</p>	<p>Proposing a separate section related to the lifting of a suspension for failing to pay fees, that lists all that is required prior to this occurring in one area for ease of reference and greater clarity administratively.</p>

<p>to pay a prescribed fee under subsection (1), the certificate is revoked one year after the day of the suspension.</p> <p>(3) A former member whose certificate of registration was revoked under subsection (2) may be reinstated within one year of the revocation if, during that year, the former member successfully completes a requalification program satisfactory to the Registration Committee.</p>	<p>(c) has paid any other outstanding fees and any outstanding penalties required under the by-laws;</p> <p>(d) has paid any outstanding monies otherwise owed to the College;</p> <p>(e) has professional liability insurance coverage in the amount and in the form required under the by-laws; and</p> <p>(f) is in compliance with,</p> <p>(i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,</p> <p>(ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practice Committee,</p> <p>(iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and</p> <p>(iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.</p> <p>(2) If a member declares that the member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only lift the suspension if the following additional requirements are met:</p> <p>i) the Registrar shall require the member to be assessed to determine if the member has the required knowledge, skill and judgment to practise midwifery competently and safely, and</p> <p>ii) the member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p>	
	<p>Revocation</p> <p>21. If the Registrar suspends a member's certificate of registration under section 18 or 19 of this Regulation</p>	<p>Propose adding a specific section regarding the revocation of a member's registration for ease of reference and greater clarity.</p>

	or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is one year after the day it was suspended.	
	<p>Reinstatement</p> <p>22. The Registrar shall reinstate the certificate of registration of a former member who resigned pursuant to section 17 or whose certificate of registration was revoked under section 21 if,</p> <ul style="list-style-type: none"> (a) the former member has paid any outstanding monies otherwise owed to the College; (b) the former member has paid any fees required under the by-laws for reinstatement of a certificate of registration; (c) the former member has paid all other outstanding fees or penalties required under the by-laws; (d) the former member meets the registration requirements of section 4; (e) the former member has professional liability insurance coverage in the amount and in the form required under the by-laws; and (f) the former member is in compliance with, <ul style="list-style-type: none"> (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee, (ii) any outstanding orders or costs issued by a panel of the Discipline Committee or orders issued by a panel of the Fitness to Practise Committee, (iii) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and (iv) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee 	Proposing a separate section regarding how a member's registration can be reinstated for ease of reference and greater clarity administratively.

	<p>(2) If a former member declares that the former member has not engaged in the practice of midwifery during the previous three years, the Registrar shall only reinstate the former member's certificate of registration if the following additional requirements are met:</p> <p>i) the Registrar shall require the former member to be assessed to determine if the former member has the required knowledge, skill and judgment to practise midwifery competently and safely, and</p> <p>ii) the former member shall complete any additional training, experience, examinations or assessments that may be specified by the Registration Committee.</p>	
<p>Transition</p> <p>21. A certificate of registration under Ontario Regulation 867/93 that was in existence immediately before the coming into force of this Regulation is continued as a certificate of registration of the nearest equivalent class under this Regulation, and is subject to the terms, conditions and limitations that apply under this Regulation.</p>	<p>Transition</p> <p>23. A certificate of registration under Ontario Regulation 867/93 that was in existence immediately before the coming into force of this Regulation is continued as a certificate of registration of the nearest equivalent class under this Regulation, and is subject to the terms, conditions and limitations that apply under this Regulation. O.Reg 168/11, s.21</p>	
<p>Revocation</p> <p>22. Ontario Regulation 867/93 is revoked.</p>	<p>24. OMITTED (REVOKES OTHER REGULATIONS). O.Reg 168/11, s.22.</p>	
<p>Commencement</p> <p>23. This Regulation comes into force on the day it is filed.</p>	<p>25. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION) O.Reg 168/11, s.23.</p>	
<p>SCHEDULE 1</p> <p>1. The Midwifery Pre-registration Program of the Michener Institute of Applied Health Sciences.</p>	<p>Repeal O.Reg 168/11, Schedule 1.</p>	

College of Midwives of Ontario Public Engagement Strategy

December 2018



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Public Engagement Strategy

Introduction

The role of the College of Midwives of Ontario (College) is to set standards of education, training, conduct and performance necessary to ensure that clients receive high quality midwifery care. Our regulatory activities are driven by our duty to act in the public interest, meaning that we put public at the forefront of all of our work. Our mandate and vision reflect this, as does our Strategic Plan and the associated strategic priorities.

In our 2017–2020 Strategic Plan, we identified Public Participation & Engagement as one of our strategic priorities.

Excerpt from the 2017–2020 Strategic Plan

Public Participation & Engagement

How we will achieve it:

1. Inform and educate the public regarding the College's role and how we fulfill our public protection mandate
2. Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions

How we will measure our success

1. Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging
2. The searchability of the public register is enhanced
3. The College is an accessible resource to the members of the public
4. Public engagement initiatives and activities are targeted and mutually beneficial
5. Increased public involvement in the College's governance arrangements and in the design of our regulatory work.

To help us achieve our priorities, and to make sure we are regulating appropriately in the interests of the public and clients of midwifery services, we have developed a strategy around public participation and engagement. This strategy sets out the principles and model we will work to starting from 2018 onwards.

Background

Our governing legislation, *The Regulated Health Professions Act, 1991* (RHPA) outlines a few engagement requirements of all health regulatory colleges in Ontario. Currently all Colleges are required to:

1. Have public representation on the College Council. *The Midwifery Act, 1991*, for example, stipulates that the Council should be composed of at least five and not more than seven members appointed by the government.
2. Have a website through which the public and members can access information about our programs and about registrants, including their registration history and professional conduct.
3. Ensure college Council meetings are open to the public and all Council meeting materials are posted on the website.
4. Circulate to every member proposed regulations and certain by-laws for a period of at least 60 days before they are approved by the Council.

Beyond these requirements mandated by the RHPA, the regulatory health colleges do not have any legislative obligations with respect to public engagement.

It is common for regulators to supplement the legislative requirements by other methods to promote client and public engagement. At the College, for example, we engage with the public in the development of guidance and standards. Other methods used by regulators include commissioning quantitative or qualitative research, holding online discussion forums or conducting “customer service” surveys. Some of the Ontario regulators, such as the College of Physiotherapists of Ontario, established their own advisory groups, comprised of clients and members of the public. While having such groups have obvious benefits, such as having available a pool of trained people who can be drawn upon at short notice, some drawbacks were highlighted as well. These groups are relatively expensive to establish due to recruitment costs, and require comprehensive orientation and regular guidance.

Whatever the form and level of participation, public engagement requires careful planning and implementation. As the regulator of the midwifery profession in Ontario, we need to be proactive in seeking out information from the consumers of midwifery services. A clear strategy will help us identify client needs and concerns, their experiences of using midwifery services, and their requirements for information, and allow us to be able to respond and regulate accordingly.

What is Public Engagement?

Public engagement is a process of actively bringing the voices of the clients and the public into decisions that are relevant to them. The decisions may be relevant to the public either because they have an interest in the issues being discussed, or because they are directly affected by the decision being made. Regardless of the motivation, the key to good engagement is giving people who want to contribute the opportunities to do so. Public engagement may consist of a wide range of activities from informing to participation. We

have adopted a ladder of engagement model (see below) to outline what is involved in each level.

For the purposes of our public engagement strategy, when we refer to the public we are largely referring to midwifery clients and their families, as well as any other interested parties who are not practising midwives nor midwifery stakeholders.

We anticipate that the College and the public will benefit from increased public engagement in the following ways:

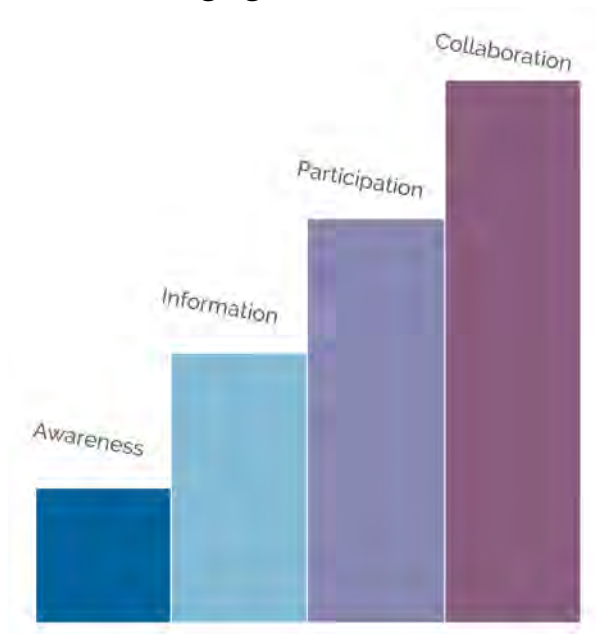
- Better awareness of the College and its role will give midwifery clients greater knowledge about what to expect when visiting a midwife.
- Members of the public will know that the College is a resource for them, and be more likely to know that they can call the College with questions or concerns.
- The College will be able to craft better policies with public input.
- The public will have greater trust in the College, and be confident in our ability to make fair and consistent decisions.
- The College will be more accountable to the public through inviting members of the public to take a larger role in decision making.

Principles of Public Engagement

The below core principles will guide our work and decisions around public engagement. We will consider each principle as we develop a plan of activities and implement the strategy.

1. We know who we are engaging and why
2. We make use of existing networks and expertise
3. We make sure engagement is meaningful and mutually beneficial
4. We make it easy for people with a diversity of backgrounds and experiences to participate
5. We listen and provide timely feedback
6. We are cost-effective in our resource allocations and ensure value for money
7. We are able to demonstrate that our outcomes are consistent with set expectations

Ladder of Engagement



We will be using the model of a “Ladder of Engagement” in order to build awareness and create connections with members of the public. A ladder of engagement is a commonly used tool in digital organizing, and was most famously used in Barack Obama’s Primary and Presidential campaigns. This tool brings people in by first offering a small opportunity to engage with an organization, and then proposes further ways to be connected.

We propose to use this model to increase our public engagement, by focussing first on awareness, and then trying to turn that awareness into one-way information sharing, participation, and ultimately full collaboration.

The idea is to bring people together in a way that feels natural and organic. Through this method we should be able to reach members of the public who are interested in the work of the College and who want to be involved further. At any given point in time, there will be people on each rung of the ladder. For example, we currently have members of the public who are unaware that the College exists, some members of the public who are familiar with the College and who do give feedback to public consultations, and we have public members on the College’s Council whose decision-making role is integral to the College.

Some people will be content to stay at a particular stage in the ladder, but we will give opportunities for people to move up. To do this, we will rely on a number of tools. For the purposes of this strategy, we will group tools to match the four steps on our ladder of engagement. Some of the tools we may use are listed below, but this list is not exhaustive.



Awareness:

In order to inform and educate the public, and to allow for public engagement, we first need to build awareness about the College, and develop channels of communication between the College and the public. We can consider people to be on the “awareness” rung of the ladder when they know that the College is here regulating the profession in the public interest.

We aim to increase awareness through posts on our website and social media. To achieve this, we may use social media advertising such as Facebook ads, Twitter promoted posts, Google Adwords, and Youtube ads. We will create content that is public-facing, and will

use the 25th year of midwifery regulation as a draw. Through the Professional Standards for Midwives that will come into force in June 2018, the College will also be requiring midwives to inform their clients about the existence of the College, which will help to increase awareness.



Information:

The next step on the ladder is information, which refers to one-way sharing of information from the College to the public. At this stage, a decision has already been made and we are not asking for the public to give feedback. Information sharing will lead to members of the public having a greater understanding of the College's role, and members of the public will know that the College is a resource for them.

A member of the public who is on the "information" rung of the ladder could be signed up for social media pages or our electronic newsletter, and may engage with some of the content through "liking" the material posted. Someone else on the "information" rung of the ladder could be a midwifery client who is reading one of our brochures at a clinic. Many members of the public will stay on this rung of the ladder, one step above awareness.

We will share information with members of the public who have become aware of the College. Tools we may use include our "What to Expect from your Midwife" brochure, other public facing guides, a public facing newsletter that can be distributed to practices, and a more public focus to our website.



Participation:

After awareness and information, members of the public can choose to continue to climb the ladder to participation. This refers to members of the public receiving our information and responding with their thoughts and feedback. Participation from the public helps us to be able to craft better and stronger policies, and through open and transparent consultations, the public will place greater trust in the College and its processes.

A member of the public is on the "participation" rung of the ladder when they are involved in a two-way conversation with the College. Being active with the College as a "participant" could include joining in public consultations, attending public meetings, or sending feedback without being offered a prompt by the College. "Participants" can also include members of the public making official complaints, as these members of the public are active with the College during the duration of the complaints process. We may ask "participants" to let us know what other information we should be sharing with the public, e.g. creating new guides.

We will aim to manage "consultation fatigue" by ensuring that consultation that we do with members of the public is meaningful and adheres to the principles of public engagement listed above. All feedback received will be properly considered, and we will be clear in our response. Some members of the public may choose not to participate in a

particular consultation if they feel that it is not immediately relevant, and we will make efforts to re-engage them in subsequent consultations. If consultation fatigue is becoming an increasing issue with members of the public on the “participant” rung of the ladder, we can consider segmenting our outreach to ensure we are only corresponding with people on topics they are most interested in. We will regularly assess this by looking at unsubscribe rates and feedback rates.

Collaboration:

Collaboration refers to working together with the public, in an equally weighted relationship. Currently, members of the profession and members of the public work together in a collaborative relationship in the College’s Council, with both midwives and public members appointed by the government determining the direction that the College will take.

A member of the public will have a collaborative relationship with the College when they become a decision maker, or a person who works as an equal partner to create something with the College. This will show the public we are fully accountable to them and adds an additional layer of transparency to our processes.

Members of the public who have participated in College activities and given feedback may choose to become “collaborators” by applying for College Council and committees as council public members appointed by the government or non-council public members, subject to Council approval. We may also invite members of the public to join advisory working groups for particular issues and projects.



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Briefing Note for Council

Subject: Proposed drug-related changes to the *Midwifery Act, 1991* and O. Reg. 884/93 Designated Drugs Regulation, under the *Midwifery Act, 1991*

Summary

The College is recommending revisions to O. Reg. 884/93 Designated Drugs to authorize broad prescribing and administering authority to midwives, appropriate to client care, within the scope of midwifery, including Controlled Substances and excluding the drugs prohibited to midwives under the New Classes of Practitioners Regulations.

In addition, the College is recommending drug-related changes to the *Midwifery Act, 1991* to expand scope of practice to include sexual and reproductive healthcare to allow for the treatment of sexual partners for sexually transmitted infections where treatment would be otherwise delayed, as well as authorizing midwives to dispense and sell any substance in accordance with the regulation.

Background

The *Midwifery Act, 1991* authorizes registered midwives, engaged in the practice of midwifery, to perform the following controlled acts related to drugs and substances:

- Administering, by injection or inhalation, a substance designated in the regulations.
- Prescribing drugs designated in the regulations.
- Administering suppository drugs designated in the regulations beyond the anal verge during pregnancy, labour and the post-partum period.
- Administering a substance by injection or inhalation that is ordered by a member of the College of Physicians and Surgeons of Ontario.

The Designated Drugs Regulation lists specific drugs that midwives may prescribe and administer. In certain circumstances, it also restricts the use of a drug for a specific purpose and specific route of delivery (for example, IV administration only).

Since 2003, the College has identified barriers in access to safe and effective medicines treating common conditions of low-risk pregnancy, labour and postpartum. In 2004, the College made a formal submission to the Ministry to revise the Designated Drugs Regulation to list categories of drugs as opposed to specifying individual drugs. Unfortunately, the Ministry did not support the submission at that time and requested the College to submit a revised regulation, listing additional itemized drugs. After making amendments to the College's 2005 re-submission, the Ministry eventually approved the version of the Designated Drugs Regulation in 2010, the same version that is in effect today. Considerable time

and resources by the College and the Ministry were allocated to this revision, which, in the end, continues to pose barriers to timely and appropriate treatment by midwives for conditions they are competent to treat.

In 2016, the College resumed its meetings with the Ministry to discuss the need for change to the Designated Drugs Regulation since the current list continues to pose barriers to safe, timely and effective care by midwives and results in poor use of health system dollars.

Key Considerations

The College is proposing a regulation change to authorize broad prescribing and administering authority to midwives, appropriate to client care, within the scope of midwifery. This change reflects midwives' current scope of practice and competencies and is flexible to adapt to evolving standards of practice in low-risk maternity care.

In addition, the College is recommending a regulation change to authorize the prescribing of controlled substances by midwives, appropriate to client care, within the scope of midwifery, and excluding the drugs prohibited to midwives under the New Classes of Practitioners Regulations. This regulation change would require midwives to obtain additional competencies due to the high risk of misuse, addiction and diversion of controlled substances.

The College is proposing a change to the *Midwifery Act* to expand midwifery scope of practice to include sexual and reproductive healthcare to allow for the treatment of sexual partners for sexually transmitted infections where treatment would be otherwise delayed. Expedited partner therapy (EPT) in the management of sexually transmitted infections is a concept where sex partners of clients with infections are treated without an intervening medical evaluation or professional counselling. Expanding the scope of practice for midwives to provide this essential treatment, with or without client assessment, would only serve to further reduce transmission and complications. The College of Midwives of Manitoba introduced partner treatment authority into their regulation as far back as 2000.

The College is proposing a change to the authorized acts of the *Midwifery Act, 1991* to authorize midwives to dispense and sell substances in accordance with the revised regulation. Nurse practitioners in Ontario were granted these additional controlled acts with their expanded prescribing scope in 2009. British Columbia has incorporated these controlled acts into their regulation as of 2016. Of note, the College cannot see clear benefit in obtaining access to the controlled act of compounding, and so is not requesting that access as part of these amendments.

Recommendations

The College is seeking approval of the attached report on the proposed changes to O. Reg. 884/93 Designated Drugs and drug-related changes to the *Midwifery Act, 1991*. An approval by Council will permit the College to work closely with the Ministry in the coming months to ensure the recommended changes are satisfactorily addressed.

Implementation Date

The Ministry communicated to the College that all legislative and regulatory changes are aimed to be approved by June 2018. This timeline is very short but the College is prepared to devote the necessary resources to assist the Ministry in accomplishing this timeline.

Legislative and Other References

[Midwifery Act, 1991](#)
[O. Reg. 884/93 Designated Drugs Regulation](#)

Attachments

1. Report on *Proposed Scope of Practice Changes Related to Drugs and Substances*, December 2017

Submitted by: Kelly Dobbin, Registrar & CEO



College of
Midwives
of Ontario

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**Proposed Changes Related to
O. Reg. 884/93 Designated Drugs
and
*Midwifery Act, 1991***

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Introduction

The College is committed to achieving our 2017–2020 Strategic Priority of Modernizing Legislation and Regulations. We invest the necessary time and resources to undertake this work in accordance with our mandate to make decisions in the public interest.

The proposed scope changes outlined in this report are expected to:

- Improve access through the removal of barriers to safe, timely, and quality care
- Meet the Ministry's strategic objectives in the Patients' First Plan.
- Improve the effectiveness and efficiency of the health care system
- Support evidence-based health systems and workforce planning
- Demonstrate best practices in professional regulation
- Optimize existing midwifery competencies and scope of practice
- Ensure safe provision of care by midwives
- Address advances in maternal newborn care
- Improve client experience and outcomes

This report recommends changes to the midwifery scope of practice and controlled acts authorized to midwives under the *Midwifery Act, 1991*, and to O. Reg. 884/93 Designated Drugs, under the *Midwifery Act, 1991*.

Background

Prescribing to a List of Drugs and Substances

The *Midwifery Act, 1991* currently authorizes registered midwives, engaged in the practice of midwifery, to perform the following controlled acts that are related to drugs and substances:

- Administering, by injection or inhalation, a substance designated in the regulations
- Prescribing drugs designated in the regulations
- Administering suppository drugs designated in the regulations beyond the anal verge during pregnancy, labour and the post-partum period
- Administering a substance by injection or inhalation that is ordered by a member of the College of Physicians and Surgeons of Ontario

The Designated Drug Regulation (O. Reg. 884/93)ⁱ lists individual drugs and substances that midwives may prescribe and administer. The use of some drugs and substances is limited to a specific purpose and/or route of administration. The restriction of access to the most suitable drugs for treatment has resulted in unnecessary barriers to prompt and appropriate care, and costs to the system, where midwives have the competencies to provide the most appropriate treatment.

Midwives have the competency to treat postpartum hemorrhage and, during the first decade of regulated midwifery in Ontario, had access to one first-line and one second-line anti-hemorrhagic drug treatment. In 2003, however, Ergonovine maleate, the only second-line anti-hemorrhagic drug treatment listed in the Designated Drugs Regulation, became temporarily unavailable to the health care sector for a prolonged period.

The absence of this drug posed a unique risk to midwifery clients as there was no alternative drug available to midwives in situations where the first-line option, oxytocin, failed. In some hospital settings, midwives worked cooperatively with physician colleagues to administer other commonly prescribed second-line drugs on the order of a physician. In other hospitals, however, midwives were required to transfer care to an attending physician for their clients to obtain access to this treatment, delaying treatment for a condition midwives had the duty and competency to treat. When physician colleagues had to be called in from home, in a rural setting, or in other facilities removed from providing care to higher-risk clients, the result was both unnecessary delay in access and increased cost to the system. Clients choosing home birth at that time made decisions to change their planned place of birth to hospital or assume an increased risk to birth at home.

The College worked closely with the Ministry during the drug shortage to urgently revise the Designated Drug Regulation to add the single drug Carboprost, an alternative second-line anti-hemorrhagic drug, to the list of designated drugs. This process took over a year and utilized considerable resources to make a minimal, yet necessary change. By the time the regulation was approved in 2004, Ergonovine maleate was already available and back in use.

Later in 2004, following this experience, the College made a formal submission to the Ministry to revise the Designated Drug Regulation to list categories of drugs rather than individual drugs and substances. This change should have allowed midwifery clients to receive more timely and appropriate treatments for conditions that midwives are competent to treat.

Unfortunately, the submission was not supported at that time, and a revised regulation was requested by the Ministry, listing additional itemized drugs. The College made amendments to our 2005 re-submission, and in 2010 the Ministry approved the version of the Designated Drug Regulation that is in effect today. Again, considerable time and resources by the College and the Ministry were allocated to this revision, which, in the end, continues to pose barriers to timely and appropriate treatment by midwives for conditions they are competent to treat.

Broad Prescribing of Drugs and Substances

Midwifery is established in Canada with a record of safety.^{ii iii} Ontario was the first jurisdiction in Canada to regulate midwifery, and other provincial and territory regulators adopted Ontario's prescribing model by authorizing midwives to prescribe to a list of drugs and substances. This model of prescribing has changed across the country in response to identified barriers and community needs. Awareness is rising of the duplication in services that occurs when midwifery care is unnecessarily limited by restricted prescribing. British Columbia,^{iv} Saskatchewan,^v Manitoba^{vi}, Nova Scotia^{vii} and New Brunswick^{viii} have each made the change from prescribing to an itemized list of drugs towards categories of drugs. Similarly, the College of Midwives of Alberta is in the process of submitting regulation changes to authorize these expanded prescribing rights to midwives.

In comparison, midwifery regulators in New Zealand^{ix} and many regions of the United States provide midwives broad prescribing authority, within scope of practice, and have done for many years without reported impact on patient safety. Though regulated via extremely varied models, thirty-one of the United States have regulations in place supporting fully open prescribing, including access to controlled substances.^x

Prior to 2011, nurse practitioners in Ontario also prescribed to an itemized list of drugs. In 2009, however, the College of Nurses of Ontario (CNO) made submissions to the Standing Committee on Social Policy regarding Bill 179, clarifying that they were not in support of a list of drugs for nurse practitioner prescribing. The CNO, and the Nurse Practitioner's Association of Ontario (NPAO) presented important arguments that placed broad prescribing authority and the controlled act of compounding, selling, and dispensing medications in the interest of the public.^{xi xii} In 2011, the Ministry supported these argument and nurse practitioners have safely prescribed, dispensed, compounded, and sold drugs appropriate to client care and within their scope of practice for the past six years.

The College of Optometrists of Ontario formally submitted a similar request to the Ministry in 2016, requesting broad prescribing authority within the optometrist scope of practice. To date a decision on this regulatory change has not been completed.

Prescribing Controlled Drugs and Substances

On November 1, 2012, The New Classes of Practitioners Regulations under the *Controlled Drugs and Substances Act (Canada)* enabled midwives to provide safe and timely care to clients requiring treatment using controlled drugs and substances.^{xiii} This federal legislation is subject to limitations at the provincial level. Both British Columbia and Nova Scotia enacted provincial legislation on April 1, 2017 to authorize registered midwives, with demonstrated competency, to prescribe controlled substances in the course of providing midwifery care.^{xiv xv} In Ontario, on April 19, 2017, the *Nursing Act* was amended and nurse practitioners, with demonstrated competency, became the first new class of practitioner in Ontario to prescribe controlled drugs and substances.^{xvi}

Challenges with the current Legislative and Regulatory Framework

Unlike other low-risk maternity care patients, midwifery clients experience barriers in access to safe and effective treatment for common conditions that their providers are competent to treat. Legislative and regulatory changes can resolve this inequity, while upholding public safety.

The Designated Drug Regulation limits midwifery treatment by limiting the prescribing of drugs to specific clinical situations and routes of administration. Currently, midwives have the authority to prescribe Penicillin G for preventing neonatal group B streptococcal (GBS) disease, but only administered by the intravenous (IV) route and only during labour. A midwife has no authority to prescribe Penicillin or Amoxicillin orally to treat GBS bacteriuria, a common urinary tract infection in pregnancy that midwives routinely screen for and treat with antibiotics. Presence of this bacteria in the urine during pregnancy may in fact be fact a risk factor for transmission to the neonate during birth.^{xvii} The current treatment regimen for GBS bacteriuria in pregnancy is Amoxicillin, Penicillin or Cephalexin, none of which midwives can currently prescribe for oral use. Instead, midwives have access to four different antibiotics for

the treatment of urinary tract infections (UTI). When a client presents with a urinary tract infection caused by a bacterium that is not susceptible to one of the four antibiotics that midwives have the authority to prescribe orally, the client must seek care from an additional care provider to receive the appropriate treatment, despite midwives having the competency and authority to treat urinary tract infections with antibiotics. The current drug list, therefore, acts as an artificial barrier to receiving access to the right care at the right time by the right provider.

Despite midwives' competency in testing, diagnosing and treating common conditions, the scope of practice framework that regulates midwifery practice is not always aligned. For example, the Laboratories Regulation (O. Reg 682) under the *Laboratory and Specimen Collection Centre Licensing Act 1990*, permits midwives to order tests to diagnose both Chlamydia and Gonorrhea. Under the *Midwifery Act, 1991*, midwives have access to the controlled act of communicating a diagnosis.^{xviii} However, the current Designated Drug Regulation permits access to only select antibiotics, but not Azithromycin or Doxycycline, the first-line treatment for Chlamydia as per the Canadian Guidelines on Sexually Transmitted Infections. Nor does it include access to first-line treatment for Gonorrhea, which is either Ceftriaxone or Cefixime, plus Azithromycin.^{xix} Rates of Gonorrhea and Chlamydia have been seen to rise across the country.^{xx} Both of these infections carry with them a threat of pelvic inflammatory disease, as well as the potential to cause complications for neonates including conjunctivitis and sepsis.^{xxi}

Clients seek midwifery care in early pregnancy and some pregnancies end in miscarriage or terminations. Midwives are competent to provide care throughout a miscarriage, including ordering ultrasounds to diagnose a complete or incomplete miscarriage. Despite having the competency and authority to administer the drug Misoprostol for the treatment of postpartum hemorrhage, midwives are not authorized to prescribe the same drug for those clients whose pregnancies are nonviable and require medication to complete a miscarriage. This unnecessary restriction forces clients to seek care from an additional care provider to receive the appropriate treatment. Furthermore, midwives do not currently have the authority to prescribe Mifegymiso (Mifepristone and Misoprostol tablets), the early termination medical regime that is now available to Ontarians under the Ontario Health Insurance Plan (OHIP). Clients who are already in care with a midwife should have faster access to the drug, especially because it is licensed for use within 63 days of pregnancy. Midwives now refer clients to medical or surgical abortion providers when clients choose to terminate their pregnancies. In many rural and remote communities, abortion services are not accessible close to home. A 2012 survey of abortion providers found Ontario to be one of many provinces where abortion care was located solely in large urban centres.^{xxii} Midwives, who have taken an approved prescribing course and have the competencies to provide medical abortion services, would ensure continuity of care for midwifery clients throughout the termination process without unnecessary referrals to physicians or emergency departments in hospitals. The skills that midwives have in dating pregnancies and providing early pregnancy care, and the strong relationships they develop with clients, places them well to offer these much-needed services.

The accommodations that midwifery clients are required to make to access appropriate treatment in the community setting are varied. Clients are required to attend additional appointments with their family physician or nurse practitioner (who may not regularly care for pregnant clients), walk-in clinic, obstetrician, local public health unit, or emergency department to obtain drug treatment for a condition presenting itself within a low-risk pregnancy – the treatment of which may in fact keep the pregnancy low-risk. Clients must spend unnecessary time and resources to attend additional clinic visits with other health care providers, despite their primary provider having the competency to test, diagnose and treat

the condition. Extra visits are also costly to the health system in OHIP fees and clinician time, often re-directing specialists from care of their own high-risk clients. Safety can be compromised by fragmented and uncoordinated care. Fragmented care poses unnecessary burdens on clients and the health care system and it significantly impacts clients with limited resources, particularly lack of insurance, transportation issues, or other socio-economic factors that limit access to care.

Midwives serve many vulnerable clients, including those without health insurance coverage. When midwives are unnecessarily limited in their provision of care, these uninsured clients, who have been considered in the midwifery reimbursement model which allows for the provision of care to the uninsured, face costs which they may not be able to afford. Downstream costs to the system present when programs such as the Community Health Centres or Public Health Units are accessed to supplement care for uninsured clients, absorbing the cost of such service into their budgets.

Challenges exist in the hospital setting as well. Common practice, amongst low-risk maternity care providers in hospitals without or with limited epidural services, is to prescribe narcotics in labour to manage pain. Midwives in Ontario do not currently have access to controlled substances and cannot prescribe these effective medications in labour or postpartum for short-term pain management. When midwifery clients require narcotic pain management in labour, midwives are required to consult with the attending or on-call hospital physician to prescribe a medication in accordance with clear practice guidelines and hospital policy. Midwives typically continue to manage the care of the client once the narcotics have been administered. This duplication of services is a burden on rural physicians, a burden on the health system in general, and delays access to care for midwifery clients.

Other controlled substances, such as Benzodiazepines, provide therapeutic rest in prodromal labour and short-term treatment of excessive anxiety during the postpartum period. Currently, midwives do not have authority to prescribe these controlled substances, despite being commonly prescribed by other low-risk maternity care providers in these short-term situations. Midwifery clients, who might otherwise remain at home in prodromal labour to rest, and to alleviate pressure on busy labour wards, are required to attend labour and delivery triage units in hospital to be seen by a physician to be treated with benzodiazepines, only to then return home to rest and continue care with their midwife. This duplication of services is a burden to the system, is inequitable in that it delays access to treatment for midwifery clients, and requires the client to travel outside the home, to the hospital, for care that need not be delivered or managed in hospital.

The College Council has the authority to make regulations and standards regarding drugs and substances that may be prescribed, administered, dispensed and sold by registered midwives engaged in the practice of midwifery. The scope of midwifery practice is narrow and limits midwives to the monitoring, assessment and provision of care in pregnancy, labour, birth, and postpartum; and newborn care. The College uses the appropriate mechanisms available to all regulatory colleges to ensure clinical and behavioural competence, the provision of safe care, and compliance with legislative and regulatory requirements. The College does not support listing individual drugs and substances in regulation as a means to ensure safety or compliance, as this model of prescribing ultimately leads to unintended negative consequences for clients. It is not possible to create a regulation containing a comprehensive and up-to-date list of substances that also aligns with agile best practice, community standards and the most appropriate, safe care for clients. Guiding documents, such as clinical practice guidelines and prescription guides are the most reliable tools for safe prescribing.

where regulated practitioners are also held to a standard of practice, as midwives, physicians, nurse practitioners and others with prescribing authority are.

Recommendations

Changes in scope of practice can be achieved by both by legislative changes to the list of authorized acts, and regulatory amendments. The College proposes the following combination of legislative and regulatory change to resolve the inefficiencies, costs, and potential safety issues related to drugs and substances, outlined in this paper.

The College proposes a regulation change to authorize broad prescribing and administering authority to midwives, appropriate to client care, within the scope of midwifery. This change reflects midwives' current scope of practice and competencies and is flexible to adapt to evolving standards of practice in low-risk maternity care.

In addition, the College recommends a regulation change to authorize the prescribing of controlled substances by midwives, appropriate to client care, within the scope of midwifery, and excluding the drugs prohibited to midwives under the New Classes of Practitioners Regulations. This regulation change would require midwives to obtain additional competencies due to the high risk of misuse, addiction, and diversion of controlled substances.

The College proposes a change to the *Midwifery Act, 1991* to expand midwifery scope of practice to include sexual and reproductive healthcare to allow for the treatment of sexual partners for sexually transmitted infections where treatment would be otherwise delayed. Expedited partner therapy (EPT) in the management of sexually transmitted infections is a concept where sex partners of clients with infections are treated without an intervening medical evaluation or professional counselling. Expanding the scope of practice for midwives to provide this essential treatment, with or without client assessment, would only serve to further reduce transmission and complications.

The College proposes a change to the authorized acts of the *Midwifery Act, 1991* to authorize midwives to dispense and sell substances in accordance with the revised regulation. Of note, the College cannot see clear benefit in obtaining access to the controlled act of compounding, and so is not requesting that access as part of these amendments.

The recommended amendments are intended to increase public safety by ensuring that midwives have access to the appropriate drugs, substances, and treatments required by clients and available to them, while also ensuring midwives' use of those drugs is appropriate based on a midwife's knowledge, skill, and judgment within the scope of practice as per the amended *Midwifery Act, 1991*. In addition, the College standard *Prescribing and Administering Drugs* will be revised to continue to ensure appropriate limits, conditions, and processes to ensure midwifery prescribing is safe and effective. Midwives must comply with all applicable federal and provincial legislation related to prescribing and administering medication; midwives must prescribe and administer in a safe and ethical manner, in the best interest of the client, and only where there is a therapeutic professional relationship with the client and only for therapeutic purposes.

Rationale for Regulatory Expansion

Broad prescribing authority within the scope of midwifery is in the public's interest. It enables immediate and earlier access to appropriate drug therapy for midwifery clients, especially for those with limited access to resources (rural, vulnerable populations, and the uninsured) who could receive more timely and equitable access to drug therapies. It reduces burden of the health system, physicians and clients by eliminating the need for unnecessary accommodations where clients require in-person consultations with physicians for care that falls within the midwifery competency and scope of practice. It enables safe care by promoting continuity of care and reducing fragmented care when additional providers need not be involved. It has the potential to reduce drug-interactions and antibiotic resistance.

In contrast, a list of drugs and substances is not in the public interest because there will always be needless delay from when a midwife may need to prescribe a drug to when that drug can be added to the list. Each time this happens, care is undermined. Clients of midwives are thereby limited in receiving earlier access to new drugs and/or immunizations approved for use and appropriate for treatment.

Limiting midwives to a specific medication for a specific purpose by a specific method, though not for another condition and by a different method, despite having the competency to treat the condition, increases duplication of services and delays in care. This results in a service which is not equitable to that received by clients in the care of family physicians, nurse practitioners, or obstetricians.

Any time an antibiotic is used, biological pressure is asserted on bacteria to promote the development of resistance.^{xxiii} Midwives would be better positioned to act as “antimicrobial stewards” should they have access to the most appropriate treatment for infections given principles of antimicrobial stewardship, which includes incorporating current epidemiology and resistance patterns. Public Health Ontario has developed a package of 33 strategies to improve antimicrobial stewardship and reduce the spread of resistant pathogens. Midwives, practising with a limited list of medications, are challenged to comply with these strategies such as consideration of current epidemiology and resistance patterns.^{xxiv} Access to required medications will also serve to reduce the number of prescribers involved in a client's care, which could also serve to limit re-prescription of a similar agent in a short period of time, a prescribing pattern known to contribute to the development of resistant pathogens.

The Ministry has clearly stated that all health system partners have a role to play during the response to an influenza pandemic.^{xxv} In the event of a pandemic, the need to act quickly cannot be overstated. Midwives, as primary care providers, responsible for the health and well-being of pregnant woman and newborns, should be able to prescribe and administer influenza vaccines as well as antiviral medications such as Tamiflu. Data from the 2009-2010 H1N1 influenza pandemic revealed a relationship between administration of the influenza vaccine in pregnancy and improved fetal and neonatal outcomes.^{xxvi} The exclusion of midwives from both annual influenza prevention and care, as well as in administration in the case of a pandemic, is a waste of public health resources and could result in delays in care. It may also result in clients choosing to not access vaccinations when they are not available in the location in which they are receiving primary care in pregnancy. With only a third of Canadians receiving the influenza vaccine, and Ontario showing a decline in acceptance in past years^{xxvii}, facilitating access should be a public health priority.

An available adaptation to the existing regulatory restriction is the use of the medical directive. Although a directive may be developed and implemented by a midwife, in reality the physician is ultimately accountable for the order. This adaptation blurs the lines of accountability. The Health Professionals Regulatory Advisory Council (HPRAC) has acknowledged that medical directives have a negative impact on system efficiency and inter-professional teams.^{xxviii} Furthermore, medical directives are most often limited to the hospital setting. Midwifery care is delivered out of hospital in the community, and in clients' homes throughout pregnancy, labour, birth, and postpartum. Only a small portion of care is delivered in hospital and only when clients choose to deliver there. Broad prescribing, within scope, will provide clarity on midwifery responsibility in all settings.

When new medications or guidelines are approved for use in Canada, midwives authorized to prescribe and administer substances according to a list are not able to incorporate advancements in care into practice without onerous, time-consuming, and costly regulatory changes. Like all fields of healthcare, low-risk maternity care is ever-evolving. Midwives are accountable for providing comprehensive care to clients and newborns that is supported by best evidence and community standard. When a drug treatment of choice is replaced by a safer, more effective, and potentially more economic option, midwives are unable to adapt their practice accordingly. Similarly, as Ontario Drug Benefit Formulary changes, midwives should be able to adapt and prescribe alternatives.

System resources currently used to accommodate unnecessary legislative restrictions could be re-directed to other patient care priorities. Costs saved could be directed back to the healthcare system. Patient choice of healthcare provider may be threatened should Ontario's legislative framework impede a midwife's ability to support patient choice in situations where the midwife is competent to provide patient care. Each and every time midwives encounter a clinical situation in which they are competent to prescribe or administer a drug, but are prevented from doing so because of an externally imposed process, patient care is potentially undermined and patients are disadvantaged.

Existing Prescribing Competencies

Midwives are competent prescribers of drugs and substances. The controlled act of prescribing is not a discrete and isolated activity connected to a specific list of itemized drugs. Rather, it is an integral part of a process of providing comprehensive midwifery care to clients, within a therapeutic relationship. Like all other providers, before prescribing a drug, a midwife assesses a client's health by taking a health history and conducting a physical exam. The midwife formulates a differential diagnosis, a systematic process of elimination through analyzing symptoms, medical history and clinical findings, to narrow down the list of potential diagnoses and treatment options. The midwife also takes inventory of all the medications the client is taking to reduce the risk of interactions. The midwife then decides on the most appropriate course of action. If that course of action is a drug or substance that is best prescribed by the midwife, the midwife will write the prescription or administer the drug, document it in the client record and monitor the client's response to treatment.

Midwives are competent to provide care to women in some circumstances that might be viewed as no longer "normal". The College expects midwives to manage care in a way that promotes and restores optimal health. When restoration or safe management of health cannot be achieved through initial treatment or procedure, midwives are expected to consult with another health care provider or transfer care to a specialist.^{xxix} Midwives also have the skills and knowledge to handle emergency situations in a competent and safe manner. For example,

a post-partum hemorrhage (PPH) unresponsive to therapy would require a transfer of care to a physician. But in emergency situations, when a transfer of care is not immediately possible (e.g. home birth in a remote area) midwives are required to manage before and during transport to hospital. Access to essential emergency medication must be guaranteed.

Midwives are well positioned to provide comprehensive contraception counselling and prescribe options to clients prior to their departure from midwifery care. Despite midwives routinely counselling clients on contraceptive choices, they are unable to provide the necessary continuity of care to prescribe contraceptive pills, IUDs, or other contraceptives to their clients in Ontario. Midwives in British Columbia, Manitoba, Nova Scotia, Northwest Territories, and Saskatchewan have prescribed contraceptives for many years, and doing so is an entry-level competency in those jurisdictions.^{xxx xxxi xxxii xxxiii xxxiv} Midwifery clients in Ontario however, must arrange for additional care to seek contraception prescription services, despite having competent midwives available to provide these services at no additional cost to the Province or client. Lack of contraceptive prescribing rights for midwives results in a barrier for midwifery clients to access the right care at the right time from the right provider. This delay also risks an increase in unplanned pregnancies.

Midwives are accountable for the care they provide within their scope of practice. Midwives are knowledgeable and safe prescribers who are accountable for their own clinical decisions. The College standards of practice reflect this accountability, the legislative framework reinforces it, and yet the current drug and substances list undermines it. Midwives currently have access to the controlled act of prescribing *because* they are competent to prescribe drugs and substances, and have demonstrated this competence since proclamation of the *Midwifery Act, 1991*. Prescribing is a core element of midwifery education, it is reflected in the national core competencies and it is a common part of practice. At entry to practice, midwives are competent to prescribe, in every province and territory where midwifery is regulated.^{xxxv}

Midwives only prescribe drugs and substances that they are competent to prescribe and that are relevant to the client population they serve. While not all drugs and substances, even within the midwifery scope of practice, are relevant to daily practice, midwives are required to know their limits in competency and prescribe and administer in accordance with their professional standards. Other practitioners with broad prescribing authority have significantly broader scopes of practice than midwives. Those practitioners do not have the prior knowledge or experience of prescribing every drug or substance available. Those practitioners appropriately limit their prescribing practice to reflect their level of competency and when client need requires a drug that is unfamiliar to them, the provider assesses their level of competence, obtains the required information and education to safely prescribe the drug, or refers the client to another practitioner or specialist who has the competency.

A midwife who is competent to prescribe in general is competent to prescribe to a range of drugs and substances. There is no known correlation between a list of drugs and substances and safe prescribing. There are currently over 50 drugs and substances on the midwife's drug list and each has the potential to cause harm if prescribed or administered incorrectly or without sufficient knowledge, skill, or judgment. The list does not ensure safety or protection from harm, rather it is midwifery competencies and professional practice standards that promote and guide safe prescribing and administration.

Additional Competencies for Prescribing Controlled Drugs and Substances

The College is committed to ensuring safe prescribing practices by midwives. Prescribing and administering controlled substances requires additional knowledge and accountabilities, due to the high risk of misuse, addiction and diversion. With patient safety being paramount, the proposed changes to the regulation prohibits the delegation of the controlled act of prescribing controlled drugs and substances. In addition, midwives must successfully complete a Council-approved course prior to prescribing and administering controlled drugs and substances. A course developed and administered by the Midwifery Education Program at the University of British Columbia is currently available online to all registered midwives throughout the country. The College of Midwives of British Columbia and the Nova Scotia Midwifery Regulatory Council have approved this course for midwives in their provinces, supporting the movement of qualified midwives between provinces.

Implementing legislation on the provincial level will allow Ontario midwives to practice in an equivalent manner to their colleagues across the country and internationally where, as in many states in the United States of America, midwives have prescribed controlled substances for years.^{xxxvi} This recommendation supports the harmonization of standards and practices within the profession of midwifery, allowing for inter-provincial mobility and national standards of practice.

It is the expectation that all midwives registered to practice will become competent in prescribing controlled drugs and substances, within the midwifery scope of practice. Information regarding a member's inability to safely prescribe controlled substances shall be noted on the public register. Any member who has not completed the approved education will not be authorized to prescribe controlled substances and their public register profile will state "Not eligible to prescribe controlled substances. Member has not completed the education needed to do so."

Under the clinical supervision of a midwife, the risk of diversion and abuse would be equivalent to the level of risk present when a physician or nurse practitioner would prescribe these substances. It is our position that the relationship that exists between a midwife and client, where there has been continuity of care, will enhance assessment for these risks. Midwives will acquire the competencies to assess diversion risk and to monitor for any indications.

Canada's New Classes of Practitioners Regulations prohibits midwives' prescribing of heroin, cannabis, opium, methadone, buprenorphine, amphetamine, benzphetamine, methamphetamine, phenmetrazine, phendimetrazine and anabolic steroids.^{xiii} The College's *Prescribing and Administering Drugs Standard*^{xxxvii} sets appropriate limits, conditions, and processes to ensure midwifery prescribing is safe and effective. Once regulatory changes are approved, the College will prioritize the revision of this standard to establish new appropriate limits, conditions, and processes that are required to ensure protection of the public and continued safe practice. For example: midwives must comply with all applicable federal and provincial legislation related to prescribing and administering medication; midwives must prescribe and administer in a safe and ethical manner, in the best interest of the client and only where there is a therapeutic professional relationship with the client and only for therapeutic purposes; midwives are prohibited from storing narcotics at their place of practice or transporting narcotics in the community; narcotics prescribed and administered in labour are restricted to the hospital setting. The use of benzodiazepines will be limited to use in prodromal labour for therapeutic rest, and for the treatment of excessive anxiety in the post-

partum period, until a consult can be arranged.

Ultimately, safety is ensured and risk is mitigated through a variety of mechanisms that work together; including the approved midwifery education programs throughout the country; the Canadian Midwifery Registration Exam (CMRE); the restrictive, reactive, and proactive regulatory mechanisms employed by the College; and the clinical practice guidelines that are evidence-informed and followed by practitioners throughout the province and country. The College has in place, as mandated under the *Regulated Health Professions Act, 1991* (RHPA), a Quality Assurance Program (QAP)^{xxxviii} designed to ensure that the knowledge, skills, and judgment of Ontario midwives remains current throughout their careers, and that they continue to provide safe, effective, appropriate, and ethical midwifery care to their clients.

Rationale for Legislative Expansion

Reproductive and Sexual Healthcare for Partner Treatment of Sexually Transmitted Infections (STIs):

The International Definition of the Midwife clearly acknowledges midwives' roles in sexual and reproductive health care. The International Confederation of Midwives (ICM) has developed essential competencies for basic midwifery practice, which include knowledge and skills related to family planning and treatment of STIs.^{xxxix} Canadian midwifery competencies require the knowledge, skills and judgment to provide sexual and reproductive healthcare, but Ontario regulations limit midwives ability to prescribe contraceptives and treat some STIs. A regulatory change to broad prescribing authority should be accompanied by a legislative change to enable the treatment of sexual partners who are not otherwise captured under the midwifery scope of practice.

Expedited partner therapy (EPT) in the management of STIs is a concept where sex partners of clients with infections are treated without an intervening medical evaluation or professional counselling. This concept was introduced by public health programs in the attempt to improve success in assuring partner treatment. The Center for Disease Control in the United States has funded randomized controlled trials which have demonstrated positive outcomes across a variety of methods.^{xi} The current Canadian Guidelines on Sexually Transmitted Infections cite this evidence, but do not include specific guidelines. EPT is currently legal in many of the United States. The College of Physicians and Surgeons are in support of this method of treatment for those who “in the physician’s determination, would not otherwise receive treatment and where there is a risk of further transmission of the STD”.^{xli} Patient delivered partner therapy (PDPT) has also been studied widely and found to reduce re-infection with Chlamydia and Gonorrhea.^{xlii} Expanding the scope of midwives to provide this essential treatment, with or without client assessment, would only serve to further reduce transmission and complications. Manitoba introduced this change into their regulation as far back as 2000^{xliii}.

Dispensing and Selling Drugs and Substances

In 2012, and in response to the passing of Bill 179, an inter-professional collaborative group gathered to establish common principles of the shared controlled acts applying to the regulated health professions with the intention of strengthening inter-professional care.^{xliv} This work defined common principles behind the controlled acts related to the use of

medications. Though midwives do not currently have access to the controlled acts of dispensing and selling medications, these concepts were defined at a table at which midwifery stakeholders sat. Nurse practitioners were granted these acts as part of Bill 179, (the *Regulated Health Professions Statute Law Amendment Act, 2009*). It is the College's position that the same arguments offered to support reduced barriers to care in the case of broad prescribing and administering, similarly apply to the acts of dispensing and selling, within scope of practice. Enabling midwives to provide medication in a timely manner when there might otherwise be barriers will increase equity of care across the disciplines. The Registered Nurses' Association of Ontario, in their submission to the Standing Committee on Social Policy in support of Bill 179 comment on the overlap between dispensing and administering drugs, and refer to the Ontario College of Pharmacists having stated that there is "considerable overlap" between the skills required to prepare a drug for administration, a controlled act already available to midwives, and the skills required to dispense a drug.^{xlv} As stated, the College cannot see clear benefit in obtaining access to the controlled act of compounding, and so are not requesting that access as part of these amendments.

The ability to dispense samples of medications to clients who may want to test tolerance prior to purchase would benefit clients. This act may also provide midwives the opportunity to supply, perhaps at reduced cost, medications to clients who may not have the ability to purchase medications or supplements such as folic acid, required in the preconception and early phases of pregnancy to prevent neural tube defects.^{xlvi} Dispensing will also assist in the prompt treatment of STIs, where antibiotics could be supplied by the public health department and dispensed immediately on diagnosis in the clinic setting. The College of Midwives British Columbia incorporated these controlled acts into their regulation as of 2016.^{xxx} Nurse practitioners in Ontario were granted these controlled acts with their expanded prescribing scope in 2009. Acquiring the ability to dispense and sell drugs and substances, according to both legislation and standards of practice, will also serve to align midwives with other prescribers in Ontario, and contribute to equivalent practice across the country.

Impact Analysis

The College anticipates that the requested changes will have the following impacts:

Impact to Patients:

- Faster access to the right care, at the right time, by the right provider
- Clients in midwifery care, especially those with limited access to resources (rural areas, vulnerable populations, the uninsured) will receive equitable timely access to necessary drug therapies
- Client comfort and well-being is supported where timely treatment with a controlled substance is required

Impact to the Health System:

- System resources currently used to accommodate regulation restriction could be re-directed to other patient care priorities
- Increased equity of the system, where clients receive similar care regardless of chosen care provider

Economic Impact:

- Midwives already registered to practice must enroll and successfully complete a course for midwives prescribing controlled substances (approximately \$300/midwife plus 10–12 hours of study time)
- As prescribing is already a core competency of midwives and part of services provided within the billable course of care, there is no financial advantage for midwives
- Resources required to approve future changes to regulations are reduced
- There are no identified financial burdens to the health system

Professional Competencies:

- Improved ability to provide continuity of care to clients and reduce risks resulting from fragmented care
- Improved job satisfaction from working to training and scope, in line with the profession of midwifery internationally

Impact to Safety & Quality:

- The overall management of certain conditions in pregnancy will be improved by having the midwife initiate treatment and monitor response to initial treatment before determining if a specialist consultation is required.
- May reduce the risk of complications by contributing to earlier treatment of illness
- May assist in reduction of antimicrobial resistance
- Medication safety is improved by fewer prescribers

Impact to Inter-Professional Collaboration and Labour Mobility:

- Burden is reduced on physician and nurse practitioner time required to provide drug therapy that falls midwifery scope of practice
- Improved function of inter-professional teams
- Promotes labour mobility between provinces with authority to prescribe controlled substances.

Appendix A: Draft Regulatory Language

DRAFT PROPOSED CHANGES TO O. REG 884/93 UNDER THE *MIDWIFERY ACT, 1991*, DESIGNATED DRUGS

NEW TITLE: DRUGS AND SUBSTANCES

- 1)
 - (1) A member may prescribe, administer, sell or dispense any substance for treatment of a condition within the midwifery scope of practice, on the member's own responsibility, and according to Standards set by the College.
 - (2) A member who is authorized to prescribe a drug shall not delegate the performance of prescribing a drug to any other person.
 - (3) A member who is authorized to prescribe a drug shall not prescribe a controlled substance except where authorized by section 2 (1).
 - (4) A member who prescribes, administers, sells or dispenses a drug shall comply with all applicable federal and provincial laws related to prescribing a drug, and to any Standard set by the College.
- 2)
 - (1) A member who meets the conditions set out in section 1 of this regulation is authorized to prescribe a controlled substance, except those prohibited to midwives in Canada's New Classes of Practitioners Regulation, if the member satisfies the Registrar that the member has, within any time period set by Council, successfully completed education approved by Council that was specifically designed to educate registered midwives to safely, effectively and ethically prescribe controlled substances.
 - (2) The education mentioned in subsection (1) may be either independent of or part of the education and training required to become a registered midwife.
- 3) In the course of engaging in the practice of midwifery, a member may administer or dispense any drug by any method on the order of a member of the College of Physicians and Surgeons of Ontario. O. Reg 13/10, s 3.
- 4) A member may prescribe, administer, dispense or sell any drug or substance that may lawfully be purchased or acquired without a prescription. O. Reg. 884/93, s. 5.

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EXECUTIVE COMMITTEE REPORT TO COUNCIL – DECEMBER 2017

Committee Members

Chair	Tiffany Haidon, RM
Professional	Tiffany Haidon, RM; Isabelle Milot, RM; Lilly Martin, RM
Public	Jennifer Lemon; Rochelle Dickenson
Non-Council	-

Committee Meetings

November 15, 2017

Panel Meetings/Hearings

N/A

Trainings

An orientation session on the role and responsibilities of the Executive Committee was provided at the November 15 meeting.

Items

- **Approved on behalf of Council: Q2 Statement of Operations**
The College's Q2 statement of operations was approved at the Executive Committee meeting on November 15, 2017. This item is brought to Council for information. Please see attached.
- **2017/2018 Committee Composition**
This item is brought to Council for discussion and approval. Please see attached.
- **Registrar's Performance Evaluation**
As noted above, a brief orientation session was conducted to welcome newly elected members of the Executive Committee to inform them of the role and responsibilities of the committee. One of those responsibilities is conducting the Registrar's Performance Evaluation. The committee discussed the current process and decided to hire a consultant to assist in the development of tools and surveys to facilitate completion of the Registrar's Performance Evaluation. The Executive will work with a consultant to identify challenges with the current evaluation tool and determine what best practices and current expectations entail. Meeting with a consultant will take place in February 2018.

- **Competency Matrix & Training Plan**

All Council members completed the competency matrix and the results clearly demonstrate that the Council collectively possesses the necessary knowledge, experiences and skills that are needed to provide effective oversight and strategic guidance to the College. The 2017/2018 Council competency matrix will be uploaded to BoardEffect for Council's information and reference.

The Council Performance Evaluation survey, completed in June 2017, identified the following professional development needs:

Professional Development Needs
Governance and how to chair committees effectively
Learning more about quality assurance programs.
Continue training on decision writing and reasons for ICRC to minimize HPARB reviews.
Bill 87 and sexual abuse prevention
Policy changes and working with the government
Statutory committees at a glance

All new Council members received orientation to the *Regulated Health Professions Act, 1991*, and College's governance at the October training session. A training session on how to chair committees effectively was also provided in October. All Committees will receive a comprehensive orientation/training in the winter of 2018. Executive discussed having a training session focused on financial literacy, although not identified as an area for improvement, with the recent influx of new council members the committee agreed that an engaging, interactive presentation on finance would be useful. Additional training sessions based on the identified professional development needs will be provided throughout the year.

- **Council & Committee Member Duties: Monitoring Compliance**

Expectations and duties of council and committee members (both elected and non-Council members) are clearly outlined in section 9.01 of the College's General By-Law and include duties such as being familiar with the governing legislation and the policies of the College; regular attendance of council and committee meetings and constructive participation in discussion; and performance of the duties with due care and diligence in a manner that serves the public interest. Executive discussed and agreed that it is important to monitor compliance with section 9.01. Executive discussed a process for raising a concern with a council or a committee member, and agreed that all concerns about members should be brought first to the attention of the chair. If the behaviour persists a concern can be raised with the President. Pursuant to section 9.02 of the General By-law, a formal complaint about a member of Council or a committee member alleging a contravention of one or more of the duties should be filed with the Registrar.

- **Health Insurance Reciprocal of Canada (HIROC) Risk Assessment Checklist Program & Annual Report**

The HIROC checklist is a 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. The Executive Committee is responsible for overseeing 4 of the 7 modules. Each risk module is comprised of the 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 College received the Risk Assessment Checklists Cycle 1, Year 1 Annual Report prepared by HIROC at the end of September 2017. Executive noted that the peer comparison analysis presented in the report for Year 1 suggested that the College's average implementation scores are lower than those of our peer organization across all risk modules. A low implementation score could be partially explained by the fact that only documented College processes were considered when completing the tool.

- **Assessment of External Auditor**

This item is brought to Council for discussion and approval. Please see attached.

The Committee recommends that:

- The Committee Composition be approved as presented
- That an Annual Assessment of external auditor be performed in 2018
- The Executive Committee's report to Council, including Q2 Statement of Operations, be accepted as presented.

Attachments:

- Q2 Statement of Operations
- Briefing Note: Committee Composition
- Committee Composition
- Annual Assessment of External Auditor Report to Council

Respectfully Submitted,

Tiffany Haidon, Chair

CMO STATEMENT OF OPERATIONS: FISCAL April 1, 2017- March 31, 2018 (F18)

Q2 Statement

BUDGET CATEGORY	F18 BUDGET AMOUNT	F18 Budget to end of Q2	Q2 Spending April 1, 2017-Sept 30, 2017	Q2 Spending April 1, 2016-Sept 30, 2016	Percentage Variance Against Budget
STAFF- Salaries and Benefits					
Sub-Total	\$1,401,917	\$700,958.50	\$588,613	\$600,773	41.99%
OPERATIONAL COSTS					
<i>Professional Fees</i>					
Sub-Total	\$93,086	\$46,543.00	\$41,298	\$63,777	44.37%
<i>Council, Committees and Panels Per Diem Expenses</i>					
Sub-Total	\$165,486	\$82,743.00	\$68,646	\$74,134	41.48%
<i>Office and General</i>					
Sub-Total	\$384,125	\$192,062.50	\$160,550	\$207,237	41.80%
<i>Membership Fees</i>					
Sub-Total	\$29,994	\$14,997.00	\$21,708	\$21,681	72.37% *
<i>Conferences and Meetings</i>					
Sub-Total	\$20,686	\$10,343.00	\$7,262	\$6,813	35.11%
<i>Program & Project Expenses</i>					
Sub-Total	\$380,541	\$190,270.50	\$19,498	\$27,677	5.12%
CAPITAL COSTS					
Sub-Total	\$40,680	\$20,340.00	\$20,508	\$22,039	50.41% **
TOTALS	\$2,516,515	\$1,258,258	\$928,083	\$1,024,131	73.76%
REVENUE FROM FEES	\$1,717,100	\$858,550	\$856,755	\$744,996	99.79%

BIRTH CENTRE DETAILS F18

Birth Centre Grant	\$64,192
Birth Centre Budget (6 months)	\$32,096
Birth Centre Expenses (6 months)	\$25,750
Net Birth Centre	\$38,442

ACCRUAL DETAILS F18

Accrued Liabilities for 6 months	\$48,923
Accrued Liability Usage for 6 months	\$81,823 ***

*We have paid most of our membership fees for the year, and don't anticipate any overage in this area by year end.

**The amortization costs are slightly higher than the estimate in the budget. This will continue to track consistently and we estimate a slight overage in this area (less than \$1000) at year end.

***The annual accrual is divided by two here to represent half of the total accrual (\$48,923). Most of the spending against the accrual happens in the first two quarters of the year (these are existing COINS from prior to April 1 already in process). A careful analysis of the spending thus far confirms that we should not have significant overage in this area at year end, and spending is tracking as expected against the estimates set up in the year end accrual.

Briefing Note for Council

Subject: Committee Composition 2017–2018

Summary

Each year, the Executive Committee reviews and makes Committee member and Chair recommendations to Council. Council is asked to review and approve Executive's recommendations for the 2017–2018 committee composition.

Key Considerations

The following key considerations were taken into account when appointing committee chairs:

Key Considerations	Tool
Is the candidate willing to chair a particular committee?	Expression of Interest Form
Is the candidate eligible to chair the committee?	Chair appointment guidelines
Does the candidate have the required committee-specific characteristics to effectively chair the committee?	A summary of required competencies specific to individual statutory committees
How did the candidate perform in their role as a Council members or a leader of the committee? (for current chairs)	Chair Performance Assessment results

The following key considerations were taken into account when making committee member recommendations:

Key Considerations	Tool
Is the candidate willing to be on a particular Committee?	Expression of Interest Form
Is the candidate eligible to be on the Committee?	Committee Member appointment guidelines
Is there a balance between professional and public members?	Committee group overview
Does the candidate have a conflict of interest relating to their role?	Statutory requirements
How did the candidate perform in their role as Council member and member of	Peer Review Evaluation results (any major concerns are to be brought to

the committee? (for current members)	Executive's attention by the President).
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The Executive Committee also reviewed the applications of three College members who submitted a letter of interest and résumé to join Council as non-council committee members. The Executive recommends appointing Ali McCallum, Amy McGee and Claudette Leduc for one-year terms. In addition, Executive recommends reappointing Christi Johnston (currently on the Client Relations Committee), Alexandra Nikitakis-Candea (currently on the Registration Committee) and Heather Brechin (currently on ICRC) as non-council committee members for one-year terms.

Recommendations

1. That Ali McCallum, Amy McGee and Claudette Leduc be appointed for one-year terms
2. That Christi Johnston, Alexandra Nikitakis-Candea and Heather Brechin be reappointed for one-year terms
3. That the Committee Composition 2017-2018 be approved as presented.

Attachments

Committee Composition 2017-2018

Submitted by: Executive Committee

2017-2018 Slate of Council Members	Executive	ICRC	QAC	Discipline/FTP	Registration	Client Relations
Elected/Appointed	Elected	Executive Committee Recommendations				
Professional Members 1. Tiffany Haidon, RM, President 2. Lilly Martin, VP 3. Isabelle Milot, RM 4. Wendy Murko, RM 5. Lisa Nussey, RM 6. Claire Ramlogan-Salanga, RM 7. Jan Teevan, RM 8. Edan Thomas, RM Public Members 9. Jennifer Lemon, VP 10. Deirdre Brett 11. Rochelle Dickenson 12. Susan "Sally" Lewis 13. Gemma Salamat (term exp. Apr 2018) 14. John Stasiw Non-Council Members 1. Heather Brechin, RM 2. Christi Johnston, RM 3. Alexandra Nikitakis, RM Candidates 1. Claudette Leduc, RM 2. Ali McCallum, RM 3. Amy McGee, RM	Tiffany, Chair Lilly, VP Jennifer, VP Rochelle Isabelle	Chair: Wendy Lisa Edan Jennifer Rochelle Sally John Non-Council Heather Christi Claudette	Chair: Jan Isabelle Lilly Lisa Claire Gemma Deirdre Sally	Chair: Lilly Jan Wendy Gemma Deirdre Jennifer Rochelle John Sally Non-Council Claudette	Chair: Isabelle Claire Edan Gemma John Jennifer Non-Council Alexandra Ali	Chair: Rochelle Deirdre Non-Council Christi Amy Ali

Annual Assessment Report to Council

Reporting Year:	2017
Summary Observations:	<p>The Executive committee felt that the audit process this year was overall a very positive one. Committee members engaged in on-site audit overview, meeting with audit team members face-to-face and participating in financial training. In addition to attending the auditor presentation at Council, the Executive committee also had the opportunity to meet separately with the lead auditor and participate in open discussion.</p> <p>Auditing processes were fully explained and questions were candidly answered. The auditor appears to have a very professional and positive working relationship with the Director of Operations as well as with the Executive committee members.</p> <p>This is the first full cycle for which this tool has been employed, after piloting it last year. It is felt to be very thorough and to give the Executive committee confidence in the auditing process.</p>
Recommendations made to the Auditor:	None.
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	<p><input type="checkbox"/> Comprehensive Assessment</p> <p><input checked="" type="checkbox"/> Annual Assessment</p> <p>Because this tool is still fairly new and because no concerns were identified, the Executive committee recommends that an Annual Assessment be performed again next year, instead of the more detailed Comprehensive Assessment. It is understood that the Director of Operations agrees that the cost of this process is generally in line with other auditing firms and that their re-engagement is a sound financial decision for the College.</p>
Any recommended changes to the Assessment Process for future:	

Briefing Note for Council

Subject: Proposed changes to the General By-law: non-Council public member participation on statutory committees

Background

All governing Councils of health regulatory Colleges have publicly appointed members on them with the percentage of public members to professional members constituting just under half of the Council. Pursuant to the *Midwifery Act, 1991*, the Council should be composed of at least five and not more than seven members appointed by the government. In contrast, the number of elected professional members should be at least seven and no more than eight persons.

At its meeting in March 2016, Council directed staff to determine if the College is permitted to appoint individuals who are neither members of the College nor public members appointed by the government to its statutory committees within the current legislative framework, and if yes, what needed to be done to implement this change. Executive reviewed the findings by staff in June 2016, and directed staff to bring the issue of non-public member participation on statutory committees to Council when the general by-law is next revised.

Key Considerations

The legal opinion states that the legislation permits the College to add public members to college committees by way of by-law amendments. Section 94(1)(h.3) of the *Health Professions Procedural Code* (Code) being Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) authorizes a College to make by-laws “respecting the qualification, selection, appointment and terms of office of members of committees ... who are not members of the Council”. Similarly, sections 10(2) and 10(3) of the Code stipulate that the “Council shall appoint the members of the committees” and that the composition of the committees must be in accordance with the by-laws. Nothing in the above provisions require committee members to be either members of the Council or members of the profession.

Furthermore, sections 17, 25 and 84 of the Code that describe the composition of the panels of the Registration Committee, the ICRC and the Fitness to Practice Committee do not require panel members to be either members of the Council or members of the profession so long as *one* panel member is a public member, appointed by the government.

Finally, section 38 of the Code stipulates that a discipline panel must be composed of at least three (3) and no more than five (5) persons, at least two (2) of whom must be public members appointed by the government and one (1) must be a professional

member of the Council. There is nothing in this provision that requires the other two potential panel members (if the Chair chooses to strike a 5-person panel) to be either members of the Council or members of the profession.

So, given the broad language used in the Code, a College could make by-laws authorizing the appointment of individuals who are neither members of the College (i.e., midwives) nor public members appointed by the government.

Principle of Self-Regulation

The principle of “self-regulation” is one of the foundational principles that are essential to participating effectively in the regulation of a health profession under the RHPA. “Self-regulation” of a profession implies that society enters into an understanding with the profession that the profession will regulate itself. As Council is well aware, this means that midwives are selected by their peers to sit on the governing Council of the College to fairly and effectively regulate the profession in the public interest. In addition, the College Council (and the majority of other RHPA colleges) has non-Council professional members appointed to their statutory committees to ensure that the voice of the profession is heard. The College’s statutory committees, for example, have long included midwives who are not elected members of Council. With the approval of the new Committee composition at the December Council meeting, the College will have six (6) non-Council professional members serving on the ICRC, Discipline/Fitness to Practice, Registration and Client Relations Committees.

College’s Strategic Plan

In the College’s 2017–2020 Strategic Plan, Public Participation & Engagement was identified as one of the strategic priorities. Council also committed to increasing public involvement in the College’s governance arrangements and in the design of the College’s regulatory work. The appointment of non-Council public members would contribute to the achievement of this priority and would demonstrate the College’s commitment to public engagement and will bring the voices of the clients and the public into decisions that are relevant to them.

Remuneration question

Section 94(1)(h) of the Code allows a College to make by-laws for “providing for the remuneration of the members of the Council and committees other than persons appointed by the Lieutenant Governor in Council and for the payment of the expenses of the Council and committees in the conduct of their business”. This means that if the Council decides to appoint non-Council public members to its committees, it will be required to pay their remuneration and expenses. This raises the issue of whether non-Council public members should be remunerated on the scale of professional members of the Council (\$320 per diem) or on the scale of the public members appointed by the government (\$150 per diem) or an entirely different scale.

Recommendations

Council is being asked to consider and agree, in principle, to amend the by-laws to appoint individuals who are neither members of the College nor public members appointed by the government to its statutory committees. Staff will work with the Executive Committee to review the College's current by-laws. Executive's recommendations, will be brought to Council in March 2018 for final review, including:

1. Proposed amendments to the General by-law that will allow the College to appoint non-Council public members to serve on committees
2. Proposed amendments to Schedule 1 of the Fees and Remuneration by-law setting per diems for meeting preparation and attendance as well as allowable expenses for non-Council public members
3. Proposed changes to governance policies and procedures as needed
4. Implementation plan

Implementation Date

The implementation plan will be presented to Council in March 2018. The by-laws will be brought to Council for final review and approval in June 2018.

Legislative and Other References

1. [Midwifery Act, 1991](#)
2. [Health Professions Procedural Code being Schedule 2 of the Regulated Health Professions Act, 1991](#)
2. [General By-law](#)
3. [Fees and Remuneration By-law](#)

Attachments

N/A

Submitted by: Marina Solakhyan, Director of Policy & Quality Assurance

Briefing Note for Council

Subject: Proposed changes to the General By-laws

Background

Professional Liability Insurance

Professional Liability Insurance (PLI) provides financial compensation for people who have been harmed as a result of malpractice or negligence by a professional. In 2009, the Health Professions Procedural Code (“the Code”) was amended to add a PLI requirement for all regulated health professions (s. 13.1). However, this section of the Code was never proclaimed. Instead, in February 2013 the Minister of Health and Long-Term Care wrote to the Colleges and advised that they should require PLI through their by-laws.

The College’s Registration Regulation requires that practising midwives hold professional liability insurance in accordance with the College’s by-laws to become registered and remain registered with the College (s. 7(1) and s. 11). Currently, the College’s by-laws state members must have PLI that is “acceptable to the College.” However, the College does not specify what is “acceptable.” As the amount of PLI is not set out anywhere, it is confusing for applicants and members.

Currently, most midwives registered and practising in Ontario have PLI through the Health Insurance Reciprocal of Canada (HIROC) via their membership with the Association of Ontario Midwives. Historically, the College has accepted HIROC’s PLI as the default and this coverage exceeds what the majority of other health Colleges in Ontario require. However, the College must be able to specify what the minimum requirements are in terms of PLI coverage for midwives in Ontario should a midwife choose to obtain PLI elsewhere.

Public Register

In October 2014, the Minister of Health and Long-Term Care sent a letter to all health regulatory Colleges outlining his ministry’s commitment to enhanced regulatory transparency and requiring all health regulatory colleges to respond with their plans to enhance transparency. As a result of this letter, a multiphase initiative was begun to review the various ways in which the College could provide more useful information to the public, particularly with respect to the information available on the College’s Public Register.

In March 2016, Council approved revised General By-laws, which outline additional information to be made available as part of each member’s public register profile.

On May 30, 2017, Bill 87, the *Protecting Patients Act, 2017* was given royal assent by the Ontario Legislature. This Bill amended the *Regulated Health Professions Act, 1991 (RHPA)* and expanded the list of information that must be made available about practitioners on public registers.

Key Considerations

Professional Liability Insurance

In determining the minimum amount of professional liability insurance that should be required of all members, the College will conduct an environmental scan regarding the PLI required of other regulated health professions, specifically those that provide prenatal, intrapartum and/or postpartum care. In addition, we will consult with the Health Insurance Reciprocal of Canada (HIROC), the Association of Ontario Midwives (AOM), as well as the Canadian Medical Protection Association (CMPA) which provides PLI for physicians.

In addition to specifying a minimum amount, the by-laws should also specify the criteria that this insurance must meet. For example, most regulated health professionals in Ontario must ensure that they have insurance coverage for claims that arise even after they have ceased providing client care as claims may arise several months, and in some cases, years after the care was provided. The College will want to consider requiring midwives to ensure coverage for a minimum number of years after they cease to provide client care.

The College may also want to specify not only the minimum amount of coverage required per the policy period (aggregate limit), but also the minimum amount of coverage required per claim or incident. The College will also want to consider specifying the maximum amount of deductible to be paid by members. The deductible is the amount the practitioner pays out-of-pocket before the insurance provider will pay any expenses. Higher deductibles paid by members increases the likelihood that the member does not have the money to pay the deductible amount out-of-pocket, which in turn increases the risk of the claim not being covered by PLI due to the member not paying the deductible.

Public Register

Much of the additional information required to be posted on the public register is already in the College's by-laws based on the March 1, 2016 revisions. While Bill 87 supersedes the College's by-laws, the by-laws should be amended to align with Bill 87 and not repeat what is already outlined as a requirement in the Code.

In addition, during their September 8, 2017 meeting the ICRC decided to discontinue issuing written cautions as a disposition, effective immediately, to be consistent with other health regulatory colleges. The by-laws will need to be revised to reflect this.

Other changes may also be needed to ensure that the public is provided with the necessary information to make informed choices about their care.

Recommendations

None at this time. In March 2018, recommended changes to the General By-law will be presented to Council.

Implementation Date

N/A

Attachments

N/A

Submitted by: Naakai Garnette, Director of Registration & Professional Conduct

Registrar-CEO Quarterly Report

From: Kelly Dobbin, Registrar-CEO
To: Council
Date: December 13, 2017

1. General Highlights

Thank you to all Council members who attended Member Education Day on November 1, 2017 and congratulations to the Professional Standards Working Group who successfully led facilitated discussions. The College has received positive feedback regarding the day in general, especially the presentations by our guest speakers Deanna Williams and Dr. Zubin Austin. All member feedback regarding the proposed professional standards will be thoroughly considered by the working group.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College has not received a formal response from the Ministry since formally submitting changes to the O. Reg. 338/09 Professional Misconduct Regulation and O. Reg. 335/12 General Regulation in September 2017.

On November 3, 2017 staff met with the Ministry of Health's Model for the Evaluation of Scopes of Practice in Ontario (MESPO) team to discuss changes to laboratories that midwives may order and drugs and substances that midwives may prescribe. We were provided with draft documents relating to the new MESPO framework as well as a preliminary review and analysis of the College's 2008 submission to the Health Professions Regulatory Advisory Council (HPRAC). Given the period of time that has elapsed since the original submission and the Ministry's development of a new framework to evaluate scope of practice requests, the Ministry requested that additional information be provided in the form of a preliminary review submission. Incidentally, neither the College's official submission requesting changes to the Laboratories Regulation made in 2010, nor the additional reports shared with the Ministry in 2015, 2016 and 2017, were considered as part of the Ministry's review and analysis.

The College has been collecting additional research and is working closely with

the other colleges named in the Ministry's scope of practice review initiative (dietitians, nurses, physiotherapists and chiropractors) to share information and approaches. The requested preliminary submission will be presented to Council for approval and formally submitted to the Ministry by the end of December. Upon analysis of the preliminary review submission, the Ministry will then decide to engage the College on regulation or legislative changes, or not.

This change in the Ministry's evaluation process rendered circulating Council's approved changes to O. Reg. 62 Laboratories Regulation under the *Laboratories and Specimen Collection Centre Licensing Act* premature at this time. We will work with the Ministry in the coming months to facilitate an appropriate consultation if they decide to move forward with the request.

Proposed changes to O. Reg. 884/93 Designated Drugs and drug related changes to the *Midwifery Act* are being presented to Council in December for approval. An approval by Council will permit the College to work closely with the Ministry in the coming months to ensure the recommended changes are satisfactorily addressed.

Proposed changes to O. Reg. 168/11 Registration have been approved by the Registration Committee and are being presented to Council in December for approval.

ii. Implementation of Risk-Based Regulation

Staff finalized its work on the data strategy, which outlines how the College will capture, share and use data to help transition the College into a more data-driven organization. A high-level presentation on the strategy will be made at the December Council. The draft will be then brought forward to the College's statutory committees for their review and recommendations. Once reviewed by the committees, the strategy, including the implementation plan, will be brought to Council for approval.

Staff is working to finalize the College's regulatory performance framework, including key performance indicators (KPIs). This work is guided by the College's strategic plan and is an important step in helping us ensure that we are achieving our statutory objectives, and are making the best possible use of our resources. The framework will be brought to the Executive Committee in February, for review and recommendations, and then to Council, for approval.

The Policy Department is working to finalize the comprehensive review and analysis of past professional conduct matters. The work will be finished by the end of this calendar year; the final report, including relevant findings, will be shared with Council at its March meeting.

The Quality Assurance Department conducted a comprehensive review of its panel processes to identify areas for improvement and to establish benchmarks for matters of non-compliance. The QAC decided to adopt the proposed benchmarks, effective immediately, and implement the recommendations for process improvement.

The Policy and Registration departments collaborated to develop a Criminal Record Screening Policy and a Good Character Guide. The Registration Committee reviewed and approved the Guide, however, further research is needed to finalize the Policy. This research will be conducted and relevant information will be brought back to the Registration Committee for consideration in early 2018. The Registration Committee will then finalize the Policy and bring it forward to Council for approval.

The Registration department developed a registration streamlining plan outlining and categorizing the various registration policies to be revised or rescinded and identifying other regulatory tools to be revised or developed. This plan was reviewed and approved by the Registration Committee during their November meeting. The streamlining plan will be presented to Council in December for approval.

The Registration department developed an implementation plan for the College's jurisprudence course for members applying to switch from the Inactive to General class. The Registration committee decided that as of April 1, 2018, members switching from the Inactive class back to the General class must complete the jurisprudence course only once, unless it is required as part of a requalification program. A communication plan will be developed and implemented to inform the membership and stakeholder.

The Registration department developed the "Registration Panel and Decision Tool" to facilitate consistent and fair decisions, as well as ensure appropriate and relevant considerations have been made with each panel referral. The tool also helps ensure that referrals to the Registration Committee and decisions made by the Registration Committee remain within legislative powers. The Registration Committee approved the adoption of the tool, effective immediately.

As a follow-up to a commitment made during the Professional Misconduct Regulation consultation, staff created a Professional Misconduct Regulation Guide based on the current provisions of the Regulation. The ICRC had an opportunity to review the Guide and provide input. During their next meeting, the Discipline Committee will also have an opportunity to review the guide and provide their input. Once finalized, the Guide will be posted to the College's website.

The Professional Conduct department has made further strides in implementing changes related to Bill 87, the *Protecting Patients Act*. To align with Bill 87, proposed updates to the Discipline Procedures Manual, including the Rules of Procedure, as well as the Fitness to Practise Procedures Manual will be considered by the committees during their next meeting.

iii. Public Participation & Engagement

The Policy Department completed its work on the development of the public engagement strategy which will be brought to Council in December for approval. The strategy will help us engage the clients and the public in a more meaningful way.

3. Stakeholder Engagement

The second consultation on the Professional Standards for Midwives (Professional Standards) is underway and will close on December 21, 2017. We will continue to engage with the membership and the students in the winter of 2018. The Professional Standards Working Group will hold their last meeting in February 2018 to review feedback and to make final recommendations to Council in March.

The Registrar received a letter from the Office of the Fairness Commissioner (OFC) on November 23, 2017 advising the College of organizational and program changes at the OFC and introducing the new team, part of what has been called OFC 2.0. The College has been assigned a new Compliance Analyst. The OFC has advised that they are focused on completing Cycle 3 assessments by June 2018 and we will be working with our Compliance Analyst to commence and complete our assessment.

In consultation with the ICRC, the Professional Conduct department revised the Complaints process survey. The purpose of the survey is to evaluate the College's complaint process from a stakeholder perspective and further engage stakeholders in the process. The survey evaluates the complaints process on the following performance measures: timeliness, transparency of procedures, public protection, helpfulness and knowledge of College staff, and the clarity of ICRC decisions and reasons. The survey questions were streamlined and the delivery method was changed from mail to online to increase the response rate.

College staff attended the Health Professions Appeal and Review Board's (HPARB) stakeholder meeting. The presentation related to registration matters explored recent cases regarding good character requirements, interprovincial

mobility, educational equivalency, procedural fairness in registration process, the Human Rights Code & Charter, and grandparenting provisions. With respect to Professional Conduct, HPARB provided an appellates court update, highlighting cases that contemplated the use of expert evidence, freedom of expression (testimonials and titles), the jurisdiction to discipline, the powers of the Registrar, and determining what is the tribunal record. HPARB also shared recent HPARB case statistics and provided an overview of their Electronic File Pilot Project, a new initiative to transition their case management and communication format from paper to electronic.

4. Executive Expectations

i. Interaction with Registrants and Members of the Public

The College continues to communicate regularly with members and stakeholders through email notifications, quarterly newsletters, annual reports, Twitter and Facebook. In addition, we regularly assist members and stakeholders via email and telephone.

ii. Programs and Projects

The Quality Assurance Department completed its work on the Quality Assurance Program (QAP). All revisions are subject to Ministry approval of our proposed Quality Assurance regulation, which was submitted to the Ministry in September 2017. The College is aware that the Ministry will not be reviewing the submission until January 2018 at the earliest. With this in mind, any changes to the current QAP will be implemented during the 2019/20 reporting year at the earliest.

iii. Human Resources

A new Performance Evaluation System has been launched at the College that allows for broader feedback. Feedback is no longer limited to the traditional path (employer to employee) but now includes a formalized system to gather feedback about those in a supervisory role from those being supervised, and also a system to gather broader organizational feedback. The results gathered will be used to inform both individual and organizational improvement.

Operations continues with its updating of the Personnel Policies to both modernize the policies, and reflect upcoming changes associated with Bill 148.

In November, the Director of Operations met with staff in similar roles at other Colleges for a networking and information sharing meeting. The goal of the

meetings is to collaborate, and discuss common challenges in the operations portfolios. The networking group struck an HR and IT committee and the Director of Operations was selected to lead the HR Committee.

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
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 Midwifery Act.	<div><div></div><div></div></div>	Proposed changes to the Midwifery Act that relate to drugs and substances, including authorizing midwives to dispense and sell any substance other than a controlled substance, and to allow for the treatment of sexual partners for sexually transmitted infections will be presented to Council on December 12-13, 2017. Other previously anticipated changes were not completed as further resources are required to satisfy a public interest rationale to warrant change and safely implement. The College is recommending to Council to redirect its focus on removing unnecessary internal barriers (that are clearly within the College authority to change) and to clarify the College's interpretation of the current scope of practice with members.
		Prepare for submission to the Ministry proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, including proposed rescinding of Appendix B of the Laboratories Regulation made under the Act.	<div><div></div><div></div></div>	Council approved the report and proposed changes to the regulation on October 12, 2017. Since that time the Ministry introduced revised submission procedures. The revised submission will be presented to Council on December 12-13, 2017.
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	<div><div></div><div></div></div>	Council formally submitted to the Ministry the proposed changes to the General Regulation in September 2017.
	Professional Conduct	Formally submit to the Ministry the proposed changes to the Professional Misconduct Regulation	<div><div></div><div></div></div>	Council formally submitted to the Ministry the proposed changes to the Professional Misconduct Regulation in September 2017.
	Registration	Submit to Council the proposed changes to the Registration Regulation	<div><div></div><div></div></div>	Proposed changes to the Registration Regulation will be presented to Council on December 12-13, 2017.
	Policy	Prepare for submission to the Ministry proposed changes to the Drug Regulation, including controlled substances	<div><div></div><div></div></div>	Proposed changes to the Designated Drugs Regulation, including controlled substances, and the submission to the Ministry will be presented to Council on December 12-13, 2017.

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
	Policy	Prepare for submission to the Ministry proposed changes to the Controlled Acts Regulation (application of ultrasound) under the RHPA		Although a formal submission was not required, the College worked closely with the Ministry to successfully address the issue of midwives having the authority to apply diagnostic ultrasound. This revision to the Controlled Acts Regulation are expected come into effect January 1, 2018.
	Policy	Develop a Communications Plan		Detailed information on the proposed changes to College regulations was made available to the membership and stakeholders in a timely manner through email notifications, quarterly newsletters, annual reports, and social media. Where applicable, consultations with the membership and stakeholders have been held in accordance with governing legislation.

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
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		The College developed and implemented a rigorous approach to policy making to ensure that policy decisions are based on solid evidence and a thorough analysis of risks and impacts. This new process will ensure that regulation is never adopted as the default solution but rather introduced as a means of last resort. The new policy development process was approved by Council in June 2017, and is available on the website.
		Develop a data strategy		Staff finalized their work on the data strategy which outlines how the College will capture, share and use data to help transition the College into a more data-driven organization. A high-level presentation on the strategy will be made at the December Council. The draft will be then brought forward to the College's statutory committees for their review and recommendations. Once reviewed by the committees, the strategy, including the implementation plan, will be brought to Council for approval.
		Complete risk assessment matrix (risk appetite framework)		The risk assessment matrix was completed to evaluate the probable risks (identified for the college and contained in the risk register) in terms of the likelihood of the risk and the severity of the consequences. The results were presented to Council in March 2017.

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STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
		Develop Key Performance Indicators (KPIs) to assess regulatory effectiveness		Staff is working to finalize the College's regulatory performance framework, including key performance indicators (KPIs). This is an important step in helping the College to ensure that we are achieving our statutory objectives, and are making the best possible use of our resources. The framework will be brought to the Executive Committee in February, for review and recommendations, and then to Council, for approval.
		Strengthen IT/data security		The College's Privacy Code was updated to reflect current practice at the College. A more comprehensive review of IT policies will take place in 2018. A working group for IT has been struck by the Directors of Operations and Corporate Services at the regulated health colleges to share resources, and these resources will help our College to refine our processes.
		Implement bank security improvements		In 2017 the College moved to different banking platform. It is now possible to allow different users different levels of access to make changes to the accounts and/or transfers. In order for a large transfer of funds to take place, dual permission is now required from the Director of Operation and Registrar.

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
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"> - Failure to register and license in a fair or consistent manner - Mismanagement of practitioner/member complaints - Mismanagement of complaints from members of the public - Inappropriate release and/or denial of request to access information - Privacy breach - Wrongful dismissal - Employee fraud 		The Professional Conduct, Registration and Operations departments completed and submitted the HIROC risk modules relevant to their area. The identified areas for improvement will be incorporated into departmental work plans to be completed over the next two years. All modules must be completed by fall 2019. The implementation of the modules will be overseen by the Inquiries, Complaints and Reports Committee; Registration Committee; and Executive Committee, and will be reported to Council.
	QA Registration Professional Conduct	Develop a framework for the competency-based assessment program		The College set out to accomplish this initiative and it was mutually decided, amongst departments, to approach competency-based assessments as department level programs as opposed to a singular College-wide program. Competing timelines and needs were barriers to this being successful. Quality Assurance has already initiated this work, Professional Conduct has not prioritized this as a need, and Registration will make plans to move forward in the coming months.
	Policy Registration	Develop a good character policy and police check processes		Following completion of a regulatory impact assessment, review of available information and other College's approaches, it was determined that a more suitable approach was to develop a Criminal Record Screening Policy and Good Character Guide. The Registration Committee reviewed and approved the Guide, however, further research is needed to finalize the Policy. This research will be conducted and relevant information will be brought back to the Registration Committee for consideration in early 2018. The Registration Committee will then finalize the Policy and bring it forward to Council for approval.

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STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
<i>Initiative 2.2. continued</i>	Policy Registratio n	Registration policy review completed and streamlining plan approved Revise/update registration processes and information, as appropriate		A review of all current registration policies and other regulatory tools was completed and a streamlining plan was organized into two categories: 1) policies/tools to be revised; and 2) policies that should be rescinded. The Registration committee reviewed and approved a streamlining plan that will be presented to Council on December 12, 2017 for approval.
	Registratio n	Implement jurisprudence as a registration requirement		On July 1, 2017, the College's jurisprudence course became a registration requirement for all applicants. As of April 1, 2018, all members switching from the Inactive class back to the General class must complete the jurisprudence course once, unless it is required as part of a requalification program. The College's website and relevant forms will be updated to provide this information and a communication plan will be developed and implemented to inform the membership and stakeholders.
	Registratio n	Implement Office of the Fairness Commissioner (OFC) General Duty Self-Assessment		On September 1, 2017, amendments to the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA) contained within Bill 27, the Burden Reduction Act, 2016 were proclaimed and are now in effect. These amendments resulted in governance and reporting structure changes for the OFC and the OFC's assessment cycle was placed on hold during this transition period. The OFC has advised that they will follow up with the College regarding commencing the assessment cycle. A tentative meeting between the OFC and the College is booked for December 14, 2017.
	QA	Develop a revised Quality Assurance Program and processes to administer the program (including panel processes)		On November 20, 2017, the Quality Assurance Committee (QAC) completed its work on the Quality Assurance Program. All revisions are subject to ministry approval of our proposed Quality Assurance regulation, which was submitted to the Ministry in September 2017. The QAC also established and approved benchmarks for all QAC panel processes for immediate implementation.
	Professiona l Conduct	Evaluate the complaints process		The department conducted a comprehensive file review to identify areas in which processes could be improved. Based on the results of this review, the ICRC decided to implement changes regarding their panel, investigation and decision writing processes to be more effective and efficient. In addition, the ICRC's complaints process survey was revised and re-implemented as an online survey to

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STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
<i>Initiative 2.2. continued</i>				further evaluate the College's complaints process from a stakeholder perspective and further engage stakeholders in the process.
	Professional Conduct	Implement I&H database into departmental process		The I&H database is still in the process of being developed. The College is creating a plan in order to determine next steps with respect to database development. In the interim, the department has started using what's been developed to-date on a go forward basis.
	Professional Conduct	Establish benchmarks for complaints and reports		On September 8, 2017, the ICRC established and approved benchmarks for complaints and reports processes for immediate implementation.
	Professional Conduct Policy	Analyze I&H data to identify potential trends		A comprehensive review and analysis of past professional conduct matters will be finalized by the end of this calendar year. The final report, including relevant findings, will be shared with Council at its March meeting.
	Professional Conduct Policy	Create Professional Misconduct Regulation Guide		The new Professional Misconduct Guide was developed by staff and provided to the ICRC for their input. It will be posted to the College's website as soon as the Discipline Committee has reviewed and provided input at their next committee meeting.
	Policy	Develop professionalism standards for midwives		The Professional Standards Working Group has been working on the Professional Standards for Midwives document since February 2017. The development of the Professional Standards is a major step forward in reforming our current standards of practice. It forms the first phase of a wider program of work to streamline our approach to regulation to promote targeted and proportionate regulation in the public interest. The College held its first consultation on the proposed changes between July and September 2017. A formal response to all the issues raised in the first consultation was provided in October with the launch of the second consultation period, which will be open until December 21st, 2017. The final document will be brought to Council in March 2018 for its final review and approval.

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Area	Planned Activities	Status	Comments
<i>Initiative 2.2. continued</i>				
2.3 Ensure responsiveness and transparency of our new regulatory approach	Policy Communications	Develop a communication & implementation plan for professional standards for midwives		<p>A communication and implementation plan was developed at the early stages of the project and included 2 planned consultations; member Education Day (held in Toronto on November 1st), and further engagement with the membership, students, stakeholders and the public in the winter and spring of 2018. Relevant information can be accessed here:</p> <ol style="list-style-type: none"> 1. First public consultation: http://www.cmo.on.ca/about-the-college/consultations/public-consultation-professional-standards/ 2. Response paper (report on the feedback and the College's response to all the issues raised in the first consultation): http://www.cmo.on.ca/wp-content/uploads/2017/10/Response-to-Consultation.pdf 3. Second public consultation: http://www.cmo.on.ca/about-the-college/consultations/public-consultation-professional-standards-second-consultation/ 4. Implementation timeline: http://www.cmo.on.ca/wp-content/uploads/2017/10/Appendix-C-Professional-Standards-Creation-and-Implementation-Timeline.pdf
		Make decision-making tools available to the public on website (e.g. policy making process, ICRC decision-tools)		The ICRC's Risk Assessment Framework, a tool which guides the committee with their decision-making, was revised in 2017 to incorporate new issues categories based on the College's newly developed principles-based approach to standards of practice and to align with changes related to Bill 87, <i>Protecting Patients Act, 2017</i> . This framework has been posted to the College's website.
<i>Initiative 2.3. continued</i>				

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STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT				
Initiatives	Area	Planned Activities	Status	Comments
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		Staff continue to revise the College website to ensure it is current and informative, and information is easy to find and understand. The College began a social media presence in 2016, and continued to expand its use of this medium in 2017. An internal communications plan was developed, as planned.
		Post Council packages online		We have been posting Council packages online since March 2017. On May 30, 2017, Bill 87, <i>the Protecting the Patients Act, 2017</i> , received Royal Assent. Among other things, it contains a requirement for all RHPA Colleges to post on their websites information regarding upcoming meetings of the Council, including the dates of those meetings, matters to be discussed, and information and documentation that will be provided to members of the Council.
		Make decision-making tools available online		The following tools were developed/revised and posted to the website: new policy development tool, ICRC risk assessment tool. The Quality Assurance Program (QAP) non-compliance decision-making tool was revised by the QAP at its September meeting and will be posted to the website by the end of the calendar year.
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 Strategy		The public engagement strategy will be brought to Council in December for approval. The strategy will help us engage the clients and the public in a more meaningful way.
		Collaborate with health regulatory colleges on the FHRCO-led Public Engagement Project		The College collaborated with health regulatory colleges as a member of FHRCO to approve the Public Engagement Project, including the allocation of necessary funds. Year One of the project resulted in the delivery of the public facing website www.ontariohealthregulators.ca

College of Midwives of Ontario

Strategic Plan

2017-2020



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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Strategic Framework

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

Inspiring trust & confidence in midwifery by leading in regulatory excellence.

Our Mission

Regulating midwifery 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



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



Transparency
We act openly to enhance accountability



Innovation
We translate opportunity into organizational value



Integrity
We act with respect, fairness and honesty

Strategic Framework

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 Enabler

Our strategic enabler will allow us to execute our strategy more efficiently and effectively.

Strategic Enabler: Collaboration & Partnerships

1. We believe that we do better working with others
2. We maintain quality relationships with regulatory and midwifery stakeholders to achieve better regulatory outcomes
3. We establish new partnerships.

Modernization of Legislation & Regulations

How we will achieve it:

1. Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice
2. Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation
3. Broaden knowledge and understanding within the membership and key stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.

How we will measure our success:

1. The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.
2. There is regular communication of information on legislative and regulatory changes through formal channels of communication
3. Communication with the membership and stakeholders is clear, targeted, consistent and effective
4. The membership and key stakeholders understand the legislative and regulatory framework relevant to the practice of midwifery
5. The website and online platforms are easy to navigate, accessible and up-to-date
6. Targeted member and student engagement activities regarding the College's regulatory functions, programs, and its public protection role are effectively delivered.

Implementation of Risk-Based Regulation

How we will achieve it:

1. Deliver the effective operation of the new systems to balance necessary levels of public protection with reasonable levels of risk
2. Enhance the organizational capability to deliver risk-based regulation effectively and efficiently
3. Ensure responsiveness and transparency of our new regulatory approach.

How we will measure our success:

1. Existing College systems and processes are reconfigured to ensure that they are in line with risk-based regulation
2. Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed
3. Risk Assessment Checklists Program (developed by the Healthcare Insurance Reciprocal Of Canada) is satisfactorily completed
4. Data collection and analysis is improved
5. Council and staff effectively utilise risk-based regulation tools
6. Internal risk management capability is strengthened
7. Information on risk-based approach is documented and published in a format that is clear, understandable and accessible
8. Members and stakeholders understand our risk-based approach to regulation
9. Regulatory activities and decision making are reported appropriately
10. College is responsive to requests from the public, membership and stakeholders regarding the risk-based regulatory framework.

Public Participation & Engagement

How we will achieve it:

1. Inform and educate the public regarding the College's role and how we fulfill our public protection mandate
2. Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions.

How we will measure our success:

1. Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging
2. The searchability of the public register is enhanced
3. The College is an accessible resource to the members of the public
4. Public engagement initiatives and activities are targeted and mutually beneficial
5. Increased public involvement in the College's governance arrangements and in the design of our regulatory work.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario