College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

Council Meeting

December 12, 2018

College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, December 12, 2018 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,
Registrar & CEO

College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

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 the College at cmo@cmo.on.ca or by phone at 416-640-2252,

COUNCIL AGENDA

Wednesday, December 12, 2018 09:30 am to 5:00 pm
College of Midwives of Ontario
21 St Clair Ave, Suite 303

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome, Safety Review, & Land Acknowledgment	Tiffany Haidon	9:30	INFORMATION	-	-
2.	Conflict of Interest	Tiffany Haidon	9:35		-	-
3.	Review and Approval of Proposed Agenda	Tiffany Haidon	9:37	MOTION	3.0 Agenda	4
4.	Consent Agenda - Draft Minutes of October 11, 2018 Council Meeting - Registration Committee - Quality Assurance Committee - Client Relations Committee - Inquiries, Complaints and Reports Committee Report - Discipline Committee - Fitness to Practise Committee	Tiffany Haidon	9:40	MOTION	4.0 Draft Minutes 4.1 RC Report 4.2 QA Report 4.3 CRC Report 4.4 ICRC Report 4.5 Discipline Report 4.6 FTP Report	7
5.	President's Report	Tiffany Haidon	9:45	MOTION	5.0 President's Report	27
6.	Registrar's Report & Operational Plan	Kelly Dobbin	10:00	MOTION	6.0 Registrar's Report 6.1 Strategic Plan 2017-2020 6.2 2018 Operational Progress Report 6.3 Stakeholder Engagement Strategy	28
	BREAK		11:00			

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7.	Health Workforce Regulatory Oversight Branch, Strategic Policy and Planning Division, Ministry of Health and Long-term Care	Allison Henry Thomas Custers	11:15	DISCUSSION	-	-
8.	Executive Committee Report	Tiffany Haidon	12:15	MOTION	8.0 Executive Committee Report 8.1 Q2 Statement of Operations F18-19 8.2 2018 Audit Assessment Report 8.3 Briefing Note Committee Composition 8.4 Committee Compositions Recommendations	55
	LUNCH		12:30			
9.	IN CAMERA		1:30	MOTION		63
	BREAK		3:15			
10.	Fetal Health Surveillance Policy	Jan Teevan	3:30	MOTION	10.0 Briefing Note 10.1 Fetal Health Surveillance Policy	64
11.	Guide on Caring for Related Persons & Others Close to Midwives	Dierdre Brett	3:40	MOTION	11.0 Briefing Note 11.1 Standard on Caring for Related Persons 11.2 Guide for Caring for Related Persons & Others Close to Midwives	68
12.	Alternative Dispute Resolution Eligibility & Facilitator Policy	Wendy Murko	4:00	MOTION	12.0 Briefing Note 12.1 Section 25.1 of the Code 12.2 Guide to ADR 12.3 ADR Eligibility Policy 12.4 ADR Facilitator Policy	79
13.	IT Policy	Carolyn Doornekamp	4:20	MOTION	13.0 Briefing Note 13.1 Information Security Policy	96
14.	Housekeeping		4:45	DISCUSSION	-	-
15.	Adjournment		5:00	MOTION	-	-

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
16.	Next Meetings: March 19-20, 2019 June 25-26, 2019 Oct 8-9, 2019 Dec 10-11, 2019	Tiffany Haidon		INFORMATION	-	-

MINUTES OF COUNCIL MEETING

Held on: October 10, 2018 3:00 pm to 5:00 pm
& October 11, 2018 9:00 am to 5 pm

Location: Boardroom (21 St. Clair Avenue East)

Chair:	Tiffany Haidon
Present:	Tiffany Haidon, RM; Jennifer Lemon; Lilly Martin, RM; Isabelle Milot, RM; Lisa Nussey, RM; Claire Ramlogan-Salanga, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Deirdre Brett.
Regrets:	Rochelle Ivri
Staff:	Kelly Dobbin; Carolyn Doornekamp; Nadja Gale; Shivani Sharma; Victoria Marshall
Observers	Kassandra O'Brien
Recorder	Zahra Grant
Guests	Blair McKenzie, Hilborn LLP

1. Call to Order, Safety, Welcome and Land Acknowlegement

   **Wendy Murko, RM was present by teleconference.*

   Tiffany Haidon, Chair, called the meeting to order at 3:05 pm and welcomed all present.

2. Declaration of Conflict of Interests

   No conflicts were declared.

3. Proposed Agenda

   MOTION: THAT THE PROPOSED AGENDA OF OCTOBER 10-11 BE APPROVED AS PRESENTED NOTING THAT AGENDA ITEM #14 HAS BEEN DEFERRED TO THE NEXT MEETING OF THE COUNCIL.

   Moved: Sally Lewis
   Seconded: Jan Teevan
   CARRIED

4. Consent Agenda

   MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

   - Draft minutes of June 13, 2018 Council Meeting

- Investigations, Complaints and Reports Committee Report
- Registration Committee Report
- Quality Assurance Committee Report
- Discipline Committee
- Fitness to Practise Committee
- Client Relations Committee

Moved: Lilly Martin
Seconded: Claire Ramlogan-Salanga
CARRIED

5. IN CAMERA

MOTION: That the public be excluded from the meeting pursuant to clause 7.2(b) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public, at 5:15pm.

Moved: John Stasiw
Seconded: Jan Teevan
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 5:15 pm and that the meeting recess.

MOVED: John Stasiw
SECONDED: Jan Teevan
CARRIED

RECESS: *At 5:15 pm, Council recessed to reconvene at 9:30am on October 11, 2018.*

6. President's Report

**Meeting was called out of recess by Chair at 9:30 am*

Tiffany Haidon, Chair presented the highlights of her report, including a welcome to newly elected Council member Maureen Silverman. A farewell and gratitude was expressed to outgoing Council member Isabelle Milot who has served the end of her term.

A summary of the Council evaluation results from the Peer Evaluation, Council Evaluation and Council Competency matrix performance reviews was provided to Council highlighting general themes. Results of the evaluations will be used to inform Council trainings throughout the year.

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

Moved: Wendy Murko
Seconded: Claire Ramlogan-Salanga
CARRIED

7. Registrar's Report

Deirdre Brett arrived at 9:38 am

Kelly Dobbin, Registrar, presented the highlights of her written report and answered questions.

The results of Professional member election held in June was reported to Council. Confirmation that Notice of the Executive election was provided in accordance with our bylaws and would occur at the end of the Council meeting.

The College's Annual Report is complete, and the Registrar also reported that the College has also been in touch with the new Provincial government post the spring election and staff introduced themselves to the new Minister of Health and Long-Term Care, Christine Elliot. The ministry has committed to regularly attending meetings of the Council. The registrar spoke with Sarah Kibaalya, Senior Policy Analyst, and Thomas Custers, Manager, Regulatory Oversight and Performance Unit of the Ministry of Health and Long-Term Care. The Ministry was receptive to the College's commitment to communicate and liaise with the Ministry as we strive for regulatory excellence.

Work also continues between the College and the Ministry on Scope of Practice changes that would give authority to midwives to order tests and prescribe drugs in accordance with the scope and standards of quality midwifery care. An update on the Quality Assurance Regulation was provided, the program policies and guidelines need to be approved by the Committee before being brought to cabinet for final submission. Professional Misconduct regulation is also still being reviewed, but the College does not anticipate any challenges.

In accordance with the External Research policy presented to the Executive Committee in September, it will be reported to Council whenever the College participates or partners in external research projects. The policy outlines criteria to be considered and the Registrar's accountability for decisions to participate in external research.

MOTION: THAT THE REGISTRAR'S REPORT BE APPROVED AS PRESENTED.

Moved: Deirdre Brett
Seconded: Jan Teevan
CARRIED

8. Executive Committee Report

Tiffany Haidon, Chair gave an overview of the Executive Committee Report.

The Second Birth Attendant (SBA) standard was approved and implemented October 1, 2018. Feedback was received from members regarding the requirement that all Second Birth Attendants be certified in the Neonatal Resuscitation Program (NRP). Currently, the Canadian Paediatric Society's (CPS) NRP is only accessible to regulated health professionals and students of those professions. This requirement particularly affects midwives from rural and remote communities where access to other regulated health professionals available to act as second birth attendants can be challenging. Midwives working under these circumstances would potentially have difficulty upholding the standards of Person-Centered Care which requires that midwifery care offer both choice of birthplace and uphold the SBA standard. An unintended consequence and concern is that midwifery clients may choose to stay home unattended rather than have a hospital birth, creating a potential risk to public safety. The waiver policy which was intended for midwives to use in exceptional circumstances has seen more activity than initially anticipated because of this. Six applications for waiving standards has been received and issued, all related to the SBA standard. Currently, waivers issued are conditional for a one-year period and the policy will be reassessed at the end of the term. CPS is also expected to issue a statement about certification being restricted to only regulated health professionals and the College will be monitoring any developments.

The audited financial statements for fiscal 2017/2018 were previously approved by the committee in September based on the endorsement of the Council to do so as long as the audit concluded with a clean opinion and no substantial changes, which was the case. The College's finance auditor Blair McKenzie of Hilborn, LLP was in attendance and presented a detailed overview of the audit process and the College's financial statements and answered any questions.

Director of Operations, Carolyn Doornekamp, presented an overview of the Q1 financial statements which were also previously approved by the Executive Committee.

MOTION: That the Executive Committee report be approved as presented.

Moved: Jan Teevan
Seconded: Edan Thomas
CARRIED

9. General By-Laws

Registrar, Kelly Dobbin, gave an overview of the highlighted areas of the proposed changes to the General bylaws. The changes being proposed are in regard to: The appointment of non-Council public members to committees, eligibility criteria for election, appointment and disqualification. The changes were circulated for public consultation during which there were four responses. There were also a few minor non-substantive changes being recommended by staff that Council would have to consider if they were substantive enough to warrant recirculation.

The Council went through the revisions and feedback received and agreed the proposed changes were not substantive and with no impact on membership.

There were two additional revisions proposed regarding word arrangement for bylaws 16.01 (k) & 16.02(i) to change "application funding process" to "funding application process"

MOTION: THAT THE PROPOSED REVISIONS TO THE GENERAL BYLAWS BE APPROVED AS PRESENTED.

Moved: Wendy Murko
Seconded: Lisa Nussey

VOTE: Tiffany Haidon, RM; Jennifer Lemon; Lilly Martin, RM; Isabelle Milot, RM; Lisa Nussey, RM; Claire Ramlogan-Salanga, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Deirdre Brett.

ALL IN FAVOUR - CARRIED

10. Criminal Record Screening Policy

Kelly Dobbin, Registrar, provided clarification in response to an enquiry received regarding legal counsel's recommendation for the use of Vulnerable Sector (VS) checks in the Police Record Screening process. In the reasons for recommended use of the check, it specifies fingerprinting as a key component of the check process, this was not accurate information. Fingerprints are mandatory only when an initial check reveals a sexual offense pardon and there is a match for gender and date of birth.

Nadja Gale, Manager Registration and Shivani Sharma, Policy Analyst were present to provide additional clarification and context on how the Policy would be enforced in the application process. Any information that is received during the check about the nature of offense or suspected offense it will be up to the panel tasked with reviewing the application to decide impact on applicant's suitability to practise competently and safely. To ensure transparency, objectivity, impartiality and fairness, the criteria that panels of the Registration Committee will consider on receipt of any report is detailed in the Good Character Guide. Nadja also spoke to the requirements outlined in the in regulation and gave the reminder that decisions by any panel to deny an application are appealable to the Health Professions Appeal Review Board.

The following amendments were recommended to the Policy:

- Removal of "fingerprint based check" from Vulnerable Sector Check definition
- Regarding provision of policy that refers to members, change "appoint an investigator to **determine** whether has committed an act of professional misconduct" will be changed to "appoint an investigator to **inquire** whether…" as investigators to not have the power to determine.

MOTION: THAT THE CRIMINAL RECORD SCREENING POLICY BE APPROVED AS AMENDED WITH IMPLEMENTATION DATE OF APRIL 1, 2019.

Moved: Isabelle Milot
Seconded: Wendy Murko
Abstained: Sally Lewis
CARRIED

11. Supervised Practice

Nadja Gale presented a summary of the rationale for the recommendation to rescind the Policy on Criteria for the Approval of Supervisors. The Registration Committee has developed and established criteria for the approval of supervisors that enables them to administer their authority under the Registration Regulation. A policy is no longer required.

MOTION: That the Council approve the rescinding of the Policy on Criteria for the Approval of Supervisors.

Moved: Isabelle Milot
Seconded: Claire Ramlogan-Salanga
CARRIED

12. Active Practice

Isabelle Milot, Chair of the Registration Committee provided an overview of the new process approved by the committee for dealing with Active Practice Requirement (APR) shortfalls. For all members with a shortfall to the birth requirements defined in the Registration regulation, a decision tree will be used to determine whether or not it requires a review by a Panel of the Registration Committee.

Two major changes:

- Members who are registered in the Inactive will have reporting timeframe adjusted.
- Births attended in the role of second can be considered as a demonstration of "active practise" and counted toward APR requirements

In light of the new process and approach, the Registration Committee is recommending that Council rescind the Policy on Active Practice Requirements. The Policy does not meet the College's current policy definition and is not needed as a regulatory tool because APR is outlined as a condition of General registration in the Registration Regulation. The Active Practice Requirement and Procedures document establishes a process where the Registration Regulation is being administered effectively and can replace the policy. If approved, there is a communication plan for notifying members of the new process.

MOTION: THAT THE COUNCIL APPROVE THE RESCINDING OF THE POLICY ON ACTIVE PRACTICE REQUIREMENTS EFFECTIVE NOVEMBER 1, 2018.

Moved: Jan Teevan
Seconded: Claire Ramlogan-Salanga
CARRIED

13. Unauthorized & Illegal Practice

Shivani Sharma, Policy Analyst, provided an overview of the proposal for posting information about unauthorized and illegal practice to the College's website. The names and locations of individuals will only be posted if the College is in the process of seeking an injunction against or have had an injunction successfully brought against the individual.

A clear process has been established and is documented in a flowchart that was presented to Council that outlines how the College would address unauthorized and illegal practice in a fair and consistent manner.

MOTION: THAT COUNCIL APPROVE THE POSTING OF NAMES AND LOCATIONS OF THOSE INDIVIDUALS THAT THE COLLEGE WILL BE IN THE PROCESS OF OBTAINING AN INJUNCTION AGAINST OR THOSE AGAINST WHOM AN INJUNCTION HAS BEEN OBTAINED AND NOT THOSE TO WHOM CEASE AND DESIST LETTERS HAVE BEEN SENT BE APPROVED FOR IMMEDIATE IMPLEMENTATION.

Moved: Lisa Nussey
Seconded: Jan Teevan
CARRIED

14. CARING FOR RELATED PERSONS STANDARD

**Item #14 was deferred to next Council meeting in previous motion under agenda item #3.*

15. GOVERNANCE MANUAL

Zahra Grant, Council Coordinator, presented the Governance Manual to Council. The manual serves as a comprehensive document and resources that provides an overview of the regulatory functions of the College and the duties and powers of the Council and its Committees. The manual was presented for feedback and comments only and does not require Council approval.

16. PUBLIC NON-COUNCIL APPOINTMENT IMPLEMENTATION PLAN

Zahra Grant, Council Coordinator presented the implementation plan for the appointment of public non-Council committee members. Eligibility criteria, applicant competencies, recruitment strategies and application review process were shared in the plan. The proposed plan does not require Council approval but was shared for discussion and feedback.

17. PRESIDENT'S JOB DESCRIPTION

The Council President's job description was presented to Council with a revision that removes the requirement that any nominee for the position be a Registered Midwife. Nowhere in the College's governing legislation or the College bylaws is there a requirement that the President be a professional member of the Council. Public participation and engagement are currently a strategic priority of the College and restricting candidacy to

professional members was identified as potential barrier to this goal. Removing the requirement supports this public participation and engagement by expanding eligibility to public members of the Council to stand for presidential candidacy.

MOTION: THAT THE REVISED PRESIDENT'S JOB DESCRIPTION BE APPROVED AS PRESENTED.

Moved: Jan Teevan
Seconded: Sally Lewis
CARRIED

18. EXECUTIVE ELECTION

Lilly Martin withdrew her nomination, leaving a vacancy in the role of Professional member Vice-President.

From the floor, Jan Teevan nominated Claire Ramlogan-Salanga for VP (professional) and was acclaimed. Jan Teevan was acclaimed as Professional member at large. Jennifer Lemon nominated Sally Lewis for Public member at large and was acclaimed by Council.

MOTION: THAT THE COUNCIL ACCEPTS THE ACCLAMATION OF TIFFANY HAIDON AS PRESIDENT; THAT THE COUNCIL ACCEPTS THE ACCLAMATION OF CLAIRE RAMLOGAN-SALANGA AS VICE PRESIDENT (PROFESSIONAL); AND THAT THE COUNCIL ACCEPT THE ACCLAMATION OF JENNIFER LEMON AS VICE PRESIDENT (PUBLIC); JAN TEEVAN AS EXECUTIVE MEMBER AT LARGE (PROFESSIONAL), AND SALLY LEWIS AS EXECUTIVE MEMBER AT LARGE (PUBLIC).

MOVED: Wendy Murko
SECONDED: Lisa Nussey
CARRIED

19. Approval of 2018-2019 Slate of Council

MOTION: That the following slate be approved as the 2018-2019 College of Midwives of Ontario's Council:

Professional Elected Members: Tiffany Haidon; Lilly Martin; Lisa Nussey; Wendy Murko; Claire Ramlogan-Salanga; Jan Teevan; Edan Thomas; Maureen Silverman.

Appointed Public Members: Deirdre Brett; Rochelle Ivri; Jennifer Lemon; Susan Lewis; John Stasiw.

MOVED: John Stasiw
SECONDED: Sally Lewis
CARRIED

20. ADJOURNMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 2:15 pm

MOVED: Isabelle Milot
SECONDED: Jan Teevan
CARRIED

REGISTRATION COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Jennifer Lemon (Interim Chair) Isabelle Milot, RM (term ended October 11, 2018)
Professional	Claire Ramlogan-Salanga, RM; Edan Thomas, RM
Public	Jennifer Lemon; John Stasiw
Non-Council	Alexandra Nikitakis, RM

Committee Meetings

July 7, 2018, 9:30 am to 12:30 pm, teleconference
September 19, 2018, 9:30 am to 12:30 pm, teleconference
November 16, 2018, 9:30 am to 12:30 pm, teleconference

Panel Meetings

June 28, 2018, 9:30 am to 12:30 pm, teleconference
1 Requalification (Inactive to General)

August 10, 2018, 9:30 am to 12:30 pm, teleconference
4 Requalification (Inactive to General)
1 Re-registration
1 Supervised Practice (Extension)

September 10, 9:30 am to 12:30 pm, 2018, teleconference
2 Supervised Practice (Initial Application)

Trainings

None

Items

1. CRIMINAL RECORD SCREENING POLICY

   The committee reviewed and approved a new Criminal Record Screening Policy that was approved by Council in October 2018 and will be introduced in April 2019.

2. POLICY ON CONTINUING COMPETENCIES

   On the recommendation of the Registration Committee, the Executive Committee rescinded the Policy on Continuing Competencies and it has been replaced by the Continuing Competency Requirements and Approved Courses information, developed and approved by the Registration Committee. The new approved course list came in to effect October 1, 2018. The Committee agreed that members would only have to be in line with the new requirements when they are next due to meet a requirement. The new course list and information was published on our website.

3. RISK ASSESSMENT TOOL FOR DETERMINING REQUALIFICATION PROGRAMS

   The Registration Committee Risk Assessment Tool for Determining Requalification Programs has been used in panel deliberations for matters received since November 2017. The Committee continues to make minor modifications to the tool and has committed to approving a version at the next Committee meeting that will be posted on our website. This tool is intended to address transparency, efficient and consistent decision making, and to help with meaningful trends analysis.

4. ACTIVE PRACTICE REQUIREMENTS

   The Committee made a recommendation to Council to rescind the Policy on Active Practice Requirements (APR) and introduced a new Active Practice Requirements document that ensures the College is administering the current Registration Regulation effectively and has a meaningful process to establish defensible rationales to support APR shortfall decisions. The new process and information came into effect on November 1, 2018.

5. CLASS CHANGE PROCESS

   It was agreed that class change applications will be processed solely in accordance with the requirements of the Registration Regulation and recommended policy changes were approved by Council in June. In this quarter, the Registration Committee further reviewed the class change provisions under the Registration Regulation and amended the class change process to accurately administer these provisions.

6. APPROVAL OF SUPERVISORS

A review of the Supervisor Criteria and Agreement documents was carried out. The Registration Committee approved revised Criteria for Supervisor Approval. These criteria are used to determine if a proposed midwife may act as a supervisor for an applicant/member who is eligible to practise under a Supervised Practice certificate of registration. In October, the Registration Committee recommended to Council that the Policy on Criteria for Approval of Supervisors be rescinded. The Agreement to Act as Supervising Midwife form was replaced with an updated Agreement and Conflict of Interest Declaration.

Attachments:

Quarterly Membership Stats - April 1, 2018 to September 30, 2018

Respectfully Submitted,

Jennifer Lemon, Chair

College of Midwives of Ontario

Quarterly Membership Stats - April 1, 2018 to September 30, 2018

Registration Class/Status	June 30, 2018	Sept 30, 2018	Net Change (last 2 Qtrs)
General	666	691	25
General with New Registrant Conditions	83	82	-1
Supervised Practice	11	16	5
Inactive	172	166	-6
Current Members	**932**	**955**	**23**
Resigned as a Member	236	248	12
Revoked for non-payment of fees	22	21	-1
Revoked for failure to meet registration requirements	9	9	0
Revoked by order of the Discipline Committee	1	1	0
Suspended for non-payment of fees	2	2	0
Expired Certificate of Registration	1	1	0
Deceased	3	3	0
Total Registrants	**1206**	**1240**	
Changes Within Quarter	April 1, 2018 - June 30, 2018	July 1, 2018 - Sept 30, 2018	
New Members	26	34	
Re-registrations	1	1	
Resignations	4	12	
Revocations	1	0	
Suspensions	0	0	
Net Change Within Quarter	**22**	**23**	

QUALITY ASSURANCE COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Jan Teevan
Professional	Lilly Martin,RM; Claire Ramlogan-Salanga, RM
Public	Deirdre Brett, Susan Lewis
Non-Council	None

Committee Meetings

September 28, 2018

Panel Meetings/Hearings

There were no panel meetings held in Q2.

Trainings

There were no trainings held in Q2.

Items

- The *Healthcare Consent Guide* was approved. The guide was created to help midwives understand their professional and legal obligation to obtain informed consent prior to providing treatment to clients.
- Draft of QAP Guidelines was reviewed and committee provided feedback for suggested revisions to the draft. Consideration of options for an alternative title was requested by the committee. The Committee will review another draft at the November meeting in Q3.
- Development of the QAP Peer & Practice Assessment program tools continues with assessment specialist Sid Ali of Research & Evaluation Consulting Inc. and Pina Pejovic of Strategy & Insights. The program will include a Distance Assessment, a Stimulated Chart Recall Tool and a Self-Assessment. Assessor training and piloting of tools scheduled on November 22, 2018.

Attachments:

None

Respectfully Submitted,

Jan Teevan, Chair

CLIENT RELATIONS COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Deirdre Brett
Professional	None
Public	None
Non-Council	Christi Johnston, RM, Amy McGee, RM

Committee Meetings

None

Panel Meetings/Hearings

None

Trainings

None

Items

None

Attachments:

None

Respectfully Submitted,

Deirdre Brett, Chair

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Wendy Murko, RM
Professional	Wendy Murko, RM, Edan Thomas, RM, Lisa Nussey, RM
Public	Jennifer Lemon, John Stasiw, Susan Lewis
Non-Council	Heather Brechin, RM, Christi Johnston, RM, Claudette Leduc, RM

Committee Meetings

The next ICRC meeting is scheduled on November 28, 2018 from 9:30 am to 12:30 pm via teleconference.

The Committee will review the proposed Alternative Dispute Resolution (ADR) Guide, ADR Facilitator Policy, and ADR Eligibility Policy. The Committee will also review the proposed data strategy, and the current oral caution process to consider implementing a reflective component to the caution.

The Professional Conduct department will present a summary of their review of the duration of investigations within the last year against the new benchmarks. In addition, staff will update the Committee on the HIROC Risk Assessment Program, share the results of the complaints process feedback survey, and brief the Committee on procedures relating to a failure to make a mandatory report.

Panel Meetings

COIN 285RI/286RI: for deliberation (teleconference, July 10, 2018)
COIN 292C: for deliberation (teleconference, July 18, 2018)
COIN 283C: for deliberation (teleconference, August 21, 2018)
COIN 288RI: for deliberation (teleconference, September 27, 2018)

Trainings

None.

Attachments:

Professional Conduct Current Files Listing, as September 30, 2018

Respectfully Submitted,

Wendy Murko, Chair

Professional Conduct Current Files Listing, as of September 30, 2018

TOTAL ACTIVE CASES	26
Mandatory Reports (also captured as Registrar's Investigations) COINs 284R, 312R	2
Complaints COINs 282C, 294C, 295C, 296C, 297C, 298C, 299C, 300C, 301C, 302C, 303C, 304C, 305C, 307C, 308C, 311C	16
Fitness to Practise/Incapacity 306I	1
Registrar's Investigations COINs 284R, 288RI, 291RI, 293RI, 309RI, 310RI, 312R	7
Closed since last Report COINs 283C, 285RI, 286RI, 289C, 290C, 292C	6
Active complaints beyond 150 days COIN 282C	1
Decision Drafting & Review COIN 288RI	1

TOTAL MONITORED CASES	14
Discipline	0
Complaints & Reports COINs 252R, 257RI, 266RI, 285RI, 286RI, 287C, 289C	7
Fitness to Practise/Incapacity	0
HPARB & Judicial Review COINs 245C, 246C, 247C, 265C, 275C, 276C, 277C	7
Closed since last Report None	0

DISCIPLINE COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Meetings

The Discipline Committee meeting will be held via teleconference on November 30, 2018. The Committee will be reviewing the proposed data strategy. The Committee will be briefed on recent Bill 87 changes, namely the definition of client for the purpose of sexual abuse, and third party production orders. The revised Discipline Committee Rules of Procedures will also be reviewed by the Committee during the meeting.

Panel Meetings/Hearings

None

Trainings

None

Items

None

Attachments:

None

Respectfully Submitted,

Lilly Martin, Chair

FITNESS TO PRACTISE COMMITTEE

Q2 REPORT TO COUNCIL

Committee Members

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Meetings

The Fitness to Practise Committee meeting will be held via teleconference on November 30, 2018. The Committee will be reviewing the proposed data strategy.

Panel Meetings/Hearings

None.

Trainings

None.

Items

None.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

PRESIDENT'S REPORT

REPORT TO COUNCIL – December 12, 2018
Prepared by: Tiffany Haidon, President

1. General Highlights

Welcome to our new Council members to both the training and meeting days. We look forward to your input and participation at today's meeting.

As Chair, I thank Council for having the confidence in me to be re-elected for another term. I remain committed in my final year on Council to meet our strategic goals and to work closely on a succession plan, ensuring a smooth transition of Chair responsibilities in October 2019.

2. Governance

Weekly meetings occurred with the Registrar. I have been kept abreast of ongoing work the College staff is working on to move us toward meeting our strategic goals.

Registrar Performance Review: The Registrar's formal performance review was completed in-person following October's Council meeting. I would like to remind Council members to be mindful of keeping track of their feedback on the Registrar's performance in order to provide that input for the formal review at the end of the review period in 2019.

Revisions of the Performance tool: Discussions at the Executive Committee continued regarding the revision of the tool in an effort to create an evidence-based, good quality tool that represents best practice.

Auditor's Assessment Tool: The Auditor's Assessment tool was completed with feedback from departing Executive members Lilly Martin and Isabelle Milot. The Executive Committee will be providing a formal report on the assessment during their report.

3. Stakeholder Engagement

Participation occurred at the following meetings:

1) AOM/ CMO Liaison Meeting: collaborative and informative discussions occurred to meet the mandate of both the College and the Association.
2) In Ex-Officio Status:
   - Client Relations Committee
   - Quality Assurance Committee
   - ICRC

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – December 12, 2018
Prepared by: Kelly Dobbin, Registrar-CEO

1. General Highlights

The College welcomes Alison Henry, Director, Health Workforce Regulatory Oversight Branch, and Thomas Custers, A/Manager, Regulatory Oversight and Performance Unit, to its Council meeting on December 12, 2018. Ms. Henry and Mr. Custers will present on the Ministry's plan to implement a regulatory oversight and measurement framework. There will be time for questions following the presentation. A telephone introductory meeting between the Registrar and Assistant Deputy Minister Patrick Dicerni is scheduled to take place in January 2019.

The 2018 Operational Plan Progress Report (attached) demonstrates that all planned initiatives in support of achieving Council's strategic priorities, excluding a revised Registration Regulation, have been achieved. A presentation of the progress report will take place at Council.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College continues to work towards modernizing legislation and regulations related to the regulation of midwifery practice.

Registration Regulation: A review of anticipated policy decisions proved more substantial and complex than expected. Determining clinical currency in the changing landscape of midwifery practice requires new research, expert advice and broad upfront consultation. The opportunity to collaborate and share costs with other Canadian jurisdictions on the topics of competency and currency has recently arisen at the Canadian Midwifery Regulators Council. A revised regulation will be postponed until a comprehensive analysis, with the input of other Canadian midwifery regulators, can be completed.

Quality Assurance Regulation: Based on the College's discussions with the Ministry, the Ministry will generally support removing certain details from the Quality Assurance regulation as proposed by the College. However, the Ministry requested that approved policies that describe the necessary details be provided to the Ministry in advance of Cabinet's consideration. The Quality Assurance Committee approved the proposed guidelines at its November committee meeting. These approved guidelines

will be submitted to the Ministry so that Cabinet can consider approving the proposed regulation. The College will continue to meet with the Ministry to complete this work.

ii. Implementation of Risk-Based Regulation

Staff continue to implement risk-based regulatory programs to establish effective control systems to ensure proportionate and consistent regulatory responses to risks of harm and increased organizational accountability. This work includes the development of a data strategy and a performance measurement framework that will be completed by the end of 2018. We consistently follow the direction set by Council in our approach to regulation to make sure that it is more proportionate and targeted, works in the public interest, and imposes a reduced burden on those we regulate. All new or revised standards, policies, guidelines and guides are brought to relevant Committees and are shared with Council as needed.

iii. Public Participation & Engagement

The College continues to grow our social media audience through Facebook and FHRCO Google Ads, which continue to December 31, 2018.

The College completed a new brochure for midwifery clients, to replace the "About Midwifery" brochure. These new brochures describe the role of the College and provide information about how the College regulates midwifery in the public interest. The brochure also describe what clients should expect from their midwives and how to make a complaint to the College. The brochure will assist midwives in meeting the College standard that all midwives "provide appropriate information to [their] clients about how the midwifery profession is regulated in Ontario, including how the College's complaints process works" (Standard #52, Professional Standards for Midwives). Brochures will be distributed to midwifery practices in the new year.

To celebrate 25 years since the College was established, the College produced a timeline that outlines major events from the 1980s to today in the College's history. This timeline will be used to engage with midwives, stakeholders, and the public throughout the next year.

The College continues to work on updating its website and has been focusing on improving content for the public section of the site. A complete refresh of the public content on the site will be completed by the end of 2018.

3. Stakeholder Engagement

The College has developed a stakeholder engagement strategy in recognition of the fact that we cannot effectively fulfil our mandate of regulating in the public interest without thoughtful and deliberate engagement with stakeholders. We believe that we do better working with others, and that maintaining quality relationships with our stakeholders will enable us to achieve better regulatory outcomes. We recognize the

limits of our own statutory powers and responsibilities. Our focus is always on the needs of the clients and the public and by building a comprehensive stakeholder engagement we will ensure that issues are dealt with by the most appropriate organization rather than simply falling outside our remit. The new strategy is attached to this report.

The College has been actively engaged with stakeholders since the last report, including the following activities:

- Federation of Health Regulatory Colleges of Ontario (FHRCO) meeting October 11
- Canadian Midwifery Regulators Council (CMRC) in-person meeting October 14-15
- Meeting with ADM Denise Cole and Allison Henry October 16
- Canadian Network of Agencies for Regulation (CNAR) conference October 16-18
- Canadian Association of Midwives Conference and presentation October 17-19
- Canadian Midwifery Registration Exam (CMRE) sitting at CMO office October 25
- International Midwifery Pre-registration Program (IMPP) meeting November 2
- Meeting with Allison Henry and Thomas Custers November 8
- Liaison meeting with Association of Ontario Midwives November 12
- Meeting with McMaster University Midwifery Education Program to plan evidence submission and site visit for accreditation by the Accreditation Council Nov 15
- Canadian Midwifery Registration Exam (CMRE) Committee meeting on Nov 22
- Federation of Health Regulatory Colleges of Ontario (FHRCO) meeting Dec 3
- FHRCO Governance Session December 3
- FHRCO Strategic Planning December 13

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. Practice advice is offered only insofar as it relates to upholding standards of practice. Practice advice issues are tracked in order to inform the development or revision of guidance materials or regulatory tools.

The College published its autumn edition of our On Call newsletter for midwives. This edition highlighted our plan to have non-Council members of the public on our College Committees, the new Criminal Record Screening Policy, information about Active Practice Requirements, a statement on Alternate Practice Arrangements, and more. We also shared highlights from our most recent College Council meeting, helpful resources, answers to frequently answered questions, and some other important updates for midwives.

ii. Programs and Projects

As part of the College's planned initiatives under the strategic priority of implementing risk-based regulation, the College developed a Guideline on Caring for Related Persons to replace the existing Standard. The Client Relations Committee had questions and decided to bring the Guideline forward to Council for input regarding whether the College should hold a firmer position in preventing the membership from providing care to relatives or others close to midwives, in which case a standard would remain.

Eleven (11) Peer & Practice Assessors received a full day of training on the new peer assessment program and tools on November 22.

On November 1, the College launched its new Privacy, Security, Records and Information Technology policies. Staff received training on the College's new policies in advance of the launch. Training was conducted on phishing and a phishing test campaign was launched. These new policies and procedures increase security at the College with the view to protect and retain information appropriately.

iii. Human Resources

All staff participate in annual performance reviews throughout November and December. An annual organizational effectiveness survey will be circulated in December and all staff, excluding the senior leadership team, are encouraged to participate. Participation is voluntary and anonymous. Results of the survey are collected and analyzed by the Director of Operations and the Registrar and reviewed by the HR committee (comprised of staff members). A summary of results is presented to the Executive Committee for information in the new year.

All staff participated in a Mental Health Workshop led by a representative from the Canadian Mental Health Association on Monday November 26th. The workshop aimed to give people skills to cope with stressors and aimed to educate about the importance of self-care.

Attachments

Strategic Plan 2017-2020
2018 Operational Plan Progress Report
Stakeholder Engagement Strategy

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

Transparency
We act openly to enhance accountability

Integrity
We act with respect, fairness and honesty

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

Innovation
We translate opportunity into organizational value

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 stake-holders ofthe 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 frame work 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

College of Midwives of Ontario
2018 Annual Operational Plan – Progress Report
December 12, 2018

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION				
Initiatives	**Success Measures**	**Planned Activities**	**Status**	**Comments**
1.1 Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice	The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted. There is regular communication of information on legislative and regulatory changes through formal channels of communication. Communication with the membership and stakeholders is clear, targeted, consistent and effective.	Continue to work with the Ministry of Health and Long-Term Care (Ministry) on 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.		The College completed its submission in January 2018 and responded to additional requests for information in June 2018.
		Conduct a consultation with the membership and stakeholders on the proposed changes to the Laboratory and Specimen Collection Centre Licensing Act		Conducted a survey of the membership in May 2018 and provided an analysis of the results to the Ministry.
1.2 Improve the quality of midwifery regulation to	The proposed changes to the Midwifery Act, other relevant legislation and all regulations made	Continue to work with the Ministry on proposed changes to the Designated Drugs Regulation		The College completed its submission in January and responded to additional requests for information in June 2018.

remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation.	under the Midwifery Act are submitted. There is regular communication of information on legislative and regulatory changes through formal channels of communication.	Conduct a consultation with the membership and stakeholders on the proposed changes to the Designated Drugs Regulation		Conducted a survey of the membership in May 2018 and provided an analysis of the results to the Ministry.
		Continue to work with the Ministry to finalize the proposed changes to the General Regulation (note: the College is ready to implement a new Quality Assurance Program and relevant processes to administer the program as soon as the regulation is approved)		Responded to additional Ministry questions regarding the proposed QA Regulation. QAC approved QAP polices and provided to Ministry in November 2018
		Continue to work with the Ministry to finalize the proposed changes to the Professional Misconduct Regulation		Continued to liaise with the Ministry on the proposed changes to the regulation.
		Re-submit to Council the proposed changes to the Registration Regulation for notice and circulation to the membership (note: Please refer to March 2018 Registrar's report for rationale).		A review of policy decisions proved more substantial than anticipated. Determining clinical currency in the changing landscape of practice requires advice and broad consultation. The opportunity to collaborate and share costs with other Canadian jurisdictions has been proposed. A revised regulation will be postponed until a thorough analysis can be completed.
1.3. Broaden knowledge and understanding within the	There is regular communication of information on legislative and	Continue to update the website content to ensure clearer navigation of pages and availability of easy to access and		All planned activities have been completed.

membership and key stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.	regulatory changes through formal channels of communication. Communication with the membership and stakeholders is clear, targeted, consistent and effective.	relevant information to the membership and applicants.		
		Develop Midwifery Scope of Practice Guide		The Guide was developed by staff and reviewed by the QAC. The development of the guide uncovered challenges with the existing Consultation and Transfer of Care Standard as it relates to scope of practice questions. Further analysis of the CTCS is required prior to the Guide's approval and publication.
		Develop Stakeholder and Student Engagement Strategy to raise awareness among the students and members about the College, its role and requirements.		A stakeholder engagement strategy (including midwifery students as stakeholders) has been completed.

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	**Success Measures**	**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	Existing College systems and processes are reconfigured to ensure that they are in line with risk-based regulation Data collection and analysis is improved	Develop a regulatory performance framework to measure the College's regulatory effectiveness.		This framework is complete. Council will be asked to approve in 2019.
		Approve the College's Data Strategy (note: all statutory committees will review and make their recommendations to Council).		All statutory committees have provided the necessary input to the College's data strategy.
		Improve complaints data collection (including tracking of		All planned activities have been completed.

		reports; tracking complainant and member calls; implementing benchmarks' tracking, tracking preliminary inquiries)		
		Strengthen IT/data security		All planned activities have been completed including a launch of new security and infromation technology policies for staff. Council will be presented with a new Information Security Policy in December 2018 for their approval.
2.2. Enhance the organizational capacity and capability to deliver risk-based regulation effectively and efficiently	Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed Risk Assessment Checklists Program is satisfactorily completed Council and staff effectively utilize risk-based regulation tools Regulatory activities and decision making are reported appropriately	Continue to work on the HIROC risk assessment checklists and submit progress reports to HIROC (Phase 2): - Registration and Licensure - Failure to register and license in a fair and/or consistent manner - Complaints and Resolution - Mismanagement of practitioner/member complaints - Administration – Mismanagement of complaints from members of the public - Rights - Inappropriate release and/or denial of request to access information - Rights - Privacy breach - Employment – Wrongful dismissal - Fiduciary – 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 year. All modules must be completed by the end of November 2019. The implementation of the modules will be overseen by the ICRC; Registration Committee; and Executive Committee, and will be reported to Council.

Initiative 2.2. continued		Develop and implement a revised quality assurance peer and practice assessment program (including developing and piloting new assessment tools and recruiting and training assessors)		The assessment program and tools have been developed. Assessors have been recruited, selected and trained.
		Implement the Professional Standards for Midwives		The Professional Standards for Midwives was implemented as planned on June 1, 2018.
		Implement the Registration Streamlining Plan: - Archive policies in accordance with the plan - Finalize and approve the Criminal Record Screening Policy - Revise the Continuing Competencies Policy - Revise Active Practice Reporting Policy - Review New Registrants Policy		All planned activities have been completed. The New Registrant's Policy was reviewed, as planned. **The** Registration Committee will review a second draft at its next meeting prior to bringing it to Council in March 2019 for approval.
		Continue to streamline registration processes: - Update class change forms and process and post to the website. - Update application forms and applicant guide - Review and update Letters of Professional Conduct forms and process - Review process for monitoring, reviewing and removing new registrant		All planned activities will be completed by the end of calendar year.

Initiative 2.2. continued		conditions. Update website content - Update and document the registration renewal process - Develop internal process for vulnerable sector check.		
		Raise awareness among the membership and applicants about the College, its role and the requirements: - Develop and post registration panel process information and decision-making tools to the website - Post quality assurance panel process information and decision-making tools to the website - Develop professional conduct and complaints guide for midwives - Communicate Registrar's report investigations threshold and process to members - Provide guidance on notification requirements		All planned activities have been completed.
		Develop Policy Framework for Alternative Dispute Resolution (ADR) Program for low risk complaints		The ADR Framework and associated guides and policies have been developed and are being brought forward to Council for approval in December 2018.

Initiative 2.2. continued		Develop regulatory guidance based on identification of risks (or gaps) arising out of complaints trends, including: - Guide on Personal/Practice Management - Guide on Ending the Midwife-Client Relationship - Guide on the Health Care Consent Act - Guide on Caring for Related Persons - Practice Advisories for Newsletters		All planned activities have been completed. In addition, the CRC decided to bring the Guide on Caring for Related Persons forward to Council for input regarding whether the College should hold a firmer position in preventing the membership from providing care to relatives or others close to midwives (in which case another regulatory tool (i.e. a standard) would be required).
		Develop Stakeholder Engagement Strategy to enable the College to use risk mitigation as the foundation for partnership		This work has been completed.
		Continue to improve professional conduct processes, including: - Standardize Registrar's Report Investigations - Revise oral caution process to include member reflection component - Improve tracking tools - Develop withdrawals of complaints procedure - Develop Registrar's investigation procedure re withdrawals - Develop procedures for failure to make mandatory reports		All planned activities have been completed.

		- Develop interim orders procedures - Implement new funding for therapy requirements		
2.3 Ensure responsiveness and transparency of our regulatory approach	The College is responsive to requests from the public, membership and stakeholders regarding the risk-based regulatory framework.	Document and make available information on the College's new approach to regulation		All planned activities have been completed.

STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT				
Initiatives	**Success Measures**	**Planned Activities**	**Status**	**Comments**
3.1 Inform and educate the public regarding the College's role and how we fulfill our public protection mandate	Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging	Continue to update the website content to ensure clearer navigation of pages and availability of easy to access and relevant information to the public.		All planned activities have been completed.
		Develop guidance designed for the public: - What to expect from a midwife brochure - Public Register Guide - Complainant Guide (and online complaint form) - FAQ (answers to all essential questions that the clients and the public may have about the midwifery regulation and the College)		All planned activities have been completed.

STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT				
Initiatives	**Success Measures**	**Planned Activities**	**Status**	**Comments**
Initiative 3.1. continued		Enhance awareness and accessibility for making sexual abuse complaints, including the development of Sexual Abuse Complaints Guide and funding for therapy and counselling materials.		
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	Public engagement initiatives and activities are targeted and mutually beneficial	Focus on raising awareness about the College and growing followers (create a 25 years of regulation timeline; purchase Facebook and Google ads, and Twitter promoted posts)		All planned activities have been completed.
		Collaborate with health regulatory colleges on the FHRCO-led Public Engagement Project		All planned activities have been completed.

College of **Midwives** of Ontario

Stakeholder Engagement Strategy



College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

Stakeholder Engagement Strategy

The role of the College of Midwives of Ontario (College) is to protect client safety and maintain public confidence in midwifery services. To achieve this, we register qualified midwifery professionals, set professional standards and standards for continuous education and professional development, and investigate complaints and reports about professionals' competence, conduct and fitness to practise.

We cannot effectively fulfil our mandate of regulating in the public interest without thoughtful engagement with stakeholders. We believe that we do better working with others, and that maintaining quality relationships with our stakeholders will enable us to achieve better regulatory outcomes. We recognize the limits of our own statutory powers and responsibilities. Our focus is always on the needs of the clients and the public and by building a comprehensive stakeholder engagement we will ensure that issues are dealt with by the most appropriate organization rather than simply falling outside our remit.

Purpose and Objectives

This strategy sets out how the College will engage with its stakeholders and includes the objectives and principles we work to.

Effective stakeholder engagement will help us achieve the following:

1. Make the best use of data and information held by the stakeholders to enable more effective use of College resources
2. Improve understanding of the external environment
3. Use stakeholder engagement as an effective regulatory tool to help the membership and students better navigate the regulatory landscape
4. Clarify roles and responsibilities of various organizations that have a stake in the midwifery profession or professional regulation in Ontario and other Canadian jurisdictions
5. Communicate the College's position and influence decision makers
6. Increase everyone's trust, confidence and knowledge of midwifery regulation in Ontario.

In the immediate future, our stakeholder engagement will contribute towards achieving our strategic priorities set out the College's 2017-2020 Strategic Plan.

Modernization of Legislation and Regulation

The College is reviewing all of the legislation and regulations that govern midwifery and proposing amendments to the Ministry of Health and Long-Term Care (Ministry). Through strengthening partnerships with stakeholders, including those at the Ministry and legislative staff, and meaningful consultation with the public, midwives, and midwifery students, we will be better positioned to achieve this strategic priority.

Implementation of Risk-Based Regulation

Risk-based regulation means that the day-to-day activities of the College are guided by focusing activity and attention on issues and potential risks that pose the greatest risk to clients and members of the public. The College does not seek to eliminate risk completely, but to make the best use of its limited resources to proactively reduce the risks posed to an acceptable level. Risk-based regulation assumes that the quality of care received by midwifery clients is the result of a wide array of decisions made by different organizations, not just the College. Through effective engagement with stakeholders, we will ensure that the right issue is dealt with by the right organization.

Public Participation and Engagement

The College was created to stand up for the public and the public interest, and we do this by ensuring that all midwives in Ontario are held to our high and achievable standards. All decisions made by the College are made in the public interest. To increase our accountability to the public, we have prioritized increasing public participation and engagement. We have created a Public Engagement Strategy that is separate from this document and can be found on our website.

Principles of Engagement

The below core principles will guide our work and decisions around stakeholder 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 that engagement is meaningful and mutually beneficial.
4. We see stakeholder engagement as a path to meeting our statutory obligations and strategic priorities.
5. We maximize meetings with stakeholders by ensuring relevant College staff are aware of meetings and decision points, and collaborate when appropriate.
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.

Our Stakeholders

We engage with governmental stakeholders, midwifery stakeholders, and other regulators to ensure that we are able to regulate effectively and using current best practice.

It is important to have good working relationships with our key stakeholders, and to have role clarity and clear boundaries where appropriate. The College has a unique role, and we need to ensure that our relationships with our stakeholders serve our mandate of regulation in the public interest.

Our main stakeholders are divided into the following categories:

- Midwifery organizations and regulatory partners
- Professionals (both current and future practitioners)
- Public and midwifery clients

We will continue to improve our networks in the interest of regulatory excellence, and will work with others as appropriate.

Midwifery Organizations and Regulatory Partners

The College will be far more effective if it engages in a meaningful way with stakeholders across the wider system of the midwifery regulation, as these stakeholders hold important levers that can affect the profession, midwifery regulation and the sector in general. This includes the government, health professional regulators, advocacy groups, and educators.

1. Association of Ontario Midwives

The Association of Ontario Midwives (AOM) is a member-based organization representing midwives and their interests in Ontario, including negotiating the terms and conditions of midwives' employment with the government.

The College benefits from consulting with the AOM as they provide midwives' perspectives on College activities such as regulation changes, by-laws, policies, and standards. In order to regulate effectively, we have to know that our high standards are achievable and our consultation with the AOM can help us with this.

2. Midwifery Educators and Bridging Programs

Midwifery education in Ontario consists of the Midwifery Education Programs (MEP), which are baccalaureate programs offered at Laurentian University, McMaster University, and Ryerson University. The International Midwifery Pre-registration Program (IMPP) is a bridging program for internationally educated applicants. The IMPP's main focus is orientation to midwifery practice in Ontario, preparation for the mandatory Canadian Midwifery Registration Examination, and knowledge and skills enhancement to ensure safe practice in Ontario.

3. Canadian Midwifery Regulators Council

The Canadian Midwifery Regulators Council (CMRC) is a network of provincial and territorial regulatory authorities across the country. Through consulting with the CMRC, the College is able to learn best practices for regulating midwifery in the Canadian context. The CMRC also administers the national Canadian Midwifery Registration Examination (CMRE), which is an entry-to-practice requirement in all Canadian jurisdictions where midwifery is regulated.

4. Federation of Health Colleges of Ontario & Other Regulators

The Federation of Health Colleges of Ontario (FHRCO) exists to foster health regulatory collaboration in Ontario, and its members are the 26 colleges that regulate 29 distinct health professions. FHRCO members are all governed by the *Regulated Health Professions Act, 1991,* and amendments to that act affect all FHRCO members.

FHRCO, and other regulators in Ontario and elsewhere can help us learn about best practices in regulation. Through collaborating with regulators who have the same mandate of regulation in the public interest, we learn about the innovative ways that others are modernizing legislation and regulations, implementing risk-based regulation, and engaging the public. Many regulators share our strategic priorities as their goals, and we can learn a lot through consultation.

5. Ministry of Health and Long-term Care & Government

The Ministry of Health and Long-term Care is the branch of the Ontario government that oversees health regulation in Ontario, and is led by the current Minister of Health and Long-term Care, the Honourable Christine Elliot. Ministry staff work with the College on our proposed amendments to legislation and regulations, and can advise us of legislative changes coming that will affect our members and the way we regulate.

Our strategic priority of modernizing the legislation and regulations governing midwifery means that we are frequently in touch with the Ministry of Health and Long-term Care, submitting amendments and answering questions about our proposals. We also submit an annual report to the Minister of Health and Long-term Care.

Professionals

We are committed to improving engagement with midwives to allow better and more effective communication about College requirements and professional standards expected of them. We also continue to engage with the membership on regulatory changes and changes to the standards of practice. It is also important to us to engage with those preparing to become midwives; midwifery students at the MEP, and candidates at the IMPP.

While our focus is and will remain firmly on the public interest, there is a growing body of research demonstrating that practitioners are more likely to comply with College standards and requirements when they view such standards and requirements as legitimate and effective in improving their practice.

1. Midwives (College Members)

Midwives in Ontario must be registered with the College, and we ensure that those practising midwifery meet our high and achievable standards. Membership with the College comes with some professional responsibilities, which are set out in the *Regulated Health Professions Act, 1991* (RHPA), the *Midwifery Act, 1991,* and in provincial regulations. We also have College by-laws, policies, and standards that govern midwifery. All members must adhere to our governing documents.

Our mandate is to ensure that when Ontarians choose a midwife, they are choosing a practitioner who has the knowledge and skills to provide safe and ethical care. Our governing documents may be excellent, but if midwives are not aware of how to apply them in practice, they are not useful. The very best way to keep midwifery clients safe and healthy is to ensure that the midwives working with them understand how to provide excellent care in every setting, and we believe we can best achieve that through engaging and educating our members.

2. Midwifery Students and IMPP Candidates

The College has an opportunity to engage with the leadership at the MEP and the IMPP, as detailed above, but must also engage with students and candidates at both programs. We will be better able to help future midwives understand how to transition to regulated professionals by ensuring that before they become registered with the College, they understand the legislation, regulations, by-laws, policies, and standards that govern the midwifery profession in Ontario.

Public and Midwifery Clients

The public and midwifery clients are key stakeholders for the College. It is our statutory duty to protect the public and the public interest; to promote and maintain public confidence in the profession; and to promote and maintain professional standards and conduct for members of the midwifery profession. We have published our Public Engagement Strategy to our website. Those interested can review the strategy.

College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

EXECUTIVE COMMITTEE

REPORT TO COUNCIL – December 2018

Committee Members

Chair	Tiffany Haidon, RM
Professional	Tiffany Haidon, RM; Claire Ramlogan-Salanga, RM; Jan Teevan, RM;
Public	Jennifer Lemon; Susan "Sally" Lewis

Committee Meetings

November 14, 2018 – 9:30AM-5:00PM, CMO Boardroom

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 14, 2018. This item is brought to Council for information – please see attached.

- **Assessment of External Auditor**
  This item is brought to Council for discussion and approval - please see attached.

- **2018/2019 Committee Composition**
  This item is brought to Council for discussion and approval - please see attached.

  Council & Committee Member Duties: Monitoring Compliance
  Expectations and duties of council and committee members (both elected, appointed 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. Monitoring of compliance in accordance with the by-law is done by the Executive Committee. The process for raising a concern by any council or a committee member is that the concern be brought to the attention of the chair of the Committee first. 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.

The Committee recommends that:

- The Committee Composition be approved as presented
- That an Annual Assessment of external auditor be performed in 2019

- The Executive Committee's report to Council, including Q2 Statement of Operations, be accepted as presented.

Attachments:

1. Q2 Statement of Operations
2. Annual Assessment of External Auditor Report to Council
3. Briefing Note: Committee Composition
4. Committee Composition

Respectfully Submitted,

Tiffany Haidon, Chair

CMO STATEMENT OF OPERATIONS: FISCAL April 1, 2018- March 31, 2019 (F19)

Q2 Statement

BUDGET CATEGORY	F19 Budget	F19 Budget to end of Q2	Q2 Spending April 1, 2018- September 30, 2018	Q2 Spending April 1, 2017- September 30, 2017	Percentage Variance Against Budget	NOTES
STAFF- Salaries and Benefits						
Sub-Total	**$1,398,328**	**$699,164**	**$582,881**	**$588,613**	**41.68%**	
OPERATIONAL COSTS						
Professional Fees						
Sub-Total	**$159,668**	**$79,834**	**$31,079**	**$41,298**	**19.47%**	
Council, Committees and Panels Per Diem Expenses						
Sub-Total	**$168,300**	**$84,150**	**$56,441**	**$68,646**	**33.54%**	
Office and General						
Sub-Total	**$405,002**	**$202,501**	**$160,847**	**$160,550**	**39.72%**	
Membership Fees						
Sub-Total	**$45,504**	**$22,752**	**$46,556**	**$21,708**	**102.31%**	*The revised CMRC membership fee was more than originally communicated to the College ($36,900 rather than $30,000). Most membership fees are paid for the year though, and at most there may be a 10% overage against the line.*
Conferences and Meetings						
Sub-Total	**$21,037**	**$10,519**	**$12,099**	**$7,262**	**57.51%**	*Overage relates to when the bills are paid - there is no anticipated overspend against the budget by year end*
Program & Project Expenses						
Sub-Total	**$415,798**	**$207,899**	**$19,249**	**$19,498**	**4.63%**	
CAPITAL COSTS						
Sub-Total	**$41,372**	**$20,686**	**$18,264**	**$20,508**	**44.15%**	
TOTALS	**$2,655,009**	**$1,327,504**	**$927,416**	**$928,083**	**69.86%**	
REVENUE FROM FEES	**$1,904,456**	**$952,228**	**$926,612**	**$856,755**	**97.31%**	
REQUESTED GRANT FROM MOHLTC	**$750,553**					

BIRTH CENTRE DETAILS F19	
Birth Centre Grant	$65,154
6 months of Budget based on the Grant Request	$32,577
Birth Centre Expenses (6 months)	$22,062
Net Birth Centre	**$43,092**

PROFESSIONAL CONDUCT ACCRUAL DETAILS F19	
Accrued Liabilities for 6 months	$51,574
Accrued Liability Usage for 6 months	$53,850

ANNUAL AUDIT ASSESSMENT REPORT TO COUNCIL

Reporting Year:	**2018**
Summary Observations:	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 (Council training day). In addition to attending the auditor presentation at Council, the Executive committee also had the opportunity to speak separately with Blair (Manager), Peter (lead senior auditor) and Ming (junior auditor) to ensure a high- quality audit occurred. 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. Both the Engagement letter and the Final Opinion letter gave a detailed explanation of the audit process, with the rendering of a clean Opinion on the financial statements of the College. Having completed the Annual Report for the second cycle (following a pilot year), it is felt to be a good tool to increase financial literacy of the members as well as giving Executive members the confidence in assessing the auditing process.
Recommendations made to the Auditor:	None
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	☐ Comprehensive Assessment X Annual Assessment Continuity of engaging and completing the Auditor Assessment tool remains consistent with only 2 members of the Executive Committee. We are gaining confidence in utilizing this tool and recommend one more year to feel fully competent with its use. As we have gained 3 new Executive members in November, we recommend the Annual report to facilitate the handover of knowledge, skill and

	utilization of this tool to the new members. As no concerns were identified in this Audit year, the Exec Committee feels confident in this decision to go forward with the Annual Assessment tool for one more year.
Any recommended changes to the Assessment Process for future:	Improve feedback from Council on the Audit Assessment through a feedback tool. Continue with the recommended timeline for next audit year. Consideration of the Comprehensive Audit Tool of 2019-2020 financial audit.

FOR APPROVAL

BRIEFING NOTE FOR COUNCIL

Subject: Committee Composition 2019

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 2019 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 the committee? (for current members)	Peer Review Evaluation results (any major concerns are to be brought to Executive's attention by the President).

The Executive Committee also reviewed the applications of two College members who submitted a letter of interest and résumé to join Council as non-council committee members. One of these applicants and all current and eligible non-Council members are being recommended for reappointment. We would also like to thank Heather Brechin for her contribution to the College for having served 6 years as a non-Council committee member of the ICRC.

Recommendations

The following recommendations is being submitted for approval:

1. That Isabelle Milot be appointed for a one-year term.

2. That Christi Johnston, Alexandra Nikitakis-Candea, Amy McGee and Claudette LeDuc be reappointed for one-year terms

3. That the Committee Composition recommendations for 2018-2019 be approved as presented.

Implementation Date

Immediate

Legislative and Other References

None

Attachments

Proposed Committee Composition

Submitted by:

Tiffany Haidon

2018-2019 Slate of Council Members	Executive	ICRC	QAC	Discipline/FTP	Registration	Client Relations
Elected/Appointed	**Elected**	**Executive Committee Recommendations**				
Professional Members 1. Tiffany Haidon, President 2. Claire Ramlogan-Salanga, VP 3. Wendy Murko 4. Lisa Nussey 5. Lilly Martin 6. Jan Teevan 7. Edan Thomas 8. Maureen Silverman **Public Members** 9. Jennifer Lemon, VP 10. Deirdre Brett 11. Susan "Sally" Lewis 12. John Stasiw 13. Rochelle Ivri **Non-Council Members** 1. Christi Johnston, RM 2. Claudette LeDuc, RM 3. Amy McGee, RM 4. Alexandra Nikitakis, RM **Candidates** 1. Isabelle Milot, RM	**Tiffany, Chair** Claire, VP Jennifer, VP Jan Sally	**Chair: Wendy** Lisa Edan Lilly Maureen Jennifer Sally John **Non-Council** Christi Claudette	**Chair: Jan** Isabelle Lisa Claire Maureen Sally	**Chair: Lilly** Jan Wendy Lisa Claire Edan Maureen Deirdre Jennifer John Sally **Non-Council** Claudette	**Chair: Edan** Claire John Deirdre **Non-Council** Alexandra Isabelle	**Chair: Deirdre** Lisa John **Non-Council** Amy

IN CAMERA

The IN CAMERA session of the of Council meeting excludes the attendance of public observers pursuant to the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, section 7(2)(b).

FOR APPROVAL

BRIEFING NOTE FOR QAP

Subject: Policy on Continuing Education in Fetal Health Surveillance

Summary

QAC is proposing to rescind the Policy on Continuing Education in Fetal Health Surveillance that is embedded in the Quality Assurance Program (QAP)

Background

On October 1 each year, all members registered in the general or supervised class of registration must report to the College their participation in three continuing professional development activities (CPD), six peer case reviews (PCR) and three quality of care action records (QCE) as part of the Quality Assurance Program (QAP). Because these activities are written into the General Regulation (O. Reg. 335/12), the Quality Assurance Committee (QAC) can determine how members will report on these activities but cannot change what they report on.

In 2015, however, the requirement to submit proof of a Fetal Health Surveillance (FHS) activity was added to the CPD requirement of the QAP. A Fetal Health Surveillance activity is a course that teaches health care providers how to identify normal and abnormal fetal heart rate patterns in the hopes of preventing births where babies have suffered a lack of oxygen. This requirement was added because the College wanted a way to address concerns the Maternal Perinatal Death Review Committee (MPDRC) had about obstetrical care providers' knowledge of FHS. At that time, legal counsel informed the College that implementing a policy requiring FHS was at risk of being challenged by members because it was not built into the regulations that govern the QAP and that such a policy should be viewed only as an interim solution. On October 1, 2015, the Policy on Continuing Education in Fetal Health Surveillance was implemented.

On October 1 this year, all members who were registered in the general class (and had been since 2015) were required to report participation in an FHS activity in accordance with the policy.

Key Considerations

1. Rescinding the policy does not pose a risk to the public because there is no evidence to show that the policy actually protects the public. This is because the requirement for participation in an FHS activity every 3 years is arbitrary and does not guarantee competence. In fact, the research shows that clinical skills can start to deteriorate after a few months and that frequent refreshers and practice sessions are more likely to improve outcomes
2. Rescinding the policy may actually protect the public. This is because FHS is a Canadian Competency for Midwives and members must maintain competence in it. This is reiterated in the Professional Standards #2; *be competent in all areas of your practice.* Placing the onus on members to ensure their own competence likely requires members to participate in FHS training more frequently than every three years
3. Members can still use participation in an FHS activity as part of their QAP requirements and it has been included in a revised CPD guideline
4. The QAP is meant to be supportive and so the powers of the QAC are also supportive in nature. As a result, there are limited ways the QAC can actually require midwives to meet this requirement. Ordering a peer and practice assessment or sending members to ICRC does not address the issue the FHS requirement was designed to address and these referrals might be challenged because the requirement is not written into the regulation
5. The QAC approved a new QAP in 2017 which will be implemented once the Ministry approves the proposed Quality Assurance regulation. QAC removed the FHS requirement from the new QAP in accordance of the research that shows member engagement in the program is better than 'tick box' compliance. Once the new QAP is implemented, FHS will no longer be required

The policy should be rescinded immediately because of the inherent problems with the policy for members and the College.

Recommendations

The following recommendation is submitted for consideration

Rescind the Policy on Continuing Education in Fetal Health Surveillance

Implementation Date

Immediately

Legislative and Other References

Policy on Continuing Education in Fetal Health Surveillance
General Regulation (O. Reg. 335/12)

Attachments

Policy on Continuing Education in Fetal Health Surveillance

Submitted by: QAC

Standard:	Continuing Education in Fetal Health Surveillance (FHS)
Approved by:	Council
Date Approved:	February 25, 2015
Revision date(s):	December 7, 2016
Effective date:	October 1, 2015
Attachments:	--

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Policy on Continuing Education in Fetal Health Surveillance

Pursuant to subsection 6(2) of Regulation 335/12 (the Quality Assurance Regulation) midwives are required to complete three continuing education (CE) activities annually.

Every three years the midwife must complete an approved CE activity in Fetal Health Surveillance (FHS).[1] This activity can be used as one of their Quality Assurance Program (QAP) CE activities for the reporting year in which it was completed.

College approved CE activities include:

- The *Fundamentals of Fetal Health Surveillance: A Self-Learning Manual* (self-learning online manual or in-person course)[2] produced by the Canadian Perinatal Programs Coalition
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Intermediate and Advanced Fetal Monitoring courses

[1] Midwives who have completed an in-person course are required to submit proof of completion to the College as part of the continuing education report.

[2] The *Fundamentals of Fetal Health Surveillance: A Self-Learning Manual* is available online at no cost. Participants must self-register through the UBC-CPD site: http://ubccpd.ca/fhs-online-manual. For more information, please contact UBC CPD at cpd.online@ubc.ca.

FOR APPROVAL

BRIEFING NOTE FOR COUNCIL

Subject: Guide on Caring for Related Persons & Others Close to Midwives

Summary

This note outlines considerations for Council in deciding whether the Guide on Caring for Related Persons & Others Close to Midwives is a sufficient regulatory tool to address the risk of midwives providing care to relatives and others close to them or whether another regulatory tool (i.e. a standard) is warranted.

Background

At their meeting on October 2, 2018, the Client Relations Committee discussed the Guide on Caring for Related Persons & Others Close to Midwives. Staff advised the Committee that the current Standard on Caring for Related Persons was not exhaustive and further regulatory guidance on this subject matter was required, including information on understanding the exception of providing care to a sexual partner in certain circumstances, as outlined in the College's Sexual Abuse Prevention Policy.[1] As the Guide would accordingly include information on actions for members to take in relation to an activity covered in legislation, Staff informed the Committee that pursuant to the College's Policy Development Process, a guide would be a more appropriate regulatory tool to provide guidance on the subject matter.

The Committee acknowledged that the Guide sufficiently identified some of the issues that may occur in providing care to relatives or others close to midwives, such as the potential for power imbalance, having one's judgment affected and having an effect on a person's ability to make a complaint to the College. However, the Committee felt that the College could consider putting forth a stronger position preventing the membership from providing care to relatives or others close to midwives, while also acknowledging that there would be some exceptions.

The Committee accordingly felt that the Guide warranted further discussion. As a result, the Committee decided to bring the Guide forward to Council for input regarding whether the College should hold a firmer position in preventing the membership from providing care to relatives or others close to midwives (in which case another regulatory tool (i.e. a standard) would be required) or

[1] Available Online: http://www.cmo.on.ca/wp-content/uploads/2015/11/Sexual-Abuse-Prevention-Policy-final-May-2018-1.pdf.

whether the Guide as currently drafted, suffices in addressing any regulatory concerns.

Key Considerations

- From 2013-2017, there has been only 1 ICRC case regarding an issue in providing care to a friend. In addition, since 2015, the College has not received inquiries from a member of the public or the profession about this subject matter. However, the lack of ICRC cases and individuals contacting the College aren't necessarily reflective of the issue, given the likely reluctance on the part of a relative or person close to a midwife bringing forward a concern to the College in the event their care is negatively affected. Nevertheless, there is no concrete evidence before the College that client care is being affected in the midwifery community because of this potential issue.

- If the College wants to take the position that care cannot generally be provided to relatives and others close to midwives, then a guide is not an appropriate regulatory tool to put forth this position and pursuant to the College's Policy Development Process & Definitions, a standard would be required.

  A standard "sets the minimum expectations that must be met by any midwife in any setting or role. Standards guide the professional knowledge, skills and judgment needed to practise midwifery safely. A standard is enforceable only if there is expert evidence that the standard is widely accepted, which partly explains extensive consultation. Every College proposal designed to introduce or revise a standard must be accompanied by a Regulatory Impact Assessment (RIA) statement."[2]

  Accordingly, a standard would require that there be expert evidence that not providing care to relatives or others close to midwives, barring certain circumstances (e.g. providing care in a remote community), is widely accepted. This would require extensive consultation with the membership and must be justified by a Regulatory Impact Assessment (RIA) statement, which requires that there be clear evidence and a rationale to warrant that such a standard be created.

- Other health colleges have provided guidance similar to what is contained in the Guide as currently drafted.

[2] College's Policy Development Process & Definitions.

- In the event the Guide is viewed as sufficient and is approved, College staff will continue to monitor the risk associated with midwives providing care to relatives or others close to them, such that if the risk were found to be greater than what it is currently thought to be, the College could at that time consider whether another regulatory tool would be more appropriate to address the issue.

Recommendations

For Council to consider whether the Guide is an appropriate regulatory tool to address the risk of midwives providing care to relatives and others close to them and if so, whether the Guide should be approved, and the Standard on Caring for Related Persons should be rescinded.

Implementation Date

If the Guide is approved, it will be implemented immediately, and the Standard will be rescinded immediately.

Legislative and Other References

N/A

Attachments

Standard on Caring for Related Persons
Guide on Caring for Related Persons & Others Close to Midwives

Submitted by: Client Relations Committee

Standard:	Caring for Related Persons
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	July 2015
Revision date(s):	--
Effective date:	January 1, 2014
Attachments:	none

College of Midwives of Ontario
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CARING FOR RELATED PERSONS

Purpose

The purpose of this standard is to clarify CMO expectations of midwives who provide midwifery care to related persons.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

The definition of a related person for the purpose of this standard is a family member, colleague or friend with whom **no sexual relationship exists**. Midwives cannot provide midwifery care to any person with whom they have a sexual relationship (please see section on *Care of Spouse, Significant Other or Sexual Partner* at the end of this document).

Background

It is common for health regulatory bodies to recommend against providing care to related persons due to the challenges practitioners may face in making objective decisions regarding the care they provide, the increased power imbalance that may exist in light of how much personal information the midwife may have about the related person, and the reluctance the related person (client) may have about complaining in respect of the conduct of the practitioner even when a complaint may be warranted.

Midwives provide care during what is often considered to be a profound family event. Midwives may be asked to be involved in the care of related persons during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role as primary care provider as well as a friend, family member or colleague.

Standard

Midwives must consider the responsibility and the potential conflicts and/or risks that can arise when providing care to related persons. The midwife and client should consider the effect the personal relationship might have on the quality of care that can be provided, including:

- The midwife's ability to maintain clinical objectivity, especially in emergencies.

- The midwife's ability to act in the client's best interests.
- The midwife's ability to engage in informed choice discussions and support client's decisions.
- The midwife's ability to maintain client confidentiality.
- The client's comfort level in disclosing personal information necessary to provide appropriate care.
- The client's willingness to disagree with any of the midwife's recommendations.
- The client's willingness to complain in the case of any problems occurring.

The midwife must have mechanisms in place to ensure she has the necessary support to transfer primary care to another midwife, practice or other caregiver should any involved parties believe that the personal relationship compromises the midwife's judgment or ability to provide quality care.

Care of Spouse, Significant Other or Sexual Partner

The above Standard addresses persons **other** than spouses, significant others or sexual partners. The *Health Professions Procedural Code* (the "Code") prohibits sexual relations with a patient. There is no definition of "patient" in the Code and the leading court cases dealing with this issue demonstrate that "patient" will be interpreted broadly so as to include a person to whom care is given even occasionally. The term "sexual abuse" is defined in the Code and it is defined very broadly. Until there is an exception made in the legislation that specifically allows health professionals to provide care to a person with whom they have a sexual relationship, midwives must refrain from doing so. Providing care to such a person will put the midwife at risk of being seen to have engaged in sexual abuse of a patient.

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Guide on Caring for Related Persons & Others Close to Midwives

October 2018

Introduction

Midwives provide care during what is often considered to be a profound family event. Midwives may be asked to be involved in the care of related persons or others close to them during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role of a midwife as primary care provider as well as a friend, family member or colleague. While midwives may have good intentions in providing treatment, it is possible that a personal or close relationship can compromise their emotional and clinical objectivity and judgment.

The purpose of this guide is to assist midwives in understanding those circumstances where they have discretion to decide whether to provide care to family members and others close to them and if so, what factors should be taken into consideration in making that decision. The factors described are not intended to be an exhaustive list of considerations, as other considerations may arise which will require a midwife's attention.

"Family members" are those persons that the midwife has a personal or close relationship and a familial connection with, where the nature of the relationship can reasonably affect the midwife's professional judgment. Examples include: the midwife's spouse or sexual partner, children, siblings, parents, cousins, or other members of the midwife's family or their spouse's or partner's family.

"Others close to midwives" are other persons that have a personal or close relationship with the midwife, whether familial or not, where the nature of the relationship can reasonably affect the midwife's professional judgment. This includes friends and colleagues.

Factors to Consider in Deciding Whether to Provide Care

In deciding whether they can provide care to family members or others close to them, midwives should consider whether:

Providing care to the individual would not be prohibited by law

Pursuant to the *Regulated Health Professions Act* (RHPA) midwives are unable to provide care to spouses, except in limited circumstances (please see below).[1]

Providing care to the individual would be in the individual's best interests

Providing care will not be in the individual's best interests if emotional and clinical objectivity cannot be maintained, as client care and safety can be compromised.

Providing care would not constitute a conflict of interest

If providing care to the individual positions the midwife to be in a conflict of interest, then a midwife should not provide care. For example, a midwife may feel pressured to delay providing urgent care to another client in favour of attending to a relative or friend first. This would constitute a conflict of interest and compromise client safety.

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[1] Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, S.O., 1991, c. 18, s. 1(5) and (6). See also the College's Sexual Abuse Prevention Policy.

In the event a midwife views providing care to a particular individual as a conflict of interest, the College's Professional Standards require that:

- The midwife explain the conflict to the individual and advise them of their right to seek care from another provider
- The midwife have a reasonable belief that the individual understands the conflict and their right to seek care elsewhere
- The midwife and the individual is satisfied that it is in the individuals' best interest for the midwife to provide care and the midwife has documented the individuals' choice to the midwife providing care, despite the conflict[2]

The relationship will not have an impact on the nature of care being provided

A midwife may feel stress or pressure when providing care to an individual that is a relative or another person close to them, due to a higher set of expectations on part of the individual or an internal need on part of the midwife to prove oneself professionally. This can affect the quality of care being provided not only to that individual but also to other clients.

There is not an increased power imbalance

Power imbalances inherently exist in all midwife-client relationships due to the knowledge that the midwife has in their position as a health care provider. However, there can be an increased power imbalance in the case of relatives and others close to midwives, depending on how much personal information the midwife may know about them. Midwives should always consider whether this knowledge can compromise their ability to maintain clinical and emotional objectivity and provide care in accordance with professional standards.

The individual would feel comfortable disclosing information that is necessary to provide appropriate care

Sometimes an individual may share less information if they know the midwife personally, out of fear, shame or embarrassment. If this information is necessary to provide appropriate care, a failure to disclose such information to a midwife may compromise client well-being and safety.

Informed choice discussions can be provided

Midwives should consider whether they are capable of providing informed choice discussions with relatives and others close to them. This includes respecting the individual's autonomy for making decisions and ensuring that the individual would feel comfortable to disagree with any recommendations provided.

The individual would feel comfortable to make a complaint

Pursuant to the College's professional standards, midwives must be committed to self-regulation and that includes being accountable for their professional behaviour. As a result, midwives should consider whether a relative or another person close to them would be comfortable raising concerns about the midwife's clinical competence or professional behaviour, in the event any problems arise.

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[2] Professional Standards (June 2018), 36.1-36.4.

As the nature of relationships can change over time, midwives may need to re-evaluate their relationships with their family members and others close to them to determine whether they can continue to provide care without compromising objectivity or acting in the individual's best interests. In the event a midwife decides that they are unable to do so, they must transfer care of the individual to another qualified health care professional as soon as possible.

Providing Care to Spouses & Sexual Partners

Pursuant to the RHPA, a midwife's spouse or sexual partner can never be their client. However, there are circumstances where a midwife is able to provide care to their spouse or sexual partner.

In particular, all of the following conditions must be satisfied:

- There is an emergency circumstance or the heath care service provided was minor in nature.[3] A minor health care service consists of episodic or short-term care provided for a condition that is not serious, complex or urgent in nature.[4]

- The midwife has taken reasonable steps to transfer care to another member of a regulated health profession or there is no reasonable opportunity to do so.[5]

"Reasonable steps" are those steps that correspond to the level of risk at hand, which includes the health condition of the spouse or sexual partner and the surrounding circumstances. "Reasonable opportunity" involves a consideration of the amount of time that is available to transfer care, given the level of risk at hand, including the health condition of the spouse or sexual partner and the surrounding circumstances.

For example, if a midwife's pregnant spouse had a precipitous labour at home and the midwife attempted to call the spouse's midwife and EMS but ended up delivering the baby prior to their arrival, the midwife would be considered as entitled to provide care to their spouse in this circumstance. This is because the midwife dealt with a) an emergency situation and b) took the reasonable step to transfer care to another member by attempting to contact their spouse's midwife and EMS to arrange for a transfer to hospital.

For the purposes of these circumstances, the midwife's spouse or sexual partner is not considered to be a client and care can be provided.[6]

As there is an expectation that a midwife take reasonable steps to transfer care to another member or find a reasonable opportunity to do so, it follows that a midwife should not provide recurring episodic treatment or ongoing management of the condition, even if it is a minor condition, given that there will eventually be an opportunity to transfer care in

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[3] Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code, O.Reg. 260/18, s. 1.2.
[4] This definition is from the College's Sexual Abuse Prevention Policy.
[5] *Supra*, note 2.
[6] *Supra*, note 2.

a fairly short amount of time. For example, if a midwife's pregnant partner complains of nausea one night, the midwife can advise the partner to call the family physician's office and if the family physician is unavailable, the midwife can ask about the partner's symptoms and advise the partner to take Gravol. In this case, the health care service provided is minor, as it does not address a serious, complex or urgent problem, and the midwife took reasonable steps to transfer care to another regulated health professional.

Other examples of minor health care services include:

- Using hot compresses to assist with pain management
- Coaching on how to breathe during contractions
- Suggesting the use of over-the-counter medications for managing minor pain or discomfort
- Measuring blood pressure or body temperature
- Providing breastfeeding advice

However, caution is warranted even in situations that may initially appear to warrant a minor health care service. For instance, in the example above, if the midwife's partner woke up in the middle of the night with increasing nausea, an elevated temperature and vomiting, then the midwife should accompany their partner to emergency care and not provide any further treatment.

As a result, it is suggested that midwives assess:

- The complexity of the health condition
- Whether the health condition will deteriorate without any immediate action and if so, to what extent
- Whether there is enough time to transfer care
- What steps are reasonable in transferring care given the complexity and urgency of the condition

Conclusion

Deciding whether to provide care to family members or others close to midwives is a decision that must be made using good judgment. Midwives are encouraged to proceed cautiously in deciding whether to provide care to such persons and to be aware that acting in a manner that is contrary to an individual's best interests and/or the law can result in the midwife becoming subject to professional misconduct proceedings at the College.

College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

FOR APPROVAL

BRIEFING NOTE FOR COUNCIL

Subject: Alternative Dispute Resolution (ADR) Program

Summary

This note outlines the reasons for recommending an Alternative Dispute Resolution Program at the College and key considerations for Council in their review of the ADR Eligibility Policy and ADR Facilitator Policy.

Background

On November 28, 2018, the ICRC approved bringing forward to Council, the proposed ADR program and its associated policies – the ADR Eligibility Policy and ADR Facilitator Policy. The ICRC also approved the ADR Guide, subject to Council's approval of the ADR Program.

Currently, all complaints received by the College are resolved through a referral to the *Inquiries Complaints and Reports Committee* (ICRC). The *Health Professions Procedural Code* allows for a complaint to be resolved using ADR, unless the complaint has already been referred to the Discipline Committee or involves an allegation of sexual abuse.[1]

The College of Massage Therapists (CMT), Royal College of Dental Surgeons of Ontario (RCDSO), College of Nurses (CNO), College of Pharmacists (CPO), College of Kinesiologists (CKO), and College of Audiologists and Speech-Language Pathologists (CASLPO) have active ADR programs.

College staff has always been interested in exploring the use of ADR to resolve low-risk complaints. It was previously implemented at the College from 2000-2001 and was discontinued due to insufficient staff resources to establish an effective program framework and process. The College is now in a position to offer this and has worked with other Colleges to develop standardized policies and processes.

To implement the ADR program, College staff has developed an ADR Eligibility Policy, ADR Facilitator Policy and Guide to ADR.

Key Considerations

1. ADR Program

[1] s. 25.1 (1) (a) and (b).

Cost

Processing complaints is costly for the College. Fees for investigations, legal counsel and staff time result in considerable expense. ADR will on average, cost $300 per matter (with the possibility of some overage ($200-$300) if cases take a longer time to resolve). This is considerably cheaper than the cost of processing complaints through ICRC.

Staff reviewed complaints cases for which decisions were rendered from January to November 2018. It was estimated that 7/12 complaints would have been eligible for ADR. These complaints cost the College approximately $18,000. Had they proceeded through ADR, the total cost borne by the College would have been approximately $2,100.

Along with saving costs associated with legal counsel, panel time, and investigation, ADR will significantly reduce the amount of time staff has to spend on processing complaints, including corresponding with members and complainants, assembling records of investigation and decision drafting. One implication of this is that ADR would enable the College to process more complaints without having to increase staff members, which would result in future cost savings.

While there is a possibility that some complaints may not resolve successfully through ADR, the total amount saved would likely outweigh the cost of having to return some back to the traditional complaints process.

Time

It can take a long time for complaints to be resolved through the traditional complaints process, even when they are low-risk. On average, it takes approximately 150 days (i.e. 5 months) for a low-risk complaint to resolve. Conversely, the *Health Professions Procedural Code* requires that ADR matters be resolved within 60 days of referral (i.e. 2 months), with a possibility of a time extension to 120 days (i.e. 4 months).[2] Therefore, ADR can shorten the amount of time it takes for a low-risk complaint to resolve.

High Resolution Rate

In their 2017 annual report, the RCDSO reported that out of 108 cases that proceeded to ADR, 53 were successfully resolved, 21 were unsuccessful and 34 were still in progress at the time of publishing the report.

Last year, at an ADR Working Group meeting, representatives from other health colleges reported a high success rate for their ADR programs.

[2] *Ibid*, s. 25.1(6) and (7).

Serving the Public Interest

One of the benefits of ADR is that it allows both parties to take an active process in shaping a resolution that is agreeable and satisfactory. This allows complainants to feel empowered and members to be held responsible for their conduct in a way that may be perceived as more meaningful and less punitive, which in turn protects the public interest.

The ADR process also educates clients and members about midwifery standards of practice and how they are considered to be met or not. For members, this can contribute to their professional development, improve their understanding of standards of practice and lead to practice improvements.

In addition, the public protection mandate is served since the ICRC or Registrar must ratify the agreement in order for it to be accepted as a final resolution to the complaint.[3] If there is any doubt that the resolution is not in the public interest, the matter can be returned to the traditional complaints process.

2. Guide to ADR

One of the challenges associated with implementing ADR is being able to attain participation from complainants. Most members are motivated to participate as the agreement is not made public. They are also represented by legal counsel who are knowledgeable of ADR and can explain how it works to them. Complainants, on the other hand, do not have access to this kind of information. Being informed about the process and specifically about how they are able to take an active part in shaping the resolution can assist complainants in making the choice to participate. College staff developed the Guide to ADR with this objective in mind.

Apart from making the Guide available to the public, College staff will be trained on how to inform eligible complainants about the program.

3. ADR Eligibility Policy

Not all complaints would be appropriate for ADR. The College must have criteria available for College staff to evaluate complaints against, in deciding whether they are appropriate for ADR. By doing so, the College will ensure that matters that deal with medium to high risk conduct proceed to the ICRC, which in turn protects the public interest.

The policy will also serve as an educative tool for members or clients that are interested in ADR but are declined by the College. The policy allows College staff to be held accountable for making decisions in this regard.

[3] *Ibid*, s. 25.1(4)(a) and (b).

4. ADR Facilitator Policy

This policy is necessary to set out the criteria for candidates who wish to serve as facilitators, the facilitator application process and the responsibilities of facilitators once selected by the College. The main objectives met by the policy are:

- Quality Control
  Using facilitators with insufficient experience and/or skills may result in a poorly mediated agreement, party dissatisfaction and potential withdrawal from the process, thus leading to delays and wasted resources. The criteria specified in the policy and the process by which candidates are selected and potentially trained ensures that the College is selecting competent facilitators. It also ensures that the facilitators can be trusted to not abuse the process in any way.

- Safeguarding the College's Reputation
  The College must uphold high standards for the ADR process. The facilitators that are used must be (and be perceived to be) professional and competent. This enhances trust in the ADR process and the College's ability to safeguard the public interest.

- Ensuring Accountability
  Facilitators must be held accountable to perform their role responsibly and in accordance with College policies and procedures and the law. The policy clearly sets out the responsibilities of facilitators so they are aware of their obligations in these regards.

Key considerations provide the facts, arguments, opinions, options analysis and discussion of implementation matters, as required, to show that the recommendation (a motion) is a sound response to the issue. May also include current status and relevance to strategic priorities.

Recommendations

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

- Recommendation to approve implementing an ADR Program at the College
- Recommendation to approve the ADR Eligibility Policy
- Recommendation to approve the ADR Facilitator Policy

Implementation Date

April 2019.

Legislative and Other References

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*, S.O. 1991, c. 18.

Attachments

s. 25.1 of the *Health Professions Procedural Code*
Guide to Alternative Dispute Resolution
Alternative Dispute Resolution Eligibility Policy
Alternative Dispute Resolution Facilitator Policy

Submitted by: Inquiries, Complaints & Reports Committee

Alternative dispute resolution with respect to a complaint

25.1 (1) The Registrar may, with the consent of both the complainant and the member, refer the complainant and the member to an alternative dispute resolution process,

(a) if the matter has not yet been referred to the Discipline Committee under section 26; and

(b) if the matter does not involve an allegation of sexual abuse. 2007, c. 10, Sched. M, s. 30.

Confidentiality

(2) Despite this or any other Act, all communications at an alternative dispute resolution process and the facilitator's notes and records shall remain confidential and be deemed to have been made without prejudice to the parties in any proceeding. 2007, c. 10, Sched. M, s. 30.

Facilitator not to participate

(3) The person who acts as the alternative dispute resolution facilitator shall not participate in any proceeding concerning the same matter. 2007, c. 10, Sched. M, s. 30.

Ratification of resolution

(4) If the complainant and the member reach a resolution of the complaint through alternative dispute resolution, they shall advise the Registrar of the resolution, and the Registrar may,

(a) adopt the proposed resolution; or

(b) refer the decision of whether or not to adopt the proposed resolution to the panel. 2017, c. 11, Sched. 5, s. 13.

Referral to panel

(5) Where the Registrar makes a referral to the panel under clause (4) (b), the panel may,

(a) adopt the proposed resolution; or

(b) continue with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.

Time limit for ADR

(6) If the complainant and the member do not reach a resolution of the complaint within 60 days of a referral to alternative dispute resolution under subsection (1), the Registrar or the panel shall not adopt any resolution reached after that date and the panel shall proceed with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.

Extension of time

(7) Despite subsection (6), the Registrar or the panel may, where the Registrar or the panel believes it is in the public interest to do so, and with the agreement of the complainant and the member, adopt a resolution reached within 120 days of a referral to alternative dispute resolution under subsection (1). 2017, c. 11, Sched. 5, s. 13.

College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

Guide on Alternative Dispute Resolution

November 2018

What is Alternative Dispute Resolution?

The *Health Professions Procedural Code* ("HPPC")[1] allows for the use of alternative dispute resolution ("ADR") to address complaints.[2]

ADR is an alternative to the formal complaints process that involves the complainant and member working together with a facilitator to create a resolution to everyone's satisfaction.

ADR provides an opportunity to resolve complaints in a manner that protects the public interest while simultaneously allowing for the complainant and member to actively participate in shaping the resolution.

Which complaints are eligible for ADR?

Many complaints are eligible. However, the HPPC precludes complaints involving alleged sexual abuse or matters that have already been referred to the Discipline Committee.[3]

The College also has an *ADR Eligibility Policy*[4] that further restricts the kinds of matters that can be eligible for ADR.

How will I get the opportunity to participate in ADR?

When the College receives a complaint, College staff will determine its eligibility for ADR according to the *ADR Eligibility Policy*. If the complaint is considered to be eligible, College staff will contact the complainant and member to explore the possibility of using ADR. Both parties must agree to ADR in order for it to be used.

While most complaints are referred to ADR at the beginning of the complaints process, complaints can be dealt with through ADR at any time if they meet the eligibility requirements.

What happens after parties agree to participate in ADR?

A facilitator will meet with the complainant and the member. The facilitator is a neutral person who is not involved with the complaint in any way and is not a College staff member.

Sometimes, an impartial College practice advisor may be involved if information about professional midwifery practice is necessary. This staff person has no involvement with the *Inquiries, Complaints and Reports Committee* ("ICRC").

The facilitator will mediate the discussions in a respectful manner, either with each party separately or with the parties together, depending on the parties' wishes.

Is there a formal investigation?

There is no formal investigation of the facts of the case. The member considers the complainant's perspective and provides an account of their conduct that was considered to be problematic by the complainant. If necessary, the College's practice advisor may provide some information regarding the professional standards of practice to assist the complainant and member in understanding whether the conduct at issue was appropriate.

Do the parties have to pay for ADR?

The College covers the costs of ADR. Any costs that are incurred by the parties outside of the mediation (e.g. meals,

[1] Schedule 2 to the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18.
[2] *Ibid*, s. 25.1(1).
[3] *Ibid*.
[4] [insert reference/link once available]

travel or accommodate expenses) are carried by the parties.

Where does ADR take place?

ADR typically takes place through telephone (either one-on-one or with both parties by teleconference) and can also occur in-person, if requested by the parties.

What does the resolution look like?

The form of resolution varies according to the circumstances of the case. It can consist of one or more of the following:

- A letter of acknowledgment on part of the member regarding the incident and the impact it has had on the complainant
- An agreement on part of the member to set forth initiatives or changes to improve a particular aspect of care
- An apology by the member
- An agreement by the member to take a remedial or educational course relating to the issue(s) identified in the complaint
- An acknowledgment on part of the complainant that no further action is required, if the complainant learns through the ADR process that the member acted appropriately

Both the complainant and member must sign an agreement outlining the resolution. A copy of the agreement will be provided to both parties. The agreement must be reviewed and ratified by either the Registrar or a panel of the ICRC to ensure the agreement is in accordance with the public interest.[5] A copy of the letter of complaint and any other relevant information will be provided to the Registrar or panel to assist in making the determination.

If a midwife does not comply with any terms of the ratified agreement, this may become grounds for a registrar's investigation under s.75(1)(a) of the HPPC.

It should be noted that once an agreement has been made and ratified by the Registrar or ICRC, it is considered to be a full and final resolution to the matter. Therefore, the complainant cannot file the same complaint again.

Is ADR Confidential?

The HPPC requires that all communications during the ADR process, including the facilitator's notes and records, remain confidential.[6]

Only a copy of the complaint, confidentiality forms, documentation related to consent, the agreement and any information regarding completion of terms in the agreement are kept on file at the College. The agreement is not made public.

The facilitator's notes are not obtained or retained by the College.

Does ADR form part of the member's prior history with the College?

Complaints resolved through ADR are kept on a member's internal record and are considered in the assessment of any future complaints or reports made about the member.

How long does ADR take?

The length of ADR depends on many factors, including the number of issues, the complexity of issues, and the availability of all parties. In any event, the HPPC requires that a resolution be reached within 60 days, with a possibility of a time extension to 120 days, if the

[5] *Ibid*, s. 25.1(4).

[6] *Ibid*, s. 25.1(2).

Registrar or ICRC believes that it is in the public interest to adopt a resolution reached within that time period.

Cases that go through ADR are often completed sooner than those that go through the formal complaints process.

What if ADR is discontinued or is unsuccessful?

ADR may be discontinued or unsuccessful for many reasons, including the following:

- a party can withdraw from the process at any time
- the facilitator or College may end the process in certain circumstances (e.g. if it is evident that either party is abusing the process and/or not acting in good faith)
- the Registrar or ICRC may not ratify the agreement reached

In these cases, the complaint will proceed through the College's formal complaints process.

Any documents created during ADR remain confidential and are not used as part of the formal complaints process. In addition, the facilitator will not be involved in any subsequent investigation.

Who Should I Contact at the College for Information about ADR?

For more information regarding ADR, please contact the Manager of Professional Conduct at 416-640-2252 x. 232.

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ALTERNATIVE DISPUTE RESOLUTION ELIGIBIILITY POLICY

Purpose

The purpose of this policy is to outline the criteria that must be met by a complaint, in order for it to be considered as eligible for ADR.

Scope

This policy applies to complaints filed with the College.

Definitions

ADR – the College's alternative dispute resolution program

Member – a midwife registered with the College

Policy Statement

Upon receipt of a complaint filed with the College or at any point prior to a final decision or referral made by the ICRC, the College will determine if the complaint is eligible for ADR.

ADR cannot be used if:

- The allegations involve sexual abuse[1]
- The allegations concern incapacity
- The complaint has been addressed by the Inquiries, Complaints and Reports Committee ("ICRC") or referred to the Discipline Committee[2]
- The Member has a prior discipline history with the College
- The Member has had a complaint (or complaints) filed with the College in the preceding 3 years regarding their practice for which action was taken but was not referred to the Discipline Committee
- The Member is currently under investigation for any other issues by the ICRC
- The College believes that the public interest requires a formal investigation because the allegations involve:
    - Practice issues that are considered to be medium or high risk to public safety
    - Physical, emotional or financial abuse
    - Intentional dishonesty or fraud
    - High-conflict situations
- Any other circumstance that leads the Registrar to believe that ADR would not be effective or serve the public interest

[1] *Health Professions Procedural Code*, s. 25.1(b).
[2] *Ibid*, s. 25.1(a).

ADR cannot be used to resolve some of the allegations raised in a complaint. If all the allegations in a complaint do not meet the eligibility criteria listed above, the complaint must be addressed by the ICRC.

References

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*, S.O. 1991, c. 18.

Approved by
Approval date
Implementation Date
Last reviewed and revised

ALTERNATIVE DISPUTE RESOLUTION FACILITATOR POLICY

Purpose

The purpose of this policy is to describe the qualifications that must be possessed by candidates who wish to serve as alternative dispute resolution ("ADR") facilitators, the facilitator application process and the responsibilities of facilitators once selected.

Scope

This policy applies to all candidates who have applied to become or have been selected to become facilitators for complaints being resolved through ADR at the College.

Definitions

Facilitator – a neutral, third party that assists in guiding the complainant(s) and member of the College to a mutually agreeable and voluntary settlement of a complaint

Policy Statement

Facilitator Qualifications

In order to be considered as qualified to become a facilitator for a matter that has been referred to ADR, a candidate must:

- Have undertaken at least 40 hours of basic mediation/negotiation training in a course approved by the College
- Have completed at least:
    - Two matters utilizing an alternative dispute resolution process as the lead facilitator; or
    - Three matters utilizing an alternative dispute resolution process as a co-facilitator
- Be in good standing with any regulated profession that they may belong to

Candidates will be selected based on their experience and training in ADR as well as their educational and professional/work backgrounds.

Candidates must exhibit the following characteristics:

- Patience and non-judgment
- Empathy and objectivity
- Trustworthiness
- Strong verbal and active listening skills
- Flexibility and creativity
- Confidence and control of the process
- Ability to recognize and manage power dynamics

Candidate Approval Process

In order to be approved by the College, the candidate must:

- Complete an application form
- Provide a resume which lists all post-secondary education, as well as any professional degrees, certificates and/or designations
- Provide a copy of any and all supporting documentation, including proof of completion of ADR training and completion of matters using ADR
- A letter of good standing from any professional regulatory body they belong to
- At least two reference letters from relevant sources
- Be interviewed by a College staff member to determine their suitability

Selection on a Matter

If selected, a facilitator must:

- Complete a conflict check before being formally assigned to a matter
- Undertake any necessary training determined by College Staff, prior to commencing to work on a matter
- Read, understand, sign and abide by relevant College policies and agreements that will be provided by the College upon selection
- Make contact with the parties within 7 days of being selected

The Facilitation

- The facilitator may conduct a mediation in person or electronically (e.g. by telephone or videoconference) according to the wishes of the parties involved
- In the event the parties would like to meet in person, the facilitator, in consultation with relevant College Staff, will secure an appropriate and private location at a reasonable cost, which will be borne by the College. Any costs for location must be approved by the College first.
- The facilitator must ensure that all parties are fully informed about the process and provide informed consent to participate in the process. The facilitator must document consent in their notes.
- The facilitator must respond to any College requests for updates on the matter and estimated timelines that takes into account the time period within which ADR matters must be resolved, as required by legislation[1]
- The facilitator may contact the College's practice advisor, in the event the facilitator has any clinical questions relevant to the matter. The facilitator can also request that the practice advisor attend the mediation to answer clinical questions.
- The facilitator must not disclose any content of the ADR discussions with any College staff unless required by law. However, the facilitator must disclose to College staff new concerns that are brought forward by either of the parties that are likely not suitable for ADR.
- The facilitator can cease the ADR process on their own authority or by order of the Registrar, if it is evident that either party is abusing the process and/or not acting in good faith
- The facilitator must draft the settlement agreement on a template form provided by the College and submit it to the College with all the required signatures

[1] s. 25.1(6) of the *Health Professions Procedural Code* requires that ADR matters be resolved within 60 days of referral, with the possibility of a time extension to 120 days.

Compensation

- Facilitators will be compensated for any travel expenses associated with a matter that have been pre-approved by the College
- Facilitators will be provided with compensation at a lump-sum rate by the College, which is an honorarium and not remuneration for the time spent on the file

References

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*, S.O. 1991, c.18.

Approved by
Approval date
Implementation Date
Last reviewed and revised

FOR APPROVAL

BRIEFING NOTE FOR COUNCIL

Subject: Presentation of a draft *Information Security Policy (for Council, Committee and Working Group Members)* for approval.

Summary

Over the last year a review of the College's Privacy and Security policies has taken place. The goal was to create revised or new policies that meet best practices, reflected current technology (cloud usage etc.) and offer practical guidance to users. Three types of users were identified through this process, namely staff, Council and consultants, and a new policy was created for each group. The new policy created for Council is presented here for Council approval in advance of the policy being incorporated into the governance policies.

Background

- At the present time the Council is provided guidance on privacy and security through the Privacy Code, and through the Statement of Confidentiality signed annually.
- Best practice is to offer practical guidance for users on how to avoid privacy breach and protect the College's resources. The current resources do not achieve these goals.
- The new policy has been created for Council members to offer them practical guidance when accessing College resources.
- New policies were created for staff and College consultants as well and have been implemented.

Key Considerations

These new policies were written with the following goals:

- Protect information entrusted to us from members, the public, and stakeholders appropriately
- Increase security at the organization
- Protect the College against liability associated with breaches
- Create a policy that offers usable guidance on process and practice
- Align with best practices

Recommendations

The following recommendation is submitted for approval:

Approve the *Information Security Policy* for incorporation into the Governance Policies.

Note: A draft revision of the Governance Policies will be presented at the next Council meeting for approval.

Implementation Date

After approval of the new draft Governance Policies at the next Council meeting this policy will become effective.

Legislative and Other References

The College's governance policies direct the Registrar to:

-Take reasonable measures to limit exposure to the College, its Council, or staff to claims of liability.

- Protect intellectual property and information from inappropriate access, loss or significant damage.

The revised policies for staff can be found in section 12 of the Staff Operations Manual available to Council members as a resource on BoardEffect.

Attachments

Information Security (for Council, Committee, and Working Group Members)

Submitted by:

Carolyn Doornekamp, Director of Operations

INFORMATION SECURITY

for Council, Committee, and Working Group Members

Purpose

To establish rules for security and privacy while accessing the College of Midwives of Ontario ("College") Resources that protect sensitive and/or confidential information from breach.

Scope

Council, Committee, and Working Group Members

Definitions

Members: professional or public representatives who participate as members of Council, Committee, and/or Working Groups.

Personal Health Information: as defined in the *Personal Health Information Protection Act* (PHIPA) at section 4, which states:

> ***4*** *(1) In this Act,*
>
> *"personal health information", subject to subsections (3) and (4), means identifying information about an individual in oral or recorded form, if the information,*
>
> *(a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,*
>
> *(b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,*
>
> *(c) is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual,*
>
> *(d) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual,*
>
> *(e) relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,*
>
> *(f) is the individual's health number, or*
>
> *(g) identifies an individual's substitute decision-maker. 2004, c. 3, Sched. A, s. 4 (1); 2007, c. 8, s. 224 (6); 2007, c. 10, Sched. H, s. 2.*

Resources: all College materials (e.g. files, documents, materials, e-mails).

Sensitive and/or Confidential Information: information, including Personal Health Information, about a registrant or applicant of the College, midwifery practice location, complainant, member of the public, contractor, employee, business contact, vendor, or the work of the College that is not public information and, if shared, might reasonably be considered a breach of privacy by the involved party, or any other information that would be reasonably considered sensitive and/or confidential if viewed by an individual.

Working Group: a temporary committee whose terms of reference is determined by Council.

Policy and Procedures

Members are required to abide by the following rules when accessing College resources. In the event that a member has an information breach or suspects an information breach is possible they must contact the College's Privacy Officer (Director of Operations, operations@cmo.on.ca, 416-640-2252 ext 225) immediately.

Where a laptop or smartphone provided by the College has been lost, the College's IT consultant should also be notified, so that immediate steps can be taken to remotely 'wipe' the device.

The Privacy Officer will conduct an initial assessment to determine whether a breach has occurred, and if so, the nature and extent of the breach. The Privacy Officer will involve the legal team.

Members reporting breaches to the Privacy Officer are asked not to notify affected persons (i.e., those whose information was compromised) directly or to take remedial action or corrective measures before speaking with the Privacy Officer (or, in the absence of the Privacy Officer, the Registrar). The Privacy Officer or Registrar will contact affected persons directly.

EMAIL:
Members must use an email address for College work that is accessible only to themselves and is secured with a password that meets the College's password requirements.

Sensitive and/or confidential information that is sent by email should be done so with caution. Members sending the email with sensitive and/or confidential information should follow these steps:

- Consider if another method of information transfer could be used that is more appropriate (e.g. Sharepoint, file transfer through the College's secure information transfer webpage etc.)
- Password-protect any attached documents containing sensitive and/or confidential information
- Where possible redact any identifying information (e.g. names, addresses, etc.) or use generic terms that are not identifying (e.g. "Member of the College" instead of the name of the midwife)

Use of email for sharing of the following information is prohibited:

1) Panel deliberation materials and panel decision materials for the College's program areas
2) Any Personal Health Information or any document that includes Personal Health Information

The above items should be viewed exclusively through BoardEffect or Sharepoint.

PRINTING AND STORAGE OF HARD COPIES OF SENSITIVE AND/OR CONFIDENTIAL MATERIAL

Sensitive and/or confidential information should not be printed offsite unless absolutely necessary to the workflow of the member. In the event that sensitive and/or confidential information is printed it should only be kept for the time absolutely necessary to complete the associated work. The material must be kept in a secure location when not in use, and should be destroyed at the end of its useful life by irreversible shredding or pulverization.

When printing sensitive and/or confidential information, the member must ensure that no unauthorized party can access the resources. All printers should be cleared as soon as printed; thereby ensuring that sensitive and/or confidential documents are not left on printers.

If a member does not have access to irreversible shredding or pulverization at the print location then they are prohibited from printing sensitive and/or confidential information. Sensitive and/or confidential information cannot be moved between locations or taken away from the printing / destruction location without the written consent of the Registrar or Privacy Officer.

Keys used for access to hard copies of sensitive and/or confidential information must be kept in a safe and hidden location known only to the member.

ELECTRONIC INFORMATION STORAGE

Sensitive and/or confidential information should be viewed on mobile devices only when absolutely necessary to the workflow of the member and must be deleted immediately after viewing in the event that the copy is saved to the mobile device during the process of viewing the information.

Drafts of sensitive and/or confidential information (with the exception of any document containing Personal Health Information) can be saved on computers when absolutely necessary if the following criteria is met:

1) The information is accessible only by entering a password that meets the College's password criteria and the password is only known to the member
2) There are no other admin level users on the device being used. If there are then the member must delete all materials completely (including drafts and copies in recycling bins) from the device before it used by any other user with admin level access
3) The information is tracked and destroyed at the end of its useful life

Members are not permitted to copy any files to USB or any other external device.

PASSWORDS

Passwords used to access College Resources must meet the password standards established by the College and be changed at minimum every year (or immediately if there is the possibility that the password has been compromised in any way).

This policy does not apply to passwords for cellular phones and tablets. PIN codes on all cellular phones and tablets that are enabled to access College Resources or emails related to College work must meet the password standard below:

1. The device must be protected with a PIN

2. The PIN must not be shared with any other person
3. The PIN must be at least 6 characters of numbers out of sequence (eg: not 123456 not 111111)
4. If the device has finger print or facial recognition technology it is recommended to use that technology (not mandatory)

All passwords used to access College resources must meet the following minimum criteria:

1) Minimum of eight characters
2) Minimum of three different character types (upper case, lower case, numbers, symbols)
3) Not a dictionary word (e.g. don't use *apple* but you can use *@pple19!)*
4) Does not contain more than three consecutive letters from the user's name
5) Should not be something that is easily guessed (e.g. your child's name, birthdate, your address etc.)
6) Changed at minimum once a year

Passwords for the College's information sharing platforms cannot be set to autofill (BoardEffect, Sharepoint, TitanFile etc.). All passwords should be entered each time.

Members should not keep passwords for College resources written down for longer than necessary to memorize the password, and should not keep passwords in a location that can be seen or accessed by others.

THE USE OF NETWORKS

Work on networks must be performed cautiously in order to protect the College's sensitive and/or confidential information.

Members must work on a secure wireless network (this includes public networks) when accessing College resources. A network must meet the following criteria to be considered secure:

1) Passwords for networks must have a minimum 8 characters, with three of these four included: upper case, lower case, numbers, symbols.[1]
2) When using public networks members need to verify the wireless network name/SSID of the establishment (e.g. don't assume that because the network is called *TOLibrary1* it is the correct network, verify that is correct before using the network).

Members must ensure private space when dealing with sensitive and/or confidential information (e.g. no cafes, etc.)

When accessing College resources, members must ensure when they step away from their device that it is locked.

Whenever possible, members are encouraged to use multifactor authentication when accessing College resources.

[1] In the event that a Member wishes to access College resources on a network that doesn't meet this requirement (e.g. for example when travelling and working in a hotel whose wireless password falls short of this requirement) the Member must get permission from the Privacy Officer (Director of Operations) to make an exception to the network requirement in this policy.

It is prohibited to open or view any file that could contain Personal Health Information on a public network.

NON-COMPLIANCE

Members must abide by this policy. In the event they do not they may be held in contravention of duties as per the College's General By-law.

References

The College's Privacy Code

The College's General By-law (Article 9)

Governance Policies GP5 and GP6

Approved by
Approval date
Implementation Date
Last reviewed and revised

2018-2019 Slate of Council Members	Executive	ICRC	QAC	Discipline/FTP	Registration	Client Relations
Elected/Appointed	**Elected**	**Executive Committee Recommendations**				
Professional Members 1. Tiffany Haidon, President 2. Claire Ramlogan-Salanga, VP 3. Wendy Murko 4. Lisa Nussey 5. Lilly Martin 6. Jan Teevan 7. Edan Thomas 8. Maureen Silverman **Public Members** 9. Jennifer Lemon, VP 10. Deirdre Brett 11. Susan "Sally" Lewis 12. John Stasiw 13. Karen Wood 14. Vacancy **Non-Council Members** 1. Christi Johnston, RM 2. Claudette LeDuc, RM 3. Amy McGee, RM 4. Alexandra Nikitakis, RM **Candidates** 1. Isabelle Milot, RM	**Tiffany, Chair** Claire, VP Jennifer, VP Jan Sally	**Chair: Wendy** Lisa Edan Lilly Maureen Jennifer Sally John **Non-Council** Christi Claudette	**Chair: Jan** Claire Maureen Sally Karen	**Chair: Lilly** Jan Wendy Lisa Claire Edan Maureen Deirdre Jennifer John Sally Karen	**Chair: Edan** Claire John Deirdre **Non-Council** Alexandra Isabelle	**Chair: Deirdre** Lisa John **Non-Council** Amy