



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

# Council Meeting

March 25, 2020



## NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, March 25, 2020 from 9:30 AM to 4:30 PM by videoconference.

This meeting is open to the public. Any individuals wanting to observe the meeting should contact the College at [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca) or 416.640.2252 ext. 227 for access details.

Kelly Dobbin,  
Registrar & CEO



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## CMO Council Meetings – Guidelines for Observers

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- The Council meetings held by videoconference may be observed by the public, please contact the college for information on how to attend.
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are required mute their microphone during the videoconference.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. Observers do not participate. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the CMO website two weeks prior to the scheduled Council meeting.
- Observers can access the Council package materials from the College website approximately two weeks prior to the scheduled Council Meeting.

If you have any questions regarding the Council meeting or would like to register as an observer, please contact the College at [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca) or by phone at 416-640-2252, ext 227.

# COUNCIL AGENDA

Wednesday, March 25, 2020 | 9:30 am to 4:30 pm

College of Midwives of Ontario

Webconference -TeamShare

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome, Safety Review, & Land Acknowledgment	C. Ramlogan-Salanga	9:30	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan-Salanga	9:35	-	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan-Salanga	9:36	APPROVAL	3.0 Agenda	4
4.	Consent Agenda	C. Ramlogan-Salanga	9:40	APPROVAL	4.0 Draft Minutes of December 11, 2019 4.1 Inquiries, Complaints and Reports Committee Report 4.2 Registration Committee Report 4.3 Quality Assurance Committee Report 4.4 Discipline Committee Report 4.5 Fitness to Practise Committee Report 4.6 Client Relations Committee Report	6
5.	President's Report	C. Ramlogan-Salanga	9:45	APPROVAL	5.0 President's Report	31
6.	Registrar's Report	K. Dobbin	10:00	APPROVAL	6.0 Registrar's Report 6.1 Operational Plan	33
<b>BREAK 10:30</b>						
7.	QAC: Professional Standards Review – Phase 2 Consultation	L. Martin	10:45	APPROVAL	7.0 Briefing Note 7.1 Scope of Practice Guide 7.2 Professional Standards for Midwives 7.3 Letter from AOM	46
8.	QAC: Proposed Designated Drug Regulation – Mandatory Courses	L. Martin	12:15	APPROVAL	8.0 Briefing Note	99

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
<b>LUNCH 12:30</b>						
9.	Executive Committee Report	C. Ramlogan-Salanga	1:30	APPROVAL	9.0 Executive Report 9.1 Statement of Operations 9.2 Briefing Note 9.3 General Bylaw 9.4 Briefing Note 9.5 Budget	102
<b>BREAK 3:00</b>						
10.	Strategic Planning Working Group	C. Ramlogan-Salanga	3:15	INFORMATION	-	-
11.	IN CAMERA: Registrar's Review	C. Ramlogan-Salanga	3:45	MOTION	-	-
12.	Adjournment	C. Ramlogan-Salanga	4:30	MOTION	-	-
	Upcoming Training & Meeting Days: June 23-24, 2020 September 29-30, 2020 December 8-9, 2020			INFORMATION		

# MINUTES OF COUNCIL MEETING

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Held on December 11, 2019 9:30 am to 5:00 pm  
Boardroom (21 St. Clair Avenue East)

Chair: Claire Ramlogan-Salanga, RM

Present: Deirdre Brett; Lilly Martin, RM; Lisa Nussey, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Maureen Silverman, RM; Marianna Kaminska; Judith Murray; Claudette Leduc, RM; Isabelle Milot, RM;

Regrets:

Staff: Kelly Dobbin; Marina Solakhyan; Johanna Geraci; Carolyn Doornekamp; Nila Halycia

Observers Christine Allen (AOM); Ross Smith, Ministry of Health (attended in PM)

Recorder Zahra Grant

## 1. Call to Order, Safety, Welcome and Land Acknowledgement

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:34 am and welcomed all present.

## 2. Declaration of Conflict of Interests

No conflicts of interest declared.

## 3. Proposed Agenda

MOTION: That the proposed agenda of December 11, 2019 be approved as presented.

Moved: Lilly Martin

Seconded: Isabelle Milot

## 4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of October 9, 2019 Council Meeting

Quarter two reports of:

- Inquiries, Complaints and Reports Committee
- Registration Committee
- Quality Assurance Committee
- Discipline Committee
- Fitness to Practise Committee Report

- Client Relations Committee

Moved: Sally Lewis  
 Seconded: Claudette Leduc  
 CARRIED

## 5. President's Report

Claire Ramlogan-Salanga presented her first report as Council President highlighting the governance-related activities she has participated in since assuming the role and the various stakeholder meetings that were attended. The opportunity to meet with other regulatory organizations such as the Canadian Network of Agencies for Regulation and the Canadian Midwifery Regulators Council helped bring into perspective an understanding of regulatory frameworks across Canada and contextualized the work at the College.

The President introduced the subject of strategic planning for the College, proposing that a strategic planning working group be constituted to develop the next strategic plan of the College to be reviewed and approved by Council December 2020. A description and overview of the Strategic Planning Committee and how it would function over the course of the year was provided. The committee will meet approximately 3-4 times over the course of the year with the support of College staff. Activities and progress will be reported to the Council at relevant meetings for updates and feedback during the process.

A change in the strategic planning cycle will see the cycle aligning with fiscal year as opposed to the calendar year launching on April 1, 2021; main consideration being that annual budgets align with strategic plan. Composition of the committee would be two professional members, two public members, and the Council Chair. Previous working group members shared their experiences prior to a call-out on the floor for interested Council members to participate in the working group.

MOTION 5a: That the President's Report to Council be approved as presented

Moved: Lisa Nussey  
 Seconded: Jan Teevan  
 CARRIED

MOTION 5b: That the Strategic Planning Working Group consisting of:

Claire Ramlogan-Salanga, Chair  
 Deirdre Brett (public)  
 Marianna Kaminska (public)  
 Claudette Leduc (professional)  
 Isabelle Milot (professional)

And that the Terms of Reference of the working group be approved as presented.

Moved: Maureen Silverman

Seconded: Sally Lewis  
CARRIED

## 6. Executive Committee Report

Claire Ramlogan-Salanga, Chair introduced the Executive Committee report summarizing the recent activities and decisions of the committee. The committee is making a recommendation to Council that a Comprehensive Assessment of the External Auditor be approved by the Council for the 2020 audit, in order to pilot the comprehensive audit tool which has not been used since the introduction of the tool three years ago. It has been estimated that the financial impact will be minimal to none to the College in doing a comprehensive assessment instead of the usual annual assessment.

6.1 MOTION: That the Executive Committee report be approved as presented and that the recommendation that a Comprehensive Assessment of the External auditor be performed in 2020.

Moved: Lilly Martin  
Seconded: Claudette Leduc  
CARRIED

The Executive Committee also presented its recommendations for Chair appointments and committee compositions, including appointment of non-Council committee members.

MOTION: That Jillian Evans and Samantha Heiydt be appointed as public non-Council committee members for a one-year term; that Christi Johnston, Alexandra Nikitakis-Candea be reappointed as professional non-Council committee members for one-year terms; and that the committee composition recommendations for 2020 be approved as presented.

Moved: Claudette Leduc  
Seconded: Jan Teevan  
CARRIED

## 7. Registrar's Report

Kelly Dobbin, Registrar introduced her report to Council. It was noted for Council that the format of the report included in the meeting materials was revised to align with expectations based on the Registrars' job description as well as to aid Council members during their annual review of the Registrar.

The Registrar distributed to Council copies of the public consultation report from the Ministry of Health of British Columbia who had commissioned Harry Cayton, the former CEO of the Professional Standards authority in the United Kingdom to review and present recommendations for the province's health regulatory framework. BC has already taken steps to implement proposed changes.



The report was brought to Council because many of the recommendations may be of interest in terms of governance trends. For example, a change is being made in BC to reduce the number of regulatory health Colleges from 20 to 5. It was noted that the College of Midwives of BC and the College of Nurses of BC would be merging. Currently, there is no indication that Ontario is considering similar changes as recent focus of the Ministry has been on Regulatory Performance Measurement whereby all Colleges will be reporting annually on how they are meeting regulatory objectives.

The Registrar then provided Council with a summary of the annual operational plan with updates on College initiatives and activities related to strategic priorities over the year. Looking ahead at the upcoming year, the Strategic Planning Working Group will work closely with the Registrar and Director of Regulatory Affairs to develop and propose new strategic priorities and a plan to present to Council for approval for the December 2020 meeting.

MOTION: That the Registrar's report be approved as presented.

Moved: Claudette Leduc

Seconded: Jan Teevan

CARRIED

#### 8. IN CAMERA

The Council went in Camera from 10:30 am to 11:15am pursuant to clause 7.2(b) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 in that financial 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.

MOTION 8a: Be it resolved that the Council move in-camera at 10:30am

MOVED: Jan Teevan

SECONDED: Maureen Silverman

CARRIED

MOTION 8b: Be it resolved that the Council move out of In-camera at 11:15 am

MOVED: Lisa Nussey

SECONDED: John Stasiw

CARRIED

#### 9. Drug Regulation

Marina Solakhyan, Director of Regulatory Affairs presented the proposed draft of the Drug Regulation which had been circulated to membership and the general public for a 60-day consultation. A review of the proposed draft including the feedback received during the consultation was discussed in detail by the Council.

The current regulation lists drugs and substances used to provide routine midwifery care, including those used to manage emergencies. It was requested of the College by the Ministry of Health and Long-Term Care, to amend its drug regulation under the Midwifery Act to include categories of drugs and to have it submitted by December 31, 2019. The categories are based on the American Hospital Formulary Service (AHFS) which is a system of drug classification based on a hierarchical numeric structure and the drugs are classified together with other drugs with similar pharmacologic, therapeutic, and/or chemical characteristics. The proposed draft follows this direction.

The major themes of the consultation were shared with the Council, they included:

- Requests for additional drugs and substances
- Concerns that the scope of practice is expanding into high-risk midwifery care
- Midwives need additional education and training
- Midwives need more access to laboratory tests
- Increase in workload and responsibility without compensation

Any requests for additional drugs and substances were considered and instances where it was clear that the drug or substances was part of routine midwifery care or in cases of emergencies that midwives are expected to manage, it was added for inclusion in its relevant category.

The concern regarding scope of practice seems to have been raised because the category approach includes drugs listed that are not necessarily within midwifery scope whereas previously it was a clear delineated list. It was clarified for the Council that even though a specific drug may fall under a category and is listed, if it does not fall within the scope of midwifery care, midwives are not permitted to use it. The scope of practice is defined under that Midwifery Act and is not changing. The approach to emergency drugs is also not changing. Midwives are expected to manage emergencies not high-risk clients.

To communicate changes and making sure midwives have a clear understanding of how to approach the proposed drug regulation, additional education and training will be developed and delivered by the College and will become a condition of registration. Details on this process will be brought to Council in March.

Regarding access to lab tests, Council was reminded that submissions regarding midwives' access to laboratory tests were made to the Ministry in January 2017 and to date is awaiting response.

Lastly, regarding the compensation of midwives, this is not a decision that falls under the mandate of the College, whose duty is to protect public interest through the regulation of competent and engaged midwifery professionals. However, as it relates to professional engagement, compensation is of relevant interest and the College will bring this concern to the AOM. It was noted for consideration that the proposed drug regulation may actually reduce the workload because less time will be taken with consulting for conditions midwives are already competent to manage.

The Council had a thorough discussion of the proposed draft and the feedback of the consultation. Although the proposed regulation is not in the form of broad prescribing as was initially requested by the College's Council in 2017, it was agreed that the direction of the Ministry is still an improvement for midwives to provide effective and efficient midwifery care. The Council also agreed that the results of the consultation show a need for member education on how the changes will impact the profession with clear emphasis that it is not a change of scope.

**ACTION ITEMS:**

- Revisions to Prescribing and Administering Standard
- Clear communication to members
- Development of Scope of Practice Guide (already being drafted by the QAC)
- Approval of mandatory training courses (March Council)
- Deliverance of webinars
- Enforcement and monitoring systems

**MOTION:** That the proposed Designated Drugs and Substances Regulation made under the Midwifery Act be approved as Presented.

**MOVED:** Lilly Martin

**SECONDED:** Maureen Silverman

**VOTE:**

In Favour (10):	Deirdre Brett; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Marianna Kaminska; Judith Murray; Claudette Leduc, RM;
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Against:	None
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Abstentions (2):	Lisa Nussey, RM; Isabelle Milot, RM
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**CARRIED**

**10. Quality Assurance Peer & Practice Assessment Program**

Lilly Martin, Chair of the Quality Assurance Committee provided Council with an overview of the College's redesigned Peer and Practice Assessment Program which is prepared to launch January 2020. Assessors have been hired, trained and have piloted assessment tools. Approximately 10% of membership who are practising in the General or Supervised class are eligible for assessment.

**MOTION:** That the Quality Assurance Peer & Practice Assessment Program be approved as presented.

**Moved:** Jan Teevan

**Seconded:** Claudette Leduc

**CARRIED**

**11. Requalification Program Policy**

Edan Thomas, Chair of the Registration Committee introduced the Requalification Program Policy which is being proposed to Council for rescinding. The Policy is

redundant as it reiterates requirements already outlined in the regulation. The Registration committee has tools for determining requalification plans when needed and the College fees and remuneration by-laws have a reference to applicant/members bearing all cost of requalification programs.

MOTION: That the Requalification Program Policy be rescinded by Council effective immediately.

MOVED: Edan Thomas

SECONDED: Jan Teevan

CARRIED

#### 12. Criminal Record Screening Policy

Edan Thomas, Chair introduced to the Council amendments being proposed to the Criminal Record Screening Policy to clarify the vulnerable sector check requirements. Specifically, clarifying that the check must be conducted no more than six (6) months prior to submission of a complete application for registration and that the criminal record check be conducted in Canada.

MOTION: That the proposed changed to the Criminal Record Screening Policy be approved for implementation effective January 15<sup>th</sup>, 2020.

MOVED: Maureen Silverman

SECONDED: Marianna Kaminska

CARRIED

#### 13. ADJOURNEMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 3:30 pm.

MOVED: Judith Murray

SECONDED: Jan Teevan

CARRIED

# Inquiries, Complaints, And Reports Committee

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## Q3 REPORT TO COUNCIL

### Committee Members

Chair	Edan Thomas, RM
Professional	Maureen Silverman RM, Lisa Nussey, RM; Lilly Martin; Claudette Leduc, RM
Public	Susan Lewis, John Stasiw
Non-Council	Christi Johnston, RM

### Committee Meetings

November 5, 2019 – Via Teleconference 10am to 12pm

### Panel Meetings

COIN 316RI: for deliberation (in person, October 8, 2019)

COIN315R: for deliberation (teleconference, October 15, 2019)

COIN 328C/329C: for deliberation (teleconference, October 30, 2019)

COIN 338C/339C: for deliberation (teleconference, November 12, 2019)

COIN 348RI: for Approval of Appointment of Investigator (email, November 18, 2019)

COIN 314R: for deliberation (teleconference, December 5, 2019)

COIN 350R: for Approval of Appointment of Investigator (email, December 10, 2019)

### Trainings

n/a

### Items

n/a

### Attachments:

Professional Conduct Current Files Listing,

Respectfully Submitted,

Edan Thomas, RM, Chair

## Professional Conduct Current Files Listing, Q3

<b>TOTAL ACTIVE CASES</b>	<b>36</b>
<b>Mandatory Reports</b> (that resulted in COIN files) COIN 284R, 350R	2
<b>Complaints</b> COIN 300C- 302C, 304C - 305C, 322C, 328C - 329C, 330C-332C, 335C- 337C, 340C, 341C, 342C, 343C-346C, 347C, 349C, 351C	24
<b>Fitness to Practice/Incapacity</b>	0
<b>Registrar's Investigations</b> COIN 284R, 239RI, 309RI - 310RI, 333RI, 348RI, 350R	7
<b>Closed in Q3</b> 312R, 314R, 315R, 338C/ 339C	5
<b>Number of active complaints beyond 150 days</b> COIN 300-302C, 304C/305C, 322C, 328C/329C, 330-332C	11

<b>TOTAL MONITORED CASES</b>	<b>9</b>
<b>Discipline</b> COIN 282C COIN 316RI	2
<b>Complaints &amp; Reports</b> COIN 254RI, 265C, 266RI, 285RI, 315R, 306I	6
<b>Fitness to Practice/Incapacity</b>	0
<b>HPARB Review / Judicial Review</b>	0
<b>Closed since last Report</b> COIN 313C	1

# REGISTRATION COMMITTEE

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## Q3 REPORT TO COUNCIL

### Committee Members

Chair	Edan Thomas, RM ( <i>term ended December 11, 2019</i> ) Isabelle Milot, RM ( <i>appointed December 11, 2019</i> )
Professional	Claudette Leduc, RM ( <i>appointed December 11, 2019</i> )
Public	John Stasiw, Deirdre Brett ( <i>term ended December 11, 2019</i> ), Judith Murray ( <i>term ended December 11, 2019</i> ),
Non-Council	Alexandra Nikitakis, RM, Samantha Heiydt ( <i>appointed December 11, 2019</i> ), Jill Evans ( <i>appointed December 11, 2019</i> )

### Committee Meetings

November 15, 2019, 9:30am to 12:30pm, teleconference

#### Panel Meetings

October 17, 2019, 9:00 am to 12:00 pm, teleconference  
2 Requalification Programs (Inactive to General)  
2 Applications for re-registration from former members

November 22, 2019, 9:30 am to 11:30 pm, teleconference  
3 Requalification Programs (Inactive to General)

December 19, 2019, 9:00 am to 11:00 am, teleconference  
3 Requalification Programs (Inactive to General)

### Trainings

There were no trainings held in Q3.

### Items

#### Continuing Competencies Course Review and Approval

In September 2018 the Registration Committee approved the Continuing Competency Requirements and Approved Courses document to replace the Policy on Continuing Competencies, which was rescinded on October 1, 2018. The Registration Committee approved Criteria for Approval of Continuing Competency Courses. These criteria serve a dual purpose of informing what must be demonstrated should a member or organization wish to submit a new course for approval and the criteria provide a guideline for the Registration Committee to be able to assess if a proposed course meets the requirements. This information along with

the Continuing Competency Requirements and Approved Courses document are posted on the College's website.

As of November 2019, the College had received two applications for course approval, one for a cardiopulmonary resuscitation (CPR) course and one for an emergency skills (ES) course. The Registration Committee approved the CPR submission and determined the second submission did not currently meet the College's requirements.

The Registration Committee also provided direction to staff to approve any future submissions if they meet the Committee's established criteria and only where it is clear that the course meets all of the requirements. If there is any doubt, then the course will be brought forward to the Registration Committee to make a final decision at the next Registration Committee meeting. Any course approved by staff will also be brought forward to the Registration Committee as information at their next meeting. The College will update the list as new courses are approved.

The Committee approved the proposed changes to the Continuing Competency Requirements and Approved Courses document that now states that the College will review the applications, and the timeframe for submission was also updated.

### **Criminal Record Screening Policy**

As brought forward to Council in December 2019, the Registration Committee reviewed and recommended two amendments to the Criminal Record Screening Policy as follows:

- 1) To clarify that a vulnerable sector check is defined as a "search conducted in Canada that reports information about an individual's criminal conduct, including suspected criminal conduct in the past and present." This helps to prevent applicants, who are not currently in Canada, from submitting a vulnerable sector check from another country.
- 2) To specify submission of a "complete application" to help ensure that a vulnerable sector check is completed no more than six months before the College is in receipt of a complete application and therefore closer to the time of actual registration.

The changes to the Policy were approved by Council on December 11, 2019 and were implemented as of January 15, 2020.

### **Rescinding the Requalification Program Policy**

The Registration Committee determined that the Requalification Program Policy no longer met the College's policy definition. The Policy reiterated information that is covered in the Registration Regulation, the Registration Panel Risk Assessment Tool for Determining Requalification Programs and the College's Fees and Remuneration By-law and was therefore no longer needed.

The Registration Committee recommended to Council that the Policy be rescinded, and Council agreed to rescind the Policy as of December 11, 2019.



Attachments:

Quarterly Membership Stats – April 1, 2019 to December 31, 2019

Respectfully Submitted,

Isabelle Milot, Chair

## College of Midwives of Ontario

### Quarterly Membership Statistics April 1, 2019 to December 31, 2019

Registration Class/Status	June 30, 2019	Sept 30, 2019	Dec. 31, 2019
General	709	733	713
General with New Registrant Conditions	74	72	76
Supervised Practice	8	13	12
Inactive	184	181	191
<b>Current Members</b>	<b>975</b>	<b>999</b>	<b>992</b>
<b>Changes Within Quarter</b>	April 1 2019 - June 30, 2019	July 1 2019 - Sept 30, 2019	Oct 1, 2019 - Dec 31, 2019
New Members	31	35	14
Re-registrations	0	0	0
Resignations	6	10	15
Revocations	0	0	2
Suspensions	1	0	7
<b>Net Change Within Quarter</b>	<b>24</b>	<b>25</b>	<b>-10</b>

# QUALITY ASSURANCE COMMITTEE

## Q3 REPORT TO COUNCIL

### Committee Members

Chair	Lilly Martin, RM
Professional	Jan Teevan, RM; Maureen Silverman, RM
Public	Marianna Kaminska; Sally Lewis
Non-Council	None

### Committee Meetings

November 14, 2020 – Via Teleconference 1:30 pm – 3:00 pm

### Panel Meetings

October 23, 2019 – QAP Exemption Panel

Nineteen exemption requests were received for 2019. The majority were related to the Quality of Care Declarations for midwives working in Adjacent Midwifery Units, Community Health Teams or in an Expanded Midwifery Care models. For these midwives, the quality of care evaluation requirements were impossible to meet. The other exemption requests had valid circumstances or reasons and were all approved by the Panel.

November 14, 2019 – Non-Compliance Panel

There were seven cases of non-compliance that were reviewed by a panel. After the review of barriers to compliance, no action was taken on any of the files.

### Trainings

There were no trainings held in Q3.

### Items

#### Scope of Practice Guide

An initial draft of the Scope of Practice Guide was reviewed by the Committee for feedback and direction on revisions.

#### Peer & Practice Assessment Guide

The committee reviewed and approved the Peer & Practice Assessment Guide (attached for Reference)

## **Appointment of Assessors**

The committee approved the appointment of assessors who would be conducting the 2020 QAP assessments.

Attachments:

1. Peer & Practice Assessment Guide

Respectfully submitted,

Lilly Martin, RM



College of  
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of Ontario

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# Peer and Practice Assessment Guide

November 2019

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## Peer and Practice Assessments

Peer and practice assessments are a component of the College of Midwives of Ontario's (College) Quality Assurance Program (QAP). This program is a requirement of all regulated health professionals under the *Regulated Health Professions Act, 1991* (RHPA). Participation in a peer and practice assessment allows members of the College to demonstrate their professional knowledge, skills and judgment with a peer assessor during the assessment process. The QAP is intended to ensure the provision and maintenance of safe, appropriate, effective and ethical care that is expected of Ontario midwives as primary care providers during pregnancy, labour and the postpartum.

Peer and practice assessments are grounded in the assumption that midwives are practicing competently while recognizing that the changing dynamics of practice environments and best practices create the need for continued learning and development. Striving to improve professional practice is a career-long expectation and goal.

### Peer Assessors

Assessors are midwifery professionals who have been trained by the College to conduct assessments. The purpose of the assessment is not to criticize or judge the way a member practises, but to have one's professional practice reviewed and evaluated by one's peer for the purpose of quality improvement and practice development.

The College's Peer and Practice Assessment Program is based on criteria established by regulations, College policies, competencies for midwives and the standards of practice for midwifery in Ontario.

## Assessment Components

### Selection

The process for selecting members for assessment is determined by the Quality Assurance Committee and is currently done by random selection. The number of members selected for assessment will vary, but every year approximately 10% of members eligible for assessment will be selected. Eligibility for assessment is determined by the member's current registration class. Members in the General or Supervised Practice class are all eligible to be assessed.

### Types of Assessment

There are two components to the assessment process that are applicable to all practising midwives selected for assessment; distance and in-person. Depending on the outcome of the distance assessment, participation in an in-person assessment may not be required.

### Distance Assessment

A distance assessment is conducted virtually between the assessor and the member being assessed and takes approximately one hour to complete. The assessor will ask the member a series of short scenario-based questions designed to allow the member to demonstrate their knowledge of midwifery practice, professional standards, and the regulations that govern the profession. The questions are pre-selected from a bank of

questions based in practice context. A sample of the type of questions that are asked during the distance assessment are available on the website.

#### Distance Assessment Evaluation

Midwives who indicate scores of 75% or above in the distance assessment are streamed out of the process and not required to participate in an in-person assessment. Their names are also removed from the assessment selection pool for five years.

#### In-person Assessment

Members who were not streamed out of the process will continue with the in-person assessment. Components of the in-person assessment include chart reviews, chart stimulated recall interviews, and a review of a member's QAP submission history. Parts of the assessment will also include disclosure of client chart information. Peer assessors are authorized through provisions under the RHPA to access this information despite privacy legislation, such as the *Personal Health Information Protection Act, 2004* (PHIPA). All information collected by the peer assessor is confidential and cannot be shared with any other committee of the College.

#### Chart Review

During the chart review, the assessor will ask for a sample of client charts to review. The criteria for the selection of these charts will be provided to the member during the pre-assessment discussion.

The chart review is an interactive process wherein the assessor will review the charts using the tool and then conduct an interview with the member. Members are not required to be present for the chart review process but must be for the interview portion of the review. The chart review tool is available [on the College's website](#).

#### Chart Stimulated Recall

Chart stimulated recall is where the member and assessor discuss the same client charts that were reviewed. This will allow the assessor to clarify things and ask for more detailed information that was not evident through the chart review. The questions are open-ended to allow members the opportunity to describe their approach to the care provided, including testing and treatment options, informed choice discussions, collaborative care, and management plans.

During and after the interview, the assessor will provide feedback highlighting areas for improvement and give direction to resources that might be used to support those potential areas of improvement.

#### Quality Assurance Program Submission History Review

This portion of the assessment includes a review of the member's QAP submission history. In accordance with the General regulation, members are required to retain copies of their QAP activities for five years. Together with the member, the assessor will look at potential opportunities for practice improvement through case reviews and continuing professional development activities.

A full in-person assessment will take approximately three to four hours.



### In-person Assessment Evaluation

For the in-person assessment evaluation, assessors use the information gathered during the assessment process to summarize the member's knowledge and their application of midwifery legislation, standards and best practices in the provision of client care.

Evaluations are completed in a fair and consistent manner using assessment tools with performance indicators that are based on what is expected from a competent midwife.

The assessor's role is to facilitate the process and gather information to complete the assessment. All information is submitted to the Quality Assurance Committee (QAC) for review and determination of outcomes.

### Assessment Outcomes

The QAC is the committee responsible for administering the QAP. A panel of the committee is tasked with reviewing of the in-person assessment reports to determine the outcome and recommendations, if any, to the member.

#### Meets Standards

If the assessment report shows that the member who was assessed demonstrated the knowledge, skills and judgment required for the provision of safe, appropriate, effective and ethical care, then the assessment process is considered complete and the member is removed from the assessment selection pool for five years. The member will receive a copy of the assessment report along with any advice or recommendations.

#### Does Not Meet Standards

If after considering the assessment report, a panel of the QAC determines that the member who was assessed was unable to demonstrate the knowledge, skills and judgment required for the provision of safe, appropriate, effective and ethical care, the panel may decide to do one or more of the following:

- Issue advice or recommendation.
- Require individual members to participate in specified continuing education or remediation programs (SCERP).
- Direct the Registrar to impose terms, conditions or limitations (TCL) for a specified period to be determined by the Committee on the certificate of registration of a member.
- Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the member may have committed an act of professional misconduct or may be incompetent or incapacitated.

The outcomes of the QAC panel review are documented in a decision that is issued to the member. If it is the committee's intention to give direction to the Registrar on any of the above-mentioned actions, the member has 14 days to make written submissions to the committee.

For any further information about the Peer and Practice Assessment process, please contact the Quality Assurance department at [qap@cmo.on.ca](mailto:qap@cmo.on.ca).



# DISCIPLINE COMMITTEE

## Q3 REPORT TO COUNCIL

### Committee Members

Chair	John Stasiw
Professional	Edan Thomas, RM, Maureen Silverman RM, Lisa Nussey, RM, Jan Teevan, RM, Claire Ramlogan-Salanga, Lilly Martin RM; Wendy Murko, RM ( <i>term ended October 9, 2019</i> )
Public	Susan Lewis, John Stasiw, Marianna Kaminska, Judith Murray, Deirdre Brett
Non-Council	n/a

### Committee Meetings

n/a

### Panel Meetings/Hearings

COIN 316RI – ICRC referred the matter to the Discipline Committee on October 8, 2019

COIN 282C – Uncontested Discipline Hearing on November 27, 2019

On November 27, 2019, a panel of the Discipline Committee of the College of Midwives of Ontario made findings of professional misconduct against Ms. Nasrin Bandari Vali, RM in that she;

1. Failed to maintain a standard of practice of the profession; and
2. Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

The panel's penalty and costs order included the following:

1. An oral reprimand.
2. A suspension of Ms. Bandari Vali's certificate of registration for 1 month commencing on December 18, 2019 to January 18, 2020.
3. The following terms, conditions and limitations on Ms. Bandari Vali's certificate of registration:
  - a. Within six (6) months of the date of the Discipline Committee's Order, Ms. Bandari Vali is required to successfully complete, at her own expense and to the Registrar's satisfaction, a course, pre-approved by the Registrar, relating to the management of preterm labour, preterm pre-labour rupture of membranes (PPROM) and pre-labour rupture of membranes (PROM) to be offered by the International Midwifery Pre-Registration Program;
  - b. Within three (3) months of the date of the Discipline Committee's Order, Ms. Bandari Vali is required to prepare and submit a 1,500-word reflective paper, to the satisfaction of the

Registrar, on the diagnosis and management of intrauterine growth restriction and small-for-gestational age fetuses, including a discussion on screening for risk factors;

The above order was completed on February 4, 2020

c. Ms. Bandari Vali is required to practise under the indirect supervision of one or more members in the general class of registration, pre-approved by the Registrar, subject to the following terms:

i. The period of supervision shall be six (6) months commencing on the date of the Discipline Committee's Order, not including any time in which Ms. Bandari Vali's certificate of registration is suspended;

ii. Ms. Bandari Vali must consult with an approved supervisor (either by phone or in person) regarding any clients who report signs or symptoms of PPROM, PROM, preterm labour, or decreased fetal movement;

iii. Ms. Bandari Vali must participate in chart reviews with an approved supervisor (who must be a midwife that practises at a different clinic than Ms. Bandari Vali) once every two weeks for the duration of the supervision term;

iv. In order to be approved, the supervisor(s) must agree to provide reports to the Registrar in the form and manner requested by the Registrar and at such intervals as requested by the Registrar;

v. Ms. Bandari Vali is responsible for any costs or expenses associated with the supervision.

4. Ms. Bandari Vali is ordered to pay the College costs in the amount of \$3500.

The reprimand was delivered to the Member on November 27, 2019.

Trainings

n/a

Items

n/a

Attachments:

n/a

Respectfully Submitted,

John Stasiw, Chair

# FITNESS TO PRACTISE COMMITTEE

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## Q3 REPORT TO COUNCIL

### Committee Members

Chair	John Stasiw
Professional	Edan Thomas, RM, Maureen Silverman RM, Lisa Nussey, RM, Wendy Murko, RM ( <i>term ended October 9, 2019</i> ), Jan Teevan, RM, Lilly Martin RM
Public	Susan Lewis, John Stasiw, Marianna Kaminska, Judith Murray, Deirdre Brett
Non-Council	n/a

### Committee Meetings

n/a

### Panel Meetings/Hearings

n/a

### Trainings

n/a

### Items

n/a

### Attachments:

n/a

Respectfully Submitted,

John Stasiw, Chair

# CLIENT RELATIONS COMMITTEE

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## Q3 REPORT TO COUNCIL

### Committee Members

Chair	Deirdre Brett
Professional	Lisa Nussey, RM
Public	John Stasiw,
Non-Council	Christi Johnston, RM, Amy McGee, RM

### Committee Meetings

N/A

### Panel Meetings/Hearings

N/A

### Trainings

N/A

### Items

N/A

### Attachments:

N/A

Respectfully Submitted,

Deirdre Brett, Chair

# PRESIDENT'S REPORT

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REPORT TO COUNCIL – March 25, 2020

Prepared by Claire Ramlogan-Salanga, President

## 1. General Highlights

Building on the achievements of 2019, I am happy to report that the Registrar, Directors and staff have been busy developing a new operational plan for 2020. Furthermore, in the month of March we will begin the process of creating a new strategic plan, leading the College towards innovation and stability. As Council and Committee members, we should be proud of the decisions made last year which supported the long-term sustainability of the College as well as supporting our mandate of public protection. As we enter a new year, I encourage Council and Committee members to remain thoroughly engaged and dedicated to achieving regulatory excellence. Please mark your calendars as the 2020/21 Council and Committee meeting dates have been posted to BoardEffect.

## 2. Governance

Weekly meetings with the Registrar have kept me well-informed of ongoing work at the College. I am happy to report that the Registrar and staff are continuously utilizing their resources to produce excellent work.

As a reminder, the new Registrar-CEO Performance Review Tool has been trialed this year. Input was provided from the Council survey as well as the annual staff survey on Organizational Effectiveness which were both completed in December 2019. The Executive Committee was able to apply the input from both surveys and provide quality feedback to the Registrar. As we move forward into the 2020 review cycle, 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 constructive feedback for the formal review at the end of the year. Council members can access the Registrar-CEO Performance Review Tool on BoardEffect.

The 2020 External Auditor Review Tool has also been initiated at the February Executive Committee meeting. I look forward to trialing the comprehensive tool and building financial literacy within the Executive Committee members at the in-person audit in May.

The Strategic Planning working group will have its first meeting on March 11, 2020. I am looking forward to the collaborative process of the working group, Registrar and staff. A verbal report will be provided to Council on the 25<sup>th</sup>.

The annual review of governance policies has also begun as part of the Executive Committee responsibilities. This review is a sizeable undertaking and therefore will be approached in sections. The review will continue throughout the year and updates will be provided as needed.

Finally, I am happy to announce that Marianna Kaminska has been reappointed to Council for a three-year term and we look forward to continuing working with her.

### 3. Stakeholder Engagement

Participation occurred at the following meetings/workshops:

1. Ontario Midwifery Strategy Council (OMSC): January 27, 2020
2. Power Presentation workshop: February 4, 2020
3. Ontario Midwifery Reference Group (OMRG): February 18, 2020
4. Strategic Planning Course: February 24 & 25, 2020
5. In Ex-Officio status:
  - a. Registration Committee
  - b. Quality Assurance Committee



# REGISTRAR-CEO QUARTERLY REPORT

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REPORT TO COUNCIL – March 25, 2020.

Submitted by Kelly Dobbin

The Registrar-CEO is accountable for performance in three main areas:

1. Achievement of Council's strategic objectives as set out in the College's Strategic Plan
2. Compliance with the Registrar-CEO Expectations as set out in approved Governance Policies
3. Fulfillment of the duties and responsibilities of the Registrar in accordance with the *Regulated Health Professions Act, 1991*, other relevant legislation, and the by-laws of the College of Midwives of Ontario.

The Registrar-CEO Quarterly Report assures Council that the College operates effectively and that the Registrar performs in accordance with the expected duties outlined above.

## 1. Regulatory Highlights

### Regulations

The College formally submitted proposed changes to the Designated Drugs Regulation 884/93 under the *Midwifery Act, 1991* prior to December 31, 2019, meeting the Minister's request. The Ministry has yet to post the proposed regulation on its own Regulatory Registry for a 45-day consultation. This delay will result in a shift in previously anticipated timelines for possible approval and enactment.

In July 2017, the College made a formal submission to the Ministry to make changes to the General Regulation 335/12 made under the *Midwifery Act*, specifically to amend Part I, Quality Assurance, and request that Part II, Notice of Open Meetings and Hearings, be rescinded because it was considerably outdated and redundant. We are pleased to report that the Ministry is poised to pass a new Quality Assurance Regulation on July 1, 2020. As well, the Ministry will rescind Part II, at the same time, if the College agrees to add information related to notices of Council meetings and Discipline hearings to its General by-law. Those revisions are being brought to Council from the Executive Committee and can be found in the March 25th Council materials.

We have no new news to report on regarding the Professional Misconduct Regulation 388/09, that was formally submitted in 2017.

### Reports

The College submitted its annual Fair Registration Practices Report (reporting on activities throughout 2019) to the Office of the Fairness Commissioner (OFC) prior to the March 1, 2020 deadline. The OFC assesses the registration practices of regulated professions and trades to make

sure they are transparent, objective, impartial and fair for anyone applying to practise the profession in Ontario. The report highlights improvements and changes to the registration practices of the College, including any impacts on applicants or members of the profession. The report provides evidence of the comprehensive and collaborative work of the Registration department staff, Registration Committee and Council this past year in approving policy changes and implementing those changes in a timely and effective manner. The College has a duty to post this report publicly on its own website and you can read the most recent report [here](#).

The College continues to provide weekly data reports to eHealth Ontario as per our data sharing agreement. These reports were previously created by an outside IT expert and then provided to the College for submission. After some upgrades, the College is now able to create the 8 required reports directly from its database system, allowing for greater efficiencies.

### Programs

The College's revised Peer and Practice Assessment Program was successfully launched in January 2020. Twelve trained assessors are in the process of delivering distance assessments to 79 randomly selected midwives, representing approximately 10% of the practising membership. It is expected that all of the assessments will be completed by March 31, 2020. Midwives who indicate scores of 75% or above in the distance assessment are streamed out of the process and not required to participate in a subsequent in-person assessment. Their names are also removed from the assessment selection pool for five years. Further details regarding the program can be found [here](#) on our website and in the [Peer and Practice Assessment Guide](#).

In accordance with the s. 27 of the *Independent Health Facilities Act* (IHFA) and at the request of the Director of the Independent Health Facilities Branch of the Ministry of Health, the College carried out an assessment of the quality and standards of services provided at the Ottawa Birth and Wellness Centre (OBWC). This assessment is part of regularly scheduled general assessment of the Midwife-Led Birth Centre (MLBC). The OBWC was provided with a self-assessment tool in December 2019 and was required to submit evidence of meeting the standards as outlined in the College-approved Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres (FS & CPP). Selected Quality Assurance Assessors were trained by the College to conduct the assessment in a fair and impartial manner in accordance with our policies and procedures. Two assessors reviewed the submission and conducted an on-site assessment in February. Results of the assessment have been communicated to the MLBC and a final report will be submitted by the Registrar to the Director of the Independent Health Facilities Branch prior to March 31, 2020. Informal feedback from the assessors and from OBWC staff has so far been positive. The OBWC thanked the College for creating a process that was fair, transparent and collaborative, and that encouraged them to achieve best practices. Formal requests for feedback will take place once the assessment is closed. A regularly scheduled general assessment of the Toronto Birth Centre will take place after March 31, 2020.

## Policies

The Executive Committee reviewed the Governance Process section (GP1-GP15) of Council's Governance Policies at its last meeting. The Executive will review all Governance Policies, including the Council Registrar-CEO Linkage and Registrar-CEO Expectations sections, throughout 2020 and will bring forward any proposed changes to Council by year-end

As Council is aware, one of the proposed changes to the Designated Drugs Regulation 884/93 under the *Midwifery Act, 1991* is that midwives will have the authority to prescribe and administer opioids and benzodiazepines for clinical conditions that are in the scope of practice. While there are very few indications that would require prescribing and administering opioids and benzodiazepines, there are numerous potential risks to the public related to these drugs. Because of the possible risks (e.g. abuse, misuse and diversion), all midwives currently registered in Ontario and midwifery applicants will be required to undertake a College-approved mandatory course in prescribing and administering opioids and benzodiazepines. The Quality Assurance Committee has considered the proposed course for midwives is submitting to Council for approval of the mandatory course.

## Standards, Guides & Guidelines

A revised Prescribing and Administering Drugs Standard will be brought to the Quality Assurance Committee, and subsequently to Council for approval, once the College has more certainty in regard to the Government's direction on the proposed Designated Drugs Regulation. The College decided that it was premature to invest College resources in approving a standard that might later need to be reworked if the proposed regulation is considerably revised or rejected by the Government.

As Council is aware, the College adopted a risk-based approach to regulation in 2016, which required a review of all existing standards of practice. Once the initial review was complete, staff proposed a two-phased method to align standards with this risk-based approach. Council approved this method in June 2017 and the College immediately initiated the first phase, which involved the development and implementation of the Professional Standards for Midwives as well as the rescinding of 25 standards in 2018.

Phase two the standards of practice review involved working on the remaining recommendations from the June 2017 Council meeting, including the development of a guiding document on the midwifery scope of practice and authorized acts. As a reminder, a Guide is a document that outlines procedures and actions related to an activity covered in the legislation or regulation and assists members with their understanding of College requirements or legal obligations imposed by other authorities. The Quality Assurance Committee has reviewed the draft Scope of Practice Guide and is asking Council to review the Guide and initiate a 60-day stakeholder consultation. The proposed Scope of Practice Guide is meant to be helpful to midwives, clients and stakeholders (including other health professionals with whom midwives work closely) in the understanding of the midwifery scope of practice as set out in the *Regulated Health Professions Act* and the *Midwifery Act*. While a Guide does not typically warrant extensive consultation, the College is recommending taking this approach so that it can be assured that the Guide is as helpful as possible and can safely

replace several existing standards that would be considered redundant or incompatible with the Guide upon its publication.

### Statutory Powers

On March 12, 2020 the College will be holding a pre-hearing conference for a Discipline matter referred to it by the ICRC for allegations of professional misconduct against registered midwife, Sandra Knight. A pre-hearing conference is a meeting where College's counsel and the midwife's counsel meet with a designated pre-hearing conference Chair prior to the actual hearing to discuss procedural matters related to the hearing, and also identify facts that may be agreed upon prior to a hearing in the hopes of possible settlement of any or all of the issues. In this matter, the Chair of the Discipline Committee has selected Hanno Weinberger as the pre-hearing conference Chair. A Discipline hearing date regarding this matter is to be determined.

## 2. Governance

### Implementation of Council Decisions

At its last meeting, Council approved the formation of the Strategic Planning Working Group. Staff and working group members have set their meetings throughout the year and have been provided with information needed to launch their work. The working group has its initial in-person meeting scheduled for March 11<sup>th</sup> and a verbal report will be provided to Council by the working group's Chair, Claire Ramlogan-Salanga.

Council's December 2019 decision to amend the Criminal Record Screening Policy was implemented on January 15<sup>th</sup>, 2020 as directed. Relevant stakeholders were immediately informed of the changes and the winter On Call newsletter highlighted the changes as well.

At its December meeting, Council approved the proposed changes to the Designated Drugs Regulation 884/93 under the *Midwifery Act, 1991* and staff made the formal submission to the Minister by year-end, as requested.

### Council & Committee Trainings

New Committee members appointed in December 2019 to Registration, ICRC, CRC, and Quality Assurance have received orientations (document-based and/or teleconference) related to their respective committee and panel work. The ICRC provided re-orientation training to all Committee members in January.

As directed by the Executive Committee, College staff have arranged for Council trainings to take place on March 24<sup>th</sup> related to areas of Good Governance (led by Cathi Mietkiewicz), Professional Competence (led by Zubin Austin) and the midwifery sector's International Midwifery Pre-Registration Program (led by Holliday Tyson).

## 2020 Operational Plan

On an annual basis in the month of January, all College staff participate in an operational planning day. The resulting Operational Plan sets out our program of work for the period of January 1 to December 31 (whereas the College's financial year runs from April 1 to March 31). The plan is set in the context of our Strategic Plan 2017-2020, approved by Council in December 2016, and provides detail on the initiatives planned to achieve the delivery of that strategy. Council is being asked to approve the 2020 Operational Plan (attached) at its March meeting.

## 3. Risk Management

### Risk Management Systems

Staff reviewed its Information Breach Policy (Policy 12.13 Staff Operations Manual) at its last staff meeting in January 2020 to ensure that all information breaches are dealt with immediately and consistently. The College is committed to meeting high standards to protect confidential information. The Privacy Officer (Director of Operations) is responsible for managing information breaches and reporting as necessary. This is an important policy to review on a regular basis to ensure the College takes a coordinated and consistent approach to information breaches. The Staff Operations Manual is always posted to BoardEffect should any Council member be interested in reviewing this or any other policy in the manual.

The College is closely monitoring the COVID-19 epidemic and is continuously revising its business continuity plan should College staff, consultants, vendors, or Council and Committee members be directly or indirectly affected (personal sickness, self-quarantine, public transit stoppage, school closures, caregiving responsibilities, etc.). The College has reached out to its vendors (database, IT specialists) and are assured that their own business continuity plans are sufficient to deliver these needed services. All staff are set up to work remotely and appropriate plans will be launched as necessary. At this time, the College is well positioned to deliver its services remotely without significant interruption to services. The College will continue to monitor the situation and will communicate to Council and Committee members as necessary should in-person meetings or hearings need to be delivered electronically or deferred.

In case of an unexpected absence of the Registrar, related to COVID-19 or other reasons, Council will rely on its Governance Policy RE6 Emergency Registrar-CEO Replacement to protect Council from sudden loss of Registrar services. The policy requires the Registrar to have a Deputy Registrar (the College's Director of Regulatory Affairs or Director of Operations have authority to perform this role in the Registrar's absence as per their signed employment contracts) and also sets out that:

1. The Registrar shall keep business and other records in an organized, orderly and accessible manner.
2. The designated Deputy Registrar may act in the absence of the Registrar until the Registrar returns, is permanently replaced or an interim Registrar is appointed.
3. The designated Deputy Registrar will not be expected to act in the absence of the Registrar for a period of longer than three months.

4. Alternatively, Council may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.
5. An interim Registrar may be expected to act in the absence of the Registrar for a period longer than three months.

The Director of Operations and Director of Regulatory Affairs have sufficient accountability and oversight to continue the operations and meet the statutory duties of the College in the Registrar's unexpected absence. Passwords are secure and we have systems in place so that access can be obtained in an emergency. In areas where the Registrar uses discretion to make decisions, there are written guiding documents to assist with making decisions in a fair and consistent manner.

The College is up to date with its annual insurance coverage, including facilities, business interruption and Director and Officer's liability insurance (D&O), limiting the College's exposure (including Council and staff) to claims of liability.

## 4. Financial Management

### Statement of Operations

The Q3 Statement of Operations is provided to you for information under the Executive Committee report. You will note that spending is well within the budget for the quarter and there are no anticipated concerns with respect to remaining in budget through to the end of the fiscal year. Staff continue to implement measures to maintain low spending practices while still delivering on the mandate of the College.

### Financial Responsibilities

During February 2020, T4 and T4A documents were prepared and provided to staff, former staff and elected Council members. T4As were also prepared for non-Council Committee members who receive compensation from the College. The documents were distributed in advance of the end of February deadline.

During February 2020, tax receipts for the 2019 year were made available to members through the member portal and communications regarding availability and access were sent out to all members by email.

### Budget

The 2020/2021 proposed budget was presented to the Executive Committee in February. In preparing for the budget, revenues and expenses were projected after detailed analysis of previous years' spending, internal discussions on future costs, and an assessment of net asset projections. The College's Senior Management team met regularly over the 4<sup>th</sup> quarter to forecast the upcoming year, mindful to mitigate potential risks to the College. The one-year proposed budget was reviewed in detail by the Executive Committee and analyzed within the context of the College's current needs and its long-term financial position. The Executive Committee is presenting the



proposed budget to Council for approval at this time. Please refer to the briefing note and proposed 2020-2021 budget in your Council materials.

## 5. Human Resource Management and Staff Leadership

### Performance Reviews

Annual performance reviews of all staff were completed and delivered by end of 2019 using our revised performance review tools. All performance reviews were signed by the staff member being reviewed and the staff supervisor conducting the review and stored electronically in confidential staff files. The next cycle of performance reviews will commence in the fall of 2020.

### Organizational Culture

The annual Organizational Effectiveness Survey was conducted, using streamlined questions created in consultation with the Staff HR Committee. Results were analyzed by the Staff HR Committee and communicated to all staff at its recent staff meeting. The survey allows the College to pinpoint areas of success and areas for improvement and allows us to continually work on its organizational culture. The results of the survey were highly positive and we are committed to finding new ways to encourage staff to participate in affordable professional development activities. The Executive Committee received a presentation of the results in February, as a form of measurement in its oversight of the Registrar's performance.

### Trainings

At its last staff meeting, all staff received annual training on Workplace Violence and Harassment as required by law.

All staff receive annual accessibility training as required by the *Accessibility for Ontarians with Disabilities Act* (AODA). The College has recently chosen to interpret the legislation to include Council and Committee members, as these members fall under the category of any person representing the organization. Council and Committee members are now undergoing online training which is due to be completed by March 25, 2020. Council members are asked to review the College's Accessibility Policy in BoardEffect in addition to their training.

## 6. Stakeholder and Media Relations

### Ministry of Health

The College's next scheduled meeting with Allison Henry and Marsha Pinto of the Workforce Regulatory Oversight Branch, Strategic Policy and Planning Division of the Ministry, is scheduled to take place on March 26<sup>th</sup>, 2020. We are looking forward to discussing any updates on our regulations and on the possible implementation of Ministry's proposed College Performance Measurement Framework.

## Regulatory Sector

The Registrar attended the most recent Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO), meeting on March 3<sup>rd</sup>, 2020. The organization set two strategic priorities for the year, namely a focus on governance and collaboration/support to report on the Ministry's standards as set out in the proposed College Performance Measurement Framework. Both areas of focus should assist all Colleges with achieving best practices in governance and accountability reporting.

The Communications and Stakeholder Relations Officer has put her name forward for nomination to continue to serve on HPRO's Communications Committee. This Committee actively works on HPRO's public facing website and other communications products (brochures, social media posts, attendance at conventions) which serve to inform the public about all of the regulated health professions in Ontario.

The Registrar continues to serve as an Executive Committee member (Treasurer) of the Canadian Midwifery Regulators Council (CMRC) and as a member of the CMRC's Canadian Midwifery Registration Exam (CMRE) Committee. Both committees meet regularly throughout the year by web conference.

Johanna Geraci, Quality Assurance Manager and Practice Advisor serves on the CMRC's Midwifery Competencies Steering Committee (responsible for overseeing the work led by Yardstick in revising the Canadian Competencies for Midwives) as well as the CMRC's Professional Practice Committee. Nadja Gale, Registration Manager, serves on the CMRC's Registration Affairs Committee.

## Midwifery Sector

The College is set to meet with the Association of Ontario Midwives in late March for a regularly scheduled stakeholder meeting to discuss relevant issues related to our respective work. Regular communications between the two organizations occur informally, as needed, between meetings.

The College Registrar and President attended the meetings of the Ontario Midwifery Strategy Council and the Ontario Midwifery Reference Group in January and February respectively. Data reports and other important news is shared between organizations at those meetings to allow for all midwifery organizations (and Ministry participants) to be well informed of any recent or planned changes that could affect the sector.

The Registrar serves as the CMRC representative on the Canadian Association of Midwifery Educators' (CAMEd) Accreditation Council. This Council oversees the accreditation process for Baccalaureate Midwifery Education Programs in Canada. To date, McMaster University has received full accreditation and Ryerson University's accreditation process is underway. Laurentian University will commence their accreditation process in May. All Ontario university accreditation processes require a College of Midwives of Ontario representative to attend the onsite portion of the assessment to ensure integrity and consistency with Ontario regulatory requirements. Nadja



Gale, Manager of Registration, fulfills this role for the College. The remaining Baccalaureate programs outside of Ontario will undergo their accreditations throughout 2020 and 2021.

In January and February, the College hosted two Midwifery Education Program (MEP) students, each for four weeks, as part of Ryerson University's external placement program. The College's Stakeholder Engagement Program identifies MEP students as one of our key stakeholders. In order to ensure that students are better prepared to navigate the regulatory landscape, the College wanted to fully understand students' current level of awareness of the College and regulation in general. The two placement students created an online survey to gauge the general student knowledge across all MEP programs and across all years of study. The survey consisted of 26 questions ranging from multiple choice, true and false and short answer. The survey was sent to all students currently enrolled in the MEP at each of the three Ontario universities. The questions covered a variety of topics from regulation in Ontario, the College's role and its accessibility to students and members.

An analysis of the responses demonstrated that there is a high degree of confusion between the role of the College and the role of the Association, with many students believing that they need to pay for a membership with the College in order to access documents posted online. Many students also shared that they felt that they do not have a full understanding of what is expected of them after graduating. The College is using the data collected from this survey to direct and create targeted presentations for MEP students, in each year of study, to ensure that they have a better understanding of regulation and what is expected of them once they are registered to practise in Ontario.

#### Attachments:

1. 2020 Operational Plan

**College of Midwives of Ontario**  
**Annual Operational Plan**  
January 1, 2020-March 31, 2021

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION		
Initiatives	Success Measures	Planned Activities
1.1 Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication.</p> <p>Communication with the membership and stakeholders is clear, targeted, consistent and effective.</p>	Continue to work with the Ministry of Health (Ministry) on proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, including rescinding Appendix B of the Laboratories Regulation made under the Act.
1.2 Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation.	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication.</p>	<p>Continue to work with the Ministry on proposed changes to the Designated Drugs Regulation and initiate implementation phase (if approved) including:</p> <ul style="list-style-type: none"> <li>- Revising Prescribing and Administering Drugs Standard</li> <li>- Developing Guide on Drugs and Substances</li> <li>- Approving Mandatory Education Course on Controlled Substances</li> <li>- Tracking members' mandatory course completion</li> </ul>
		Continue to work with the Ministry regarding proposed changes to the General Regulation (new Quality Assurance Regulation and rescinding Part II) and implement relevant processes as soon as the

		regulation is approved by the government, including: <ul style="list-style-type: none"><li>- Revising General Bylaws</li><li>- Revising Quality Assurance Program</li></ul>
		Continue to work with the Ministry to finalize the proposed changes to the Professional Misconduct Regulation
		Finalize Registration Regulation policy recommendations and submit a revised Registration Regulation to Council
1.3. Broaden knowledge and understanding within the membership and key stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.	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 revise website content and design new video/webinar content to raise awareness among the membership about the College, its role and the requirements
		Publish Midwifery Scope of Practice Guide and support member and stakeholder acceptance
		Educate members regarding changes to the Designated Drugs Regulation (if approved), including AHFS categories
		Continue to implement stakeholder and student engagement strategy to raise awareness among midwifery students and applicants about the College, its role and requirements

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION		
Initiatives	Success Measures	Planned Activities
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	Conduct an internal review to evaluate the College's regulatory effectiveness using the approved regulatory performance measurement framework and report to Council
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	Complete Phase II of Standards review including: <ul style="list-style-type: none"> <li>- Amending Professional Standards for Midwives</li> <li>- Rescinding Consultation and Transfer of Care</li> <li>- Rescinding Delegation, Orders and Directives</li> <li>- Rescinding When a Client Requests Care Outside of Midwifery Standards of Practice</li> <li>- Revising Guideline on Ending the Midwife-Client Relationship</li> <li>- Revising Record Keeping Standard</li> <li>- Revising Student Supervision</li> </ul>
	Risk Assessment Checklists Program is satisfactorily completed  Council and staff effectively utilize risk-based regulation tools  Regulatory activities and decision making are reported appropriately	Implement stakeholder engagement strategy to enable the College to use risk mitigation as the foundation for partnership

STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT		
Initiatives	Success Measures	Planned Activities
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 revise website content and design new video/webinar content to ensure clearer navigation of pages and availability of easy to access and relevant information to the public.
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	Public engagement plan implementation, including: <ul style="list-style-type: none"> <li>- Targeted communications to public audience</li> <li>- Revised orientation process for Public Council and Public Non-Council Committee members</li> </ul>
		Continue collaboration with health regulatory colleges on the HPRO-led Public Engagement Project and Governance Education for Council Members

# BRIEFING NOTE FOR COUNCIL

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Subject: Stage II of the Standards Review

## Summary

Stage II of the standards review process will be completed this year and involves changes to a number of documents including the Professional Standards and the implementation of a new guide on the midwifery scope of practice.

## Background

In 2016, the College adopted a risk-based approach to regulation which required a review of all of its existing standards. Once the review was complete, staff made recommendations about each standard; some were proposed for rescinding and some for revising or replacing relatively quickly (Stage I of the standards review). For example, standards such as Ambulance Transport and Induction and Augmentation of Labour were recommended for rescinding because they did not meet the definition of a standard and did not set a minimum standard of expected behaviour. Other standards were not immediately addressed but were proposed for rescinding, revising or replacing later in the review process. For example, standards such as Delegation, Orders and Directives and the Consultation and Transfer of Care Standard (CTCS) were to be addressed at a later time (Stage II of the standards review).

At the June 2017 Council meeting, Council was presented with recommendations for all of the College's existing standards at that time. These recommendations included numerous standards slated for rescinding with the implementation of a new document called the Professional Standards for Midwives (Professional Standards). When the Professional Standards was implemented on June 1, 2018, after being developed by a working group of professional and public members of Council and two public consultations, 25 College standards were rescinded. This was the end of Stage I of the standards review.

Stage II of the review began after June 1, 2018 and involved working on the remaining recommendations from the June 2017 Council meeting. The following were all staff recommendations that have been on the College's workplan since June 1, 2018:

1. Develop a guiding document on the midwifery scope of practice and authorized acts
2. Rescind the CTCS with the implementation of a guide on the midwifery scope of practice

3. Develop a guide on ending the midwife client relationship to replace the standards When a Client Chooses Care Outside Midwifery Standards of the Profession
4. Incorporate information from the standard Delegation, Orders and Directives (i.e. definitions of delegation, orders and directive and guidance about delegation) into other College documents (either Professional Standards or the scope of practice guide) so the standard can be rescinded.

### Key Considerations

#### **1. Develop a guiding document on the midwifery scope of practice and authorized acts**

In June 2017, staff recommended that a guidance document, without the details of the CTCS, be developed that would include a flow chart or decision-making tool to help midwives understand the midwifery scope of practice.

The Guide on the Midwifery Scope of Practice was developed based on this recommendation and on the identified need to explain the legislative scope of practice of midwives.

The purpose of this guide is to define the midwifery scope of practice set out in the *Midwifery Act, 1991*, its regulations and other legislation that govern the midwifery profession in Ontario. This guide also provides regulatory guidance on how to work within the midwifery scope of practice as well as what to do when a client's clinical condition falls outside the scope of practice.

The Guide on the Midwifery Scope of Practice includes a decision-making tool that supports midwives to determine if something is in the scope of practice.

Three drafts of the Guide on the Midwifery Scope of Practice have been reviewed by the Quality Assurance Committee (QAC); in November 2018, November 2019 and on March 9, 2020.

The Guide on the Midwifery Scope of Practice provides the details on the scope of practice that midwives can use for understanding what is in the scope of practice making a list of clinical indications, that require consultation and transfer of care defined by the CTCS, redundant.

## 2. Rescind the CTCS with the implementation of a guide on the midwifery scope of practice

The [Consultation and Transfer of Care Standard](#) (CTCS) contains a list of clinical conditions that dictates when midwives must consult with, or transfer client care to, another health care provider. The CTCS has been used to define the midwifery scope of practice by listing the clinical conditions that are not considered normal or conditions that midwives cannot manage because they do not have access to the tests or treatments to do so. The CTCS however does not articulate what midwives are actually authorized to do by their governing legislation.

The list structure of the CTCS is more like a clinical guideline and does not (and cannot) include every possible need for a consultation or transfer of care. It is not a minimum standard of behaviour when it uses terms like persistent and severe that are meant to be interpreted.

In order to gather data to support or refute staff recommendations to rescind the CTCS, a questionnaire went out to the membership in May 2019. This questionnaire asked members to provide feedback on the advantages and disadvantages of using the CTCS in midwifery practice, how the CTCS contributes positively and negatively to interprofessional relationships, and if it is in the best interest of clients and midwives to have a list of clinical indications that tells midwives when to consult and when to transfer care.

There were 104 responses to the consultation and the below is a brief synopsis of the responses. The College will provide survey results and detailed analysis when it circulates the proposed changes for consultation after the Council meeting (subject to Council approval).

There were positive responses to the CTCS. Many respondents like the convenience of having a list of indications that clearly identifies what they should do next. Some respondents feel it contributes to positive interprofessional relationships because there are no ambiguous areas of clinical practice and consultants always know why midwives are consulting. Another area where some members support the CTCS is as an important document for less experienced midwives who rely on the list of indications. At the same time, there were numerous negative, and in fact concerning responses to suggest the CTCS may be more of a barrier to quality care than a facilitator. The main problems identified by respondents were that the CTCS causes unnecessary transfers and put doctors in positions of authority rather than as colleagues with a different skill set that contributes to improved client care. The CTCS enforces a hierarchy where midwives expressed concern because they are always *asking up* and are not treated as primary care providers. The CTCS also can fracture continuity of care and be a



barrier to positive interprofessional relationships. Respondents identified that the list of clinical indications is not exhaustive and is arbitrary. All of these concerns have the potential to influence the quality of care clients receive from their midwives.

It is very challenging to use a list of clinical indications as a minimum standard that must be met by all midwives at all times. These challenges are presented below:

1. A document defining the midwifery scope of practice, as set out in the midwifery act, should describe the outer limits of practice that are permitted to the profession under their provincial legislation rather than present a finite list of clinical situations
2. The CTCS is a list of what midwives cannot do which can lead to uncertainty about what midwives are actually authorized to do by their governing legislation
3. The CTCS does not include all clinical situations that might require a consultation or transfer of care leaving areas of practice with no guidance at all
4. The CTCS does not allow for adapting to differences in practice environments (e.g. rural compared with urban settings) or midwifery knowledge and skills
5. The CTCS requirements around when midwives must consult makes it the responsibility of the consultant to determine when a transfer of care should occur rather than the responsibility of midwives to know when a clinical situation is outside of scope or exceeds their competence
6. The CTCS requires midwives to take on a supportive role even when elements of care might be in scope or when a supportive role might not be in the best interest of the client
7. The CTCS prevents midwives from exercising their clinical judgment
8. The CTCS contradicts College standards related to person-centred care, professional knowledge and practice and leadership and collaboration
9. The list structure of the CTCS does not support a principles-based approach to regulation

In September 2019, staff brought the CTCS to QAC for discussion. The discussion included feedback from this member consultation that showed the problems applying to CTCS to practice. At that meeting, staff recommended that the CTCS be rescinded once a scope of practice guide is approved and implemented. Staff also committed to reviewing the CTCS to look for potential gaps that would be left if the document is rescinded. Upon review, the Guide on the Midwifery Scope of Practice provides the information required to guide members about the legislative scope of practice with the exception being the requirement that midwives stay in

a supportive role after a transfer of care. According to the CTCS, *after a transfer of care has taken place the midwife shall remain involved as a member of the health care team and provide supportive care to the client within the scope of midwifery.*

Supportive care is also a current standard in the Professional Standards.

*Standard #26: Take reasonable steps to continue in a supportive role with clients when their care is transferred to another care provider.*

However, supportive care is not defined anywhere resulting in no common understanding of what this means. This leads to different interpretations of the terms among the membership.

As primary care providers, midwives have admitting privileges in hospital. Rather than be required to be in a supportive role, midwives should work with other health care providers in some capacity after a transfer occurs. This does not exclude support but may include a range of responsibilities that are in the best interest of the client.

To strengthen midwives' responsibilities to their clients after a transfer of care occurs, QAC recommends replacing standard on supportive care with a standard on working collaboratively:

- Collaborate with the MRP, after a transfer of care, to provide care that is in the best interest of the client.

In January 2020, the Association of Ontario Midwives' (AOM) sent a letter to the College requesting that the proposed rescinding of the CTCS be postponed until the Designated Drugs regulation is implemented and the Ontario health care system has stabilized after the transition to Ontario Health Teams (attached). It is difficult to respond to this request without more information regarding how the CTCS is in the public interest and contributes to safe care. The letter will be included in the member consultation scheduled for March should Council approve for circulation the Guide on the Midwifery Scope of Practice and a proposal to rescind the CTCS.

### **3. Develop a guide on ending the midwife client relationship to replace the standard *When a Client Chooses Care Outside Midwifery Standards of the Profession***

The standard [When a Client Chooses Care Outside the Midwifery Standards of the Profession](#) sets out the requirements for midwives working with clients who choose care that falls below the midwifery standards of practice in non-

emergency situations. College regulations and standards of practice adequately address this issue in the Professional Misconduct regulation:

2. Failing to maintain a standard of practice of the profession.
8. Discontinuing professional services respecting a client unless,
  - i. the client requests the discontinuation,
  - ii. alternative services acceptable to the client are arranged,
  - iii. there is no longer a relationship of trust and confidence between the midwife and the client and the client is given a reasonable opportunity to arrange alternative services, or
  - iv. the client requests services inconsistent with the standards of practice of the profession and the midwife has adhered to the standard of practice for discontinuing care in such circumstances.
9. Discontinuing professional services provided to a community or a group of clients without reasonable cause, unless adequate notice has been given or adequate alternative arrangements for services have been made.

The Professional Standards adequately address midwives' obligations when a client chooses care below midwifery standards. These standards include:

- providing information so that clients are informed when making decisions about their care
- making efforts to understand and appreciate what is motivating clients' choices
- supporting clients' rights to accept or refuse treatment
- never abandon a client in labour

Midwives do, however, require guidance about what to do when terminating a client relationship and this is provided in the [Guideline on Ending the Midwife client Relationship](#) which was approved by the Client Relations Committee (CRC) October 2018.

In order to determine what, if any, gaps would exist should When a Client Chooses Care Outside the Midwifery Standards of the Profession be rescinded, staff compared it with the Guide on Ending the Midwife Client Relationship. One gap was identified and relates to how midwives should make arrangements for health care services to be provided to a client once they are discharged from midwifery care. This information will be added to the Guide on Ending the Midwife client Relationship and brought to the September 2020 Client Relations Committee (CRC) for approval.

Once the Guide on Ending the Midwife client Relationship is approved by CRC, When a Client Chooses Care Outside the Midwifery Standards of the Profession can be rescinded by Council without leaving any gaps.

#### 4. Incorporate information

The standard [Delegation, Orders and Directives](#) provides definitions of delegation, orders, directives and teaching and contains information that is included in other College documents. For example, the standard repeats the Professional Misconduct Regulation:

- Failing to maintain a standard of the profession
- Delegating a controlled act in contravention of the Act, the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts.
- Providing or attempting to provide services or treatment that the member knows or ought to have known was beyond the member's knowledge, skills or judgement.

In addition, the College has 4 standards in the Professional Standards about delegation that set minimum standards for delegating a controlled act and receiving delegations for the performance of a controlled act.

As it is currently written, the Professional Standards includes the following:

Be accountable for your decisions to delegate and accept delegations of controlled acts by:

- delegating acts only to individuals whom you know to be competent to carry out the delegated act, and who are authorized to accept the delegation
- delegating only those acts you are authorized and competent to perform
- accepting only delegated acts that you are competent to perform.
- ensuring the client has provided informed consent to the performance of the delegated act

In order to determine what, if any, gaps would exist if the Delegation, Orders and Directives standard is rescinded, staff compared it with the Professional Standards and identified areas that would be required to address these gaps. Staff also looked at other sources for guidance such as the RHPA and other regulators. Staff found that no gaps would be left but believe the Professional Standards could be strengthened by adding more standards about delegation. As a result, the following new standards about delegation are proposed for the Professional Standards:

- delegating controlled acts only when you have an existing relationship with the client for whom the controlled act will be delegated
- never delegating a controlled act delegated to you by another health care provider (sub-delegation) and never accepting delegation from an individual who has been delegated to perform a controlled act themselves
- documenting in the client record who you received the delegation from or to whom you delegated and the controlled acts that have been delegated.

In keeping with recommendations from the June 17 Council meeting, definitions of orders and directives have been added to the definition of delegation in the Professional Standards.

The Scope of Practice Guide includes a description of delegation and a decision-making tool on delegation.

With the additional standards and definitions proposed for the Professional Standards and the additional information on delegation included in the Guide on the Midwifery Scope of Practice, no gap will be left if the standard Delegation, Orders and Directives is rescinded.

## Recommendations

The following recommendations are submitted to Council:

1. Review the proposed changes to the Professional Standards and consider QACs recommendation to rescind the standards When a Client Chooses Care Outside Midwifery Standards of the Profession and Delegation, Orders and Directives
2. Review Guide on the Midwifery Scope of Practice and consider QAC's recommendation to rescind the Consultation and Transfer of Care Standard.
3. Approve for circulation these proposed changes, including the new Guide on the Midwifery Scope of Practice and the Professional Standards for public consultation.

## Implementation Date

To be determined at a later date

## Legislative and Other References

*Midwifery Act, 1991*

Consultation and Transfer of Care Standard

Delegations, Orders and Directives

Professional Misconduct Regulation

When a Client Chooses Care Outside the Midwifery Standards of the Profession

Professional Standards for Midwives

Guideline on Ending the Midwife Client Relationship

## Attachments

1. Scope of Practice Guide
2. Professional Standards for Midwives
3. Letter from the AOM

Submitted by: Quality Assurance Committee



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

# Scope of Practice Guide

## 2020

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## 1. Introduction

The role of the College of Midwives of Ontario (College) is to ensure that midwifery services provided to the public are delivered in a safe and ethical manner by midwives registered with the College. Part of this involves ensuring that midwives understand their scope of practice and practise within it.

The purpose of this guide is to define the midwifery scope of practice set out in the *Midwifery Act, 1991*, its regulations and other legislation that govern the midwifery profession in Ontario. This guide also provides regulatory guidance on how to work within the midwifery scope of practice as well as what to do when a client's clinical condition falls outside the scope of practice.

## 2. Legislative Context in Ontario: Scope of Practice Scheme

A health care professional's scope of practice is the range of activities, including decisions and procedures, that they are authorized to perform by the laws that govern their profession. In Ontario, the scope of practice scheme is set out in the *Regulated Health Professions Act, 1991* (RHPA) and consists of two main elements: a **scope of practice statement** and the **controlled acts** authorized to each profession.

### 2.1. Scope of Practice Statement

The **scope of practice statement** is found in each profession-specific Act and it defines, in broad terms, the outer parameters of what that particular profession can do. For example, the midwifery scope of practice is set out in the *Midwifery Act, 1991* which is the profession-specific Act for midwives. Profession-specific Acts of other health care professionals include the *Medicine Act, 1991* for physicians, the *Nursing Act, 1991* for nurses and the *Pharmacy Act, 1991* for pharmacists.

### 2.2. Controlled Acts

**Controlled acts** are set out in the RHPA<sup>1</sup> and are procedures, tests, and treatments that are considered to pose a risk of harm when performed by someone who is not qualified to perform them. Because there is implicit risk of harm in the performance of a controlled act, they can be performed only by the regulated health professionals who are authorized by their profession-specific Acts to perform them. Some professions do not have any controlled acts. Other professions, like midwifery, are authorized to perform many controlled acts. No profession is authorized to perform all controlled acts.

Controlled acts can be authorized to professions either in their entirety or only partially depending on what is considered appropriate for that profession's scope of practice. For example, the controlled act of *managing labour or conducting the delivery of a baby*<sup>2</sup> is authorized to physicians in its entirety but is authorized to midwives only partially. This means that physicians can perform all of the controlled act of *managing labour or*

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<sup>1</sup> Refer to the RHPA

<sup>2</sup> Refer to the RHPA

*conducting the delivery of a baby without limitations; whereas for midwives this controlled act is limited, and they can only manage labour and conduct spontaneous normal vaginal deliveries.*<sup>3</sup>

## 2.2.1 Delegation of Controlled Acts

Delegation is a formal process by which a regulated health professional, who is authorized to perform a controlled act, delegates the performance of that controlled act to another individual who is otherwise not authorized to perform it. This other individual may be a member of another profession regulated under the RHPA, a member of an unregulated profession or a member of the public.

For example, a midwife may be delegated the controlled act of *placing an instrument, hand or finger into an artificial opening into the body* by a physician allowing the midwife to assist during a caesarean birth. Similarly, a midwife might delegate the act of *managing labour and conducting spontaneous normal vaginal deliveries* to a registered nurse.

The delegation must be in accordance with any regulations or standards of practice. For example, it is a College standard that midwives are prohibited from delegating the controlled act of prescribing.<sup>4</sup> It is also a standard of practice that midwives must only accept delegated acts that they are competent to perform.<sup>5</sup>

## 2.2.2. Exceptions to Controlled Acts under the RHPA

Section 29 of the RHPA permits the performance of controlled acts by individuals who do not have the authority to perform a controlled act.<sup>6</sup> This other individual may be a member of another profession regulated under the RHPA, a member of an unregulated profession or a member of the public. These exceptions differ from delegation because no handover of responsibility is required; however, an individual must possess the knowledge, skills and judgment required to perform the controlled act.

One of the exceptions is rendering first aid or temporary assistance in an emergency.<sup>7</sup> This exception would permit midwives to place sutures in a cervix in an emergency situation as long as they are competent to do so. Whether or not a situation constitutes “emergency” will depend on a number of factors, including the immediate harm to the client and the availability of other resources. What may be an emergency in a remote location may not be an emergency in an urban setting where other care providers, more experienced in managing such an emergency, may be readily available.

Another exception is granted to students or trainees who are authorized to perform controlled acts within the scope of their future profession if those acts are done under the

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<sup>3</sup> Refer to the Midwifery Act

<sup>4</sup> Standard on Prescribing and Administering Drugs (January 1, 2014) Available Online: <http://www.cmo.on.ca/wp-content/uploads/2015/07/16.Prescribing-and-Administering-Drugs.pdf>

<sup>5</sup> The Professional Standards for Midwives (standard #31)

<sup>6</sup> Refer to the RHPA

<sup>7</sup> Refer to (29(1)(a))

direction and supervision of a member of the profession.<sup>8</sup> This exception would permit midwifery students to insert a urinary catheter into a pregnant client under the supervision of a midwife registered with the College.<sup>9</sup>

## 2.3. The Public Domain

While the RHPA limits the performance of controlled acts to health professionals who are authorized by their profession-specific Act to perform them, many components of health care are not controlled acts because they do not pose risk of harm. This means that these components of care are not prohibited by the controlled acts in the RHPA and can be done by anyone, not only by regulated health professionals. This care is sometimes referred to as being in the **public domain**. For example, taking a blood pressure is in the public domain (i.e. is not a controlled act) which means that unregulated professionals and members of the public can do it. But diagnosing someone with a disease or disorder based on the reading of that blood pressure (e.g. diagnosing a pregnant client with gestational hypertension based on their blood pressure) is a controlled act<sup>10</sup>. This is because there is not a great risk of harm in taking the blood pressure but there may be a risk of harm with diagnosing it.

## 3. Legislative Scope of Midwifery Practice

The legislative scope of midwifery practice consists of the scope of practice statement, the controlled acts authorized to midwives, and all other activities that are in the public domain. This is commonly referred to as the **midwifery scope of practice**.

### 3.1. Scope of Practice Statement – Key Concepts and Definitions

The midwifery scope of practice statement is set out in the *Midwifery Act*:

*The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.*<sup>11</sup>

In order to understand the midwifery scope of practice statement it is important to define some of the terms used in the scope of practice statement as well as how the terms are defined and used for the purpose of this guide.

**Woman** means a client who is pregnant, labouring, giving birth or postpartum. For the purposes of this guide, the terms “client” and “individual” will be used interchangeably.

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<sup>8</sup> 29.1.b

<sup>9</sup> For a complete list of exception to controlled acts refer to s 29.1 of the RHPA

<sup>10</sup> The controlled act is *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.*

<sup>11</sup> Refer to the Midwifery Act s. 3

**Postpartum** means the period of time beginning with the birth of a baby and ending approximately 6 to 8 weeks after the birth when the effects of pregnancy on many systems have largely returned to the unpregnant state.

**Newborn** means a baby from the moment of birth up to approximately 6 to 8 weeks after birth.

**Spontaneous** means a birth that occurs with maternal effort only and is not assisted by any means. A birth requiring forceps or vacuum is not spontaneous. Spontaneous refers only to the type of delivery of the newborn and does not refer to the onset of labour and can therefore include induction and augmentation.

**Normal** means an overall clinical picture that is considered low-risk or uncomplicated. Normal applies to the overall health status of the individual and does not necessarily rule out the presence of a specific condition or indicate the complete absence of abnormal. Normal can include infections, conditions, or clinical presentations requiring treatment when the overall health status of the client or newborn is considered low-risk. Determining if a clinical situation is normal requires clinical judgment and may also require consultation with another care provider. Some examples are provided below:

Normal/Low-risk	Not Normal/High-risk
<ul style="list-style-type: none"><li>• A 42-week pregnancy in a healthy normotensive individual</li></ul>	<ul style="list-style-type: none"><li>• A 42-week pregnancy in an individual with preeclampsia</li></ul>
<ul style="list-style-type: none"><li>• A newborn that has lost 30 grams from day 3 to day 5 but otherwise well</li></ul>	<ul style="list-style-type: none"><li>• A newborn that has lost 30 grams from day 3 to day 5 and is lethargic and jaundiced</li></ul>

According to the midwifery scope of practice, midwives can provide care for individuals during normal pregnancy, labour, spontaneous vaginal birth and the postpartum.

According the International Confederation of Midwives (ICM), the role of a midwife includes:

support, care and advice during pregnancy, labour and the postpartum period, conducting births on their own responsibility and providing care for the newborn. This care includes preventative measures, detecting complications, accessing medical care or other appropriate assistance and the carrying out of emergency measures.<sup>12</sup>

The following list provides some examples of care that are in the scope of midwifery practice:

- Diagnosing and managing normal pregnancy
- Performing, prescribing or advising on recommended investigations and treatments during pregnancy, labour and the postpartum for clients and newborns
- Recognizing signs of abnormality in the client, fetus or newborn's condition that require consultation with or transfer of care to another care provider and providing ongoing care as appropriate
- Caring for individuals during labour and monitoring the condition of the fetus

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<sup>12</sup> ICM Document

- Conducting spontaneous vaginal births in any setting such as a home, hospital or birthing centre
- Recognizing and responding to intrapartum and postpartum emergencies
- Examining and caring for the newborn and initiating resuscitation when required
- Caring for and monitoring the progress of the client and newborn in the postpartum period and advising on care to support the best possible outcomes
- Providing contraceptive information, advice and care where appropriate

There are many clinical conditions that exist in pregnancy, labour, birth and the postpartum that are not in the scope of midwifery practice. The following list provides some examples of situations that are not normal and thus individuals with these conditions are not in the scope of midwifery practice:

- Cardiac disease, renal disease, HIV/AIDS, postpartum psychosis
- Placenta previa, placental abruption
- Uterine inversion, uterine rupture
- Newborns with neurological abnormalities, seizures, major congenital anomalies

### 3.2. Controlled Acts Authorized to Midwives

Midwives are authorized to perform a number of controlled acts while practising midwifery. All of the controlled acts authorized to midwives are authorized only partially which means midwives do not have the authority to perform any of the controlled acts in their entirety. The details of this are described below in Table 1.

Controlled acts must be interpreted and understood in light of the scope of practice statement set out in the *Midwifery Act, 1991* and can only be undertaken in the course of engaging in the practice of midwifery.

Table 1: Controlled acts and their interpretation <sup>13</sup>

Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal	Communicating a diagnosis identifying, as the cause of a woman's or newborn's symptoms, a disease or disorder that may be identified from the results of a laboratory or other test or investigation that a member is authorized to order or perform on a woman or a newborn during normal pregnancy, labour and	Midwives may diagnose diseases and disorders, based on tests or investigations, for clients and newborns from pregnancy up to 6 weeks postpartum.  Midwives also may provide care to clients and newborns up to approximately 8 weeks after the birth providing the care does not involve	Midwives are not permitted to diagnose diseases and disorders for individuals who are not pregnant or who are more than 6 weeks postpartum and newborns who are older than 6 weeks.

<sup>13</sup> Table 2 lists the controlled acts in the order in which they appear in the RHPA.

Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
representative will rely on the diagnosis.	delivery and for up to six weeks post-partum.	the diagnosis of a disease or disorder providing they have not yet been discharged from midwifery care.	
Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.	Performing episiotomies and amniotomies and repairing episiotomies and lacerations, not involving the anus, anal sphincter, rectum, urethra and periurethral area.	Midwives may perform episiotomies and amniotomies. Midwives may repair lacerations and episiotomies based on the tissues involved which means repairing the muscle and skin of the perineum and labia.	Midwives are not permitted to repair tissues of the anus, anal sphincter, rectum, (e.g. 3rd and 4th degree perineal tears) urethral or periurethral area. Midwives are not permitted to perform any other procedures below the dermis or the mucus membrane such as acupuncture or newborn frenectomies.
	Taking blood samples from newborns by skin pricking or from persons from veins or by skin pricking.	Midwives may take blood samples from clients by venipuncture and skin pricking. In some circumstances, if the test is related to the delivery of midwifery care to the client, midwives may take blood samples from a non-client (e.g. client's partner, newborn's father). Midwives may take blood sample from newborns by skin pricking only.	Midwives are not permitted to perform venipuncture on newborns. Midwives are not permitted to take blood samples from a non-client if the test is unrelated to the delivery of care to the client.
Setting or casting a fracture of a bone or a dislocation of a joint.	Not Authorized <sup>14</sup>		
Moving the joints of the spine beyond the	Not Authorized		

<sup>14</sup> All controlled acts not authorized to midwives under the *Midwifery Act, 1991* can only be performed only under delegation in accordance with College standards.



Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
individual's usual physiological range of motion using a fast, low amplitude thrust.			
Administering a substance by injection or inhalation.	Administering, by injection or inhalation, a substance designated in the regulations.	Midwives may administer, by injection or inhalation, only those substances designated in the Designated Drugs regulation. <sup>15</sup> For example, midwives may administer only nitrous oxide and therapeutic oxygen for inhalation. Midwives may also administer by injection numerous substances specified in the regulation, such as Hepatitis B vaccine, oxytocin, and administering fluids through intravenous catheters.	Midwives are not permitted to administer by injection or inhalation a substance that is not designated in the Designated Drugs Regulation.
	Administering a substance by injection or inhalation if the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario.	Midwives may administer by injection or inhalation any substance as long as a physician orders it.	Midwives are not permitted to administer a substance by injection or inhalation on the order of any other care provider.
Putting an instrument, hand or finger,	Not Authorized		
i. beyond the external ear canal,			
ii. beyond the point in the nasal passages	Not Authorized <sup>16</sup>		

<sup>15</sup> Designated Drugs Regulation

<sup>16</sup> Midwives are not authorized to put an instrument hand or finger beyond the point in the nasal passages where they normally narrow but may perform this controlled act in an emergency situation such as the performance of neonatal resuscitation.

Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
where they normally narrow,			
iii. beyond the larynx,	Intubation beyond the larynx of a newborn <sup>17</sup>	Midwives may insert an instrument beyond the larynx of a newborn for the purpose of intubation only.	Midwives are not permitted to insert anything beyond the larynx of an adult and are not permitted to insert an instrument beyond the larynx of a newborn for anything other than intubation.
iv. beyond the opening of the urethra,	Inserting urinary catheters into women	Midwives may go beyond the opening of the urethra only for inserting catheters into clients.	Midwives are not permitted to insert urinary catheters into newborns or individuals who are not midwifery clients.

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<sup>17</sup> Under the Midwifery Act, a midwife is not authorized to perform this procedure unless the midwife performs it in accordance with the requirements set out in Part III of the College's General Regulation (Intubation of a Newborn).



Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
v. beyond the labia majora,	Putting an instrument, hand or finger beyond the labia majora or anal verge during pregnancy, labour and the post-partum period.	Midwives may perform procedures that involve hands, fingers or instruments placed beyond the labia majora or anal verge. This means midwives may perform numerous procedures including inserting a speculum into the vagina to obtain cervical specimens, inserting fingers into the vagina to assess cervical dilation and beyond the cervix to assess fetal presentation. This act also includes the insertion of fetal scalp electrodes and urinary catheters into the uterus for cervical ripening and dilation. Midwives can also insert a finger into the rectum for performing assessments on clients.	Midwives are not permitted to perform any procedures on a newborn that goes beyond the labia majora or the anal verge.
vi. beyond the anal verge, or	Administering suppository drugs designated in the regulations beyond the anal verge during pregnancy, labour and the post-partum period.	Midwives may insert a finger into the rectum for administering medications that are included in the College's Designated Drugs Regulation	Midwives must not go beyond the anal verge to administer medications that are not included in the College's Designated Drugs Regulation.
vii. into an artificial opening into the body	Not authorized		
Applying or ordering the application of a form of energy prescribed by the	Applying and ordering the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound. <sup>18</sup>	Midwives may order and perform pregnancy and postpartum diagnostic ultrasounds on individuals who are	Midwives are not permitted to order or perform diagnostic ultrasounds for conditions that are

<sup>18</sup> This controlled act is authorized to midwives under the Controlled Acts regulation made under the RHPA by way of exemption. Being *exempt* from a controlled act means that a particular regulated health

Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
regulations under this Act		pregnant or postpartum. Examples include routine fetal assessment, confirmation of placental location and retained products of conception.	not related to pregnancy, birth or postpartum, nor can they perform or order ultrasounds on the newborn as follow up to conditions identified in the fetus.
Prescribing, dispensing, selling or compounding a drug as defined in the <i>Drug and Pharmacies Regulation Act</i> , or supervising the part of a pharmacy where such drugs are kept.	Prescribing drugs designated in the regulations.	Midwives may prescribe drugs included in the Designated Drugs regulation and drugs that can be lawfully purchased or acquired.	Midwives are not permitted to dispense, sell, or compound a drug.  Midwives are not permitted to prescribe a drug that is not included in the regulation.
Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers	Not Authorized		
Prescribing a hearing aid for a hearing-impaired person	Not Authorized		
Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.	Not Authorized		
Managing labour or conducting the delivery of a baby.	Managing labour and conducting spontaneous normal vaginal deliveries.	Midwives may manage labours and may conduct only deliveries that are spontaneous, normal and vaginal.	Midwives are not permitted to conduct deliveries that are not spontaneous, normal and vaginal.

professional (e.g. a midwife) is excluded from belonging to a profession that is not able to carry out a certain act. This is the only exemption set out in the Controlled Acts regulation that applies to midwives.

Controlled Act in the RHPA	Controlled Act authorized to midwives under the <i>Midwifery Act, 1991</i>	Interpretation	
		Permitted	Not Permitted
Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.	Not Authorized		
Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.	Not Authorized		

### 3.3. Individual Scope of Practice

Unlike the legislative scope of practice, that sets the outer parameters of the midwifery profession, a midwife's individual scope of practice is unique to each midwife and depends on the knowledge, skills and judgment they possess. It can also be influenced by their practice context. Some midwives will practise to full scope (i.e. perform all aspects of legislative scope of midwifery practice) and some midwives will perform some, but not all, aspects of the midwifery scope of practice (i.e. their individual scope will be smaller than the legislative scope). For example, a midwife who does not perform oxytocin inductions and augmentations or who does not perform diagnostic ultrasounds of pregnancy and postpartum because they do not have the knowledge and skills to do so has a smaller individual scope than the legislative scope.

A midwife's individual scope of practice can change throughout their career. Midwives can choose to expand their individual scope by engaging in professional development activities, such as participating in trainings and taking courses. In all circumstances, midwives must work within the boundaries of the scope of practice of the midwifery profession and be competent in all areas of their practice.

### 3.4. External Factors Which May Influence Scope of Practice

There are a number of external factors that influence the midwifery scope of practice. The three biggest factors are the compensation model for midwives, institutional policies and protocols, and access to health care resources.

Midwives are typically compensated through Midwifery Practice Groups (MPG) based on a funding formula that requires midwives to provide prenatal, intrapartum, postpartum, and newborn care. This means that most midwives have an individual scope that is similar to the legislative scope because compensation is tied to their provision of all aspects of midwifery care. This is an external factor that influences a midwife's scope of practice. Despite the compensation formula and MPG model, midwives may still choose to practise in other models, either temporarily or on a permanent basis<sup>19</sup>, as long as they practise within the legislative scope and their competencies.

Another external factor that may influence a midwife's scope of practice is their practice setting. Institutions, such as hospitals, are responsible for developing their internal policies and protocols, including determining whether a health care provider who is employed or holds privileges at that institution can perform certain procedures in that practice setting. While institutions cannot expand a health care provider's legislative scope of practice, they have the authority to implement institutional policies that prevent a health care provider from practising to the full extent of their legislative scope despite the authority and the necessary competencies they may possess. This is not unique to midwifery. If the performance of the procedure is limited in a setting where a midwife practises, they can advocate (either individually or collectively) and work with other health care providers to develop policies and protocols that reflect the legislative scope of midwifery practice and are in the clients' best interest.

A midwife's ability to practise to full scope may also be limited by their lack of access to the necessary healthcare resources, such as medications and laboratory tests. For example, screening for hypothyroidism during pregnancy is not outside the scope of practice but the test itself is not listed as one that midwives may request under the *Laboratory and Specimen Collection Centre Licensing Act*.<sup>20</sup> In these circumstances, midwives are required to consult with another health care provider (e.g. a physician) to be able to offer and provide the appropriate test or treatment.

### 4. When an individual's clinical condition falls outside the scope

Midwives must work within the boundaries of the midwifery scope of practice and the controlled acts authorized to midwives and be competent in all areas of their practice.<sup>21,22</sup> So when a client's clinical condition falls outside the legislative or individual scope of practice, the midwife has two options: either they can transfer responsibility and

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<sup>19</sup> This is subject to meeting the College's registration and quality assurance requirements.

<sup>20</sup> <https://www.ontario.ca/laws/regulation/900682>

<sup>21</sup> Professional Standards #1

<sup>22</sup> Professional Standards #2

accountability (i.e. transfer care) for the client to another health care provider or provide care under delegation in accordance with College standards.

#### 4.1. Transfer care to another care provider

A transfer of care occurs when the primary care responsibilities required for the appropriate care of the client fall outside of the midwife's individual, institutional or legislative scope of practice.<sup>23</sup> For example, a term client with a fetus in a frank breech presentation and requesting a caesarean birth must be transferred to a physician because only births that are spontaneous and vaginal are in the **legislative scope of practice**. When this same client requests a vaginal birth, if a midwife does not have the competence to manage a vaginal breech birth they must transfer care of the client to another midwife or a physician because the care required is outside the midwife's **individual scope**. After a transfer of care has taken place, a midwife should continue providing care to the client in collaboration with the most responsible provider (MRP) and in the best interest of the client.<sup>24</sup> Prior to or during a transfer of care, a midwife should ensure that clients understand who the MRP is and that their plan of care may change.<sup>25</sup>

#### 4.2. Working under delegation

Delegation provides midwives with the legal authority to perform a controlled act that is not authorized to the midwifery profession. This allows midwives to work outside the scope of practice as long as a regulated health professional, with the authority to perform the controlled act, grants this authority to the midwife. For example, a newborn with GBS sepsis must be transferred to a physician because this is outside the legislative scope of practice. A midwife can, however, participate in the care of this newborn as long as any controlled acts, such as inserting an intravenous catheter, are provided under delegation.

### 5. Conclusion

No document can define every activity, such as a test or treatment, that a midwife is or is not authorized to perform because it is not possible to foresee and address all clinical situations that will arise throughout a midwife's professional career. Therefore, midwives must use their judgment determining when they can perform an activity on their own authority because it falls within their scope of practice (legislative or individual) or when they need to transfer care because their client requires an activity that no longer falls within their scope of practice. Determining if care or a client's clinical condition falls within or outside the scope of practice is not always straightforward. It depends on a range of inter-related factors and may require a consultation with another care provider. The College has developed decision-making tools<sup>26</sup> to assist midwives in making decisions in relation to their scope of practice and accepting a delegation.

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<sup>23</sup> Professional Standards

<sup>24</sup> Professional Standards

<sup>25</sup> Professional Standards

<sup>26</sup> See appendices A and B

For more information about the scope of practice, please contact the College's practice advisor at [practiceadvice@cmo.on.ca](mailto:practiceadvice@cmo.on.ca).

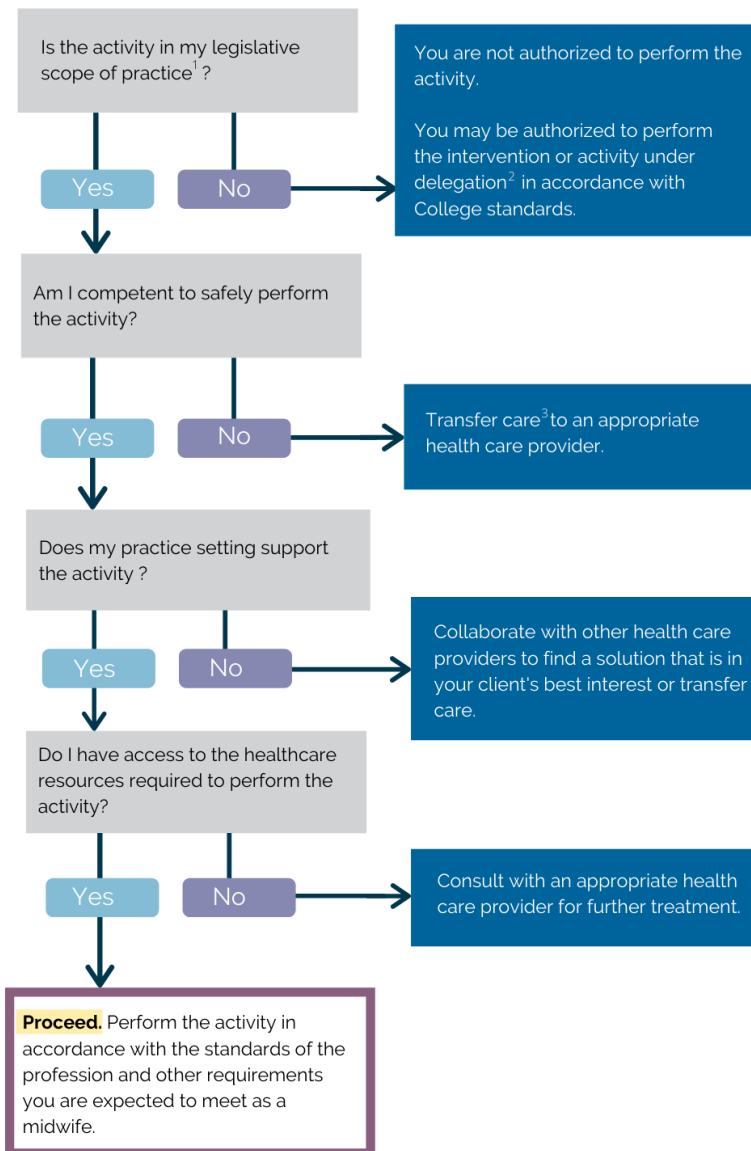
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# Appendices

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## Appendix A

### Decision-making tool for determining if an activity is in your scope of practice



### Explanatory Notes

1. **The legislative scope of midwifery practice** consists of the scope of practice statement, the controlled acts authorized to midwives, and all other activities that are in the public domain.

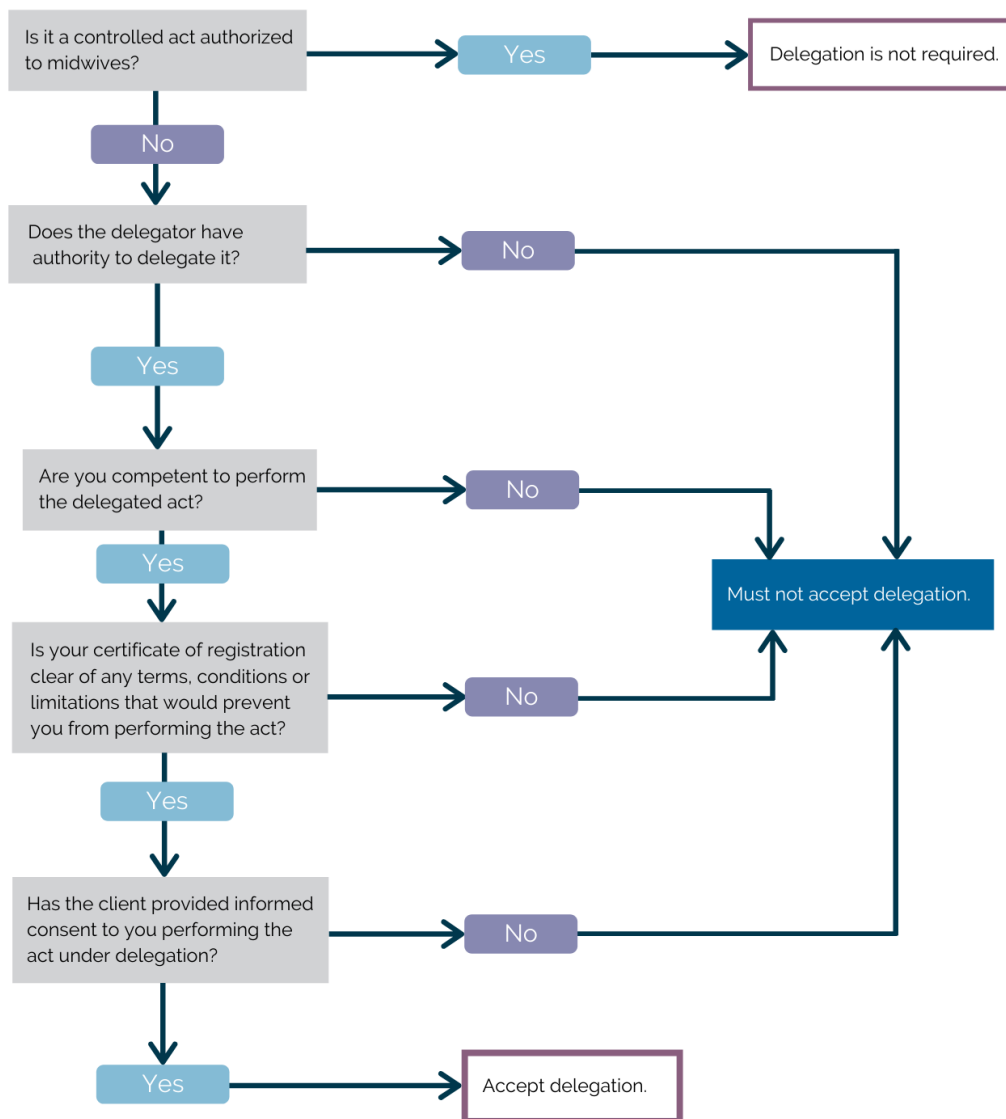
2. **Delegation** means a process where a regulated health professional (the delegator) who is authorized to perform a controlled act, as defined under the Regulated Health Professions Act, 1991, designates that authority to someone else (delegatee) who is not authorized to perform that controlled act.

3. **Transfer of Care** is the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.



## Appendix B

### Decision-making tool for a midwife accepting a delegation





# PROFESSIONAL STANDARDS FOR MIDWIVES

PROFESSIONAL KNOWLEDGE & PRACTICE

PERSON-CENTRED CARE

LEADERSHIP & COLLABORATION

INTEGRITY

COMMITMENT TO SELF-REGULATION



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

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## OVERVIEW

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The Professional Standards for Midwives (“Professional Standards”) describes what is expected of all midwives registered with the College of Midwives of Ontario (“College”). The Professional Standards sets out the College’s minimum requirements regarding your practice and conduct, and helps you achieve the best outcomes for your clients and the public.

All midwives involved in client care hold the role of a trusted professional. There are duties arising from this role and obligations owed to others, including your clients, the public, your peers, other health care providers, and your regulator.

It is your responsibility to be familiar with and comply with the Professional Standards. You must use your judgment in applying the principles to the various situations you will face as a midwife. While no standard can foresee or address every issue or ethical dilemma which may arise throughout your professional career, your decisions, and actions must be justifiable.

You must always act in accordance with the law. The Professional Standards is not a substitute for legislation and regulations that govern the midwifery profession in Ontario. If there is any conflict between the Professional Standards and the law, the law prevails.

Midwives provide care in a variety of settings including homes, clinics, hospitals, and birth centres, so you must also be aware of, and work in accordance with, the rules set by each of the locations where you practise, including institutional policies and procedures, and community standards. When those institutional policies and procedures in your community standards are less stringent than, or contradict the Professional Standards, you must comply with the Professional Standards. While many standards are compiled, written down, and formally approved by the College, other

standards are not documented and are unwritten expectations that describe the generally accepted practice of midwives who work in similar contexts in Ontario. In addition to the Professional Standards, the College has approved other written standards, which are available on the College's website.

## The Principles

Five (5) mandatory principles form the Professional Standards. These principles define the fundamental ethical and professional standards that the College expects all practices and individual midwives to meet when providing midwifery services. The standards are not negotiable or discretionary. You must be able to demonstrate at all times that you work in accordance with the principles and standards set out in the Professional Standards. A failure to maintain a standard of practice of the profession may amount to professional misconduct.

You must practise according to the standards expected of you by:

- ◆ Demonstrating professional knowledge and practice
- ◆ Providing person-centred care
- ◆ Demonstrating leadership and collaboration
- ◆ Acting with integrity
- ◆ Being committed to self-regulation

## Structure of the Professional Standards

The Professional Standards is divided into five (5) principles. Each principle includes a definition of the principle and a set of standards. The standards describe what midwives must achieve for compliance with the relevant principle. For midwives who are practice owners, there are additional standards at the end of each section that apply to you.

## Interpretation

Words highlighted in grey are defined in the Glossary.

## PROFESSIONAL KNOWLEDGE & PRACTICE

Professional Knowledge and Practice focuses on developing and maintaining the knowledge and clinical skills necessary to provide high quality care to clients. All midwives practising in Ontario must possess the knowledge, skills, and judgment relevant to their professional practice. They must exercise good clinical and professional judgment to provide safe and effective care. Midwives must be committed to an ongoing process of learning, self-assessment, evaluation, and identifying ways to best meet client needs.

To demonstrate Professional Knowledge and Practice, you must meet the following standards:

1. Work within the boundaries of the Midwifery Act related to scope of practice and the controlled acts authorized to midwives.
2. Be competent in all areas of your practice.
3. Know, understand, and adhere to the standards of the profession and other relevant standards that affect your practice.
4. When you are also a member of another regulated profession and acting in this capacity:
  - 4.1. inform clients if any part of a proposed service or treatment is outside the scope of midwifery practice or will be administered outside your role as a midwife
  - 4.2. maintain midwifery records separate from the records for the practice of the other profession
  - 4.3. inform clients that they are not obligated to receive care from you in your capacity as another regulated professional.
5. Maintain contemporaneous, accurate, objective, and legible records of the care that was provided during client care.
6. Offer treatments based on the current and accepted evidence, and the resources available.



7. Order tests or prescribe medications only when you have adequate knowledge of clients' health and are satisfied that tests and medications are clinically indicated.
8. Maintain and carry supplies and equipment necessary for safe care in home or out-of-hospital settings.
9. Continuously monitor and make efforts to improve the quality of your practice using reflection, and client and peer feedback.

Midwives who are **practice owners** must also:

10. Maintain a practice environment that supports compliance with relevant legislation, regulations, policies, and standards governing the practice of midwifery.
11. Ensure essential operational and clinical supplies are available to midwives in your practice.
12. Develop and maintain **quality improvement systems** to support the professional performance of midwives and to enhance the quality of client care.

## PERSON-CENTRED CARE

Person-centred care is focused on the client and their life context. Person-centred care recognizes the central role the client has in their own health care, and responds to their unique needs, values, and preferences. Working with individuals in partnership, person-centred care offers high-quality care provided with compassion, respect, and trust.

To achieve Person-Centred care, you must meet the following standards:

13. Ensure that every birth you attend as the **most responsible provider** is also attended by a second midwife or **second birth attendant**.
14. Listen to clients and provide information in ways they can understand.
15. Support clients to be active participants in managing their own health and the health of their newborns.
16. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by:
  - 16.1. providing information so that clients are informed when making decisions about their care
  - 16.2. advising clients about the nature of any proposed treatment, including the expected benefits, material risks and side effects, alternative courses of action, and likely consequences of not having the treatment
  - 16.3. making efforts to understand and appreciate what is motivating clients' choices
  - 16.4. allowing clients adequate time for decision-making
  - 16.5. ensuring treatment is only provided with the client's informed and voluntary **consent** unless otherwise permitted by law
  - 16.6. supporting clients' rights to accept or refuse treatment

- 16.7. respecting the degree to which clients want to be involved in decisions about their care.
17. Ensure clients have 24-hour access to midwifery care throughout pregnancy, birth, and postpartum or, where midwifery care is not available, to suitable alternate care known to each client.
18. Provide clients with a choice between home and hospital births.
19. Provide care during labour and birth in the setting chosen by the client.
20. Take reasonable steps to provide care in the **early postpartum** in the setting chosen by clients.
21. Ensure that your personal biases do not affect client care.

Midwives who are **practice owners** must also:

22. Develop a reasonable and transparent client intake process.

## LEADERSHIP & COLLABORATION

Leadership and Collaboration requires that you work both independently and together with midwives, and other regulated and unregulated health care providers in relationships of reciprocal trust. Leadership and Collaboration demands that midwives work with clearly defined roles and responsibilities in all health care settings and when in health care teams. Communication, cooperation, and coordination are integral to the principle of Leadership and Collaboration.

To demonstrate Leadership and Collaboration, you must meet the following standards:

23. Be accountable and responsible for clients in your care and for your professional decisions and actions.
24. Provide continuity of care by developing an ongoing relationship of trust with your clients.
25. Establish and work within systems that are clear to clients whether you are a sole practitioner, part of a primary care team of midwives, or a member of an interprofessional care team by:
  - 25.1. developing and following a consistent plan of care
  - 25.2. practising with clearly defined roles and responsibilities based on scopes of practice
  - 25.3. assuming responsibility for all the care you provide
  - 25.4. ensuring that the results from all tests, treatments, consultations, and referrals are followed-up and acted upon in a timely manner
  - 25.5. providing complete and accurate client information to other midwives or care providers at the time care is transferred over to them
  - 25.6. taking reasonable steps to ensure that a midwife or another care provider known to the client is available to attend the birth.
26. Take reasonable steps to continue in a supportive role with clients when their care is transferred to another care provider. Collaborate with the MRP, after a transfer of care, to provide care that is in the best interest of the client.

Commented [JG1]: Proposed replacement standard about care after a transfer occurs

27. Coordinate client care with other providers when an alternative to midwifery care is requested.
28. Consult with or transfer care to another care provider when the care a client requires is beyond the midwifery scope of practice or exceeds your competence, unless not providing care could result in imminent harm.
29. Provide complete and accurate client information to the consultant at the time of consultation or transfer of care.
30. Ensure that clients and health care providers know who is the most responsible provider throughout the client's care, including when there are delegations, consultations, and transfers of care.
31. Be accountable for your decisions to delegate and accept delegations of controlled acts by:
- 31.1. Delegating controlled acts only when you have an existing relationship with the client for whom the controlled act will be delegated
  - 31.2. delegating acts only to individuals whom you know to be competent to carry out the delegated act, and who are authorized to accept the delegation
  - 31.3. delegating only those acts you are authorized and competent to perform
  - 31.4. never delegating a controlled act delegated to you by another health care provider (sub-delegation) and never accepting delegation from an individual who has been delegated to perform a controlled act themselves
  - 31.5. accepting only delegated acts that you are competent to perform.
  - 31.6. ensuring the client has provided informed consent to the performance of the delegated act
  - 31.7. documenting in the client record who you received the delegation from or to whom you delegated and the controlled acts that have been delegated.

**Commented [JG2]:** Proposed new delegation standards

## INTEGRITY

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Integrity is a fundamental quality of any member of the midwifery profession. Every midwife has a duty to practise truthfully and honestly, with the best interest of their clients as paramount. Integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife–client relationship, and maintain the reputation and values of the profession.

To demonstrate Integrity, you must meet the following standards:

32. Conduct yourself in a way that promotes clients' trust in you and the public's trust in the midwifery profession.
33. Never abandon a client in labour.
34. Be honest in all professional dealings with clients, midwives, other health care providers, and the College.
35. If a client experienced any harm or injury during your care that is related to your care, disclose the following information promptly and accurately:
  - 35.1. the facts of the incident
  - 35.2. anticipated short-term and long-term effects
  - 35.3. recommended actions to address the consequences.
36. Avoid caring for clients while in a **conflict of interest**, unless all the following circumstances apply:
  - 36.1. you have explained the conflict to clients and have advised clients of their right to seek care from another provider
  - 36.2. you have a reasonable belief that clients understand the conflict and their right to seek care elsewhere
  - 36.3. you and the clients are satisfied that it is in the clients' best interest for you to provide care
  - 36.4. you have documented the clients' choice to you providing care despite the conflict.

37. Take every reasonable precaution to protect the confidentiality and privacy of your clients' personal health information, unless release of information is required or permitted by law.
38. Recommend the use of products or services based on evidence and clinical judgment, and not commercial gain.
39. Make referrals to other health care providers only based on the client's best interest and not financial gain.
40. Appropriately use the healthcare resources available to you for client care.
41. Establish and maintain clear and appropriate professional boundaries always.
42. Never pursue or engage in a sexual relationship with a client.
43. Ensure that any physical or mental health condition does not affect your ability to provide safe and effective care.
44. Recognize the limits imposed by fatigue, stress, or illness, and adjust your practice to the extent that is necessary to provide safe and effective care.

Midwives who are practice owners must also:

45. Manage practice in a way that supports the physical and mental well-being of all individuals involved in client care.
46. Ensure that information you publicize about your practice or any other practice is accurate and verifiable.

## COMMITMENT TO SELF-REGULATION

Self-regulation is the authority, delegated from the government to the members of the profession, to govern their profession. Commitment to self-regulation demands that midwives demonstrate personal responsibility by diligently fulfilling their duties owed to others, including their clients and the public, other midwives, midwifery students, and the College. As self-regulated professionals, midwives must uphold the standards and reputation of the profession, protect and promote the best interests of clients and the public, and collectively act in a manner that reflects well on the profession.

To demonstrate Commitment to Self-Regulation, you must meet the following standards:

- 47. Appropriately supervise students and peers whom you have a duty to supervise by:
  - 47.1. role modelling integrity and leadership
  - 47.2. facilitating their learning and providing opportunities for consolidating knowledge
  - 47.3. providing honest and objective assessments of their competence.
- 48. Co-operate fully with all College procedures. This duty applies to:
  - 48.1. investigations of your practice and the practice of others
  - 48.2. peer and practice assessments and audits
  - 48.3. referrals to a committee panel
  - 48.4. any other proceedings before the College.
- 49. Know, understand, and comply with mandatory reporting obligations and notification requirements.
- 50. Respond promptly to College correspondence that requires a response.
- 51. Do not discourage or prevent anyone from filing a complaint or raising a concern against you.
- 52. Provide appropriate information to your clients about how the midwifery profession is regulated in Ontario, including how the College's complaints process works.



Midwives who are **practice owners** must also:

53. Establish a system to deal with clients' expressed concerns promptly, fairly, and openly.

## GLOSSARY

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The Glossary comprises a set of defined terms which are used in the Professional Standards. Defined terms are highlighted in grey within the individual standards under each principle. The Glossary may also contain commentary and interpretation.

### Boundaries

means a clear separation between professional conduct aimed at meeting the needs of a client and the midwife's personal views, feelings, and relationships which are not relevant to a client-midwife relationship.

### College

means the College of Midwives of Ontario established under the *Midwifery Act, 1991*.

### Conflict of interest

means a situation that arises when a midwife, entrusted with acting in the best interests of a client, also has professional, personal, financial or other interests, or relationships with third parties which may undermine the midwife's professional judgment and affect their care of the client.

### Confidentiality and Privacy

means complying with the legal and professional duty to maintain the confidentiality of clients' personal health information and protecting that information from inappropriate access. The *Personal Health Information Protection Act, 2004* (PHIPA) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access. For more guidance, refer to the *Personal Health Information Protection Act, 2004* (PHIPA) and the College's Guide on Compliance with the *Personal Health Information Protection Act*.

### Consent

means consent to treatment as defined in the *Health Care Consent Act, 1996*, SO 1996, c 2, Sched A. According to section 11(1) of the *Health Care Consent Act, 1996*, the following are the required elements for consent to treatment:

- The consent must relate to the treatment.
- The consent must be informed.
- The consent must be given voluntarily.
- The consent must not be obtained through misrepresentation or fraud

#### Consultation

means a discussion with another professional (e.g., a midwife or physician) who has a particular area of expertise for the purpose of seeking clinical advice.

#### Controlled acts authorized to midwives

means the list of controlled acts provided to midwives pursuant to section 4 of the *Midwifery Act, 1991*.

#### Delegation

means a process where a regulated health professional (the delegator) who is authorized to perform a controlled act, as defined under the *Regulated Health Professions Act, 1991*, designates that authority to someone else (delegatee) who is not authorized to perform that controlled act. When an act is delegated, both the delegator and the delegatee are accountable. Delegation is carried out by either a direct order or a medical directive.

Commented [JG3]: Proposed new definitions

A direct order provides the delegatee with authority to carry out a medical procedure on one specific client and occurs after the client has been assessed by the delegator. A direct order can be written or verbal and provides the details required for the delegatee to carry out the procedure.

A medical directive provides authority to carry out a medical procedure or series of procedures for any client as long as clinical conditions set out in the directive exist and are met. Medical directives are written in advance.

#### Early postpartum

means the time period from birth to 7 days after birth.

#### Mandatory reporting obligations

means a statutory responsibility to report relevant matters to the College or other authorities. The *Regulated Health Professions Act, 1991* (RHPA) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access. For more guidance, refer to the *Regulated Health Professions Act, 1991* Health Professions Procedural Code Section 85.1, and the College's Guide on Mandatory and Permissive Reporting.

#### Midwifery Act

means the legislation that sets out the midwifery scope of practice and controlled acts that are authorized to midwives, as well as provisions on title protection and Council composition.

#### Most responsible provider (MRP)

means a midwife or another health care provider who holds overall responsibility for leading and coordinating the delivery and organization of a client's care at a specific moment in time.

#### Notification requirements

means a requirement to provide information to the College in accordance with the Registration Regulation, made under the *Midwifery Act, 1991* and Article 14 of the General by-law.

#### Practice Owner

means a midwife who owns a midwifery practice as a sole proprietor, partner in a partnership as defined in the *Partnerships Act, 1990* (Ontario), or shareholder of a corporation.

#### Quality improvement systems

means developing and maintaining an approach for evaluating and improving client outcomes. Quality improvement is a team process and includes monitoring and data collection, including client feedback, implementation of quality improvement measures, and evaluation.

#### Scope of Practice

has the same meaning as in section 3 of the *Midwifery Act, 1991*.

Second birth attendant

has the same meaning as in the Second Birth Attendant Standard.

Transfer

means the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.

## ABOUT THE COLLEGE

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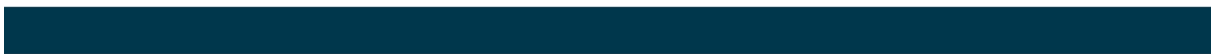
The College of Midwives of Ontario was established with the proclamation of the *Regulated Health Professions Act, 1991* (RHPA) and the *Midwifery Act, 1991* on December 31, 1993 to govern midwifery. The mandate of the College is to regulate the profession of midwifery in accordance with the RHPA. The College's primary obligation to the public is to ensure that members of the profession are qualified, skilled, and competent in the area in which they practise.

### Professional Standards for Midwives

Approved by the College of Midwives of Ontario Council

Approval Date: March 21, 2018

Implementation Date: June 1, 2018





January 16, 2020

Claire Ramlogan-Salanga, RM, President  
College of Midwives of Ontario  
55 St. Clair Ave. W., Suite 812, Box 27  
Toronto, ON M4V 2Y7

Dear Claire:

**Re: Request to defer the rescinding of the Consultation and Transfer of Care Standard**

We are writing you to request that the CMO consider deferring the plan to rescind the Consultation and Transfer of Care Standard.

In the past, the AOM has advocated for the CMO to not rescind this particular standard as midwives often use it within hospitals to advocate for their clients and to clarify the midwifery scope of practice. Nevertheless, we understand the College's aim in moving away from prescriptive standards and appreciate the value in enabling midwives to work to the fullest extent of their scope and avoid unnecessary consultations. We also appreciate the College's plan to replace the Consultation and Transfer of Care Standard with a guide on scope of practice.

This is a time of great upheaval in the health care system and many midwives are in vulnerable positions with regards to hospital and inter-professional relations. During this time of health system transformation, midwives, and thus their clients, would benefit from having a clear College standard defining when midwives are expected to manage care independently and when to consult and/or transfer care. We know that clinically unnecessary transfers of care are more likely to lead to clinical errors and negatively impact clients' experience of care.

It remains unclear how midwives will be implemented into Ontario Health Teams (OHTs). With a lack of blueprint for integration, there is a risk that midwives could be included in OHTs with a scope of practice limited by the administration of the OHT. The Consultation and Standard of Care Standard is a tool that midwives can use in negotiating their role as primary care providers with their OHT or potential OHT.

Moreover, the implementation of proposed changes to the Designated Drugs and Substances Regulation will also cause some upheaval in midwives' inter-professional relationships as what midwives consult for in relation to drugs will change. It is our experience that the vast majority of hospitals around the province are still struggling to integrate the recent changes to the Prescribing and Administering Standard and this is impacting client care.



We would suggest delaying the rescinding of the standard until the changes to the Designated Drugs and Substances Regulation have been implemented and the healthcare system has stabilized after the transition to Ontario Health Teams.

We are happy to discuss this further and to answer any questions you may have.

Yours truly,

A handwritten signature in black ink, appearing to read 'Elizabeth Brandeis', with a stylized 'B' and a period at the end.

Elizabeth Brandeis, RM, President

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

# BRIEFING NOTE FOR COUNCIL

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Subject: Mandatory course on prescribing controlled drugs and substances for midwives

## Background

In January 2018, the College made its official submission to the Ministry regarding changes to the Designated Drugs Regulation. Since then, the College has been working to develop the necessary documents and processes to be able to effectively implement the regulation when it is approved and comes into force later this year.

One of the changes in the proposed regulation is that midwives will have the authority to prescribe and administer opioids and benzodiazepines for clinical conditions that are in the scope of practice. While there are very few indications that would require prescribing and administering opioids and benzodiazepines, there are numerous potential risks to the public related to these drugs. Because of the possible risks (e.g. abuse, misuse and diversion), all midwives currently registered in Ontario and midwifery applicants are required to undertake a College approved mandatory training in prescribing and administering opioids and benzodiazepines.

## Key Considerations

Under the proposed regulation, the College requires mandatory training for all midwifery applicants and currently registered midwives regarding controlled drugs and substances. The training must be approved by Council.

Staff researched all available courses on opioids and benzodiazepines, which fall under the Controlled Drugs and Substances Act, available in Canada. The courses had to meet the following criteria:

- Broadly covers controlled drugs and substances in a Canadian context including legislation and regulation
- Relevant to the midwifery scope of practice
- Available to midwives
- On-line format with no in-person requirement
- Financially feasible

Most of the courses regarding opioids and benzodiazepines are specific to managing chronic non-cancer pain and not relevant to the needs of midwives who will be administering narcotics primarily for intrapartum analgesia. Most of

the courses are also geared towards nurses or physicians with specifics about the regulations as they relate to the target profession.

One course meets all of the above criteria. **Opioids and Benzodiazepines: Safe Prescribing for Midwives** is an online course offered by the University of British Columbia. The course is made up of 16 chapters, nine cases studies and a final exam. The course takes 10–15 hours to complete and costs \$199.00 plus GST. More information can be found at: <https://ubccpd.ca/course/safe-prescribing-midwives>

The University of British Columbia will permit the College to make changes to the course, without charge, so content that is specific to the regulations and standards for midwives in BC can be removed.

Opioids and Benzodiazepines: Safe Prescribing for Midwives offered by the University of British Columbia is the only course, from a pool of 14 courses, that the QAC is recommending for approval.

**NOTE:** In addition to reviewing and recommending this course, QAC has provided staff with feedback on a revised Prescribing and Administering Drugs standard and a Guide to Designated Drugs and Substances. This new guide will assist midwives in interpreting the new regulation and how to use AHFS categories in particular. While staff will continue to work on these documents, making the changes recommended by QAC at their March 9 meeting, the documents will not be finalized until we know what the Ministry's direction is regarding the drug regulation. These documents will be brought to QAC and Council when this Designated Drugs Regulation is approved.

## Recommendations

The following motion is submitted for approval

That **Opioids and Benzodiazepines: Safe Prescribing for Midwives** be approved as the required course for midwives prior to prescribing controlled drugs and substance.

## Implementation Date

When the proposed regulation comes into effect.

## Legislative and Other References

*Designated Drugs Regulation*

*Controlled Drugs and Substances Act*

Attachments

None

Submitted by: QAC

# EXECUTIVE COMMITTEE

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## REPORT TO COUNCIL

### Committee Members

Chair	Claire Ramlogan-Salanga
Professional	Edan Thomas, VP; Maureen Silverman
Public	Susan "Sally" Lewis, VP; Marianna Kaminska

### Committee Meetings

February 19, 2020 – 9:30 pm to 4:00 pm | TeamShare Videoconference

### Items

#### Approved on Behalf of Council

- The College's Q3 Statement of Operations (attached)
- Appointment of professional Non-Council Committee member Christi Johnston to the Registration Committee

#### Q3 Statement of Operations

The committee approved the Q3 Statement of Operations. The College is in a good cash flow position and there are no concerns to report (see attached).

#### Budget

The committee reviewed the annual College budget that is being brought forward to Council for approval.

#### General Bylaw

The committee reviewed amendments to article 7 of the College's General bylaw. The bylaw is being brought forward to Council for approval.

#### Council Meeting Dates 2021

The committee approved the following dates for Council training and meeting dates in 2021:

March 23-24, 2021

June 15-16, 2021

October 5-6, 2021

December 7-8, 2021

Respectfully submitted,

Claire Ramlogan-Salanga, RM, Chair

College of Midwives of Ontario  
Executive Committee Report  
March 25, 2020

The College of Midwives of Ontario

Q3 Statement of Operations (Fiscal April 1, 2019 - March 31, 2020)

April 1, 2019 - December 31, 2019



	F20 Projected Revenue	F20 Projected Revenue to end of Q3	Q3 Revenue F20	Q3 Revenue F19	Percentage Variance Against Budget
<b>REVENUE</b>					
Membership Fees	\$ 2,151,365	\$ 1,075,683	\$ 1,622,655	\$ 1,360,149	75%
Administration & Other	\$ 86,055	\$ 43,028	\$ 82,565	\$ 76,675	96%
Project Funding - Birth Centres	\$ 66,130	\$ 33,065	\$ 49,597	\$ 48,866	75%
<b>TOTAL REVENUE</b>	<b>\$ 2,303,550</b>	<b>\$ 1,151,775</b>	<b>\$ 1,754,817</b>	<b>\$ 1,485,690</b>	<b>76%</b>

	F20 Budget	F20 Budget to end of Q3	Q3 Spending F20	Q3 Spending F19	Percentage Variance Against Budget
<b>EXPENSES</b>					
Salaries & Benefits	\$ 1,335,950	\$ 1,001,963	\$ 923,192	\$ 864,768	69%
Professional Fees	\$ 116,068	\$ 87,051	\$ 31,542	\$ 80,027	27%
Council and Committee	\$ 122,934	\$ 92,201	\$ 64,730	\$ 84,360	53%
Office & General	\$ 160,208	\$ 120,156	\$ 102,792	\$ 78,024	64%
Information Technology, Security & Data	\$ 151,000	\$ 113,250	\$ 63,991	\$ 59,145	42%
Rent & Utilities	\$ 204,373	\$ 153,280	\$ 146,357	\$ 134,750	72%
Conferences, Meeting Attendance & Membership Fees	\$ 77,000	\$ 57,750	\$ 56,892	\$ 64,830	74%
Panel & Programs	\$ 331,256	\$ 248,442	\$ 23,574	\$ 43,096	7%
Birth Centre Assessment & Support	\$ 66,130	\$ 49,598	\$ 46,328	\$ 45,397	70%
Capital Expenditures	\$ 42,199	\$ 31,650	\$ 27,401	\$ 27,396	65%
<b>TOTAL EXPENDITURES</b>	<b>\$ 2,607,118</b>	<b>\$ 1,955,339</b>	<b>\$ 1,486,799</b>	<b>\$ 1,481,794</b>	<b>57%</b>
<b>PROJECTED LOSS</b>	<b>\$ (303,568)</b>				

ADDITIONAL NOTES

- 1 In addition to the Budget detailed above the College has set a contingency budget for project costs associated with information technology, security and data. At the time of production of these statements, there was no spending against the contingency budget.

Contingency	\$ 145,921
Total Expenditures including Contingency	\$ 2,753,039
Projected Net Loss with Contingency	\$ (449,489)

- 2 An accrual was set aside at the end of the previous fiscal to bring outstanding Professional Conduct matters to their conclusion. Tracking of the spending in this area against the accrual recorded is as follows:

Total Accrual	\$ 226,668
Accrual Budget to end of Q3	\$ 170,001
Accrual Spending to end of Q3	\$ 78,799

- 3 As the Statement Template changed some F19 expenses were adjusted between categories to allow for a better comparison of expenses.

Adjustments made are: (a) Panel costs showing under Council are now showing under Panel, (b) Legal costs that previously were reported under Council are now reported under Professional Fees, (c) Credit Card fees previously reported under Panel and Programs are now reported under Office & General. With these changes the F19 shows differently than what was previously approved.

- 4 Narcotics Funding

A grant remained of \$3352 for work associated with the Narcotics Regulation. The College spent those funds in Q2, bringing the grant to zero.

# BRIEFING NOTE FOR COUNCIL

Subject: Amendments to the General Bylaw

## Background

In July 2017, the College made a submission to the Ministry to request that Part II of the General Regulation made under the Midwifery Act called Notice of Open Meetings and Hearings be rescinded. This submission also requested amendments to the College's Quality Assurance Program.

Many of the provisions included in the regulation were outdated and required revisions. For example, s. 14.2 of the regulation required that the College publish notice of every Council meeting "no less than 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario". Other provisions included in the regulation required that the College provide certain types of information relating to a hearing by a panel of the Discipline Committee upon request.

The College was informed by the Ministry that they would be willing to rescind Part II of the regulation on the condition that the College agrees to add this information to its General By-law to clarify what must be included in a notice of a Council meeting; and that information concerning a hearing by a panel of the Discipline Committee will be given to every person who requests it.

## Key Considerations

The below comparison table outlines what information currently exists in the General regulation and proposed sections to be added to the General bylaw. Once approved these new sections will be added to Article 7 of the General By-law: *Meetings of Council and Committees*.

Existing provisions in the General Regulation	Proposed provisions to be added to Article 7 of the General Bylaw
<b>Council Meetings Notice requirement</b>	<b>Notice of Council Meetings</b>
14. (1) The Registrar shall ensure that notice of every council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 335/12, s. 14 (1).	1. The Registrar shall ensure that notice of every council meeting that is required to be open to the public is posted on the College's website at least 14 days before a regular Council meeting and as soon as reasonably possible before a special Council meeting.

(2) The notice shall be published no less than 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario. O. Reg. 335/12, s. 14 (2).	<i>Repeal</i>
(3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3).	2. The notice shall be provided in English and French.
(4) The notice shall include the intended date, time and place of the meeting and a statement of the purpose of the meeting. O. Reg. 335/12, s. 14 (4).	3. The notice shall include the intended date, time, and place of the meeting
(5) The Registrar shall give a copy of the notice to every person who requests it. O. Reg. 335/12, s. 14 (5).	4. The Registrar shall give a copy of the notice to every person who requests it.
<b>Discipline Committee Hearings</b>  <b>Provision of information</b>	<b>Provision of Information Regarding Discipline Committee Hearings</b>
15. (1) The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it, (a) at least 30 days before the intended date of the hearing, if possible; or (b) for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made. O. Reg. 335/12, s. 15 (1).	1. The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it, a. at least 30 days before the intended date of the hearing, if possible; or b. for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made.
(2) The information shall be available in English and French. O. Reg. 335/12, s. 15 (2).	2. The information shall be available in English or French as requested.
(3) The information shall include, (a) the name of the member against whom the allegations have been made; (b) the member's principal place of practice; (c) the intended date, time and place of the hearing; and (d) a statement of the purpose of the hearing. O. Reg. 335/12, s. 15 (3).	3. The information shall include, a. the name of the member against whom the allegations have been made b. the member's principal place of practice; c. the intended date, time and place of the hearing; and d. a statement of the purpose of the hearing e. a notation that the hearing is open to the public. If the panel makes an



	order that the public be excluded from a hearing or any part of it, a notation to that effect.
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#### Recommendations

That the proposed changes to the General By-law be circulated for a 60-day public consultation.

#### Implementation Date

The General By-law will be brought to Council for final review and approval at its June Council meeting.

#### Legislative and Other References

General Regulation under the Midwifery Act, 1991

#### Attachments

1. Proposed bylaw- clean copy

Submitted by: Executive Committee

[to be added to Article 7 of the General Bylaw – Meetings of Council and Committees]

### **Notice of Council Meetings**

1. The Registrar shall ensure that notice of every council meeting that is required to be open to the public posted on the College's website at least 14 days before a regular Council meeting and as soon as reasonably possible days before a special Council meeting.
  - a) The notice shall be provided in English and French; and
  - b) The notice shall include the intended date, time and place of the meeting.
2. The Registrar shall give a copy of the notice to every person who requests it.

### **Provision of Information Regarding Discipline Committee Hearings**

1. The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it,
  - a) at least 30 days before the intended date of the hearing, if possible; or
  - b) for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made.
2. The information shall be available in English or French as requested.
3. The information shall include,
  - c) the name of the member against whom the allegations have been made
  - d) the member's principal place of practice;
  - e) the intended date, time and place of the hearing;
  - f) a statement of the purpose of the hearing; and
  - g) a notation that the hearing is open to the public. If the panel makes an order that the public be excluded from a hearing or any part of it, a notation to that effect.

# BRIEFING NOTE FOR COUNCIL

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Subject: Budget 2020–21

## Summary

In preparing the budget, staff projected revenues and expenses for 2020–21 after a detailed analysis of previous years' spending, internal discussions on future costs, and an assessment of net asset projections. The College's Senior Management team met regularly over the 4<sup>th</sup> quarter to forecast the upcoming year, mindful to mitigate potential risks to the College. A budget was then prepared for presentation to the Executive Committee.

In February, the budget was presented to the Executive Committee for a detailed review in advance of its presentation to Council. The Executive Committee (acting as the College's finance committee) discussed the details of the one-year budget and implications on the College's long-term financial position. After careful consideration and analysis, the Executive Committee approved this budget at its February meeting for presentation to Council.

Council is responsible for approving a final budget that positions the College to best serve the public interest.

## Background & Key Considerations

With the 2020–21 budget the College continues to project a deficit. That deficit will be offset by the College's existing unrestricted net assets. The College projects several more years of deficit budgets ahead, but can also project, through the use of its unrestricted net assets, its financial sustainability.

The budget presented enables the College to continue to deliver on its mandate.

## Recommendations

The Executive Committee recommends Council to:

Approve the proposed Budget for the 2020–21 fiscal year.

## Implementation Date

Budget to be implemented April 1, 2020

## Legislative and Other References

N/A

Attachments

Budget 2020-21 (College of Midwives of Ontario)

Submitted by:  
Staff (Carolyn Doornekamp, Director of Operations) under the direction of the Executive  
Committee



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

# Budget

April 1, 2020 – March 31, 2021

Presented to Council March 25, 2020 for Approval

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## Current Position and Financial Sustainability

The 2019-20 fiscal was the first year the College did not receive operational funding from the Ministry. The budget for 2019-20 included internal cuts made to ensure the College could project financial sustainability. It was anticipated that all the cuts would carry forward for one more fiscal year and then be restored to their previous levels in 2021-22.

Since the 2019-20 budget was approved by Council in March 2019 some internal and external factors have positively influenced the College's current financial position. Some examples of this include:

- During the 2019-20 fiscal the College's team worked carefully to find savings against its budget. Significant savings were found in many budget lines.
- After careful analysis the College can no longer see an immediate need to upgrade its information technology infrastructure in the foreseeable future. The costly contingency fund for project costs associated with Information Technology, Security & Data can be removed from the 2020-21 and 2021-22 budgets.

At the time of the writing of this document the College projects a break-even year for 2019-20. This changed position enables the College to remove some of the cost saving measures one year earlier than expected and reduce the risks associated with continuing with those cuts.

The College can sustain upcoming projected deficits because of its unrestricted net assets. The College will continue to operate at a loss over the upcoming fiscal years until it reaches its projected break-even year (when its revenues are equal to its expenses) with unrestricted net assets of approximately 980K. It should be noted that the College was advised by financial experts that its unrestricted net assets should be between three and six months of operating expenses at the time of break-even. This number is well within that range.

Projections for future years are as follows:

Year	Estimated Loss/Gain at Close of Fiscal	Estimate of Unrestricted Net Asset Number at Close of Fiscal
2020-21	-\$204,544	\$1,296,747
2021-22	-\$154,544	\$1,142,203
2022-23	-\$105,856	\$1,036,346
2023-24	-\$54,055	\$982,291
2024-25	-\$886	\$981,425
2025-26	\$52,584	\$1,035,009

The College will enter 2020-21 with a budget that more clearly reflects the ongoing costs of the College and future financial reporting will reflect those regular costs. As the College moves toward its break-even year it will see a clearer picture if there are consistent year over year gains against projections that will allow the College to contemplate membership fee holds or reductions. Such holds or reductions now would be short sighted as the College is not projecting, through its long-term forecasts, unrestricted net assets in excess of the recommended amount.

The College is mindful of the financial burden its membership fees place on midwives and commits to work to find cost savings against its projected budgets in advance of a time when sustainable changes to membership fees can be contemplated.

With the current budget the College of Midwives can clearly deliver on its mandate.



# Budget Summary

April 1, 2020 – March 31, 2021

<b>REVENUE</b>		
Membership Fees		\$ 2,384,797
Administration & Other		\$ 107,316
Project Funding - Birth Centres		\$ 67,121
<b>TOTAL REVENUE</b>		<b>\$ 2,559,233</b>
<b>EXPENSES</b>		
	<i>Total per Sub-Category</i>	<i>Total Per Category</i>
<b>Salaries &amp; Benefits</b>		<b>\$ 1,479,847</b>
<b>Professional Fees</b>		
Finance	\$ 29,505	
Legal	\$ 55,963	
Other (Expert Resources)	\$ 30,600	
<b>Total</b>		<b>\$ 116,068</b>
<b>Council and Committee</b>		<b>\$ 150,696</b>
<b>Office &amp; General</b>		
Insurance	\$ 9,500	
Printing & Postage	\$ 18,000	
Equipment Rental	\$ 5,733	
Telecommunications	\$ 22,531	
Office Supplies & Resources	\$ 50,000	
Bank & Credit Card Processing Fees	\$ 50,000	
<b>Total</b>		<b>\$ 155,764</b>
<b>Information Technology, Security &amp; Data</b>		
IT & Network Support	\$ 55,000	
Database Development & Maintenance	\$ 90,400	
<b>Total</b>		<b>\$ 145,400</b>
<b>Rent &amp; Utilities</b>		<b>\$ 196,764</b>
<b>Conferences, Meeting Attendance &amp; Membership Fees</b>		
Conferences & Meeting Attendance	\$ 22,500	
Membership Fees	\$ 60,475	
<b>Total</b>		<b>\$ 82,975</b>
<b>Panel &amp; Programs</b>		
Professional Conduct - Cases & Panels	\$ 200,000	
Professional Conduct - Hearings	\$ 66,742	
Unauthorized & Illegal Practice	\$ 2,000	
Client Relations - Counselling Support	\$ 2,000	
Quality Assurance - Assessments & Panels	\$ 45,177	
Registration - Panels	\$ 10,000	
<b>Total</b>		<b>\$ 325,919</b>
<b>Birth Centre Assessment &amp; Support</b>		<b>\$ 67,121</b>
<b>Capital Expenditures</b>		<b>\$ 43,043</b>
<b>Total Expenditures</b>		<b>\$ 2,763,597</b>
<b>Net Loss</b>		<b>\$ (204,363)</b>

## NOTE:

It should be noted that the College is projecting to enter 2020-21 with net assets of approximately 1.5 million which will offset the loss.

## Revenue and Membership Fee Projections

### General Information

The College's revenue is comprised of membership fees, additional administrative fees paid by members, and project funding for the College's oversight of the Birth Centre Assessment Program. The College's low membership numbers and slow growth directly limit the potential revenue available to the College.

The number of new members per year is comprised of successful applicants from Canadian Midwifery Education Programs (MEP), the International Midwifery Pre-registration Program (IMPP) and registered midwives from other provinces and territories, less attrition. The Ontario MEP enrollment numbers are set provincially, however the number of Ontario graduates exceeds the number of applicants the College receives, as many graduates leave the province to practise in other Canadian jurisdictions.

Projected numbers are based on membership numbers and change rates from previous years, as indicated in the chart below:

### Reference: Membership Numbers by Year

Year	Active Members	Inactive Members	Total Members	Increase Over Prior Year	Annual % Change	Note
2022-23	879	245	1124	44	4.1%	<i>estimate</i>
2021-22	853	227	1080	44	4.2%	<i>estimate</i>
2020-21	827	209	1036	44	4.4%	<i>estimate</i>
2019-20	801	191	992	43	4.5%	<i>actuals</i>
2018-19	777	172	949	42	4.6%	<i>actuals</i>
2017-18	748	159	907	51	6.0%	<i>actuals</i>
2016-17	707	149	856	49	6.1%	<i>actuals</i>
2015-16	681	126	807	46	6.0%	<i>actuals</i>
2014-15	655	106	761	60	8.6%	<i>actuals</i>
2013-14	613	88	701	62	9.7%	<i>actuals</i>
2012-13	564	75	639	55	9.4%	<i>actuals</i>
2011-12	513	71	584	55	10.4%	<i>actuals</i>
2010-11	475	54	529	41	8.4%	<i>actuals</i>
2009-10	436	52	488	42	9.4%	<i>actuals</i>
2008-09	405	41	446	35	8.5%	<i>actuals</i>
2007-08	368	43	411	46	12.6%	<i>actuals</i>

General membership revenue includes membership registration and renewal fees, and the related administrative fees.

Other income includes such items as initial application fees, Letters of Professional Conduct, name changes, duplicate documents, incorporation charges and late penalty fees. In addition, small revenues come from panel-ordered practice audit fees. The College has estimated a calculation of 4.5% of the total membership fees as administration and other fees.

**Membership Fee Increases**

As per the College's by-laws membership fees will increase by 2% for October 1, 2020 to account for inflation.

**Summary**

The College estimates revenue from membership fees and additional administrative fees to be \$2,492,113. Additionally, the College will receive \$67,121 in special project funding for its oversight of the Birth Centre Assessment Program bringing the total revenue estimate to \$2,559,233.

# Expense Projections by Category

## Category: Salaries & Benefits

### Objectives

- To compensate staff at market value to ensure quality recruitment, retention, stability and efficiency
- To ensure internal capacity, skills and knowledge to meet the demands of an increasing membership volume
- A team capable of navigating the complexity of work while satisfying the public safety mandate

### Results

- Sufficient internal capacity to meet regulatory obligations
- Retention of valued staff
- Meeting the expectations of the public to regulate midwifery in a transparent and effective manner
- Supporting of the membership

### Budget

A total *Salaries & Benefits* cost of \$1,479,847 is projected. This represents an increase necessary to place all staff appropriately within their salary ranges based on their years of service.

### Narrative

For the fiscal year 2020-21 the College continues to have 14 full and part time positions.

The College assesses its salaries externally with the assistance of an expert consultant every few years to ensure its market competitiveness. The most recent analysis was completed in 2018. Staff are placed, based on the expert assessment, within a salary band and should progress through their band in a set amount of time. In April 2019 staff did not receive adjustments outside of Cost of Living adjustments and their progress through their band was arrested. With this budget the College will restore staff to their appropriate placements within their bands. This change reduces risks associated with underpaying the team.

The College achieves efficiency and effectiveness with the staff complement as outlined, relying more on the expertise and flexibility of staff and less on external consultants. The College has regularly assessed its human resources needs and optimizes the capacity of individuals and positions, ahead of increasing staff size, when possible. The College enters 2020-21 with a hiring freeze and no additional positions are anticipated.

## Category: Professional Fees

### Objective

- Ensure access to adequate expert consultants to complement staff and Council resources

### Result

- Strong operations with access to experts when necessary

### Budget

A total *Professional Fees* cost of \$116,068 is projected. No increase is projected over the previous year's budget.

### Narrative

Professional legal, financial and regulatory expertise will be sought as needed to support general operations. Specifically:

- Operational legal counsel related to regulatory responsibilities (excluding Professional Conduct case specific costs and legal costs associated with panels in all program areas- those costs are captured under the *Panel & Program* area)
- The required year-end financial audit as well as financial consultation throughout the year
- Expert consultants for College program improvement

The College has committed to use expert consultants only when absolutely necessary.

## Category: Council & Committee

### Objectives

- Effective and efficient Council and Committees equipped to meet the needs of the College and make decisions in the public interest
- Adequate succession planning to ensure continued stability and strength on the Council
- An available President to lead the College and participate, as is necessary, in stakeholder meetings and engagement projects

### Results

- An engaged and effective Council and committee structure that will have the capacity to achieve the above objectives.
- Performance is measured by reaching milestones set out in the Strategic Plan

### Budget

A total *Council & Committee* cost of \$150,696 is projected. This represents an increase over the previous year's budget (as extensive cost saving measures were included) but a decrease from previous years' budgets.

### Narrative

Work plans have been developed for the College's committees and working groups for this fiscal year.

It should be noted that CPP deductions do apply for any professional Council members with billings over \$3500. The College must match these deductions.

The savings found in 2019-20 allow the College to restore the President stipend one year earlier than expected. The role of the President is a busy and important role. The stipend both allowed the President to arrange their non-College responsibilities accordingly and compensated them appropriately for their work with the College. Restoring the stipend a year earlier than expected also reduces the risk of potential difficulties recruiting Council members to this vital role, and ensures the current President is able to set aside appropriate time for College work.

Council commits to continue to reduce costs against the budget wherever possible. Committees and Panels will continue to meet remotely when appropriate to reduce travel costs. Training costs for Council will be carefully scrutinized to ensure maximum benefit against the costs.

## Category: Office & General

### Objective

- Efficient operations that provide the infrastructure and materials required for the office to function efficiently and economically

### Result

- Strong and effective operations to support the College's work

### Budget

A total *Office & General* cost of \$155,764 is projected. This represents a small decrease over last year's budget.

### Narrative

This budget is based on the cost of 12 months of general operations. Where possible expenses abatements were included after careful examination of the expense lines in this category, and otherwise only minimal increases were estimated in other lines included within this category.

## Category: Information Technology, Security & Data

### Objectives

- Efficient information technology resources that provide adequate infrastructure
- Systems that allow for appropriate storage and dissemination of data
- A member portal and public register that meets legislative requirements and best practices
- Systems that fulfil the requirements under the College's privacy and security policies

### Results

- Strong and effective information technology infrastructure to support the College's work
- Appropriate protection of the College's data and information

### Budget

A total *Information Technology, Security & Data* cost of \$145,400 is projected. This represents a small decrease over last year's budget.

### Narrative

This budget is based on the cost of 12 months of information technology, security, and data expenses. This includes the contracting of outside expertise to support the College and ensure its privacy and security.

## Category: Rent & Utilities

### Objective

- Appropriate space from which the College can conduct its business including hosting Council and Discipline Hearings

### Results

- Strong and effective central operations that support the College's work.
- Appropriate location to allow for staff recruitment and retention
- Appropriate location to allow for collaboration with stakeholders and attendance at industry and Ministry meetings

### Budget

A total *Rent & Utilities* cost of \$196,764 is projected.

### Narrative

This budget is based on the cost of 12 months of *Rent & Utilities* costs under the College's lease for premises that expires in 2022.

## Category: Conferences, Meeting Attendance & Membership Fees

### Objectives

- Active participation in organizations that benefit the College through access to the resources and expertise in the sector
- Continued work on inter-professional collaboration initiatives
- Partnership with other organizations on joint information-sharing, education, and mutual interest initiatives
- Optimize the economies of scope and scale in work required in response to legislative changes
- Having a voice at the table of important decisions that affect the safe practice of midwifery

### Results

- Continued participation in and collaboration with closely related organizations to the College
- Continued acquisition of current knowledge and best practices
- Attendance at relevant educational events and programs
- Keeping abreast of trends and changes in regulation
- Ensuring proper participation in stakeholder meetings

### Budget

A total *Conferences, Meeting Attendance & Membership Fees* cost of \$82,975 is projected.



This represents an increase because of the real costs of membership fees, and a restoration of the Conference & Meeting Attendance line to previous levels before cuts were made to the 2019-20 budget.

## **Narrative**

The College continuously seeks to improve, build capacity and find efficiencies, therefore, involvement in professional regulatory associations allows the College to access important resources across the country.

Participating in educational initiatives enables the College to ensure that it has access to current knowledge and best practices. Internal controls are in place to ensure that only relevant events are attended, and the knowledge gained at these events is disseminated to staff and Council.

The College maintains membership in several key organizations. Detailed below are the organizations to which the majority of the membership fees are paid:

### Health Profession Regulators of Ontario (HPRO)

The collaboration developed through members in this association is beneficial to the College. It provides the College access to a network of resources that help forward regulation in Ontario. It also helps the College stay current on all emerging issues and trends in regulation in Ontario. All of the health colleges in Ontario are members of HPRO.

Projected HPRO Membership Costs - \$8,475

### Canadian Midwifery Regulators Council (CMRC)

The CMRC's mandate is to facilitate inter-provincial mobility, to advocate for legislation, regulation, and standards of practice that support a high standard of midwifery care across the country, to provide a forum for Canadian regulators to discuss and take action on issues of mutual concern, and to administer the Canadian Midwifery Registration Exam.

The work of the CMRC is key to enable labour mobility for midwives by ensuring safe standards in every jurisdiction. This allows the College to comply with the Canadian Free Trade Agreement (CFTA) with a degree of confidence in the competence of midwives from other provinces.

As one of the major contributors of resources (since membership fees are based on provincial midwifery registrant numbers) the College's involvement continues to be critical to the ongoing efforts of the CMRC.

Projected CMRC Membership Costs - \$47,000

### Conferences

Participating in educational initiatives enables the College to ensure that it has access to current knowledge and best practices. Internal controls are in place to ensure that only relevant events are attended, and the knowledge gained at these events is disseminated to staff and Council.

Conferences chosen include (but are not limited to) both provincial and national conferences addressing professional self-regulation, discipline, governance, privacy/confidentiality. Some examples of the conferences attended are:

- Council and Licensure, Enforcement and Regulation (CLEAR)
- Canadian Network of Agencies for Regulation (CNAR)
- Canadian Association of Midwives (CAM)
- Association of Midwives of Ontario (AOM)

## Category: Panel & Programs

For the purposes of reporting the explanations in this section are divided into five sections: Professional Conduct, Unauthorized & Illegal Practice, Client Relations – Counselling Support, Quality Assurance-Assessments & Panels, and Registration- Exam Administration & Panels. Each of these sections is discussed below.

### **PROFESSIONAL CONDUCT**

#### **Objectives**

- Access to adequate funds to conduct investigations and hearings as needed

#### **Results**

- Appropriate responses to any matters that warrant an investigation or hearing
- Continued protection of the public

#### **Budget**

A total *Professional Conduct* cost of \$266,742 is projected. No increase is projected over the previous year's budget.

#### **Narrative**

The proposed budget provides reasonable allowance for the likely volume of investigation, hearing, audit and discipline activities. Costs encompass the following: panel meetings of the Inquiries, Complaints and Reports Committee (ICRC) to review complaints and reports; legal and investigation costs associated with each case, and expert opinions.

The College has budgeted for two referrals to Discipline. Hearing costs include prosecution and independent legal counsel fees for panels, expert witness costs, professional member per diems and expenses, and other operational and administrative costs associated with a hearing.

### **UNAUTHORIZED AND ILLEGAL PRACTICE**

The budget provides a reasonable allowance for the likely volume of costs associated with unauthorized and illegal practice. Costs are related to investigations, and legal fees associated with filing injunctions when necessary. No increase is projected over the previous year's budget.

### **CLIENT RELATIONS – COUNSELLING SUPPORT**

The budget provides a reasonable allowance of funds to cover expenses associated with counselling support related to allegations of sexual abuse by members. No increase is projected over the previous year's budget.

### **QUALITY ASSURANCE**

## Objectives

- Fulfill legislated requirement to carry out assessments in a way that is effective in protecting the public and fair to members
- Execute the quality assurance program objectives and provide members with the information needed in order to be in compliance with requirements
- Ensure capacity through recruitment and training of expert assessors to conduct peer and practice assessments

## Results

- Perform regular Peer and Practice Assessments
- Maintain a roster of trained Assessors
- A Quality Assurance Program that factors in the latest research and remains current and relevant to its membership

## Budget

A total *Quality Assurance – Assessments & Panels* cost of \$45,177 is estimated. This is a decrease over the 2019-20 budget.

## Narrative

The College launched the remodeled peer and practice assessment program in fiscal 2019-20. With the launch of the program the College can now better project expenses for the program, this resulted in a small decrease in the budget line.

In 2020-21 the College will incur costs in four main areas namely committee ordered peer and practice assessments, panel costs and their associated legal costs, random peer and practice assessments and assessor training.

## REGISTRATION

The College separately tracks costs associated with administering the Registration Program. These involve costs for registration panels under the Registration Committee, and their associated legal costs. No increase is projected over the previous year's budget.

## Category: Capital Expenditures

### Objectives

- Robust information technology infrastructure to support improved access to information for members of the public
- Ensuring a proper evergreening program that will ensure economic operational efficiencies in the coming years
- Ensuring that the technology that the College staff relies on is sufficient for the purpose

### Results

- Continued successful evergreening program
- Technology remains current and effective

### Budget

A total *Capital Purchases* cost of \$43,043 is projected. This represents a 2% inflationary increase over the previous year's budget.

### **Narrative**

The College schedules the purchase of capital equipment based on a 2.5 year cycle.

This area includes: necessary hardware upgrades, licenses for software updates, and evergreening of current hardware.

Leasehold improvements are amortized over the duration of the lease.

Many of the College's computers are reaching the end of their useful life and will need to be replaced in the upcoming fiscal. Those replacement computers will be amortized.

### **Category: Birth Centre Assessment & Support**

The College receives special project funding from Independent Health Facilities Branch for its involvement in the oversight of the Birth Centres in Ottawa and Toronto. Oversight of the Birth Centres is not mandated by the *Regulated Health Professions Act, 1991* (RHPA) and the College receives funding so that it can ensure membership fees are not used for its involvement in this separate program. This funding covers costs associated with a regular facility assessment program, and with the work required to maintain preparedness for emergent assessments. The College has a five-year funding package for this work that expires at the end of 2020-21. The College expects to negotiate another five-year funding term at that time in order to assist the Ministry with its oversight obligations.

