



College of  
**Midwives**  
of Ontario

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

# Council Meeting

December 8, 2021



## NOTICE OF MEETING OF COUNCIL

## AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, December 8, 2021 from 9:30 AM to 1:45 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.

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 13:45 h, le 8 décembre.

Cette réunion est ouverte au public. Toute personne intéressée peut obtenir les détails pour accéder à la réunion en écrivant à l'Ordre, à [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca), ou en composant le 416-640-2252, poste 227.

Kelly Dobbin,  
Registrar & CEO/  
Registratrice et PDG



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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.

# Strategic Framework

2021–2026



College of  
**Midwives**  
of Ontario

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

The 2021–2016 Strategic Framework is a high-level statement of the College's vision, mission, outcomes and key priorities over the next five years. It paves the way forward for the organization, builds a stronger sense of common purpose and direction and a shared understanding of why we exist, what guides our work, and what we want to achieve as an organization.

## Our Strategic Priorities

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

## Key Outcomes We Are Expected to Achieve

1. Clients and the public can be confident that midwives possess and maintain knowledge, skills and behaviours relevant to their professional practice and exercise clinical and professional judgment to provide safe and effective care.
2. Clients and the public can be confident that midwives practise the profession with honesty and integrity and regard their responsibility to the client as paramount.
3. Clients and the public can be confident that midwives demonstrate accountability by complying with legislative and regulatory requirements.
4. Clients and the public trust that the College of Midwives of Ontario regulates in the public interest.

## Our Vision

A leader in regulatory excellence, inspiring trust and confidence

## Our Mission

Regulating midwifery in the public interest

## Our Guiding Principles

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



### Accountability

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



### Equity

We identify, remove and prevent systemic inequities.



### Transparency

We act openly and honestly to enhance accountability.



### Integrity

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



### Proportionality

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



### Innovation

We translate opportunity into tangible benefits for the organization.

# COUNCIL AGENDA

Wednesday, December 8, 2021 | 09:30 am to 12:45 pm

College of Midwives of Ontario

[Videoconference Zoom](#)

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order, Land Acknowledgment	C. Ramlogan Salanga	9:30	INFORMATION	-	
2.	Conflict of Interest	C. Ramlogan Salanga	9:37	DISCUSSION	-	
3.	Review and Approval of Proposed Agenda	C. Ramlogan Salanga	9:38	MOTION	3.0 Agenda	5
4.	Consent Agenda - Draft Minutes of October 6, 2021 Council Meeting Q2 Reports for: - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee	C. Ramlogan Salanga	9:40	MOTION	4.0 Draft Minutes 4.1 ICRC Report 4.2 Registration Committee Report 4.3 QAC report 4.4 Discipline Committee Report 4.5 FTP Committee report 4.6 CRC Report	7
5.	Chair Report	C. Ramlogan Salanga	9:45	MOTION	5.0 Chair Report	30
6.	Registrar Report	K. Dobbin	10:00	MOTION	6.0 Registrar Report 6.1 2020 CPMF Summary Report 6.2 HPRO Anti-Racism Project Report	32
<b>BREAK 10:45</b>						

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7.	Executive Committee Report	C. Ramlogan Salanga	11:00	MOTION	7.0 Executive Committee Report 7.1 Q2 SOP	99
	I. Assessment of Auditor Report & Appointment			MOTION	7.2 Assesement of Auditor Report	102
	II. Committee Appointments			MOTION	7.3 Proposed 2021-2022 Committee Composition	104
8.	Quality Assurance Committee: Standard on Blood Borne Viruses	L. Martin	11:45	MOTION	8.0 Regulatory Impact Assessment 8.1 Draft Standard on Blood Born Viruses	105
9.	Housekeeping	Z. Grant	12:30	INFORMATION		
10.	Adjournment	C. Ramlogan Salanga	12:45	MOTION		
	Next Meetings: March 29-30, 2022 June 21-22, 2022 September 27-28, 2022 December 6-7, 2022			INFORMATION		

# MINUTES OF COUNCIL MEETING

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Held on October 6, 2021 | 9:30 am to 1:00 pm  
Zoom Videoconference

Chair: Claire Ramlogan-Salanga

Present: Jan Teevan, RM; Lilly Martin, RM; Edan Thomas, RM; Maureen Silverman, RM; Claudette Leduc, RM; Isabelle Milot; Karen McKenzie, RM Marianna Kaminska; Judith Murray; Don Strickland; Pete Aarssen; Oliver Okafor

Regrets:

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

Observers: Sarah Kibaalya (MOH); Deborah Bosner (AOM); Alexia Singh, RM; Hardeep Fervaha, RM

Recorder Zahra Grant

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:31 and welcomed all present.

2. Declaration of Conflict of Interests

No conflicts of Interest were declared

3. Proposed Agenda

MOTION: That the proposed agenda be approved as presented.

Moved: Marianna Kaminska

Seconded: Jan Teevan

4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of June 23, 2021 Council Meeting

Quarter 1 Reports of:

- Inquiries, Complaints and Reports Committee
- Registration Committee
- Quality Assurance Committee
- Client Relations Committee

- Discipline Committee
- Fitness to Practise

Moved: Maureen Silverman  
 Seconded: Isabelle Milot  
 CARRIED

#### 5. Chair Report

Claire Ramlogan-Salanga, Chair introduced the Chair report and provided highlights of activities since the last Council meeting.

A summary of the feedback from the June training day was shared with Council. The morning session on anti-black racism with Evelyn Myrie of Empower strategy was helpful for Council to improve and expand their understanding of this issue and there was consensus that the topic related to the strategic plan of the College. The second session was a Chair training with Diane Kawarosky of The Soft Skills group and Council provided feedback that the information was easily applicable to our work at the College and will help facilitate more effective meetings.

Routine meetings with the Registrar and stakeholders continue to occur regularly.

Fond farewells were shared for outgoing professional Council members, Jan Teevan, RM and Maureen Silverman, RM, as well as warm welcomes to two new professional members to Council, Alexia Singh and Hardeep Fervaha

Moved: Marianna Kaminska  
 Seconded: Lilly Martin  
 CARRIED

#### 6. Executive Committee Report

Claire Ramlogan-Salanga, Chair introduced the Executive report and provided highlights of activities since the last Council meeting. It was reported to Council that the Registrar used her discretion to use a non-competitive process for two recent contracts and reported the rationale to the Executive Committee as per the College's procurement policy. Holliday Tyson, former Director of the International Midwifery Pre-Registration Program, was obtained to develop a proposal for a College-delivered assessment and bridging program for Internationally Educated Midwives. Holliday is the sole expert in Ontario doing this work in the midwifery sector and time constraints were a significant issue as well.

Sam Goodwin was obtained through a competitive process last year to lead the Registrar's Performance Review. Council has been very pleased with his work so far, and because this relationship has already been established, Mr. Goodwin has also been engaged to support the College in other governance-related matters such as Council Evaluations.

The committee approved the Q1 Statement of Operations and was included in the Council package for reference and review. Carolyn Doornekamp, Director of Operations, joined the

meeting to go over the statement in more detail. Overall, The College is in a good cash flow position and at with no concerns to report.

Sam Goodwin of Goodwin Consulting joined the meeting to present his review findings and proposals regarding the process of evaluating Council performance annually. No fundamental changes to our existing systems are being proposed, instead a refinement of the process to build in more continuous ongoing reflection and improvement are in the recommendations as well as an approach to emphasize consistent governance behaviours from Council and Committee members. The proposed approach creates new opportunities for the Executive Committee to monitor committee Chair and committee performance. It was noted that the process for evaluating panels would not be included in this process, due to fact that panels are quasi-judicial bodies with functions very different from Committees or Council, and that our own performance measurement framework evaluates their effectiveness.

The proposed plan will not have any significant impact on College finances.

The process is being proposed as a pilot to allow Council feedback before official implementation for the 2021/2022 year. Council was pleased with the recommendations and approved piloting the process for the upcoming evaluation cycle.

The Executive committee also approved Council and Executive meeting calendar dates for the year 2023, these dates were shared with Council and were approved.

MOTIONS:

- I. That the Executive Committee Report be approved as presented.
- II. That the proposed approach for annual Council evaluations be piloted for the 2021 cycle.
- III. That the 2023 proposed council and executive dates be approved as presented

Moved: Marianna Kaminska

Seconded: Claudette Leduc

CARRIED

7. Quality Assurance Committee: Professional Development Portfolio

Lilly Martin, Chair of the Quality Assurance Committee introduced the Professional Development Portfolio document, which was initially reviewed by Council at the June 23, 2021 meeting. The document at the time was not approved with direction given by Council to revise the document to make clearer that all midwives in the Inactive Class on leave from the profession, either temporarily or permanently, experiencing hardship and difficult situations would not be subject to completing and reporting on their Professional Development Portfolio.

Requiring Inactive midwives to report is a change in accordance with the Quality Assurance (QA) Regulation (O. Reg 669/20) that came into force on November 27, 2020. The program

is a self-directed learning plan and will be implemented on 3-year reporting cycles. The program includes all members of the College whether Inactive, General or Supervised as a mechanism to keep members engaged with the profession in a process that is flexible and supportive on members own unique needs and practice.

A process for exemption is available for midwives who may be unable to fulfil the requirements. A copy of the current exemption form was included for reference but will be revised in accordance with the new program where necessary. There will also be a section specific to midwives who may request accommodation under the College's Accommodation Policy.

There was concern expressed by some members of Council that the exemption form would not equitably encompass circumstances where midwives would be unable to meet the requirements and that the process would be unduly onerous. These concerns and recommendations were taken very seriously by the QAC Chair and committee members and will be kept at the forefront of decision-making when committee approves the process and form for exemptions.

The Council agreed that decisions on the details and process for exemption is best decided at the committee level and doesn't impact the decision to approve the Professional Development Portfolio program document itself. Council approved the document with the understanding that the issues discussed regarding exemption will be incorporated into the decision-making of the QAC.

REVISED MOTION: With the understanding that the exemption form will be revised with an equity approach and will be approved by the QA committee based on these discussions, that the Professional Development Portfolio be approved.

Moved: Oliver Okafor

Seconded: Jan Teevan

CARRIED

#### 8. Registrar's Report

Kelly Dobbin, Registrar-CEO presented the Registrar's report providing context and highlights.

It was noted that the Ministry posted to its Regulatory Registry its intention to modernize the regulatory framework of the Laboratory and Specimen Collection Centre Licensing Act. While they have not posted a revised draft regulation for review, the Ministry is seeking feedback on proposed general changes until October 16<sup>th</sup>. The College has previously made request regarding midwives' authority to order laboratory tests and point-of-care testing, the College will use this opportunity to bring forward previous requests for change.

An update on the College's efforts toward systematically incorporating Equity, Diversity and Inclusion into the work and culture of the organization, in accordance with the commitment made by Council to these issues when they approved "Equity" as one of the

College's six interrelated guiding principles. Staff is working with the Executive committee in developing a roadmap that will describe ongoing and targeted goals with their intended outcomes. When ready, the document will be brought to Council for final approval.

An update on the status of the International Midwifery Pre-Registration Program was provided. Holliday Tyson has been contracted to develop a proposal for a College-delivered assessment and bridging program for internationally educated midwives. Should the proposal be acceptable, the Registrar may request access to funds from the College's net assets at a later date to support the development of a project.

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

Moved: Claudette Leduc  
Seconded: Donald Strickland  
CARRIED

9. IN CAMERA

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

MOTION: Be it resolved that Council move in-camera at 12:16 pm.

Moved: Claudette Leduc  
Seconded: Marianna Kaminska  
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 12:48 pm.

Moved: Maureen Silverman  
Seconded: Marianna Kaminska  
CARRIED

10. Acclamation of 2021-2022 Executive Committee

The Council acclaimed positions for the constitution of the 2021-2022 terms of the Executive Committee.

MOTION: That the Council accepts the acclamation of Claire Ramlogan-Salanga as Chair; that the Council accepts the acclamation of Edan Thomas as Vice-Chair (Professional); and that the Council accept the acclamation of Donald Strickland as Vice Chair (Public); Marianna Kaminska as Executive Member at Large (Public), and Claudette Leduc as Executive Member at Large (Professional).

Moved: Jan Teevan  
Seconded: Judith Murray

CARRIED

11. 2021-2022 Slate of Council Members

The 2021-2022 Slate of Council members was approved and newly elected professional members Alexia Singh and Hardeep Fervaha were appointed to the Discipline and Fitness to Practise committees.

- I. MOTION: That the following slate be approved as the 2021-2022 College of Midwives of Ontario's Council:

Professional Elected Members: Claire Ramlogan-Salanga; Lilly Martin; Edan Thomas; Isabelle Milot; Claudette Leduc; Karen McKenzie; Alexia Singh; Hardeep Fervaha

Appointed Public Members: Marianna Kaminska; Judith Murray; Donald Strickland; Pete Aarssen; Oliver Okafor.

- II. That Alexia Singh and Hardeep Fervaha be appointed to the Discipline and Fitness to Practise committees.

Moved: Lilly Martin  
Seconded: Claudette Leduc  
CARRIED

12. ADJOURNEMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 1:01 pm

Moved: Judith Murray  
Seconded: Alexia Singh  
CARRIED

# INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

## REPORT TO COUNCIL – Q2 July 1, 2021 to September 30, 2021

### Committee Members

Chair: Susan Lewis

Professional: : Maureen Silverman RM; Lilly Martin, RM; Claudette Leduc, RM, Edan Thomas RM

Public: Judith Murray, Marianna Kaminska (appointed July 16, 2021), Sarah Baker (until July 16, 2021)

Non-Council: Christi Johnston, RM, Samantha Heiydt, Jillian Evans, Susan Lewis, Jessica Raison, RM, Sarah Kirkland RM

### Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	10	11	-	-	21
Number of Committee Meetings Held	0	0	-	-	0
Number of Trainings	0	1*	-	-	0

Notes:

Q1: 9 panel meetings were held by videoconference, 1 was an email panel

Q2: 9 panel meetings were held by videoconference, 2 were an email panel

\*Orientation training was provided for new committee members

### Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	25	16	-	-	N/A	5	4	-	-	N/A
New files	6	5	-	-	11	1	0	-	-	1
Closed files	15	5	-	-	20	2	1	-	-	3
Active files at end of reporting period	16	16	-	-	N/A	4	3	-	-	N/A

Notes:

Q1: Six new complaint files were a result of receiving five complaints. One complaint involved more than one midwife.

Q2: Five new complaint files were a result of receiving four complaints.

### Themes of New Matters

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	0	0	-	-	0	0	0	-	-	0
Billing and Fees	0	0	-	-	0	0	0	-	-	0
Communication	4	4	-	-	8	0	0	-	-	0
Competence /Patient Care	2	1	-	-	3	1	0	-	-	1
Fraud	0	0	-	-	0	0	0	-	-	0
Professional Conduct & Behaviour	1	1	-	-	2	0	0	-	-	0
Record Keeping	0	0	-	-	0	0	0	-	-	0
Sexual abuse /Harassment / Boundary Violations	0	0	-	-	0	0	0	-	-	0
Unauthorized Practice	0	0	-	-	0	0	0	-	-	0
Other: Practice Management	1	0	-	-	1	0	0	-	-	0
Other: Masking concerns re COVID	2	0	-	-	2	0	0	-	-	0

#### Notes:

Category of themes are based on the current methodology set out by the Ministry for the College Performance Measurement Framework (CPMF) Reporting Tool. These categories may change in the next reporting period to reflect any changes to CPMF reporting requirements and/or categories the College wishes to track.

Some complaints involve more than one theme.

### Source of New Matters

Source of New Matters	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	6	4	-	-	10	0	0	-	-	0
Family Member	0	1	-	-	1	0	0	-	-	0
Health Care Provider	0	0	-	-	0	0	0	-	-	0
Information received by Mandatory / Self Report	0	0	-	-	0	0	0	-	-	0
Information received from another source	0	0	-	-	0	0	0	-	-	0
Additional Concern arising from an existing investigation	0	0	-	-		1	0	-	-	1

Another Midwife	0	0	-	-	0	0	0	-	-	0
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### Outcomes/Completed Cases

Number of Resolved Cases and Outcomes	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
ADR Resolution	0	2	-	-	2	N/A				
Complaints Withdrawn	0	0	-	-	0	N/A				
Frivolous and Vexatious	0	0	-	-	0	N/A				
No Action	7	2	-	-	9	2	0	-	-	2
Advice & Recommendations	4	1	-	-	6	0	1	-	-	1
Specified Continuing Education or Remediation Program (SCERP)	3	0	-	-	3	0	0	-	-	0
Oral Caution	0	0	-	-	0	0	0	-	-	0
SCERP AND Oral Caution	0	0	-	-	0	0	0	-	-	0
Referral to Discipline Committee	1	0	-	-	1	0	0	-	-	0
Referral to Fitness to Practise Committee	0	0	-	-	0	0	0	-	-	0
Acknowledgement & Undertaking	0	0	-	-	0	0	0	-	-	0
Undertaking to Restrict Practise	0	0	-	-	0	0	0	-	-	0
Undertaking to Resign and Never Reapply	0	0	-	-	0	0	0	-	-	0

*Note: where decisions contain more than one outcome or multiple issues, both will be captured. Accordingly, the total number of decisions may not equal the total number of outcomes or cases.*

### Themes of Completed Matters where action was taken by the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Competence /Patient Care	4	1	-	-	5	0	1	-	-	0

• <i>Managing and following up on lab results</i>	2	1	-	-	3	0	0	-	-	0
• <i>Prescribing error</i>	1	0	-	-	1	0	0	-	-	0
• <i>Management of hyperbilirubinemia</i>	1	0	-	-	1	0	1	-	-	1
Professional Conduct & Behaviour	1	0	-	-	1	0	0	-	-	0
• <i>Outside scope- providing medical advice to a discharged client</i>	1	0	-	-	1	0	0	-	-	0
Record Keeping	3	1	-	-	3	0	1	-	-	1
• <i>Issues with electronic documentation</i>	1	0	-	-	1	0	0	-	-	0
• <i>Documenting informed choice-general</i>	0	1	-	-	1	0	0	-	-	0
• <i>Documenting informed choice-jaundice and testing</i>	2	0	-	-	2	0	1	-	-	1
Communication	0	1	-	-	1	0	0	-	-	0

**Notes:**

Matters where the ICRC referred specified allegations to the Discipline Committee or did not take any action are not included. Outcomes in this category are the result of the ICRC issuing advice or recommendations, and/or ordering a SCERP.

Category of main themes are based on the current methodology set out by the Ministry for the College Performance Measurement Framework (CPMF) Reporting Tool. Subcategories represent the concern of the ICRC that required remediation. These categories may change in the next reporting period to reflect any changes to CPMF reporting requirements and/or categories the College wishes to track. Outcomes of some complaints involve more than one theme. Some complaints may involve more than one midwife.

**Timelines**

Closed cases	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed <150 days	0	3	-	-	0	0	1	-	-	0
Number of files closed between 150 days and 210 days	5	1	-	-	5	0	0	-	-	0
Number of files closed >210 days	10	1	-	-	10	2	0	-	-	2
Average: (reported in number of days)	273	141	-	-	240	311	87	-	-	236
Median: (reported in number of days)	251	166	-	-	229	311	87	-	-	304

**Notes:**

Time is calculated from receipt of complaint until the date of the final decision and reasons.

## Alternative Dispute Resolution

Stats	Q1	Q2	Q3	Q4	Total
Open files with ADR (Files carried over)	0	1	-	-	N/A
New files referred to ADR	1	2	-	-	3
Closed files with in 60 days	N/A	0	-	-	0
Closed files with in 120 days	N/A	2	-	-	2
Files returned to ICRC due to timeframe	N/A	0	-	-	0
Files returned to ICRC due to unsuccessful mediation	N/A	0	-	-	0
Files returned to ICRC - Registrar did not ratify the agreement	N/A	0	-	-	0
Open files as at end of reporting period	1	1	-	-	2

Other useful information:	Q1	Q2	Q3	Q4	Total
Total Number of Complaints Received	6	5	-	-	11
Number of complaints that were not ADR eligible	3	2	-	-	5
Number of Complaints that were ADR eligible	3	3	-	-	6
Number of Complaints ELIGIBLE that proceeded to ADR upon consent of all parties	1	2	-	-	3
Number of Members who agreed to participate in ADR	2	3	-	-	4
Number of Complainants who agreed to participate in ADR	1	2	-	-	3

### Notes:

*In some cases, the member's decision on consent is not tracked, such as when the member has been informed that ADR is no longer an option due to the complainant declining to participate in the process. Additionally, the parties have 2 weeks to agree to participate in ADR which can result in carry over to the next quarter.*

## Appeals

Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	10	10	-	-	N/A
New HPARB appeals	1	3	-	-	4
Completed: F&V Order not to proceed with review	1	0	-	-	1
Completed: Decision Confirmed	0	2	-	-	2
Completed: Decision returned to ICRC	0	0	-	-	0
Open HPARB appeals (at end of reporting period)	10	11	-	-	10

*Notes:*

*Q1 notes: The ten open appeals are representative of six complaint matters. Five complaints involve more than one midwife. All appeals are by Complainants*

*Q2 notes: The eleven appeals are representative of six complaint matters. Four complaints involve more than one midwife. All appeals are by Complainants.*

Respectfully Submitted,

Susan Lewis

# REGISTRATION COMMITTEE

## REPORT TO COUNCIL – Q2 July 1, 2021 to September 30, 2021

### General

#### Committee Members

Chair	Isabelle Milot, RM
Professional	Karen McKenzie, RM; Jan Teevan, RM
Public	Peter Aarssen; Oliver Okafor
Non-Council	Alexandra Nikitakis-Candea, RM; Maryam Rahimi-Chatrri, RM; Jillian Evans; Samantha Heiydt

#### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	3	3	n/a	n/a	6
Number of Committee Meetings Held*	1	0	n/a	n/a	1
Number of Trainings*	0	0	n/a	n/a	0

\* Of the 7 meetings held to date, 7 occurred by videoconference using Microsoft Teams.

In Q2, the Registration Committee did not meet.

Committee, panel, membership changes and statistics follow:

Members by Class of Registration	#				%
	Q1 (1053)	Q2 (1070)	Q3 (n/a)	Q4 (n/a)	Total
General	731	763	n/a	n/a	71
General with new registrant conditions	72	66	n/a	n/a	6
Supervised practice	6	10	n/a	n/a	1
Inactive	244	231	n/a	n/a	22
Transitional	0	0	n/a	n/a	0

New Members by Class of Registration	#					%
	Q1 (30)	Q2 (32)	Q3 (n/a)	Q4 (n/a)	Total (62)	Total
General	0	1	n/a	n/a	1	2
General with new registrant conditions	25	25	n/a	n/a	50	81
Supervised practice	5	6	n/a	n/a	11	17
Inactive	0	0	n/a	n/a	0	0
Transitional	0	0	n/a	n/a	0	0

New Members by Route of Entry	#					%
	Q1 (30)	Q2 (32)	Q3 (n/a)	Q4 (n/a)	Total (62)	Total
Laurentian University graduates	5	11	n/a	n/a	16	26
McMaster University graduates	10	5	n/a	n/a	15	24
Ryerson University graduates	11	9	n/a	n/a	20	32
International Midwifery Pre-registration Program (IMPP) graduates	4	6	n/a	n/a	10	16
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	0	1	n/a	n/a	1	2
Former members	0	0	n/a	n/a	0	0

Panel Referrals	Q1	Q2	Q3	Q4	Total
Total Number of referrals to a panel of the Registration Committee	5	3	n/a	n/a	8

Files Reviewed at Panel by Category	Q1 (8)	Q2 (5)	Q3 (n/a)	Q4 (n/a)	Total (13)
Application for registration <sup>1</sup>	1	0	n/a	n/a	1
Class change – Inactive to General <sup>2</sup>	4	3	n/a	n/a	7
Active practice requirements shortfall <sup>3</sup>	3	0	n/a	n/a	3

Re-issuance of a Supervised Practice certificate of registration <sup>4</sup>	0	1	n/a	n/a	1
Reinstatement within one year following revocation <sup>5</sup>	0	1	n/a	n/a	1
Variation of terms, conditions and limitations <sup>6</sup>	0	0	n/a	n/a	0
<b>Panel Outcomes by Category</b>					
<b>Panel Outcomes By Application for Registration<sup>1</sup></b>	<b>Q1 (0)</b>	<b>Q2 (1)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (1)</b>
Application approved – Registrar directed to issue certificate of registration	0	0	n/a	n/a	0
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	n/a	n/a	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	1	n/a	n/a	1
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	n/a	n/a	0
Application not approved – Registrar directed to refuse to issue certificate	0	0	n/a	n/a	0
<b>Panel Outcomes By Class change – Inactive to General<sup>2</sup></b>	<b>Q1 (1)</b>	<b>Q2 (5)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (6)</b>
Requalification program approved – General certificate to be re-issued	0	2	n/a	n/a	2
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	1	2	n/a	n/a	3
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	1	n/a	n/a	1
<b>Panel Outcomes By Active Practice Requirements Shortfall<sup>3</sup></b>	<b>Q1 (2)</b>	<b>Q2 (1)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (3)</b>

Exception granted – extenuating circumstances demonstrated	0	1	n/a	n/a	1
Shortfall plan required	1	0	n/a	n/a	1
Shortfall plan and undertaking imposing terms, conditions and limitations	1	0	n/a	n/a	1
<b>Panel Outcomes By Re-issuance of a Supervised Practice certificate of registration<sup>4</sup></b>	<b>Q1 (0)</b>	<b>Q2 (1)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (1)</b>
Re-issuance approved – supervised practice extended	0	1	n/a	n/a	1
Re-issuance not approved	0	0	n/a	n/a	0
<b>Panel Outcomes By Reinstatement within one year following revocation<sup>5</sup></b>	<b>Q1 (0)</b>	<b>Q2 (0)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (0)</b>
Requalification program approved – no supervised practice required	0	0	n/a	n/a	0
Requalification program approved – supervised practice required	0	0	n/a	n/a	0
<b>Panel Outcomes By Variation of terms, conditions and limitations<sup>6</sup></b>	<b>Q1 (0)</b>	<b>Q2 (0)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (0)</b>
Application refused	0	0	n/a	n/a	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	n/a	n/a	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	0	0	n/a	n/a	0
<b>Timelines: from referral to a panel, to a written decision</b>	<b>Q1 (3)</b>	<b>Q2 (8)</b>	<b>Q3 (n/a)</b>	<b>Q4 (n/a)</b>	<b>Total (11)</b>
Files closed within 30 days	0	1	n/a	n/a	1
Files closed within 60 days	0	2	n/a	n/a	2
Files closed beyond 60 days	3	5	n/a	n/a	8
Median: (reported in number of days)	179	71	n/a	n/a	125
Average: (reported in number of days)	159	71	n/a	n/a	115
<i>Note: Q1 timelines were corrected to reflect the most current information.</i>					

Registration Decisions appealed to the Health Professions Appeal and Review Board (HPARB)	Q1 (0)	Q2 (0)	Q3 (n/a)	Q4 (n/a)
Open HPARB appeals as of quarter end	0	0	n/a	n/a
New HPARB appeals	0	0	n/a	n/a
Completed HPARB appeals	0	0	n/a	n/a
Open HPARB appeals at quarter end	0	0	n/a	n/a

Of those appeals completed, the number of registration decision appeals that:	Q1 (0)	Q2 (0)	Q3 (n/a)	Q4 (n/a)
Confirmed the decision	n/a	n/a	n/a	n/a
Required the College to issue a certificate of registration to the applicant upon successful completion of any examinations or training the Registration Committee may specify	n/a	n/a	n/a	n/a
Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate	n/a	n/a	n/a	n/a
Were referred back for further consideration	n/a	n/a	n/a	n/a

Attrition <sup>7</sup>	#	%
Q1	5	< 1
Q2	15	14
Q3	n/a	n/a
Q4	n/a	n/a

Respectfully Submitted,

Isabelle Milot, RM

Notes:

- 1. Applications for registration can include first time (initial) applications and applications for re-registration from former members. If the former member resigned within five years prior to the date of re-application, the Registration Regulation requires them to complete a requalification program that has been approved by the Registration Committee.*
- 2. Under the Registration Regulation, members who wish to be re-issued a general certificate of registration and who do not meet one or more of the non-exemptible requirements for a general certificate, with the exception of having to repeat the midwifery education program and the qualifying exam, are required to complete a requalification program that has been approved by a panel of the Registration Committee. Often members will be referred because they do not meet the current clinical experience and active practice requirements for a general certificate.*
- 3. It is a condition on every general certificate of registration that the member shall carry on active practice as outlined in the Registration Regulation. Where a member fails to meet these conditions (i.e. has not attended sufficient births in various settings in a specific timeframe), the member is referred to a panel of the Registration Committee to determine if an exception may be granted or if a shortfall plan is required.*
- 4. Under the Registration Regulation, a Supervised Practice certificate of registration may only be granted for a period of up to one year. Therefore, if a member has not successfully completed their Plan for Supervised Practice and Evaluation within 12 months of issuance of a supervised practice certificate, the member may request an extension and the certificate may only be re-issued if the Registration Committee approves of it being reissued.*
- 5. Where a former member wishes to be reinstated within one year following revocation, under the Registration Regulation, the former member is required to complete a requalification program that has been approved by the Registration Committee.*
- 6. Under the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professionals Act, 1991, a member may apply to the Registration Committee for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the member's certificate of registration as a result of a registration proceeding.*
- 7. Attrition rate includes the number of midwives who left the profession (e.g. resignation) and former members' certificates that have been suspended/revoked/expired. It does not include inactive members. The rate of attrition is expressed as a percentage.*

# QUALITY ASSURANCE COMMITTEE

## REPORT TO COUNCIL – Q2 July 1, 2021 to September 30, 2021

### Committee Members

Chair: Lilly Martin, RM  
Professional: Jan Teevan, RM; Isabelle Milot, RM

Public: Donald Strickland

Non-Council: Sabrina Blaise, RM; Kristen Wilkinson, RM; Sally Lewis

### Activities of the Committee

	Q1
Number of Panel Meetings Held	0
Number of Committee Meetings Held	1
Number of Trainings	

Committee Meeting – September 15, 2021

### Items

#### Professional Standards

The following standards were revised and reviewed by the committee:

- Clinical Education and Student Supervision
- Blood Borne Pathogens
- Record Keeping Standard for Midwives

Both the Clinical Supervision and Blood Pathogens were approved for a 30-day consultation. Feedback from the consultation will be reviewed by the committee in November, with an update provided to the December Council.

The Record Keeping Standard for Midwives is under revision directed by the committee and will be reviewed again by the committee in November prior to going for consultation.

## Professional Development Portfolio

The committee reviewed revisions to the Professional Development Portfolio document, after direction was given to the QAC by Council to address the potential impact on Inactive class members, accommodations, exemptions, and the obligations around reporting without undue burden to midwives experiencing barriers to participation. Revisions were approved by the committee and were brought to Council in October for approval.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

# DISCIPLINE COMMITTEE

## REPORT TO COUNCIL – Q2

July 2021 - September 2021

### Committee Members

Chair: Judith Murray

Professional: : Edan Thomas, RM, Maureen Silverman RM, Jan Teevan, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM

Public: Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Stickland, Sarah Baker (until July 16, 2021)

Non-Council: Susan Lewis

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Prehearing Conferences Held	0	1	-	-	1
Number of Hearing Days	0	0	-	-	0
Number of Meetings	0	1	-	-	1
Number of Trainings	1*	0	-	-	1

\*One Committee Member attended Discipline Orientation Workshops offered by the Health Profession Regulators of Ontario on April 9, 2021

### Caseload Work

	Q1	Q2	Q3	Q4	Total
Open files (Files carried over from previous report)	0	1	-	-	1
Number of new referrals by the ICRC	1	0	-	-	1
Closed files	0	0	-	-	0
Open files (Files carried over to next reporting period)	1	1	-	-	n/a

### Statistics on Closed Cases

Types of Hearings	Q1	Q2	Q3	Q4	Total
Number of Uncontested Hearings	0	0	-	-	0
Number of hearings that resulted in findings of professional conduct	0	0	-	-	0

Findings of Professional Misconduct	Q1	Q2	Q3	Q4	Total
Failed to maintain a standard of practice of the profession	n/a	n/a	-	-	-

Practicing the profession while the registrant is in a conflict of interest	n/a	n/a	-	-	-
Engaging in conduct that would reasonably be regarded as conduct unbecoming a midwife	n/a	n/a	-	-	-
Engaging in conduct relevant to the practice of the profession that would reasonably be regarded by registrants as unprofessional	n/a	n/a	-	-	-

Penalties	Q1	Q2	Q3	Q4	Total
Reprimand	n/a	n/a	-	-	-
Terms, conditions and limitations of the Registrant's certificate of registration requiring the Member to complete remediation	n/a	n/a	-	-	-
Costs Award	n/a	n/a	-	-	-

*Note: One discipline case may result in more than one finding of professional misconduct and/or penalty component.*

Amount of time from referral to the written decision (reported in days)	Q1	Q2	Q3	Q4	Total
Actual	n/a	n/a	-	-	-
Average	n/a	n/a	-	-	-

Respectfully Submitted,  
Judith Murray

# FITNESS TO PRACTISE COMMITTEE

REPORT TO COUNCIL – Q2  
July 1, 2021 to September 30, 2021

## Committee Members

Chair: Judith Murray

Professional: : Edan Thomas, RM, Maureen Silverman RM, Jan Teevan, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM

Public: Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Stickland, Sarah Baker (until July 16, 2021)

Non-Council: Susan Lewis

## Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Hearings Held	0	0	-	-	0
Number of Committee Meetings Held	0	1	-	-	0
Number of Trainings	0	0	-	-	0

## Caseload Work of the Panel

	Q1	Q2	Q3	Q4	Total
Referrals from the ICRC	0	0	-	-	0

Respectfully Submitted,

Judith Murray

# COUNCIL CHAIR REPORT

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REPORT TO COUNCIL – November 22, 2021

Prepared by: Claire Ramlogan-Salanga RM

## 1. General Highlights

As a Council we should be proud of the work that we have been doing, along with the support of the College staff, regarding the ministry led College Performance Measurement Framework (CPMF). As a review, the CPMF is intended to strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing publicly reported information that is transparent, consistent, and aligned across all 26 regulators. The CPMF has seven Measurement Domains that contribute to a College effectively serving and protecting the public. The College has been recognized in the both the Governance and Regulatory Policies Domains as leaders in the sector. Particularly, the CPMF Summary Report has highlighted the College's practice of posting online Council packages that highlight our decision-making process and clearly connects decisions to the public interest. Additionally, the College's practice of using a rigorous and structured process for the development and revision of policies that is based on the principles of good regulation. Our risk-based approach and use of evidence-based best practices supports thoughtful policy making.

## 2. Governance

Last October Council participated in two training workshops. The first was led by Claire Dion Fletcher, an Indigenous and mixed settler Registered Midwife who shared with us a historical overview and current context to the issues and experiences of Indigenous communities in Ontario as they intersect with midwifery care and health institutions. This presentation provided foundational knowledge that all Council members and non-Council committee members require to apply a critical lens to all governance duties.

The second training session continued the theme of good governance. Cathi Mietkiewicz of Mietkiewicz Law, reviewed the objectives, mandates and responsibilities of Council. She also discussed the roles and responsibilities of Council, its statutory committees, and members. Her final discussion regarding current governance trends reiterated our noteworthy performance regarding governance as mentioned in the CPMF, but it also reminded us that there is always work to be done.

Overall Council evaluations of both training sessions were positive. Many felt that they were challenged to learn new ideas and concepts while others felt that the content was a good refresher on the various topics. Many felt that they would like to learn more about Indigenous midwifery and our role in supporting Indigenous midwives. This feedback, along with other comments will help build the training sessions for 2022. Thank you to all members who participated in the Training and Council meeting surveys.

3. Stakeholder Engagement (e.g. stakeholder meetings, conferences)

1. OMSC meeting Oct 18, 2021
2. CMRC Board Meeting Oct 22 & 25 2021
3. CMRC EDI Co-Chair meeting Nov 15 2021
4. Ex-Officio:
  - a. QAC Committee Meeting Nov 26, 2021

# REGISTRAR-CEO QUARTERLY REPORT

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REPORT TO COUNCIL – December 8, 2021.

Submitted by: Kelly Dobbin

The Registrar-CEO Quarterly Report assures Council that the College operates effectively and achieves its strategic goals, and that the Registrar performs in accordance with the expected duties outlined in Council's Governance Policies.

The Registrar-CEO is accountable for the College's performance in six main areas:

1. Strategic Leadership and Direction Setting
2. Development and Achievement of Goals
3. Reputation and Relationship Management
4. Financial Accountability and Management
5. People and Organizational Leadership
6. Council Governance and Engagement

## 1. Strategic Leadership and Direction Setting

### 2020 College Performance Measurement Framework (CPMF) Summary Report

As Council will recall, the Ministry introduced the College Performance Measurement Framework (CPMF) one year ago. The CPMF was developed by the Ministry in collaboration with health regulatory colleges, members of the public and subject matter experts. The CPMF sets standards against which all colleges are measured. Reports are submitted to the Ministry and posted to our respective websites by March 31<sup>st</sup> each year.

The Ministry recently published a Summary Report (see attachment 1: 2020 CPMF Summary Report) providing a system level overview of all 26 Colleges' 2020 CPMF reports. The Summary Report features commendable and notable practices that were identified by a working group comprised of representatives from the Colleges, the public and experts in performance measurement. In total, 52 commendable practices, demonstrating excellence in regulation, were identified by the working group, and the top six are referenced in the report. In addition, the report identifies several notable practices where Colleges are performing well. We are very pleased to report that the College was recognized for one of the top six commendable practices as well as a notable practice in the Report.

Under Domain 1: Governance, the College is recognized for a commendable practice related to transparently communicating the public interest rationale and evidence supporting Council decision-making. The report states, "Council and Committees are expected to make decisions in the public interest, free from influence by professional or other interests. The College of Midwives of Ontario's Council meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to Council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks. The Working Group felt this practice supports transparency in the College's decision-making processes and clearly connects decisions to the public interest."

In addition, under Domain 5: Regulatory Policies, the Report identified our principle-based policy development process as a notable practice. The Report states, “The CMO uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that: 1. Regulation is proportionate to the risk of harm being managed, 2. Regulation is evidence-based and reflects current best practice, and 3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process. The process is intended to encourage use of regulatory tools to mitigate risk only when other non-regulatory options are not able to produce the desired results.”

Council should be pleased that our efforts to achieve excellence in regulation is recognized. Staff celebrated our accomplishments at a recent all-staff meeting where everyone was recognized as having contributed to our success.

The 2021 CPMF cycle ends on December 31<sup>st</sup> and our 2021 CPMF report will be submitted to the Ministry and posted to our website by March 31<sup>st</sup>, 2022. We look forward to again demonstrating compliance with the standards and reporting on our continuous improvement efforts.

#### HPRO Anti-Racism Project Report

In the summer of 2020, the Health Profession Regulators of Ontario (HPRO) initiated a working group to address anti BIPOC (Black, Indigenous, People of Colour) racism, and other forms of inequity and justice, in health profession regulation. Dr. Javeed Sukhera was consulted to commission a report to inform the work in the sector. The final report (please read attachment 2: HPRO Anti-Racism Project Report) was presented to HPRO in October 2021. The working group has since been tasked with next steps, which includes recommending initiatives that Colleges can work on collaboratively as a sector.

The Report’s findings and recommendations are currently being incorporated into our own Equity, Diversity, and Inclusion plan. Staff will meet to discuss the recommendations and actions as well as the resources required to complete the work. It is our hope that several initiatives will be led by HPRO to reduce costs, ensure consistency of implementation, and build a community of practice across the sector. When that has been decided, the College’s plan will be presented to Council, outlining initiatives, success measures, and activities (both planned and already in progress).

## 2. Development and Achievement of Goals

### National Collaboration on a Competency-Based Assessment Program

Midwifery regulators in Canada require registered midwives to demonstrate clinical currency (or active practice) to maintain annual registration, and as well when they return to practise after a leave. When midwives are not able to demonstrate ongoing clinical currency, or when non-practising midwives return to practise after an extended leave, regulatory bodies require alternative evidence of sufficient competence.

In Ontario, in cases where gaps in currency/competence may be significant, midwives are referred to a panel of the Registration Committee, whereby members of the panel identify the competency gaps and develop an individualized requalification program that protects the public. The College has identified the development and implementation of a consistent, valid, reliable, and defensible competency-based assessment program as a strategic initiative in our 2021-2026 Strategic Plan (Strategic Priority 1: Regulation that enables the midwifery profession to evolve).

To save costs and prioritize consistency across the country, the College proposed to collaborate with other Canadian midwifery regulators on this project. All regulators are interested in supporting the initiative, many are agreeing to partner with us, and some can contribute financially. With the College leading the project, we are on track to complete our Y1 (ending March 31, 2022) initiative of setting the expectations for the project and submitting a request for proposal to experts who will help us develop and implement the program.

### Records Retention and Disposition Policy Review

Under Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks, the College will create data management strategies and systems including digitization of all appropriate records to ensure that data resources are easily accessible and effectively structured and managed, and that we are retaining and disposing of data assets in a sustainable and appropriate manner. Our commitment in Y1 of this strategy is to review our Records Retention and Disposition Policy. We have engaged legal counsel to advise us of the legal requirements and best practices related to records retention in the sector and are on track to complete this Y1 initiative (ending March 31, 2022).

### Mandatory Reporting for Midwives Webinar

Under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, the College committed to engage with midwives to improve the transparency of our regulatory processes and decision-making as well as make information about our ongoing requirements, standards, and guidelines available to midwives in an engaging and accessible format. To assist midwives in understanding their mandatory reporting requirements, the College is hosting an interactive webinar, with the Association of Ontario Midwives, on November 25<sup>th</sup> from 12-1pm.

### 3. Reputation and Relationship Management

#### Ministry Meetings - Designated Drugs Regulation

College staff recently met with the Ministry to discuss moving forward with proposed changes to the Designated Drugs regulation. As a reminder, in 2019, the College received a letter from the Health Minister Christine Elliott requesting that the College amend its Designated Drugs Regulation under the *Midwifery Act, 1991* to include categories of drugs. The Minister said that this change was part of the Ministry's commitment to enable "health professions to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals." The Ministry requested that the College propose categories using the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification. The AHFS is a system of organizing drugs developed and maintained by the American Society of Health-System Pharmacists (ASHP) and has been used for organizing drugs in institutional, governmental, and other settings since 1959. The classification system is based on a hierarchical numeric structure and the drugs are classified together with other drugs with similar pharmacologic, therapeutic, and/or chemical characteristics in a 4-tier hierarchy.

The College met the Ministry's request but remained concerned about using this category approach, specifically the AHFS categories, in the regulation. The concern is related to the regular changes that are made to the AHFS classifications and the re-assignment of drugs and substances from one category to another. While it is difficult to predict how often the categories included in the proposed regulation will change, a re-assignment of a drug or substance from a category that is in the regulation to a category that is not in the regulation means that midwives may lose access to a drug or substance that is required for routine or emergency care. The unintended consequence of the category approach will result in barriers to, and gaps in care for clients. The routine re-assignment of drugs and substances has been brought to the attention of the Ministry and was raised again in the College's recent meeting with them.

After meaningful discussion about our ongoing concerns with the proposed framework and additional restrictions/parameters that could be imposed, the Ministry will report back to us later with proposed next steps.

#### Canadian Midwifery Regulators Council (CMRC)

On October 22<sup>nd</sup> and 25<sup>th</sup>, the CMRC hosted its annual 2-day meeting (virtually) again this year. In addition to regular board business to review financial statements and reports from committees (including the Executive, Registration Affairs, Professional Practice, Canadian Midwifery Registration Exam, and Equity Diversity and Inclusion committees, and the Accreditation Council) member organizations representing all provinces and territories report on regulatory highlights from their jurisdictions and engage in dialogue about issues. In addition, members participated in strategic planning exercises to identify areas where we can work collaboratively to improve regulatory outcomes in our respective provinces/territories. Strategic initiatives will be formally approved at the next board meeting.

#### Ontario Midwifery Strategy Council (OMSC)

Members of the OMSC met on October 18<sup>th</sup> to review its terms of reference. All members have taken time to reflect on the challenges and successes of the group and have recommended meeting in the new year with a facilitator to help us plan a new way forward together. We are all aligned in wanting

to work collaboratively, where appropriate, and we will attempt to identify those areas and define initiatives and success measures in the coming months.

#### 4. Financial Accountability and Management

##### Statement of Operations

A Q2 Statement of Operations was approved by the Executive Committee at its last meeting and is presented under the Executive Committee's report to Council for your information. There are no concerns or surprises, and the College continues to be in a stable financial position.

##### 2022-2023 Budget

Budget planning for fiscal 2022-2023 has been initiated. There are several assumptions that need to be tested prior to budget preparation and presentation to Executive and then Council, including revised revenue projections and planned expenses. Lease negotiations are currently underway, as is a thorough analysis of the potential costs to offer an in-house assessment and bridging program for internationally educated midwives. These, together with a new future work/return to office strategy and continued efforts in cyber risk management, will help inform the one-year budget that will be presented to Council in March 2022, as well as the long-term budget projections and financial position of the College.

#### 5. People and Organizational Leadership

##### Director of Operations

The College recently hired Stefano Biscotti as Interim Director of Operations. We were fortunate to have sufficient handover with outgoing Director, Carolyn Doornekamp, prior to her planned departure. Stefano has been a tremendous support to the College and has ensured all areas of the portfolio (including finance, human resources, IT systems and security, facility operations) are functioning well and moving forward as planned. The search for a permanent replacement is currently underway. The College continues to look for staff development/growth opportunities and took a new approach to the interview process, whereby all staff were encouraged to become involved in the process. In all, four staff members with various position titles and accountabilities joined the Registrar on the interview panels. The process has been successful, and we plan to replicate the format with all future hiring opportunities.

##### Organizational Culture

The annual Organizational Effectiveness anonymous staff survey launches December 1. The survey is staff-led and identifies areas of success and areas for improvement and allows the College to continually work on its organizational culture. Results are reviewed in detail by the Staff HR committee and highlights and planned initiatives are then presented to the entire staff team as well as Council (in March). This year, we have asked Sam Goodwin to administer the survey since the Director of Operations position, the staff lead for this initiative, was in transition. In addition, we incorporated equity, diversity, and inclusion survey questions into this annual survey. The feedback will also help us plan for a thoughtful return to office strategy.

### Leadership Development

The College has implemented a new leadership development program to support employees interested in career growth. The College recognizes that opportunities for career growth within the organization are limited due to its small size and this initiative is an effort to compensate for that fact. Two staff members applied to the program, and one has successfully started. We hope to be able to support the second staff member in the new year.

### Return to Office Plans

With the return to the office further delayed until spring 2022, we extended the deadline for staff to claim financial support (up to \$500) to ensure their work from home environment is ergonomically safe and that they have the resources they need to perform their work to the best of their abilities. While we will not expect staff to return to office in a hybrid model until at least April 1, 2022, we are investigating options to allow for a voluntary return to office if we deem it safe to do so. The return to office plan will be coordinated with requirements set by our building landlord and will become part of our Business Continuity Plan.

## 6. Council Governance and Engagement

### Committee Appointments

Each year, the Executive Committee reviews and makes Committee member and Chair recommendations to Council. The Executive Committee also reviews the applications for non-Council committee members (both public and professional). To increase diversity of committee membership, a recent call for applications was made to the public and to the membership encouraging individuals from Indigenous, Black, and racialized communities, marginalized communities, rural communities, as well as to midwives who are internationally educated, or practising in expanded, collaborative and/or community health team models to apply for committee membership. We will continue to explore ways to improve our outreach and improve support for applicants in our efforts to achieve greater diversity. Under the Executive Committee's report, Council is asked to review and approve recommendations for the 2021-2022 committee appointments and composition.

### Council Evaluations and Quality Improvement

As approved at the October 2021 Council meeting, with the support of Goodwin Consulting, Council is piloting a new approach to Council Evaluations. This new approach focuses on continuous self-improvement throughout the year. The first phase consisting of a self-evaluation by Council members was completed with a successful 100% response rate. Results indicate a highly functional and engaged Council, with some great suggestions for continuous improvement priorities received. At the December Council training day, Mr. Goodwin will join Council to strategize an action plan to address suggestions. A full report of decisions and outcomes will be reported to Council at the March meeting.

### Attachments:

1. 2020 CPMF Summary Report
2. HPRO Anti-Racism Report



<https://www.ontario.ca/page/government-ontario>

Ministry of Health

Ministry of Long-Term Care

## Health Workforce Regulatory Oversight Branch

### Summary Report: College Performance Measurement Framework

- [Introduction <#intro>](#)
- [Domain 1: Governance <#dom 1>](#)
- [Domain 2: Resources <#dom 2>](#)
- [Domain 3: System Partner <#dom 3>](#)
- [Domain 4: Information Management <#dom 4>](#)
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## Introduction

### Self-Regulation of Health Professions in Ontario

In Ontario, the primary model for regulation of health professions is based on self-governance <sup>1</sup> [<#foot 1>](#). The Regulated Health Professions Act, 1991 (RHPA) establishes 26 health regulatory Colleges (Colleges) that govern 28 professions in the public interest. Under the (RHPA) and profession specific Acts, Colleges are responsible for ensuring their respective professions provide health services in a safe, professional and ethical manner. In order to practice in Ontario, regulated health professionals must be registered with a College.

Central to their mandate, Colleges ensure that their registrants are skilled, qualified to practice, maintain their competence, comply with standards of practice and are disciplined, where necessary. They vary widely in size and resources, as well as in the scope of practice and controlled acts that registrants are authorized to perform.

The Colleges are structured like corporations, with councils that function as a Board of Directors. College councils are comprised of members of the profession, who are elected by their peers, and lay persons who are appointed by the Lieutenant Governor in Council. Professional members make up 51% of the council with public appointees comprising 49%. Councils meet quarterly and meetings are open to the public.

Each council appoints a Registrar who is an employee of the College and functions as a Chief Executive Officer. The Registrar performs statutory duties outlined in the (RHPA) and is also responsible for managing the operations and overseeing College staff.

Colleges are financially independent from government and are financed through fees collected from their membership bases.

## What is the College Performance Measurement Framework?

The College Performance Measurement Framework (CPMF), was developed collaboratively by the ministry, health regulatory colleges, members of the public and subject matter experts. It is intended to strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing publicly reported information that is transparent, consistent and aligned across all 26 regulators. Reporting performance on a standardized set of measures also enables Ontario's health regulatory colleges to continuously improve performance by identifying and reporting on commendable practices among peers.

Colleges also report specifically on their registration processes through an annual Fair Registration Practices Report submitted to the Office of the Fairness Commissioner <sup>2</sup> [Footnote 2](#). Additionally, Colleges are required by legislation to publish annual reports that highlight their activities over the previous year. The only mandatory information that must be included in the annual report is an audited financial statement and the content of the reports vary from College to College. The CPMF is distinct from these reports and unique in that it provides a broad overview of the Colleges' governance and operations.

The CPMF has the following components:

- Measurement domains: Critical attributes of an excellent health regulator in Ontario.
- Standards: Performance-based activities that a College is expected to achieve and against which a College will be measured.
- Measures: More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
- Evidence: Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
- Context Measures: Statistical data Colleges report that will provide context about a College's performance related to a Standard.
- Planned Improvement Activities: Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

The CPMF has seven Measurement Domains that contribute to a College effectively serving and protecting the public interest. The Measurement Domains are Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement. The 2020 reporting period is the first year Colleges have completed a report. During initial reporting cycles a College's regulatory performance will not be assessed or ranked.

Each College has posted its completed 2020 CPMF Reporting Tool on its website.

## What is the Ministry's Summary Report?

This Summary Report (Report) provides a system level overview of all 26 Colleges' self-reported results organized by Measurement Domain. The Report highlights some commendable College practices, areas where Colleges are collectively performing well, potential areas for system improvements, and the various commitments Colleges have made to improve their performance.

The commendable practices included in this Report were identified by a Working Group comprised of representatives from the Colleges, the public and experts in performance measurement. For the purposes of this Report, a commendable practice is defined as a system, tool or method intended to improve a regulatory practice. The Working Group reviewed all 26 reports against selection criteria to identify 52 commendable practices across all Measurement Domains. Selection criteria considered the following:

- importance to regulating in the public interest,
- the flexibility/adaptability of the commendable practice,
- the effectiveness/applicability to all health regulatory Colleges, and
- the efficiency of the practice.

This Report highlights the top six commendable practices identified by the Working Group. The Collective Strength sections of the Report will also identify notable practices where Colleges reported performing well.

## **Key Observations from the 2020 CPMF**

The ministry recognizes and would like to thank the Colleges for the significant effort required to complete the CPMF reporting tool, particularly given the disruptive impact of COVID-19 on College operations during the 2020 calendar year. Many Colleges needed to reallocate resources to support health professionals in providing safe, competent and ethical care to their patients throughout the pandemic. The ministry notes that COVID may have caused variation in some of the information reported when compared with other operating years.

All of Ontario's 26 health regulatory Colleges completed and posted their Reports on their websites. Collectively, they have demonstrated a strong commitment to transparency regarding how they operate and make decisions, and to improving their performance.

On a system-wide basis, Colleges reported:

- A commitment to strengthening and modernizing governance structures. This included ensuring that their Councils and Committees have the knowledge and skills necessary to strategically guide them and ensure they are meeting their public interest mandate.
- Strong performance related to the administration of their registration and complaints and discipline processes, as well as those related to the provision of guidance to the professions they regulate.
- That they have implemented processes and policies to protect information that they collect from unauthorized disclosure.

The ministry would like to commend the Colleges on their efforts to collaborate as broader health system partners. This helps support alignment of practice expectations across the health system and ensures that Colleges can respond to changing public expectations in a timely manner.

Potential areas for system improvement include enhancing how Colleges measure their performance and use that information to better ensure public protection. Colleges can also continue to build on the significant work underway to modernize governance. This will ensure consistency with respect to competency-based selection of Council members, transparent and accessible communications about conflict of interest and how Council decisions reflect the public interest, among other things. Formalizing policies and processes for the review and development of guidance to registrants will also support the delivery of quality care. Further, the integration of "right touch regulation" in the administration of Quality Assurance Programs and their complaints and discipline processes will help ensure that regulators use effective and efficient processes that are proportionate to the level of risk to the

public. Lastly, clearer linkages between a College's budget and actions/deliverables in their strategic plan could help increase transparency, and formal policies regarding financial reserves will ensure the sustainability of the College.

During initial reporting cycles, a College's regulatory performance will not be assessed or ranked. The CPMF is a journey towards the assessment of regulatory excellence where, in future reporting cycles, Colleges will be assessed and scored based on established performance benchmarks. The baseline data that is being collected over the initial reporting cycles will be used to set benchmarks. The ministry looks forward to receiving the Colleges' 2021 reports in March 2022.

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## Domain 1: Governance

Effective governance is essential for a College to meet its public interest mandate. A College's Council and its Statutory Committees are responsible to determine the strategic direction of the College and to ensure the overall financial stability of a College. Furthermore, Council and Statutory Committee members must have the required knowledge and skills to provide informed contributions for effective oversight.

### Commendable Practices

The Working Group identified two commendable practices that are included in this Report.

- Ensuring Council and Statutory Committee members have the knowledge, skill and judgement to effectively meet their fiduciary duties.
- Competency of Council and committee members is a critical part of any high performing organization. For Colleges, it ensures that public interest questions brought before the Council are considered by individuals who have the knowledge and skills to determine the best solutions to serve the public.
- The Royal College of Dental Surgeons of Ontario (RCDSO) has established a set of competencies for its Council and Statutory Committees against which professionals wishing to serve are assessed by an independent committee. Additionally, these individuals must complete an eligibility course and a 21-question assessment. This is followed by an orientation for those elected to Council or appointed to Committees.
- The Working Group felt this model supports improved decision-making.
- Transparently communicating the public interest rationale and evidence supporting Council decision-making.
  - Council and Committees are expected to make decisions in the public interest, free from influence by professional or other interests.
  - The College of Midwives of Ontario's Council meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to Council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.
  - The Working Group felt this practice supports transparency in the College's decision-making processes and clearly connects decisions to the public interest.

### Collective Strengths

In 2014, the College of Nurses of Ontario (CNO) initiated an extensive review of all aspects of its governance. In 2016, it published its vision for governance in a report called "Final Report: A vision for the future". Since this time, numerous Colleges have

dedicated significant time and resources to strengthening their governance structures. For example, the Working Group identified notable practices by the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario, the College of Medical Radiation and Imaging Technologists of Ontario, the CNO and the RCDSO, who have taken steps to modernize and improve their governance structures.

All Colleges reported initiating work on governance modernization, including developing and implementing core competencies for Council and Committee members, strengthening training and orientation for Council and Committee members, and evaluating the effectiveness of Council meetings and Council itself.

Colleges collectively self-reported strong performance in transparently communicating their strategic plans or objectives, as well as policies and procedures regarding Council conduct and conflict of interest. The majority of Colleges also reported they provide information about Council meetings and discipline hearings in a timely manner.

## System Improvement

Even though multiple commendable practices were identified in this Domain, there is still an opportunity to drive consistency and improved governance structures across all colleges. The Working Group noted that the commendable practice regarding Council and Committee competencies is adaptable and could be expanded across most, if not all, Colleges.

Additionally, ministry review of College reports identified that the process used by Colleges to identify, monitor and make public declarations of conflict of interest could be strengthened. Conflict of interest processes may benefit from continued work to increase the transparency and accessibility of this information across the system of regulators as a whole.

Lastly, while significant work is underway already, the review also identified that Colleges can continue to strengthen methods to:

- clearly communicate how Council decisions reflect the public interest,
- provide updates on the College's process in implementing Council decisions, and
- identify the activities and/or projects that support its strategic plan and how these are linked to the College's financial plan and budget.

## Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Implementation of competencies for professional Council and Committee members,
- Evaluation of Council meetings and Council itself, including a third-party assessment at a minimum of every three years,
- Transparent identification of the public interest rationale in Council meeting materials, and
- Transparent and accessible communication of Council member's conflict of interest declarations.

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## Domain 2: Resources

For a College to be able to meet its statutory objects and regulatory mandate, now and in the future, it requires effective planning and management of its financial and human resources. It is important to demonstrate that appropriate financial

management policies are in place and followed, including a plan to meet unanticipated financial demands. Furthermore, the CPMF asks Colleges to demonstrate how their strategic plan and budget complement and support each other. Lastly, recognizing that staff is a key resource for effective College operations, Colleges are asked to show how they maintain their workforce now and for the future.

## Collective Strengths

The majority of Colleges reported that their strategic plan was costed with resources allocated accordingly. The most common evidence provided included a copy of the College's budget, along with its strategic plan, and confirmation that the strategic plan is considered in the annual budget planning process.

While none of the top commendable practices identified by the Working Group in this Domain are included in this report, the Working Group highlighted a notable practice by the College of Massage Therapists of Ontario (CMTO) related to learning development processes for College staff. The CMTO reported that it uses an internal learning management system to ensure it has a capable and competent staff complement. The CMTO's learning management system provides a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and the development of a shared leadership culture. The Working Group noted that human resources are central to day to day operations and managing an organization's workforce is required to support organizational success.

## System Improvement

Colleges' self-reported results identified two main areas for continued growth related to financial reserves, and support of a sustainable workforce.

Many Colleges reported that they allocated financial reserves as part of the budget planning process and that the reserve amounts were approved by an external auditor. There is an opportunity to strengthen transparency of these processes and enhance consistency across Colleges by encouraging the development and implementation of formal financial reserve policies. Policies should identify the amount of financial reserves the College should hold and criteria for how the reserves would be used.

Additionally, many Colleges reported that Council approved staff resources through budget planning. However, few Colleges provided detail regarding Council's role in ensuring that there is a formal process for professional learning and development for staff and succession planning for senior leadership.

Lastly, clearer linkages between a College's budget and actions/deliverables in the strategic plan could help increase transparency.

## Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of formal reserve fund policies that are validated by a financial auditor,
- Establishment of robust reserve funds,
- Development of policies and processes to address succession planning, and
- Consultation amongst Colleges to identify best practices in human resource planning.

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## Domain 3: System Partner

Colleges are one of several actors that oversee Ontario's regulated health workforce. By partnering with other health regulatory Colleges and system partners, such as hospitals, and educational institutions, a College can:

- align practice expectations across practice settings and professions (where relevant),
- address issues proactively, and
- support continuous improvement in the quality of care.

To effectively respond to changing public expectations, a College must be informed by, and partner with, the broader health system, including patients and their families.

## Commendable Practices

The Working Group identified three commendable practices that are included in this Report.

- Responding to changing public expectations.
- A College's regulatory activities need to be in-step with changing public expectations, population health needs, and models of care, as well as evolving clinical evidence and advances in technology.
- The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) implemented several initiatives in response to changing public expectations. This includes Trust Matters and Patient Rights campaigns to build public confidence and awareness when receiving care from a CASLPO professional. It also includes developing an internal Diversity, Equity and Inclusion (DEI) strategy and initiating an anti-BIPOC racism working group with other regulatory partners to influence a broader anti-BIPOC approach across all Colleges. CASLPO's strategy is diverse and includes a dedicated webpage, appointment of a DEI Officer, training for all Council and staff, and an e-forum for registrants.
- The Working Group identified this commendable practice as critical to the public interest mandate of Colleges.
- Establishing system focused quality indicators for the profession.
- Collaborating with system partners enables Colleges to be sensitive to changing patient and system needs, and positively impacts a College's ability to plan for the future.
- In 2018, the Ontario College of Pharmacists (OCP), in partnership with Ontario Health (Quality), started developing quality indicators for the profession that are aligned with Ontario health system indicators. The goal of this work is to focus on the impacts of health care on patient and system outcomes and provide the public and stakeholders with a clearer picture of the overall quality of care being provided by pharmacists. Partners from across the health system were engaged, and included academia, the Ministry of Health, physicians, registrants of the OCP, professional associations, data and analytics experts, and patients.
- The Working Group noted that collaboration and development of well-defined partnerships can produce positive results in terms of public protection and health system planning.
- Notification tool on the Public Register.
- Engaging collaboratively with system partners enables Colleges to identify initiatives that support continuous performance improvements and meeting changing public expectations.
- The College of Dental Hygienists of Ontario has implemented a notification tool that will allow a member of the public, or an employer, to sign up to

receive notifications about changes to information posted on the Register for specific dental hygienists. This initiative was started as a result of collaboration with the public via a Citizen Advisory Group (CAG), that identified an interest in the ability to find current information about their practitioner. The CAG noted that information on a website was only current as of the day you accessed the register. The College has developed a video that provides information about what the tool is and how to use it. Notifications are sent by email and include changes to information relating to a registrant's registration status and conduct.

- The Working Group noted that this feature is the first of its kind for a regulator in Ontario and a commendable practice that improves transparency and timely communication of information about registrants to the public.

## Collective Strengths

Colleges provided diverse examples of how they collaborate with system partners to improve the alignment of practice expectations and to respond to changing public expectations. Many Colleges identified broad and targeted stakeholder engagement strategies to respond to changing system and public needs in a timely manner.

Throughout the COVID-19 pandemic Ontario's health regulatory colleges have worked to ensure that regulated health professionals have the information they need to provide competent and safe care during the pandemic. A notable practice identified by the Working Group was the collaborative effort to create return to practice guidance between the College of Kinesiologists of Ontario, the College of Occupational Therapists of Ontario, the College of Massage Therapists of Ontario and the College of Physiotherapists of Ontario.

The Working Group also identified a notable practice by the College of Opticians of Ontario. The College is working with several other Colleges to build joint resources related to procurement and shared data collection and analysis services. This will address challenges faced by small and medium-sized Colleges.

Lastly, the Working Group identified notable practices related to public safety by the College of Nurses of Ontario (CNO). The CNO has worked to implement the recommendations of the 2018 Long-term Care Homes Public Inquiry, developing and sharing multiple resources on preventing intentional patient harm that are relevant to all regulated health professionals. Additionally, the CNO is collaborating on the development of a national database for sharing nurse registration and discipline information. The database will enable proactive sharing of information about nurses across jurisdictions and will enhance public safety in a time of increasing labour mobility.

## System Improvement

Colleges are encouraged to continue to build upon the system partnerships they have established and to use examples reported by other regulators to identify new relevant opportunities.

The Working Group noted that the commendable practices identified above are applicable to all Colleges. The Working group also highlighted that the necessary resources and tools for patients are well defined on the CASLPO's website to support adaptation and implementation in other Colleges. Additionally, Colleges are encouraged to continue to find ways to incorporate patient and public perspectives and feedback into their work.

## Improvement Commitments by Colleges

The System Partner Domain did not request Colleges to provide specific evidence to demonstrate how they met a Standard, given that all Colleges interact with the

health system differently based on the profession they regulate. Many Colleges provided information about projects that were in the process of being implemented. Where a College provided an example of work that was underway, they have been asked to provide an update on their progress in future reports.

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## Domain 4: Information Management

Colleges collect and hold confidential information that must be retained securely and used appropriately in the course of administering their regulatory activities and legislative duties and objects. Colleges must ensure that they have policies and processes in place to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature.

### Collective Strengths

The majority of Colleges reported that they have policies and processes to govern the collection, use, disclosure, and protection of sensitive information. Colleges used a variety of methods to achieve this, including the use of Privacy Codes, confidentiality undertakings signed by staff, data protection policies for information collected through websites, and data retention and safeguarding. The majority of Colleges noted that the disclosure of data was done in accordance with requirements set out in the Regulated Health Professions Act, 1991 (RHPA) and was limited to the information posted on the Public Register.

The Working Group noted the Royal College of Dental Surgeons of Ontario (RCDSO) had a notable practice regarding its implementation of a range of privacy and confidentiality policies intended to ensure the College's legal obligations are met. Policies include a focus on information security, acceptable use of systems and related services, records management, and workplace social media conduct. The College also provides information technology (IT) security awareness training for staff and planning for the possibility of IT security breaches. Lastly, the RCDSO has a designated Privacy Officer and privacy lead who consults with staff regarding the management and disclosure of confidential and private information.

### System Improvement

Disclosure of information by Colleges, within the existing legal framework, is a potential area of improvement for Colleges. Since Colleges are not subject to privacy legislation, it is important that they have formal and transparent policies and processes governing the disclosure of information. This includes the development of criteria for disclosure and actions in response to unauthorized disclosure. The development of robust formal policies regarding the disclosure of information is important to support public accountability.

### Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development and implementation of formal policies and processes related to the collection, use, retention and disclosure of data where Colleges reported informal policies and processes,
  - Development and implementation of formal policies and processes for managing any unauthorized disclosure of confidential or private information, and
  - Processes for the regular collection of statistics regarding any unauthorized disclosure to support identification of patterns can be used to prevent further incidents wherever possible.
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## Domain 5: Regulatory Policies

Colleges are required to develop and maintain practice expectations for registrants. This enables the public and patients to be aware of what behaviours they should expect when receiving high quality care from a regulated health professional. In order to keep expectations current and up-to-date, Colleges must have a process in place to identify when standards of practice, policies or guidelines need to be updated or when new guidance is required. When updating expectations, Colleges should consider relevant evidence, changing public expectations, risks to the public, and alignment with other relevant health professions. This process should include consideration of feedback from relevant stakeholders, including patients and their families.

### Collective Strengths

All Colleges reported that they regularly monitor the broader health and regulatory environment to assess the need to develop or revise their policies, standards of practice, and practice guidelines. Additionally, the majority of Colleges reported using a variety of sources of evidence to inform the development and revision of practice guidance.

The Working Group identified the principle-based policy development process by the College of Midwives of Ontario (CMO) as a notable practice. The CMO uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that:

1. Regulation is proportionate to the risk of harm being managed,
2. Regulation is evidence-based and reflects current best practice, and
3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process.

The process is intended to encourage use of regulatory tools to mitigate risk only when other non-regulatory options are not able to produce the desired results.

### System Improvement

All Colleges reported that they have processes to develop or update guidance that they provide registrants. In some instances, these processes were formal, whereas in others they were informal. There is opportunity to improve transparency across all Colleges by formalizing policies and processes for the review and development of guidance.

There was variability in the process used by Colleges to identify the need to revise or develop guidance. Colleges are encouraged to implement a variety of methods, in addition to a regular review cycle, to monitor whether revisions or new guidance is necessary. This would help Colleges to provide their registrants with timely, up-to-date and relevant guidance.

### Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Formalizing policies and processes for policy, standard and guideline review and development, where processes are currently informal,
- Incorporation of a risk assessment in the development of standards, guidelines and policies, and
- Updating review processes to enable timely review of all standards, guidelines and policies to ensure relevancy to current and evolving professional practice, as well as changing public expectations.

## Domain 6: Suitability to Practice

Colleges strive to ensure that those who practice the profession are qualified, skilled and competent to practice. Colleges achieve this by registering qualified practitioners, setting requirements for continuing education and professional development, supporting registrants in meeting practice expectations and investigating complaints and disciplining registrants where necessary. Colleges should apply a “right touch regulation” to its registration, quality assurance, and complaints and discipline processes to ensure that the regulatory activity undertaken is proportionate to the risk to patients and the public posed by the registrant.

### Commendable Practices

The Working Group identified one commendable practice that is included in this Report.

- Transparency of the complaints process.
- A College must ensure that all complaints, reports and investigations are conducted in a timely manner and that necessary actions are taken to protect the public. When a complaint about a regulated health professional is received, a College should ensure all parties receive timely communication to support both the registrant’s and the complainant’s ability to participate effectively in the process, increase transparency and improve procedural fairness.
- The College of Physiotherapists of Ontario (CPO) transparently outlines the different stages of its complaints process on its complaints webpage. Information on how to submit a complaint is clearly identified and accessible in 10 different languages. This includes information about how to apply for funding for therapy and counselling for patients who have been sexually abused by a physiotherapist. Complaints can be submitted by mail, electronically (through the website or by email) or by phone if accommodations are required.
- The Working Group noted that the practice of providing information about the complaints process in several languages shows a willingness to tailor its complaints process to accommodate a diverse population and ensure confidence in the process.

### Collective Strengths

All Colleges reported having processes in place to ensure that those who are registered meet applicable registration requirements. This includes processes to review and validate documents and confirm information submitted by third parties on behalf of an applicant. Additionally, the majority of Colleges have processes in place to ensure that the assessment of registration requirements is periodically reviewed against best practices. The Working Group identified a notable practice by the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO). The CMRITO has developed a career map for international applicants that provides step by step instructions on the application process, the evaluation process and sets out what documentation is required to support an application for registration. This career map also provides the timing associated with registration and what is required of applicants at each stage of registration.

The majority of Colleges identified that they have processes to assess ongoing competency of registrants who are practicing the profession. The processes also ensure that registrants who required remediation after participating in the College’s

Quality Assurance (QA) Program subsequently demonstrate the required knowledge, skill and judgement.

The Working Group identified multiple notable practices related to the delivery of College's QA Programs. These included the College of Occupational Therapists of Ontario's (COTO) and the College of Optometrists of Ontario's (CoptO) risk-based processes for selecting registrants to undergo a continuing competency assessment as part of the QA Program. The Working Group noted that these processes are aligned with the principles of right touch regulation and identify higher risk registrants. The COTO's process includes categorizing risks into four categories, assigning a risk rating to registrants and using this data as a basis for selection of registrants who will undergo a competency assessment. The CoptO uses its complaints data to identify areas of practice that may pose a higher risk and incorporates this into how it selects registrants to participate in the QA Program. Additionally, QA activities focus on areas of practice that provide the most accurate picture of a registrant's practice and allow for less intensive reviews unless an assessment identifies a comprehensive review is needed. The College of Dietitians of Ontario and the RCDSO have incorporated methods for registrants to self-assess risk and follow up on areas that need improvement into their QA processes.

The majority of Colleges reported robust processes that ensure that individuals involved in complaints processes are supported and receive regular updates on the progress of their complaint or discipline case. Colleges also reported that they transparently and clearly communicate about the stages of the complaints process and the supports available to complainants. The Working Group identified a notable practice by the College of Massage Therapists of Ontario (CMTO). The CMTO makes information about the complaints process available in multiple languages, and also provides information in an audio format. The College of Naturopaths of Ontario (CONO) publishes anonymous complaint information on its website, including the date when the complaint was filed, the issues or concerns included in the complaint and the current stage of the complaints process. When a complaint is closed, the College provides the outcome of each matter and the date of closure.

## System Improvement

Colleges are encouraged to continue integrating a "right touch regulation" approach to their QA Programs, as well as to aspects of their complaints and discipline processes. Increased consistency in the use and development of policies and processes that support the identification of higher risk practice areas and proportionate remediation will support Colleges in improving their performance. Additionally, while many colleges communicate changes to standards of practice or practice guidelines to registrants, many do not provide additional tools or advice to support them in implementing required changes or expectations in their practice. To support the delivery of up-to-date, safe, effective, efficient and patient-centered care, registrants must be able to apply relevant guidance provided by Colleges to real-life practice and issues within their individual practice <sup>3</sup> [3](#).

The Working Group noted that the commendable practice related to provision of information about the complaints process in multiple different languages is applicable, and could be implemented, across all Colleges. There is also opportunity to improve consistency amongst Colleges in providing responses to inquiries about the complaints processes within 5 business days. Colleges could also provide additional transparency about how they assess risk and prioritize investigations, complaints, and reports. Lastly, greater consistency can be achieved regarding Colleges' collaboration with other relevant regulators and external system partners (e.g. law enforcement, other governments, etc.) where concerns about a registrant are identified. To support robust public protection, Colleges are encouraged to develop formal policies outlining criteria for sharing this information with other relevant regulators and external system partners, within the existing legal framework.

## Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of policies and processes regarding the education and support provided to registrants in applying standards of practice and practice guidelines,
- Revising QA Programs to incorporate a “right touch” and risk-based approach,
- Improving processes to track response times to inquiries about the complaints process, and
- Development of policies and consistent criteria for sharing concerns about a registrant with relevant regulators and external system partners, within the legal framework.

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## Measurement, Reporting and Improvement

Performance measurement and evaluation are vital concepts of regulatory excellence. This includes how a College measures, analyzes and reports its performance against its strategic goals and regulatory activities. Additionally, it includes how a College identifies and assesses risks and how it uses the information to continuously improve its regulatory performance.

### Collective Strengths

Colleges reported that they are dedicated to transparently reporting on their performance against their strategic objectives and regulatory activities. Many Colleges provide regular updates at Council meetings using a variety of tools to communicate their progress (e.g. briefing notes, balanced score cards, dashboards, etc.).

The Working group identified a notable practice by the College of Medical Laboratory Technologists of Ontario (CMLTO) regarding the use of a publicly available governance risk register. Approximately every two years the CMLTO’s Council reviews risk trends to update its governance risk register and to ensure there are no key gaps in its policy parameters or in actions Council should be taking. The Working Group noted that the use of a risk-based approach drives regulatory effectiveness by clearly articulating the College’s role in understanding and addressing the current and emerging risks to clients/patients. Additionally, it was noted that regular review of regulatory and profession-specific risks can be done using both internal and system-level data and allows Colleges to identify and proactively respond to risks to the organization.

### System Improvement

While the majority of Colleges report performance outcomes, there is opportunity for greater consistency in how Colleges communicate how regulatory performance is measured and how results are used to drive improvement. Key performance indicators can be more consistently identified, including why those particular indicators are important. Additionally, it is possible to better communicate how performance and risk review findings have translated into improvement activities.

## Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of and implementation of key performance indicators to measure performance against the strategic plan, for Colleges using informal measures,
- Implementation of a formalized approach to risk, as well as the use of risk-based data, and
- Development of formal processes for using the key performance indicator data to identify areas for improvement.

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<sup>1</sup> <#top> Ontario has recently adopted an additional model of oversight under the Health and Supportive Care Providers Oversight Authority Act, 2021 (HSCPOAA) which received Royal Assent on June 3, 2021. The HSCPOAA will implement a new regulatory framework for the oversight of individuals providing health and supportive care services, beginning with Personal Support Workers (PSWs) in Ontario. The framework would create a new designated administrative authority-type entity named the "Health and Supportive Care Provider Oversight Authority" (the 'Authority') for the purpose of overseeing individuals providing supporting care and services. This approach is distinct from the existing self-regulatory college model under the Regulated Health Professions Act, 1991 (RHPA). At this time, the CPMF does not apply to the Authority. Any future application of the CPMF to this new oversight body would need to consider how the role of the Authority differs from a health regulatory college.

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<sup>2</sup> <#middle> The Office the Fairness Commissioner works with the regulated professions and compulsory trades in Ontario to ensure that they have registration practices that are transparent, objective, impartial and fair. The Office is independent of the Ontario government and regulated professions and compulsory trades.

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<sup>3</sup> <#end> Cornelissen, E, Mitton, C, Sheps, S. Knowledge translation in the discourse of professional practice. *International Journal of Evidence-Based Healthcare* 2011 June; 9(2): 184-188. Published online 2011 May 23. Doi: <https://doi.org/10.1111/j.1744-1609.2011.00215.x> <<https://doi.org/10.1111/j.1744-1609.2011.00215.x>>. Retrieved at <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1744-1609.2011.00215.x> on August 7 <<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1744-1609.2011.00215.x%20on%20August%207>>, 2019.

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**SEPTEMBER 28, 2021**

# **ADVANCING EQUITY AND ANTI-RACISM IN HEALTH PROFESSION REGULATION**

**PREPARED FOR THE HEALTH PROFESSION  
REGULATORS OF ONTARIO ANTI-BIPOC RACISM  
WORKING GROUP**

**DR. JAVEED SUKHERA**

# EXECUTIVE SUMMARY

**T**he importance of advancing equity and anti-racism within health professions has gained recent attention. Regulators have attempted to increase diversity while seeking structural reforms to advance equity. However, efforts remain constrained while persons from racialized groups continue to experience discrimination. To support a more fulsome, rigorous, and sustained effort in this area, the Health Profession Regulators of Ontario (HPRO) sought external consultation and commissioned a report to inform future work.

Several activities were conducted including a literature search, environmental scan, focus group, and a survey. There were multiple discussions with HPRO's Anti-BIPOC Racism Working Group, and this report provides a set of key findings and recommendations:

## FINDINGS

1. Specific areas where equity and anti-racism must be addressed within regulatory organizations include registration, complaints/discipline, and policy/governance.
2. Regulators have an important role in addressing equity/anti-racism that will require that they expand beyond their traditional role and embrace thought leadership.
3. An often overlooked discourse relating to equity/anti-racism in health professional regulation involves prejudice and discrimination experienced by regulated health professionals, often from patients.
4. Advancing equity and anti-racism for regulators must also consider the distinct nature of such issues within regulatory organizations and their workplaces.
5. Addressing equity/anti-racism within a diverse group of health profession regulatory organizations also requires attention to inequities and disparities between and among professions related to available resources and power asymmetries.

# Recommendations

1. **BE Thought Leaders:** Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.
2. **ADAPT to serve:** The traditional role of the regulator as the protector of the public must adapt to consider prejudice and discrimination experienced by health professionals in relation to the statutory mandate of regulatory organizations.
3. **TRAIN for the future:** Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.
4. **MEASURE and monitor:** A standardized scorecard should be established to assist regulators in auditing their practices and embedding equity and anti-racism related monitoring and performance metrics into their operations.
5. **DISMANTLE and co-construct:** Regulators should critically appraise existing policies and consider an inclusive approach to policy co-design with racialized and minoritized stakeholders.
6. **IMPROVE representation:** Regulators must work to improve representation and diversity within regulatory staff and regulatory governance.
7. **BUILD and collaborate:** Before undertaking any equity/anti-racism initiatives, regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations.

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## INTRODUCTION AND BACKGROUND

The confluence of several events in 2020 and 2021 have catalyzed a moment of reflection and introspection for those working in multiple sectors and organizations, particularly health care. Although there has been a longstanding history of anti-Black and anti-Indigenous racism within Canadian healthcare, there was a period of rapidly increasing awareness of such issues and a call for more concerted and sustained effort to improve equity and advance anti-racism work.

Although many organizations have traditionally shied away from critical dialogue about equity and racism, the Health Profession Regulators of Ontario (HPRO) leaders through its Anti-BIPOC Racism Working Group sought an outside consultant to explore and address issues pertaining to Equity, Diversity, Inclusion, and Belonging (EDI-B) with the health professions regulatory sector at a provincial level.

The goal of the work was to address the need for improving EDI-B within HPRO and member organizations. The need to improve EDI-B was prioritized by the HPRO leaders and the Anti-BIPOC Racism Working Group in the context of the COVID-19 pandemic and increased attention to EDI-B work in the health professional regulatory sector in Ontario. This work was also specifically directed to include a focus on anti BIPOC-racism while remaining open to acknowledge and address other forms of inequity and injustice. Deliverables for the initial phase included a literature review/environmental scan, engagement with internal/external stakeholders, and a training workshop for key stakeholders.

Objectives included:

1. Developing a shared understanding of how issues pertaining to EDI-B are relevant to health profession regulators including a glossary of key terms.
2. Building enthusiasm among health profession regulators to recognize and address EDI-B in their organization.
3. Developing a set of common principles and practices that may guide future work for EDI-B among health profession regulators in Ontario.

# LITERATURE SEARCH AND ENVIRONMENTAL SCAN

## METHODOLOGY

Multiple searches were conducted utilizing both scientific databases, grey literature, and social media. The search strategy continued to be iteratively revised once more focused areas of inquiry were developed. Each section below summarizes key themes from the literature search and environmental scan.

## THE ROLE OF REGULATORY ORGANIZATIONS

Health profession regulators are an important element of Ontario's health system. Traditionally, regulation has served as a policy instrument to ensure protection of the public. Regulators establish and enforce standards (Aldridge, 2008) through a continuing process that requires participation and assessment of several stakeholders and contains an intrinsically evaluative element. In addition, effective regulation requires appropriate administration, governance, and oversight (Aldridge, 2008).

Across various jurisdictions, the aims of regulation may be similar, however, the mechanisms often differ due to historical policy legacies and cultural norms (Leslie, 2021; Allsop, 2008). The historical development of health professions regulation in jurisdictions such as Canada has largely been influenced by the United Kingdom (UK) and the United States of America (USA). Both systems have been built around legacies of race-slavery and colonialism. Some authors have argued that the ideologies which underpin regulatory policy reinforce white superiority and are rooted in a history of colonialism (Foolchand, 2000; Adams, 2009). Ultimately, the entire premise of self-regulation assumes that professionals and regulators will behave altruistically and in the best interests of the public (Collier, 2012). However, the concept of what or who is considered to be the public is largely seen through a Euro-centric, patriarchal, and heteronormative lens.

In a Canadian context, key actors have included, professionals, the public, and the state (Adams, 2020). Regulatory outcomes have been largely independent for provinces and territories and relationships were not always harmonious. In the past several decades, there have also been multiple tensions in Canadian self-regulation. For example, there has been a proliferation of many different health disciplines, increasing costs, community participation, and a move towards increasing public accountability (Aldridge, 2008). Over

time, approaches have focused on improving accountability to public interest through more open, transparent, and accountable processes for surveillance and control (Adams, 2020; Waring, 2007).

Canadian regulation is enacted by provincial regulatory organizations through activities related to registration, regulation of practice, and remediation where specific deficiencies are identified. In practice, their work includes developing and implementing a system of registration and licensure, establishing, and maintaining practice standards, receiving, investigating, and adjudicating complaints, and complying with appropriate legislation through the establishment of appropriate governance and oversight structures (Schultze, 2007).

Although there have been multiple tensions in Canadian regulation, there have been limited initiatives to address equity and anti-racism in isolated professions such as midwifery that pre-date 2020 (Tyson et al, 2016). The field has yet to grapple with such issues in a meaningful way. For example, a review of the Health Professions Regulatory Advisory Council of Ontario (HPRAC) website at [www.hprac.org](http://www.hprac.org) found 19 results which mentioned equity and only 1 which mentioned racism. However, BC's health regulatory counterpart for HPRO ([Bchealthregulators.ca](http://Bchealthregulators.ca)) mentioned racism on 11 instances and included a statement from June 2020 about the organizations' support for "the global movement to end racism and discrimination against Black and Indigenous communities and all people of colour." There was also support from the organization for an investigation into anti-Indigenous racism in emergency rooms. Overall, barriers to acknowledging the influence of systemic racism include a culture of denialism and avoidance. Traditionally, professional regulation has not paid attention to critical analyses of power. For example, regulators often over-estimate professional power and under-estimate the role of the state and other stakeholders (Adams, 2020).

A preliminary review and environmental scan suggest that the paucity of examples of anti-racism work among health profession regulators aligns with the concept of a non-racist discourse, which passively delegitimizes concerns about racism, minimizes the historical legacy of institutional racism, and prioritizes individual behaviours to diminish the culpability and inaction of institutions (Arellano and Vue, 2019). In contrast, anti-racist discourse actively exposes the realities of racism as deeply embedded within systems and structures, upheld and bolstered by institutions while communicating a clear intent

to dismantle the manifestation of white supremacist ideologies and practices in their own contexts. Dialogic, anti-racist discourse on racism requires authenticity to promote trust, reciprocity to mitigate power dynamics, responsiveness to enact efficient and effective change, and for voices of colour to be centred and affirmed (Cizeka and Logan, 2018).

## **POWER, HIERARCHY, AND MEDICAL DOMINANCE**

Regulators carry considerable power. They confer state-sanctioned legitimacy on what can be considered a profession and have autonomy and social influence (Aldridge, 2008; Lemmens, 2019; Adams, 2009). In many instances, Canadian regulators have sought control over individual professionals and such dynamics have been influenced by implicit, explicit, and structural biases. Although the public interest remains the driving concern of professional regulation, Canadian regulators have tended to define public interest in largely socially constructed ways. For example, principles that guide regulation tend to relate to topics such as efficiency, accountability, and transparency, while casting health professionals as social threats with the need for regulators to control them to mitigate risk (Adams, 2020). Such discourses are prone to the influence of socially constructed racist norms, particularly against Black and Indigenous individuals.

In addition, the topic of medical dominance is not typically discussed by regulators (Leslie, 2021). This is despite evidence that more elite professions have influenced access to professionalization for others with clear examples of how some professions such as Chinese medicine and naturopathy have been consistently marginalized and denigrated by more dominant health professions such as medicine (Saks and Adams, 2019; Aldridge, 2008; Lemmens, 2019).

The power of regulators is also important when they are considered as gatekeepers or standard bearers. For example, decisions made by one regulatory body in Canada can have an impact on the quality and practice of a health discipline somewhere else in the world (Cutcliffe et al, 2011).

## **ISSUES PERTAINING TO COMPLAINTS, INVESTIGATION, AND DISCIPLINE**

Systemic racism is everywhere, and research indicates that health professionals are increasingly subject to biased and discriminatory behaviour. Although research on race-based investigations in this area is limited, studies suggest that professionals who face discipline tend to be male and are over-represented by internationally trained health professionals (Byrick, 2013; Alam et al, 2013; Alam, Klemensberg and Griesman, 2011).

Health professionals who are visibly racialized experience workplace racism on a regular basis (Grady and White, 2020). This issue has been long neglected leading to a culture of accommodation which has a negative influence on the well-being of racialized health professionals (Paul-Emile et al, 2020; Rakatansky, 2017).

Addressing this issue requires the adoption of policies and frameworks to identify and address racism experienced by health professionals particularly from patients. These must be implemented at the level of the organization and be complemented by training and leadership support. Research also suggests attention to power structures, identity, and honest conversations about the existence of bias and racism (Grady and White, 2020).

## **ISSUES PERTAINING TO STRUCTURAL BIASES AND INTERNATIONALLY LICENCED HEALTH PROFESSIONALS IN A CANADIAN CONTEXT**

Most health professions recognize that there is a need to seek foreign-trained health professionals to meet the needs of an aging population (Campbell-Page et al, 2013). However, these professionals encounter significant barriers to licensure. Non-recognition of credentials is recognized as the most important factor contributing to their difficulties.

Regulators are thought to function as gatekeepers which refers to their power and control over access to legitimacy as a health professional. Gatekeeping is evident throughout the process of licensure ranging from language testing to evaluation and examinations. These structural barriers are largely shaped around the assumption that Canadian education, training, and examinations are inherently superior and that foreign credentials are fundamentally misaligned with the ability to practice effectively in a Canadian context (Cheng, Spaling, & Song, 2012).

Literature on internationally licensed health professionals also highlights that there are financial and social barriers to assessment and recertification (Covell, Neiterman, & Bourgeault, 2016; Augustine, 2015; Smedley, 2008). For example, the process is quite costly and the social atmosphere in Canada can lead to feelings of exclusion and marginalization. In addition, internationally licenced professionals have been found to experience systemic and individual discrimination that is manifested in both implicit and explicit ways (Najeeb et al, 2018). Authors therefore suggest the need for formalized bridging and mentorship programs to help support internationally trained professionals integrate into Canadian systems.

Efforts to foster immigrants access to some health professions has been ongoing. For example, the Fair Access to Regulated Professions Act (FARPA) was passed in Ontario in 2006 with the aim of facilitating access leading to several tools for the fulfillment of its stated purpose. The Office of the Fairness Commissioner has been afforded responsibility for implementing FARPA. Each regulated profession covered by the act is required to review and report their registration practices and are subject to audit (Lemmens, 2019).

## **POTENTIAL IDEAS TO ADDRESS EQUITY AND ANTI-RACISM FOR REGULATORS**

### **1) ENHANCED EVALUATIVE MECHANISMS**

The nature of effective regulation is inherently evaluative which lends regulation towards embedded anti-racist principles into mechanisms for feedback and evaluation (Alam et al, 2011; Collier, 2012).

### **2) ENHANCED PUBLIC TRUST THROUGH COLLABORATION**

Among the many principles of self-regulation is the importance of collaboration with stake holders. For example, Adams states, *“Good regulatory policy should consider the voices and concerns of all stakeholders and develop regulatory solutions that work for service providers, service users and others, while providing oversight and accountability. Successful regulation appears to require collaboration.”* (Adams, 2020, p6).

### 3) INCLUSIVE POLICY CO-DESIGN

One of the mechanisms that can facilitate the development of more equitable policy is referred to as participatory policy co-design. Both co-design and the similar concept of co-creation are based on principles of the ideal of co-production. These approaches centre experiences of average individuals to engage in participatory ways to implement improvements and innovations in policy design. Such approaches build upon an individual's capabilities, assets and skills leading to more mutuality, reciprocity, and egalitarian partnerships that recognize and correct power asymmetries. Therefore, co-design provides a meaningful approach to engagement with groups that have experienced prejudice or discrimination. Advancing policy co-design for regulatory organizations would require increasing representation and diversity in governance structures while ensuring that policy is co-written with individuals who have direct experiences of prejudice or discrimination. To foster a culture of mutual respect when conducting participatory policy co-design, best practices include in person meetings, open discussion within a non-judgmental and safe culture free from labels, jargon and acronyms. Efforts should also include appropriate orientation for all participants and sufficient honoraria to ensure everyone's time is valued and compensated. Any participatory governance structures should also be revisited on a regular basis to ensure that work remains anchored to participatory principles should inform an organization's efforts.

# FOCUS GROUPS

## METHODOLOGY

To explore and gain a deeper understanding of the issues related to anti-BIPOC racism in the health professions regulatory sector, we conducted 2 focus groups for 90 minutes each. The first focus group was on July 13, 2021. There were 22 registrants and a total of 14 participants. This group consisted primarily of regulatory Council members, College Registrars and College staff. The second group was on July 22, 2021, which had 43 registrants and 28 participants. Therefore, a total of 42 participants were included. The following professionals were represented: pharmacists, kinesiologists, medical radiation and imaging technologists, occupational therapists, respiratory therapists, dietitians, dental hygienists, massage therapists, speech/language pathologists, Chinese medicine, midwives, physiotherapists, naturopaths, and dental technologists.

Discussion focused on two main areas of inquiry. First, participants were asked how biases (implicit, explicit, and structural) manifest in regulatory processes. Second, they were asked how regulatory organizations can mitigate the impact of such biases. The responses were recorded and analyzed using thematic content analysis (Braun and Clarke, 2013).

## THEME 1: BIAS IS EVERYWHERE

Participants shared that the “entire process” of regulation contains biases which are “baked into” the work of regulators. There was also a general agreement the current model for health professions regulation benefits some and disadvantages others. Participants noted that visibly racialized professionals tend to face considerable racism and bullying. One noted that they “see *this happening all the time*” within their organization. There was also reference to tradition and cultural norms which are inherently patriarchal such as an “*old boys club*.” One participant stated,

*“Provincial self-regulation is inherently racist. Structural and systemic biases including systemic racism are inherent when one body is given institutional power and designated as the authority on a topic, that means some ideas will prevail and*

*others will not. The whole concept lends itself to a dangerous power dynamic that can harm."*

### Governance

A significant way that biases manifested themselves was through existing governance structures. For example, a focus on consensus-based decision making tends to preserve the status quo leading to biased decisions. One participant noted, "*bias plays into who is at the decision-making table,*" noting that Boards/Council were often not considered representative of diverse voices. Another stated, "*People create policies. We create biases in a regulatory setting. Like-minded people perpetuate biases.*" Tensions were also specifically raised about provincial appointments.

To address these concerns, one participant stated that they attempted to hold events that brought people together which effectively led to improved diversity in their governance bodies. They found that outreach was highly effective. Another organization noted they were trying to educate registrants about elections.

### Complaints and Discipline

Another area of concern was related to discipline and investigations. Participants noted that cultural biases can influence how decisions are made and what might be a cultural difference could be reported as problem in certain contexts. One participant noted that if race based complaints are raised the burden of truth is extremely high for individuals who are experiencing harm. One regulator was able to provide specific data on complaints indicating that some visibly racialized professionals were over-represented in complaints. Participants noted that some ethnic groups tend to be under-represented. Another stated,

*"I'm thinking about our discipline processes. Are there barriers impeding different communities from coming forward with their complaints. Is this triggering for them? Anyone who is afraid of engaging with authority. Are we aware of that? Are we doing anything about that? How are we building trust? Some communities are over-represented through disciplinary processes. Self-represented members are often racialized. Is that fair?"*

## Registration and Licensure

Most participants raised the issue of registration and licensure. There was agreement that much of existing processes are built around colonial assumptions, yet addressing these issues is also quite challenging. Participants noted that they felt “forced” to benchmark against Canadian standards due to legislation and some suggested that we believe our education systems are “clinically superior” to other countries.

Some participants also noted, “Whether we like it or not people have to practice to the Canadian standard...what is the alternative to that?” They suggested that internationally licensed health professionals are not necessarily familiar with the Canadian system and that issues such as privacy and consent are culturally specific and need to be addressed. One stated,

*“Internationally educated health professionals are being trained for other systems and what might work in one part of the world may not work in one part of Canada. They may have great skills, but it is not how our system is set up. What we learn works best in our system and is taught to a system.”*

Another pointed to the provincial Office of the Fairness Commissioner as a tool to enhance such processes.

## **THEME 2: REGULATORS HAVE A UNIQUE AND POWERFUL ROLE TO SHAPE CHANGE**

Participants noted that regulators and HPRO have a unique role. One stated, “We have an important role...we wield a lot of power that we tend to ignore.” HPRO was noted to be positioned to be a thought leader in the area. Shaping best practices and guidelines for the sector could potentially “trickle down.” For example, educational or training resources, guidelines, and best practices on bias mitigation in registration, etc.,

There was agreement that the power of regulators to serve as gatekeepers must be critically interrogated and examined from an anti-racist lens. Therefore, addressing equity and anti-racism requires that regulators think about their motivations to maintain the status quo versus promote transformational change. One participant referenced the role of regulators as gatekeepers, stating,

*“This is called gatekeeping who wants to keep the status quo and who wants to change it. Gatekeeping goes back to resistance and the need to change what is constantly happening...this links back to the question of what the culture is that we are trying to either maintain or change through regulation. Knowing we are an organization that holds power does not mean that the people making policy and procedure cannot find a way to become more inclusive in the way they do what they do. This underlies everything we are trying to do; To shift the culture. ”*

Participants also pointed out that the work of a regulator is mandated to involve a certain degree of transparency, yet organizations tend to keep some information from the public. One cited an example of how a human rights complaint is often settled with a non-disclosure agreement, noting that there is a “*power imbalance*” between an organization and an individual, leading regulators to hide “*wrongdoings from the public.*”

Therefore, participants suggested that regulators can leverage their power and privilege to change norms and work towards transparency and openness. By changing regulatory processes and documenting this, regulators can lead others in the advancement of more equitable standards. One participant stated that regulators must not be afraid of being “*bold and audacious*” in their work.

Discussion also ensued on how regulators have traditionally shied away from advocacy related to EDI-B. They accept the legislation that shapes regulatory norms. However, participants noted that regulators have the power to modify their standards and modify their bylaws and governance to shape new ways of thinking. Participants also noted that the values of justice should be an implicit part of regulation and oversight. One stated,

*“Making a commitment to justice should be part of the model of regulation. We have to be rooted at the basic level of justice. This sounds lofty but it shouldn’t be. What does justice look like when it comes to gatekeeping, complaints?”*

### **THEME 3: ADVANCING EQUITY AND ANTI-RACISM REQUIRES SUSTAINED COMMITMENT**

Overall, participants recognized that addressing equity and anti-racism is inherently challenging for multiple reasons. First and foremost is the issue of resistance. Several participants noted that efforts to advance equity are often met with both passive and active resistance leading to fatigue and adversely affecting morale. In addition, there was recognition that minoritized and racialized individuals are often taxed with this work. One participant shared,

*“You also see it when you say things and people are ready to tell you why it will not work. When you have a good command of the English language you already know you might be invisible, you speak ‘stronger’ and it works against you. This happens in Board rooms and in meetings. You see it and you hear it. If you have 5 people on a panel, who will be heard and who will not.”*

In response to resistance, participants noted that there was a higher level of responsibility and commitment for regulatory leaders to champion issues pertaining to equity and anti-racism. Especially Council Chairs and Committee Chairs. They also suggested that dissent should be normalized as part of governance discussions rather than a fixation on the status quo.

In addition, there was recognition that work to advance equity and anti-racism must be ongoing. Participants raised the issue of performative diversity and one stated, *“Commitment is one of the most important things. Start by allowing for the conversation. Create pathways for conversations for those who experience discrimination or bias.”*

Lastly, there was a sense that simply educating or training individuals to raise awareness is not enough. Although the group expressed that education is an important initiative, they noted that training is simply a beginning. One participant stated that it is also important to ensure that the work is ongoing, noting *“We don’t have to do everything at once.”*

## **THEME 4: POTENTIAL INTERVENTIONS**

Several potential interventions were suggested. Each is noted below:

a) Improving mechanisms for feedback and reporting

There was general agreement that regulatory organizations must improve mechanisms for ongoing feedback and reporting through an equity lens. One participant stated,

*“There are no means for registrants to report on incidents where they feel they face discrimination, and they probably won't complaint back to the College. Perhaps this is another area HPRO can take a lead so that feedback can be collected and shared with respective Colleges if there is any. This also speaks to how we don't know if there is bias when registrants are not being asked.”*

Participants also suggested the need to include and embed race-based data into regulatory processes and operations. An example was provided related to assessment. One participant stated, *“How do we ensure the process is fair and transparent. In our profession only 3% of the population keep coming back. How many complaints make it to ICRC or discipline. We should run our processes through an equity lens.”*

b) Fostering a welcoming and inclusive culture

Consistent with improving feedback mechanisms, participants noted that regulators must shift their culture from being gatekeepers to being more inclusive and welcoming. One stated,

*“We want to welcome internationally trained professionals. We want to welcome them and maintain safety. We went back to internationally educated professionals to understand their experiences. They told us that they didn't feel the process was very welcoming...”*

c) Collaborating across professions

Participants noted that there is considerable heterogeneity across professions and between organizations. They pointed to the interconnected nature of different health disciplines in the system noting the need to collaborate across professions in equity and anti-racism. One stated, *“If one group ‘eliminated’ bias in their governance and opened the doors to internationally educated members, then that does not mean some professions*

*may remain not very diverse.” Another noted, “Many of us are small. We should leverage opportunities for as many audiences as possible. If one group develops a training, then they should make it available for others.”*

d) Governance reforms

A tangible way for regulatory organizations to improve their work is to focus on how they are governed. Reducing disproportionality in governance was cited as an important mechanism to drive change. One stated,

*“We are trying to stack ICRC and discipline with non-council to strategically try and recruit diverse perspectives into these groups. This way adjudication is from a more diverse group. We have opportunities to give input to the government. We are representing the people from Ontario. We know that Ontario is not completely White. Could we not have diversity advisory groups that augment our structure if these are challenges?”*

e) Anti-racist policies and procedures

Participants also stated that existing policies must be scrutinized and improved so that they are informed by principles of anti-racism and intersectionality. One participant suggested incorporating an equity audit to run through policy processes while another stated there should be an overall equity-based analysis for regulation.

## **DISCUSSION AND IMPLICATIONS**

Focus groups provided important insight that augmented findings from the literature search and environmental scan. Participants highlighted those inequities are systematically entrenched within regulatory processes and organizations and provided several suggestions for how the sector can advance equity and anti-racism. However, more fundamentally, participants shared that regulatory organizations were in an important position of power to help change norms and transform the system. The power of regulatory organizations can only be harnessed if they are willing to step outside of their comfort zone, be prepared to collaborate across longstanding professional divisions, and reimagine their role as a provincial regulator.

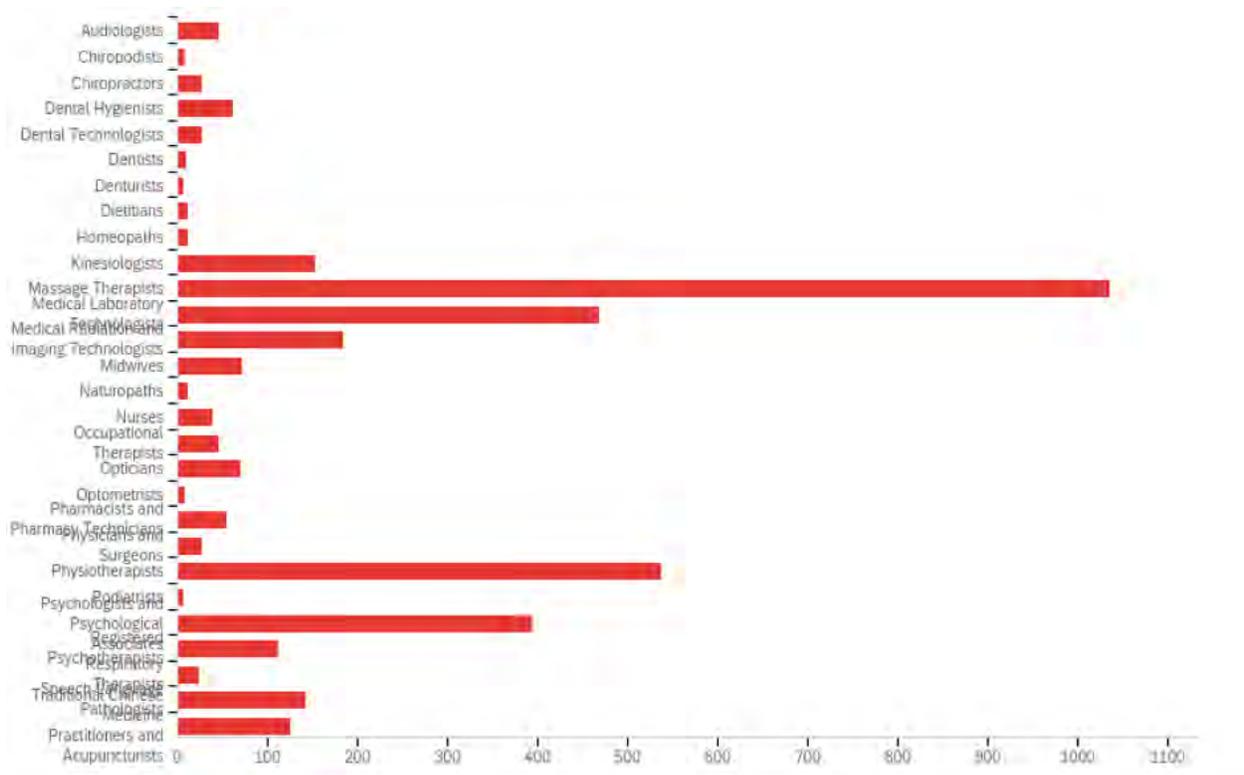
# SURVEY

As part of the engagement plan, the working group agreed to an engagement plan that included a survey that could be widely distributed and capture the perspective of both internal and external stakeholders relevant to health professions regulators. The survey was open for approximately 4 weeks and had a robust response with a total of 3447 valid respondents.

## DEMOGRAPHICS OF SURVEY PARTICIPANTS

Most participants identified as heterosexual or straight (86%), followed by gay/lesbian (3%), bisexual (3%), queer (2%), 2 spirit (0.24%). In terms of age, 75% were between 30 and 60 years old. Most identified as women (73%), followed by men (23%), non-binary or transgender (0.9%), or other (1%). Most participants (91%) were registered health professionals, followed by staff (3%), non-staff (e.g. Council) (2%), no affiliation (2%), or other (1%) including inactive or retired health professionals.

The breakdown of different health professional affiliation is provided in the graph below:



Most participants were born in Canada (67%), followed by Europe (8%), East Asia/Oceania (6%), South Asia (5%), Middle East (3%), USA (2%), Africa (2%), and both Caribbean and South/Central America were 1%.

In terms of racial identity, most participants identified as White or White Passing (67%), followed by East Asian (10%), South Asian (7%), Black (4%), Bi-racial/mixed (3%), or First Nations/Inuit/Metis/Other Indigenous (1%). Of note, 7% of respondents identified “Other” for racial identity, and mostly entered Middle Eastern, Persian, West Indian, or Jewish in this category. 1 respondent stated that asking about racial identity was “racist” and another stated that this question is “an example of systemic racism.”

Most participants indicated their primary language as English (86%), followed by neither English/French (11%), French (3%), and Indigenous Languages (0.33%)

**EXPERIENCES OF DISCRIMINATION**

To better understand experiences of discrimination, respondents were broken down into total (n=3447), those who self-identified as minoritized (n=889), and health profession regulatory staff (n=189).

Table 1 – Breakdown of respondents who have experienced discrimination or prejudice

	YES, I have experienced discrimination directly	NO, I have not experienced discrimination directly, ONLY indirectly	Experienced discrimination DIRECTLY or INDIRECTLY	NO, I have not experienced discrimination
TOTAL	19%	10%	29%	71%
MINORITIZED	27%	13%	40%	60%
STAFF	25%	8%	33%	67%

Table 2 – Types of discrimination and prejudice

	Racial/ethnic	Gender/gender identity	Country of origin	Language	Religion	Sexual orientation/identity	Other
TOTAL	28%	20%	14%	10%	9%	8%	11%
MINORITIZED	42%	9%	18%	13%	9%	3%	6%

For those who experienced discrimination, it mostly occurred in their workplace (57%), followed by licensure/registration (11%), complaints/discipline (7%), and governance (6%)

When asked for examples of discrimination or prejudice, a few selected examples are noted below:

*“Prior to my arrival in Canada I was informed that I had to meet certain pre-requisites which I completed. Upon arrival, I was informed that none of those mattered anymore...I had all the requisite qualifications, and the experience...about a month later, I got a letter asking me to re-train in an ‘assigned’ school.”*

*“I have experienced prejudice as an \_\_\_ completing assessments...this was typically overcome by education and by answering questions. I have encountered individuals who expressed concerns that I am a Black woman.”*

*“Applied rules or perceptions of regulations are different amongst health care providers of the same profession. For example, the same regulation is applied for a white practitioner in one way and a non-white practitioner in another way.”*

*“The public in general is ridiculously racist and biased. The assumptions, comments and microaggressions are so heavily ingrained in life that I'd be surprised if my great grandchildren don't feel it. As a health care professional, the assumptions of my ethnic decent, bilingualism and culture, from employers, employees and clients is generally a ‘pleasant one’, but when you see someone with issues with an East Asian there's no escape because they're just racist. Unlikely that the College will be able to do anything to fix this issue unless we can simply deny services.”*

*“The history of regulation has roots in colonialism and a white settler Eurocentric perspective. The majority of people who are \_\_\_ are white. Due to systemic barriers and structural violence, it is very hard for marginalized groups to become members of \_\_\_ College. I'm also curious if there is any evidence that regulated health care providers can easily reach marginalized clients. Many people who would benefit from health care do not have health insurance benefits and cannot afford to pay*

for services. How does the regulation of health care professions improve access to services for those who would benefit the most?"

*"I would say that our understanding of cultural differences is not consistently put into practice. I felt my culturally-based social behaviours were misinterpreted through a Caucasian, Canadian lens (e.g., quietness is seen as a lack of ability). I have felt that I have to mimic my Canadian peers in order to be considered and valued. This was mainly in graduate school. My sense too is that there isn't enough being done to support minorities in entering the profession of psychology. We are extremely under-represented in this profession."*

*"This survey could not be more timely and sadly too late for many who have been disbarred or deterred from their profession. The \_\_\_ College has engaged in oppressive, prejudicial, discriminatory and oppressive practices with those who are racialized and those who are associated with religious practices. They have engaged in mission creep, surveillance and questioning of my work in serving racialized and marginalized populations. Their elitist, Eurocentric ideas of who practises, where they receive their credentials and the communities they serve are fostered in white supremacy. They have done little to nothing to understand the changing landscape of an emerging racialized population in need of service, served by primarily white practitioners who know little or understand the cultural identities of those bodies. They lack in cultural/equity competency in their policy development and professional standards, all of which has not been reviewed through a race/culture/equity impact lens. They have affected the ability of many others to practice in this province and continue to do so. Look at their board and committees for representation (not token representation)..."*

*"I was audited by the College years ago. 10 charts were pulled. The college only phone interviewed one patient with a Caucasian last name. In the rest 9 patients with Chinese last names, there were family doctor, engineer, teacher etc. They didn't have a chance to tell the college what kind of practitioner I am because those people and I belong to the same ethnic. group I guess."*

*"During a complaint against me, the College did not take account of the discriminatory nature of the complaint by a member of the public. Although this was determined by College to have no action, the College should have dismissed the complaint as frivolous and sent something to the complainant that his complaint was discriminatory and not accepted by the College at all. This did not happen, and was allowed to continue in investigation for 10 months..."*

*"Based on the provisional status of myself and many others the College had made assumptions as to our level of competence without basis on anything tangible. Furthermore, meetings and decisions were made by a board of members of whom many did not complete an exam to judge the competence of others in the provisional status, and when complaints were raised, these complaints were dealt with by the college addressing all provisional status holders in an incredibly demeaning and condescending manner. There was little attention given to the legitimate struggles of provisional practice holders, and more attention was given to ensuring the pride of board members was not*

tarnished. While other provinces had worked hard to make accommodations for provisional practice holders, the Ontario regulatory body did not do so..”

“I experienced a temporary mental health issue (i.e., stress, grief, burnout) and my employer ‘complained’ to the regulator that I was not working quickly enough. The regulator started multiple re-traumatizing and humiliating investigations including one for incapacity and another for incompetence. My medical doctors sent letters and their files to the regulator to say I was not ‘incapacitated.’ Temporary grief and depression is not incapacity so the regulators dropped that case. However, they continue - to the present time - to perpetuate prolonged litigation against me for symptoms of the medical condition I temporarily experienced (i.e., difficulties with attention and memory secondary to trauma) in 2018. I find that the College is unaccommodating, rigid and rude to communicate with or deal with. I find that they feel that they have absolute power - which they do - and they need much more accountability. They may be making prejudiced and discriminatory decisions about people and the public would never know as the appeal routes are complicated and the bar to whistleblow against the Colleges are extremely high. The appeal courts give substantial deference to the College’s ‘expertise’ - which means when people speak out about prejudice and discrimination against a College, they are often dismissed.”

## SUGGESTIONS FOR THE FUTURE

All respondents equally ranked all possible areas for regulators to act on issues of prejudice and discrimination.

When asked for suggestions, a selection of responses is included in below:

*“...improving mechanisms for reporting and feedback from those who experience prejudice and discrimination would be the top priority.: Making sure that investigators/the people we report to have an understanding of racial context, preferably not all*

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance
1	Education and awareness raising	1.00	5.00	1.41	0.84	0.71
2	Improving data collection and monitoring of the problem	1.00	5.00	1.66	0.94	0.88
3	Critically evaluating and changing policy	1.00	5.00	1.56	0.94	0.88
4	Improving representation and diversity within regulatory staff and Council	1.00	5.00	1.69	1.08	1.16
5	Improving mechanisms for reporting and feedback from those who experience prejudice/discrimination	1.00	5.00	1.42	0.80	0.65
6	Increasing resources to address equity and anti-racism through committees, task forces, dedicated staff roles, etc.,	1.00	5.00	1.76	1.08	1.17

*white people as there is more explaining to do and it's exhausting"*

*"By consulting the members of those communities (e.g. consulting trans community, consulting BIPOC community) in the process of making policy changes"*

*"I really appreciate how the Council's Chair held an information session specifically geared toward BIPOC to encourage them to run for Council."*

*"I can only comment on how I feel my own experience should have been handled. That the allegation made against me should have been pre-screened, the anti-Semitic tropes should have been identified and studied by a panel of experts to confirm its nature and instead of the complaint have been subject to a decision it should have been identified as vexatious, a violation of my human rights, and a reprimand issued to the complainant for abuse of the complaint system."*

*"The list above is great. Reporting mechanisms MUST fully anonymous and be run by groups that are not influenced or associated with specific regulatory body. One issue I have with the EDI that the College put instituted is (1) they did not do a call out to the many racialized members on developing this committee and identify which voices need to be on it (2) the EDI is embedded within the College and they may not have full autonomy to make investigate the College's systemics and procedure."*

*"Regulatory bodies do not use mediation in the complaints process and therefore feel rigid and authoritarian. They dictate results and if you have experienced racism, this promotes a sense being repressed. The appeals process is (by the opinion of the legal profession) not worth the time and effort regardless of how you may feel about a determination"*

*"Regulatory bodies should not promote prejudice and discrimination through their practices. Much of their systems are developed from colonialism and thus it is perpetuated through policies developed. They need to re-examine policies through an anti-racism lens. -many complaints are also stemmed from stereotypes, beliefs and attitudes of racism, and further beliefs. Thus, careful examination is required to ensure that undue victimization and harm is not placed on the complainant and the member. And, this is not reinforced through practice. Seek alternate forms such as restorative justice, support for the member and complainant through the process. -check in with members on a yearly basis-- score card? to use as a guide to improve practice -create opportunities for mentorship within bodies to promote leadership and diverse voices within the regulatory bodies."*

*"I am unclear how effective committees and task force work are in improving these conditions. I believe that education, training, addressing specific instances of discrimination is often more effective than organizing a task force or committee. Increasing staffing and or spending money on task force or a committee is rarely viewed as being effective in addressing the grass roots problems. Education and enlightenment with policy enforcement and an improved reporting mechanism is a*

*better way to address the problem. Giving people the tools they need to address discrimination when it occurs is needed most."*

*"Working with stakeholders that impact the work of a regulator - educators, government ... Acknowledging it exists - whether we knew it or not (visual statement with action plan) Advocating for anti-prejudice and anti-discrimination without fearing using the word "advocacy" Expanding our mandate to include these words - serving best interest of patients using empathy, humility etc."*

Coding and classification of suggestions indicate that the primary mechanisms suggested included structural change and improving representation (hiring more diverse staff, and including more diversity in governance), education and training, external scrutiny of regulators (ombudsperson), improving data collection, scrutinizing policies, and re-writing them.

## **SUMMARY AND RECOMMENDATIONS**

This report provides examples of a deep dive into the topic of equity and anti-racism in provincial health professions regulation. Through the literature search, environmental scan, focus groups, and survey, several key findings were assembled which inform a series of several recommendations for HPRO to consider.

### **FINDINGS**

1. Specific areas where equity and anti-racism must be addressed within regulatory organizations include registration, complaints/discipline, and policy/governance.
2. Regulators have an important role in addressing equity/anti-racism that will require that they expand beyond their traditional role and embrace thought leadership.
3. An often overlooked discourse relating to equity/anti-racism in health professional regulation involves prejudice and discrimination experienced by regulated health professionals, often from patients.
4. Advancing equity and anti-racism for regulators must also consider the distinct nature of such issues within regulatory organizations and their workplaces.
5. Addressing equity/anti-racism within a diverse group of health profession regulatory organizations also requires attention to inequities and disparities between and among professions related to available resources and power asymmetries.

# Recommendations

1. **BE Thought Leaders:** Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.
  - Regulators must work collaboratively with educational and professional organizations to ensure appropriate engagement and collaboration.
  - Whenever possible, regulators should collaborate with educational organizations on standards related to equitable and anti-racist practices and work towards appropriate health professional competencies in this area.
  - Regulators must be prepared to advocate where and when necessary, including outside of their sector, to advance their work on equity and anti-racism.
  
2. **ADAPT to serve:** The traditional role of the regulator as the protector of the public must adapt to consider prejudice and discrimination experienced by health professionals in relation to the statutory mandate of regulatory organizations.
  - The Office of the Fairness Commissioner has a role in this area, however, health profession regulators must collaborate with other stakeholders including educational and professional organizations to address bias that health professionals experience in various settings and contexts.
  - Regulators must make a concerted effort to improve mechanisms for reporting and feedback from those who experience prejudice and discrimination related to health profession regulation.
  - Regulators must work to address the prejudice and discrimination experienced by internationally trained professionals and are advised to improve representation for racialized individuals within organizational and sectoral governance.

3. **TRAIN for the future:** Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.

- Wherever possible educational resources should be pooled and curated to be contribute towards an open access toolkit for context-specific training for regulatory staff and stakeholders.
- Regulators should build internal capacity for education and utilize external experts where appropriate, however, not become reliant on external expertise.

4. **MEASURE and monitor:** A standardized scorecard should be established to assist regulators in auditing their practices and embedding equity and anti-racism related monitoring and performance metrics into their operations.

- A standardized scorecard should be established to assist regulators in auditing their practices and embedding equity and anti-racism related monitoring and performance metrics into their operations.
- Race-based data should be included in meaningful way across all regulatory activities and operations.
- Metrics related to equity, diversity, inclusion, and anti-racism should be monitored and reported on a regular basis as part of performance management.

5. **DISMANTLE and co-construct:** Regulators should critically appraise existing policies and consider an inclusive approach to policy co-design with racialized and minoritized stakeholders.

- Regulators should critically appraise existing policies and consider an inclusive approach to policy co-design with racialized and minoritized stakeholders.

- Regulators should develop a common standard or manual for critical review of regulatory policy that all organizations can utilize and can help smaller organizations who lack resources and capacity.
- Building organizational capacity for regular review and appraisal of policy will be essential to sustain this work into the future.

6. **IMPROVE representation:** Regulators must work to improve representation and diversity within regulatory staff and regulatory governance.

- Regulators must work to improve representation and diversity within regulatory staff and Council.
- Regulators should advocate to the public appointments' secretariat for improved diversity in provincial appointees.
- Regulators can build upon best practices from within their sector to improve diversity among Council and Committees.

7. **BUILD and collaborate:** Before undertaking any equity/anti-racism initiatives, regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations.

- Before undertaking any initiatives, regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations.
- Due to the diversity and variation between regulators and professions, smaller organizations should pool resources where appropriate to advance internal work and build capacity.
- Attention to workplace issues such as human resources, discrimination within the workplace, etc., should form a separate stream for equity and anti-racism work that is resourced appropriately and distinct from work that has a more public and external facing orientation.

## LIMITATIONS

Despite the robust and extensive work that went into this project, it is important to note that anti-Indigenous racism and an anti-colonial lens was not sufficiently applied to the work. Advancing any anti-racism work would benefit from more fulsome engagement with Indigenous communities and stakeholders. There are several important issues related to Indigenous self-governance, data, and a post-colonial approach to health professions regulation that is outside the scope of this report. In addition, focus group and survey engagement was limited to certain professions and some large professional groups were not represented.

## ABOUT THE AUTHOR

Dr. Javeed Sukhera is an internationally recognized health professions education researcher. His research program explores novel approaches to addressing stigma and bias among health professionals and he has also been involved in advocacy and cross-sectoral work in education, policing, and community services.

He is currently the Chair of Psychiatry at the Institute of Living and Chief of the Department of Psychiatry at Hartford Hospital in Hartford, Connecticut. Dr. Sukhera comes to Hartford HealthCare from Western University in London, Ontario, Canada where he held various clinical and academic leadership roles. He graduated from the University of Toronto and Ben-Gurion University and completed his residency and child/adolescent fellowship training at the University of Rochester in Rochester, New York. He completed his PhD in Health Professions Education from Maastricht University.

For more information visit [www.javeedsukhera.com](http://www.javeedsukhera.com) or [biasinthemirror.com](http://biasinthemirror.com)



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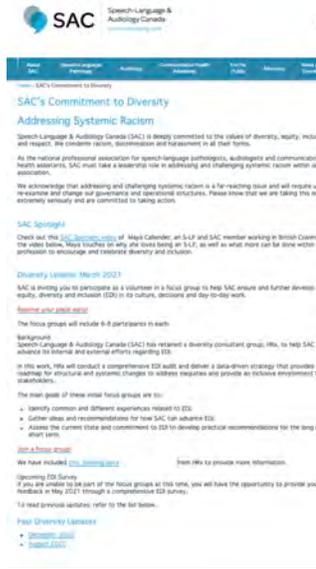
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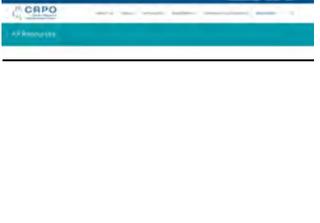


# APPENDICES

# Appendix 1

## Appendix 1 – Examples of Equity/Diversity/Inclusion or Anti-Racism Initiatives online

Website	Content	Picture of Layout
<p>Speech- Language &amp; Audiology Canada: <a href="https://www.sac-oac.ca">https://www.sac-oac.ca</a></p>	<ul style="list-style-type: none"> <li>- Running volunteer focus group</li> <li>- Hired firm that specializes in EDI and anti-racism</li> <li>- Will publish report and action plan</li> <li>- Statement supporting commitment to addressing systemic racism</li> </ul>	
<p>Canadian Dental Association <a href="https://www.cda-adc.ca/en/index.asp">https://www.cda-adc.ca/en/index.asp</a></p>	<ul style="list-style-type: none"> <li>- Anti-racism/EDI not to be found on website</li> </ul>	<p>N/A</p>
<p>Canadian Medical Association <a href="https://www.cma.ca/">https://www.cma.ca/</a></p>	<ul style="list-style-type: none"> <li>- Equity, Diversity &amp; Inclusion is a section under Physician Wellness Hub</li> <li>- Six related resources provided (policy related guidance, gender equity and diversity etc.)</li> <li>- Released first policy on EDI this year: <a href="https://policybase.cma.ca/en/viewer?file=%2fdocuments%2fPolicyPDF%2fPD20-02.pdf#phrase=false">https://policybase.cma.ca/en/viewer?file=%2fdocuments%2fPolicyPDF%2fPD20-02.pdf#phrase=false</a></li> </ul>	

<p>Ontario Medical Association  <a href="https://www.oma.org/">https://www.oma.org/</a></p>	<ul style="list-style-type: none"> <li>- No specific tabs but numerous news articles written about Equity, Diversity &amp; Inclusion/Anti-Racism</li> </ul>	
<p>College of Nurses Ontario  <a href="https://www.cno.org/en/">https://www.cno.org/en/</a></p>	<ul style="list-style-type: none"> <li>- No specific tabs</li> <li>- Nothing specifically about equity, diversity &amp; Inclusion/Anti-Racism</li> </ul>	
<p>College of Occupational Therapists of Ontario  <a href="https://www.coto.org/about/college-commitment-to-anti-racism">https://www.coto.org/about/college-commitment-to-anti-racism</a></p>	<ul style="list-style-type: none"> <li>- In the “About Us” section, “College Commitment to Anti-Racism” statement</li> </ul>	
<p>Canadian Occupational Therapists  <a href="https://www.caot.ca/">https://www.caot.ca/</a></p>	<ul style="list-style-type: none"> <li>- No tab on EDI/anti-racism on website</li> </ul>	
<p>College of Optometrists Ontario:  <a href="https://www.collegeoptom.on.ca/resources/">https://www.collegeoptom.on.ca/resources/</a></p>	<ul style="list-style-type: none"> <li>- No mention of EDI/anti-racism on website</li> </ul>	<p>N/A</p>
<p>Canadian Association of Optometrists:  <a href="https://opto.ca/research">https://opto.ca/research</a></p>	<ul style="list-style-type: none"> <li>- No mention of EDI/anti-racism</li> </ul>	
<p>Ontario Pharmacists Association:  <a href="https://opatoday.com/">https://opatoday.com/</a></p>	<ul style="list-style-type: none"> <li>- Nothing directly about EDI/anti-racism, have an advocacy section under home page but nothing touches on EDI/anti-racism directly</li> </ul>	
<p>College of Registered Psychotherapists of Ontario:  <a href="https://www.crpo.ca/">https://www.crpo.ca/</a></p>	<ul style="list-style-type: none"> <li>- No direct tabs on EDI/anti-racism</li> <li>- Blog post on anti-racism and next steps:  <a href="https://www.crpo.ca/">https://www.crpo.ca/</a></li> </ul>	

	<p><a href="#">accountability-on-anti-racism/</a></p> <ul style="list-style-type: none"> <li>- Blog outlines regulatory objectives centered around EDI, seeking RPs from BIPOC communities to sit on CRPO committees, adopting council competencies. Plan moving forward is “Disclosing Information to Prevent Harm guideline,” reviewing professional practice standards, public engagement plan (virtual consultation with BIPOC and equity- seeking communities), system partnerships, possibly collecting racial identity data about registrants</li> </ul>	
<p>College of Dietitians of Ontario:  <a href="https://www.collegeofdietitians.org/news/2020/listening,-learning-and-taking-informed-anti-racism-action.aspx">https://www.collegeofdietitians.org/news/2020/listening,-learning-and-taking-informed-anti-racism-action.aspx</a></p>	<ul style="list-style-type: none"> <li>- On June 24<sup>th</sup>, news post about commitment to “listening, learning and taking informed anti-racism action”</li> <li>- Progress report promised in 6 months, but couldn’t find on website</li> <li>- Currently working with an EDI expert to engage college members (provided in an update:  <a href="https://www.collegeofdietitians.org/cdo-">https://www.collegeofdietitians.org/cdo-</a></li> </ul>	 <p>The image is a screenshot of a website page. At the top, there is a navigation menu with links for 'PUBLIC', 'EMPLOYERS', 'MEMBERS', and 'APPLICANTS'. Below the menu is a header area with the text 'DIVERSITY', 'EQUITY', and 'EQUALITY' in large, stylized letters. Underneath this is a photograph of a diverse group of people. At the bottom of the screenshot, there is a section titled 'Listening, Learning and Taking Informed Anti-Racism Action' with a 'READ MORE' button.</p>

	masterpage/resources/newsletters/2020-issue-3-december/we-commit-to-continuous-learning-and-improvement.aspx)	
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## Appendix 2 – Annotated Bibliography

### How to improve equitable policy development/standard development in healthcare?

*Dhalla, I. A., & Tepper, J. (2018). Improving the quality of health care in Canada. CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 190(39), E1162–E1167. <https://doi.org/10.1503/cmaj.171045>*

Dhalla and Tepper provide a critical analysis on the quality of healthcare Canadians receive, highlighting that there are significant gaps and areas of improvement. The authors posit that improvement in care can be achieved through changes in policy and healthcare standards at the federal, provincial, and local levels. From a policy perspective, this includes expanding public funding for treatments that are not already included in health insurance such as psychotherapy and investing in primary care access. From a standard perspective, this includes improving information systems for efficiency and efficacy, incorporating standardized quality improvement tools, and more transparency. Ultimately the authors illustrate that healthcare is imperfect requiring the implementation of policy changes to address the system related gaps in quality of care.

*Downey, L.E., Mehndiratta, A., Grover, A., et al. (2017). Institutionalising health technology assessment: establishing the Medical Technology Assessment Board in India. BMJ Glob Health 2:e000259. doi:10.1136/bmjgh-2016-000259*

The authors emphasize that health technology assessments are a vital policy reform in improving the public health sector in India. These systems serves as an evidence-based review of analyzing available healthcare resources to determine efficacy and allocation. Although this paper is applied in an Indian healthcare context, the paper illustrates the importance of resource allocation in the development of equitable health policy. Highlighting the need for a systemic approach investigating and evaluating healthcare resources available to determine how they are allocated, to where, and for what purposes.

*Gopalan, S.S., Mohanty, S. & Das, A. Challenges and opportunities for policy decisions to address health equity in developing health systems: case study of the policy processes in the Indian state of Orissa. Int J Equity Health 10, 55 (2011). <https://doi.org/10.1186/1475-9276-10-55>*

The authors explore the magnitude, challenges, and determinants of health equity from a policy development and implementation perspective in the town of Orissa. Specifically, the authors investigate the extent of the equity approach in the policy processes using three indicators – equity policy processes, policy determinatives, and policy outcomes. Although, this a case study limiting applicability and generalizability of the results, there are key findings that are relevant to improving health policy development. This includes strong partnership between state and federal governments to ensure consistent health policy to prevent asymmetry;

centralization of information; and collaboration between various stakeholders to inform health policy development.

*Health Care Standards Development Committee. (2021). Development of health care standards – 2021 initial recommendations report. <https://www.ontario.ca/page/development-health-care-standards-2021-initial-recommendations-report>*

This report released by the healthcare standards development committee outline recommendations for reducing barriers to access for care persons with disabilities. They begin by outlining the barriers to accessible healthcare followed by a description of the guiding principles for recommendation development. Specific recommendations include developing accessibility plans through partnerships with persons with disabilities; financial support grants for healthcare institutions to implement accessible infrastructure; improving accessibility of the electronic health records; and improved education and training for delivering healthcare to persons with disabilities for healthcare professionals. The recommendations include specific detail on timeline and process to ensure effective implementation. This is a comprehensive report outlining the importance of addressing the gaps in care for people with disabilities by enabling equitable policy standard development.

*Williams, J. S., Walker, R. J., & Egede, L. E. (2016). Achieving Equity in an Evolving Healthcare System: Opportunities and Challenges. *The American journal of the medical sciences*, 351(1), 33–43. <https://doi.org/10.1016/j.amjms.2015.10.012>*

This paper provides numerous recommendations on improving health equity ranging from implementation of diversity to technology advancements. In relation to equitable policy development, race and diversity were key components. The authors highlight the need to measure racial and ethnic background to standardize race/ethnicity categories and better understand race-based health disparities. They argue that access to this information will subsequently allow for more equitable health policy development. The authors also recommend health policy development include interventions focusing on innovation, performance management, partnership, communication, and technology development. Williams et al, provide a strong analysis on the challenges towards health equity while also offering strong recommendations to address those gaps.

Articles that touch on how biases can influence complaints/investigations against health professionals.

*Grady, C., White, A. (2020). Addressing patient bias against healthcare workers: time for meaningful change *Ann Intern Med*, 173:496-497. [doi:10.7326/M20-4542](https://doi.org/10.7326/M20-4542)*

Grady and White discuss the rise of xenophobia and racism within our societies, emphasizing that bias is not exempt from any sector. They highlight that healthcare professionals are increasingly subject to biased and discriminatory behaviour, notably professionals of color. In response, the authors urge institutions to adopt policies and frameworks to identify patient

bias and advocate/support healthcare professionals when these incidents arise. Moreover, they demand a zero-tolerance policy for discrimination against all persons. Meaning, there must be honest conversations underlying the existence of bias and discrimination, attention to power structures, and the role of identity. This brief article is an excellent summary on the role of patient bias and the culture of accommodation. It provides general thematic ideas on moving forward, but fails to provide specific recommendations.

*Paul-Emile, K., Critchfield, J. M., Wheeler, M., Bourmont, S. D., & Fernandez, A. (2020). Addressing Patient Bias Toward Health Care Workers: Recommendations for Medical Centers. Annals of Internal Medicine, 173(6), 468-473. doi:10.7326/m20-0176*

This article elaborates on the role of patient bias towards healthcare professionals evaluating the policy and system changes that are needed to best support healthcare professionals during these incidents. Interestingly, the authors found that very few healthcare institutions have systematic approaches to dealing with patient bias incidents. To address this gap, the authors demand that institutions implement patient-bias policies to guide appropriate and systematic responses to protect healthcare professionals when and if these incidents arise. This includes collaboration between administrative entities and healthcare professionals during policy development to identify the goals, challenges, and processes of reporting. Although, this paper is not directly connected to the role of bias in complaints and investigations, the paper provides insight on the gaps in reporting for healthcare professionals when targeted by patient bias.

*Rakatansky H. (2017). Addressing patient biases toward physicians. Rhode Island medical journal (2013), 100(12), 11–12.*

Rakatansky juxtaposes patient and healthcare professionals' experiences of bias. He outlines that when healthcare professionals are subject to bias they must be accommodating to the patient's needs. For instance, the author cites many examples where a patient requested no black doctors take care of them or patients refused to be taken care of "by a terrorist." These examples outline that bias towards healthcare professionals whether based on race, gender, or religion is common and often overlooked. The author urges for policy development and systematic approaches for addressing patient bias incidents to ensure that healthcare professionals are empowered and protected.

Articles about structural barriers to practice for internationally licensed health professionals in a Canadian context.

*Campbell-Page, R. M., Tepper, J., Klei, A. G., Hodges, B., Alsuwaidan, M., Bayoumy, D. H., Page, J. A., & Cole, D. C. (2013). Foreign-trained medical professionals: Wanted or not? A case study of Canada. Journal of global health, 3(2), 020304. <https://doi.org/10.7189/jogh.03.020304>*

Campbell-Page and colleagues explore the process of recertification for international medical graduates (IMG) describing the immigration, medical licensure, and residency training processes. The article also includes a discussion on the role of professional associations and colleges, exploring the need to development regulations and national standards for recertification. Although this article does not discuss the barriers IMGs encounter, it provides background information on the process for IMGs to be recertified in Canada. Moreover, the authors note that Canada is increasingly seeking foreign-trained medical professionals to help meet the healthcare needs of the aging population, thus emphasizing the need for improvements in the IMG recertification process.

*Cheng, L., Spaling, M., & Song, X. (2012). Barriers and Facilitators to Professional Licensure and Certification Testing in Canada: Perspectives of Internationally Educated Professionals. Journal of International Migration and Integration, 14(4), 733-750. doi:10.1007/s12134-012-0263-3*

This paper explores the role of testing and assessments in professional licensure for internationally educated healthcare professionals (IEHP). The authors explored IEHP's perspectives on their recertification journey and the barriers they encountered. Analysis revealed that professional agencies failing to recognize credentials and gatekeeping access for IEHP produces structural barriers. Non-recognition of credentials is recognized as the most important factor contributing to inaccessibility of recertification. Gatekeeping on the other hand is predominant at many levels of the recertification process such as testing during immigration (i.e. language assessments). Cheng and colleagues provide a strong evaluation on the recertification process highlighting the gaps that produce significant barriers of access. Moreover, they offer a novel perspective focusing on structural limitations implicitly or explicitly implemented by professional and certification agencies. This a comprehensive overview of the issue, guiding future research towards more in-depth analysis.

*Covell, C.L., Neiterman, E. & Bourgeault, I.L. (2016). Scoping review about the professional integration of internationally educated health professionals. Hum Resour Health 14, 38. <https://doi.org/10.1186/s12960-016-0135-6>*

The authors explore the challenges faced by internationally education healthcare professionals when integrating into the Canadian healthcare system. Analysis revealed that there are a variety of push factors that motivate the decision to emigrate the most dominant of which is opportunities for children. At the same time, challenges include testing and verification. There are many credential assessments and verification processes for becoming a healthcare professional in Canada. For internationally educated healthcare professionals record keeping may be poor or not up to standard. Moreover, some agencies do not recognize specific certifications in various regions, producing challenges. Building upon this idea, the authors emphasize that the strongest barriers to professional recertification are financial and social. Assessment and recertification is costly, limiting who is able to embark on the recertification process. Moreover, the social and professional atmosphere of medicine in Canada is different as compared to other areas which can sometimes produce culture shock. Overall, Covell and

colleagues provide a strong summary on the recertification process highlighting the numerous barriers that can limit participation or successful completion. Specifically, the authors urge that moving forward professional association must implement bridging programs to address the structural and social barriers of reintegration and better support IMGs.

*Gutman, A., Tellios, N., Sless, R. T., & Najeeb, U. (2021). Journey into the unknown: considering the international medical graduate perspective on the road to Canadian residency during the COVID-19 pandemic. Canadian medical education journal, 12(1), e89–e91. <https://doi.org/10.36834/cmej.70503>*

This is an interesting article that provides insight on the influence of the COVID-19 pandemic on recertification for international medical graduates (IMGs). The authors discuss the pre-pandemic process of recertification illustrating the competitiveness, mentioning that over 1000 IMGs apply for 325 residency positions in Canada. Building upon this, challenges associated with the time and cost of recertification exams are discussed. In the context of the pandemic, the authors emphasise that travel restrictions, cancelled exams, and limited rescheduling harmed IMGs significantly, compounding on the already existing barriers they experience. Notably, the authors mention that IMGs are systemically disadvantaged as compared to Canadian medical graduates because they do not have a unified organizational body that represents and advocates for their interests. Consequently, many IMGs concerns are left unaddressed. This is a unique article that provides a broader perspective on the structural barriers IMGs experiences. Moreover, it discusses these barriers in the present context of the pandemic.

*Najeeb, U., Wong, B., Hollenberg, E., Stroud, L., Edwards, S., & Kuper, A. (2018). Moving beyond orientations: A multiple case study of the residency experiences of Canadian-born and immigrant international medical graduates. Advances in Health Sciences Education, 24(1), 103-123. doi:10.1007/s10459-018-9852-z*

The authors analyzed several case studies of international medical graduates' (IMGs) experiences in Canada compared to their counterpart Canadian medical graduates. Thematic analysis revealed that IMGs experience systemic and individual discrimination due to their IMG status. This is manifested in both implicit and explicit ways. Moreover, participants cited that culture shock and adapting to the novel Canadian healthcare environment made them stand out in both positive and negative ways. This paper provides an excellent overview of the challenges IMG's encounter when recertifying in Canada. It also identifies important learning objectives and areas for intervention when seeking to minimize the challenges. For instance, the authors found that mentorship of IMGs would be highly beneficial and alleviate some of the social concerns related to recertification. However, it is important to note this is a case study of several IMG experiences, thus the findings are limited in generalizability.

*Neiterman, E., Bourgeault, I. L., & Covell, C. L. (2017). What Do We Know and Not Know about the Professional Integration of International Medical Graduates (IMGs) in Canada?. Que sait-on et qu'ignore-t-on au sujet de l'intégration professionnelle des diplômés internationaux en*

*médecine au Canada?. Healthcare policy = Politiques de sante, 12(4), 18–32.*  
<https://doi.org/10.12927/hcpol.2017.25101>

This paper is a scoping review on the literature published about international medical graduates (IMGs) in Canada. It focuses on the various steps for recertification including immigration, examination, residency training, and workplace integration. The authors explore each step of the process highlighting various challenges and/or barriers. From a structural perspective, financial barriers are the most predominant for IMGs. As mentioned previously in the literature, the paper emphasizes the significant financial burden of investing in recertification, citing that recent immigrants often do not have the financial means to do so. For instance, the Medical Council of Canada Evaluating Examination is an exam written only by IMGs as a prerequisite for the regular examinations. Many cite this exam as costly and unnecessary. Moreover, professional colleges and associations may not recognize an IMG's previous training or certification producing another barrier. To address these gaps the authors provide several recommendations. This includes the development of national standards for assessment of IMG's, implementation of more bridging programs, and greater investment in IMG's workplace integration to address the cultural and social shock. Overall, this paper provides an excellent overview and analysis of the IMG recertification process identifying significant structural barriers and their potential interventions.

# EXECUTIVE COMMITTEE

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## REPORT TO COUNCIL December 2021

### Committee Members

Chair	Claire Ramlogan-Salanga, RM
Professional	Edan Thomas, RM (VC); Claudette Leduc
Public	Don Strickland (VC); Marianna Kaminska

### Committee Meetings

November 10, 2021

Approved on behalf of Council:

- Q2 Statement of Operations

Items:

#### Q2 Statement of Operations

The committee reviewed and approved the Q2 Statement of Operations. The College is in good cash flow position with no concerns financially. A copy of the statement is attached.

#### Per Diem & Chair Stipend

The committee did a review and analysis of the per diem rates of professional members and the Chair stipend to discuss whether rates should be changed. It was determined that the College is on par with other regulatory health Colleges in offering comparative compensation rates and that the Chair stipend appropriately compensates the Chair for the work accomplished. The committee is not proposing any changes at this time. The Chair stipend policy will be updated to be clear about role expectations and come back to committee for review and approval.

#### Council Evaluations

As approved at the October 2021 Council meeting, with the support of Goodwin Consulting, Council is piloting a new approach to Council Evaluations. This new approach focuses on continuous self-improvement throughout the year. The first phase consisting of a self-evaluation by Council members was completed with a successful 100% response rate. Results indicate a highly functional and engaged Council, with some suggestions for continuous improvement priorities. At the December Council training day, Mr. Goodwin will join Council to strategize an action plan to address suggestions. A full report of decisions and outcomes will be reported to Council at the March 2022 meeting.

### Assessment of External Auditor

The committee completed their annual Assessment of the External Auditor. A draft of the report is attached for approval. The committee is recommending that Council reappoint Hilborn, LLP as the external financial auditor of the College.

### Committee Composition

The committee reviewed of all eligible appointments to propose committee composition for the upcoming 2021-2022 term. Two new eligible professional and one new public non-Council committee appointment applications were received. Six of the current professional and three public non-Council appointees have applied for reappointment and continue to be eligible. There are a total of twelve eligible non-Council committee appointments.

Alexandra Nikitakis-Candea, a professional non-Council member completed six consecutive terms, and was not eligible for reappointment. We thank Alexandra for her commitment and service to the Registration committee in particular over her six consecutive terms.

The committee reviewed applications and expressions of interest in their considerations and the proposed committee appointments is attached for Council approval.

Motions:

The following motions are being proposed to Council:

- I. That the Executive Committee report be approved as presented
- II. That the annual assessment of the auditor report be accepted as presented and that Hilborn, LLP be appointed as the auditor for the 2021-2022 fiscal year.
- III. That all eligible non-Council committee candidates be approved for appointment and that the proposed committee composition be approved as presented.

Attachments:

1. Q2 Statement of Operations
2. Assessment of External Auditor Report
3. Proposed Committee Appointment Composition

Respectfully Submitted,

Claire Ramlogan-Salanga, RM

The College of Midwives of Ontario

Q2 Statement of Operations (Fiscal April 1, 2021 - March 31, 2022)

April 1, 2021 -September 30, 2021



	F22 Projected Revenue	F22 Projected Revenue to end of Q2	Q2 Revenue F22	Q2 Revenue F21	Percentage Variance Against Budget
<b>REVENUE</b>					
Membership Fees	\$ 2,502,042	\$ 1,251,021	\$ 1,222,391	\$ 1,203,727	49%
Administration & Other	\$ 62,551	\$ 31,276	\$ 30,783	\$ 34,330	49%
Project Funding - Birth Centres	\$ 65,000	\$ 32,500	\$ 31,820	\$ 33,561	49%
<b>TOTAL REVENUE</b>	<b>\$ 2,629,593</b>	<b>\$ 1,314,797</b>	<b>\$ 1,284,993</b>	<b>\$ 1,271,618</b>	<b>49%</b>

	F22 Budget	F22 Budget to end of Q2	Q2 Spending F22	Q2 Spending F21	Percentage Variance Against Budget
<b>EXPENSES</b>					
Salaries & Benefits	\$ 1,527,370	\$ 763,685	\$ 712,871	\$ 621,475	47%
Professional Fees	\$ 118,963	\$ 59,482	\$ 26,197	\$ 25,698	22%
Council and Committee	\$ 146,018	\$ 73,009	\$ 61,435	\$ 39,844	42%
Office & General	\$ 143,261	\$ 71,631	\$ 35,199	\$ 38,496	25%
Information Technology, Security & Data	\$ 157,067	\$ 78,534	\$ 42,591	\$ 52,748	27%
Rent & Utilities	\$ 200,086	\$ 100,043	\$ 94,846	\$ 96,699	47%
Conferences, Meeting Attendance & Membership Fees	\$ 72,500	\$ 36,250	\$ 58,136	\$ 60,360	80%
Panel & Programs	\$ 297,053	\$ 148,527	\$ 11,743	\$ 27,794	4%
Birth Centre Assessment & Support	\$ 65,000	\$ 32,500	\$ 28,006	\$ 29,168	43%
Capital Expenditures	\$ 43,689	\$ 21,845	\$ 21,711	\$ 19,819	50%
<b>TOTAL EXPENDITURES</b>	<b>\$ 2,771,007</b>	<b>\$ 1,385,504</b>	<b>\$ 1,092,735</b>	<b>\$ 1,012,102</b>	<b>39%</b>
<b>PROJECTED LOSS</b>	<b>\$ (141,414)</b>				

ADDITIONAL NOTES

- 1 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	\$ 146,624
Accrual Budget to end of Q2	\$ 73,312
Accrual Spending to end of Q2	\$ 38,994

## ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting year:	April 1 2020- March 31 <sup>st</sup> 2021
Summary observations:	<p>Overall the Executive committee felt well informed by Hilborn during all stages of the audit process. This was the second year in which the audit was virtual. Despite the virtual format committee members remained engaged in the audit process, if not more so than in the traditional format. The ability to share screens and view the audit platform more easily has improved the EC's understanding of the process.</p> <p>In addition to attending the auditor presentation at virtual Council, the Executive committee also had the opportunity to speak separately with Blair (Manager), Geoff (lead senior auditor) to ensure a high- quality audit occurred. Auditing processes were fully explained and questions were candidly answered. The auditor again appears to have a very professional and positive working relationship with the Director of Operations as well as with the Executive committee members.</p> <p>Both the Engagement letter and the Final Opinion letter gave a detailed explanation of the audit process, with the rendering of a clean Opinion on the financial statements of the College.</p> <p>Executive is confident the External Audit Tool remains useful and have no suggestions for improvement at this time.</p> <p>We look forward to working with Hilborn again next year and recommend an annual assessment for fiscal 2021.</p>
Recommendations made to the auditor:	None at this time.

Recommended audit structure for the following year (FOR APPROVAL BY COUNCIL):	<input type="checkbox"/> Comprehensive Assessment <input checked="" type="checkbox"/> Annual Assessment
Any recommended changes to the assessment process for future:	None at this time.

## Proposed Committee Composition 2021-2022

2021-2022 Slate of Council Members	Executive Committee	ICRC	QAC	Discipline/FTP	Registration	Client Relations
<b>Elected/Appointed</b>	Elected October 6, 2021					
<b>Council Members</b> <b>Professional Members</b> 1. Claire Ramlogan-Salanga 2. Edan Thomas 3. Lilly Martin 4. Isabelle Milot 5. Claudette Leduc 6. Karen McKenzie 7. Alexia Singh 8. Hardeep Fervaha  <b>Public Members</b> 9. Marianna Kaminska 10. Judith Murray 11. Donald Strickland 12. Peter Aarssen 13. Oliver Okafor 14. Vacant 15. Vacant  <b>Non-Council Members</b> <b>Professional</b> 1. Christi Johnston, RM 2. Maryam Rahimi-Chatri 3. Sabrina Blaise 4. Sarah Kirkland 5. Kristen Wilkenson 6. Jessica Raison 7. <i>Maureen Silverman (new)</i> 8. <i>Emily Gaudreau (new)</i>  <b>Public</b> 1. Samantha Heiydt 2. Jill Evans 3. Sally Lewis 4. <i>Nadine Robertson (new)</i>	<b>Chair: Claire</b> Edan, VC Don, VC Claudette Marianna	<b>Chair: Sally (NC)</b> Edan Claudette Lilly Judith Marianna  <b>Non- Council</b> Christi Sarah Emily Maureen Samantha Jill	<b>Chair: Lilly</b> Isabelle Alexia Don  <b>Non- Council</b> Sabrina Kristen Sally	<b>Chair: Judith</b> Edan Lilly Karen Isabelle Claudette Alexia Hardeep Marianna Don Pete Oliver  <b>Non-Council</b> Sally	<b>Chair: Isabelle</b> Karen Pete Oliver  <b>Non-Council</b> Maryam Jessica Samantha Jill Nadine	<b>Chair: Peter</b> Oliver Hardeep



## Regulatory Impact Assessment Statement

Title of the Initiative: Blood Borne Pathogens standard

Context and Problem Definition

- 1. Clearly identify and define the problem you are trying to solve. Demonstrate why it is a problem.**

The transmission of a blood borne virus, (called a *pathogen* in the current standard Blood Borne Pathogens), including HIV, Hepatitis C (HCV) and Hepatitis B (HBV), from a midwife to a client is exceedingly low but is not 0. The public is at a very low risk of contracting a blood borne virus from an infected midwife, but the possible outcome is serious (i.e., a client contracting HIV, HCV or HBV from their midwife).

Public Health Canada and the Ontario Hospital Association (OHA) recommend that Colleges provide guidance to health care providers they regulate about dealing with the possible transmission of a blood borne virus from a health care worker (in this case a midwife) to a client. This recommendation means the College should provide guidance to midwives about blood borne viruses and midwifery practice.

- 2. Is the problem about risk of harm?**

Yes

- 3. If yes, explain the risks.**

The risk of harm is that midwives who have high viral loads of HIV, HBV or HCV can infect their clients during an exposure prone procedure (e.g., perineal repair or working under delegation performing procedures where their hands are in an open cavity such as a caesarean section). The diseases that result from an infection with these viruses can be managed but cannot necessarily be cured. The risk is exceedingly low (see Table 1), but the harm is serious.

Table 1: Risk of blood borne pathogen transmission per exposure episode from untreated infected health care worker (HCW) to patient and untreated infected patient to HCW (in the absence of additional risk management):

Blood Borne Virus	Risk of infected HCW to patient transmission	Risk of infected patient to HCW transmission
Hepatitis B virus	0.2% - 13.19%	1% - 62%*
Hepatitis C virus	0.04% - 4.35%	0% - 7%

Human immunodeficiency virus	0.0000024% - 0.000024%	0.3%
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\* There is a wide variability in infectiousness of people with hepatitis B reported in the literature and this depends on their hepatitis B e-antigen status.

Options

**4. Are the risks you have identified currently managed?**

The College has a [Blood Borne Pathogens standard](#) that was implemented in 2003 and last revised in January 2014. The standard requires updating to incorporate current best practice regarding health care providers and blood borne viruses.

The College has standard #43 in the [Professional Standards for Midwives](#) which states: Ensure that any physical or mental health condition does not affect your ability to provide safe and effective care. The standard addresses midwives who have a blood borne virus to the extent that it requires midwives to manage a condition that could negatively affect client care. However, it does not require that midwives are tested for blood borne viruses or how often, and what guidance to follow if they do test positive.

**5. Are there any alternatives to regulation that will mitigate identified risks?**

There is excellent guidance regarding health care providers and blood borne viruses. This guidance, however, often recommends that professional regulators have a way of addressing blood borne viruses with their memberships. For example:

- hospitals provide guidance about what to do when a health care provider has a blood borne infection but often refer to the regulatory body as the one responsible for guidance to their membership
- the Public Health Agency of Canada (PHAC) has a 2019 guideline that clearly addresses what the expectations should be for all health care workers related to blood borne viruses. It discusses in detail HIV, HCV and HBV and what the responsibilities of health care workers should be when they test positive for these viruses including when they should discontinue and resume providing care. This document also states regulatory bodies should have guidance for their membership regarding blood borne viruses.

Evidence Base, Initial Assessment of Impacts and Planning of Further Work

**6. What regulatory option are you recommending introducing?**

QAC recommends revising the current standard Blood Borne Pathogens to:

- Set minimum expectations for midwives to test for and manage their health when infected with a blood borne virus which includes being in the care of a physician expert
- Fulfill the requirements of PHAC guidance recommending the regulator has a role in setting standards about blood borne viruses in their membership

Revisions to this standard are not in response to an increased incidence of transmission of blood borne viruses from a midwife to a client as the College is not aware of any recorded case of this occurring during midwifery care in Ontario. The intent of this standard is not to track or monitor midwives with blood borne viruses and it should not create barriers to practice. This standard is about protecting the public from a preventable infection with a blood borne virus that may be transmitted from their midwife during care and is based on current national guidelines.

Revisions to the standard include the following:

- Change the name of the standard from Blood Borne Pathogens to Blood Borne Viruses** to reflect the language used by organizations with expertise.
- Remove information that is not relevant to midwives' obligations and does not set a minimum standard for midwives.** For example, the current standard states *Midwives must not subject individuals to discrimination on the basis of their serologic status* which does not setting a minimum standard related to midwives' blood borne virus status.
- Quantify the requirement for *periodic testing* to testing every three years for HCV and HIV and every year for HBV if there is no evidence of immunity** so a minimum standard is set.
- Clarify testing requirements around HBV for midwives who are immune.** This was added based on consultation feedback suggesting there was confusion around testing for HBV immune.
- Add *Midwives must be tested for blood borne viruses following an exposure to a client's blood or body fluid or client's exposure to the midwives' blood.*** This recommendation came from the public consultation and is in keeping with the PHAC guidelines. More details about the consultation are found below.
- Replace *Treating Physician* with *Treating Primary Care Provider* and add *nurse practitioner* to this definition.** This was added based on the consultation feedback to include nurse practitioners who are also able to provide care to midwives who are seropositive for a blood borne infection.
- Remove the requirement for midwives who are seropositive for a blood borne virus to report their status to the College.** QAC recommends removing this requirement from the standard. QAC weighed the benefits

and drawbacks of keeping this requirement or removing this requirement. While keeping this requirement allows the College to restrict or alter the practice of a seropositive midwife and confirm that they are taking the required steps for protecting the public from transmission of a blood borne virus, The College does not have the expertise to manage seropositive midwives as midwives are not experts in blood borne viruses. QAC chose to remove this requirement based on the understanding that if midwives follow current recommendations about being seropositive for a blood borne virus, it still requires being under the care of an expert but rather than an expert review panel they would be under the care of a treating physician and undergoing regular testing. It was decided that an undertaking with the College, or referral to a panel of experts (an Expert Review Panel (ERP) as recommended by PHAC) is unlikely to protect the public more than being under the care of a treating physician. A midwife's physician is required to report that midwife's seropositive status to public health in accordance with the Health Protection and Promotion Act (HPPA). According to the CPSO's policy [Mandatory and Permissive](#), a physician must report to the Medical Officer of Health an individual in their care for a communicable disease who refuses treatment, or neglects to continue treatment in a manner and to a degree that is satisfactory to the physician.

- viii. **Require that midwives report, on an annual basis, that they are compliant with the College's Blood Borne Viruses standard.** QAC is making this recommendation because they felt declaring compliance with the standard will provide midwives with a sense of increased accountability and serve as a reminder to review the standard and PHAC guidance every year.

#### **7. What are the benefits and costs of the options you are considering?**

The benefit of maintaining, and revising, a standard is that it sets a minimum requirement for midwives to prevent the possible transmission of a blood borne virus to their clients. There are no costs in terms of public safety.

#### **8. Will the burden imposed by regulation be greater than the benefits of regulation?**

Additional regulation is not being proposed so there is no increased burden. A standard will be maintained and revised to reflect current evidence. The standard does not pose any unnecessary burden to the public, midwives, or the College.

#### **9. What information and data are already available?**

There is a lot of information and data available through other organizations and primary research including the incidence of transmission, national and international recommendations for the management of blood borne viruses, published literature that shows there has never been a case of transmission from a midwife to a client in North America, College data showing there has never been a complaint related to unsafe practice and blood borne viruses, and legal advice about the College's authority to develop guidance for midwives.

PHAC guidelines provide all the information we require to understand the requirements for preventing the transmission of blood borne viruses from a health care provider to a client.

A review of other regulators shows some, such as the College of Physicians and Surgeons of Ontario ([CPSO](#)), require reporting seropositive status at registration renewal. These professionals have experienced the highest incidence of transmission of blood borne viruses to clients. Other regulators, such as the College of Nurses of Ontario (CNO) do not require reporting though have a standard addressing [Infection Prevention and Control](#). The CNO's overall approach to regulation (see preamble below) is similar to ours in that this standard focuses on the application of evidence-based measures without going into details or setting any rigid standards that must be met.

*Preamble: ... Knowledge of clinical infection control practices is continually growing and changing. While the principles of infection control (prevention, transmission and control) do not change, specific clinical practices may evolve as a result of new evidence. For this reason, this practice standard provides broad statements and does not include specific clinical practice information. A nurse is expected to consult appropriate resources for clinical advice and access resources in a timely manner. These resources may include, but are not limited to, an infection control practitioner, relevant nursing resources and guidelines from Health Canada and the Ministry of Health and Long-Term Care...*

The Nursing and Midwifery Board of Australia has a question at renewal for registrants who perform EPPs that they comply with [national guidelines](#) regarding blood borne viruses in health care workers but do not require reporting of seropositive status.

### **College Specific Data**

At the September 2021 QAC, the committee approved the draft Blood Borne Virus standard for a 30-day consultation. An invitation to participate in the consultation was sent to midwives and midwifery stakeholders on October 6, 2021. In total, 1,808 invitations were sent out. An invitation to participate in the consultation was also included in the autumn edition of On Call, which was sent to 3,056 recipients on October 27. A reminder email was sent out on November 11. The consultation was also promoted on the College's social media channels Twitter and Facebook. The consultation closed on November 12.

## Feedback

- In general, member responses were not supportive of the standard and questioned the relevance of components of the standard. The main criticisms were that it was not evidence-based, required midwives to provide personal health information to the College and that it was not comparable to standards of other regulators.
- Other feedback from the consultation included questions about the frequency of testing and logistic concerns about where and how midwives will have this testing done.

## Response

- These criticisms are not based on evidence because the standard is based on current recommendations and is in line with the only other regulator (the CPSO) that regulated health care providers with a scope of practice that overlaps with the midwifery scope of practice. Also, to clarify, midwives are not required to provide their personal health information to the College (unlike the requirements of the current standard).
- The standard's recommendation to test every 1 year for HBV and every 3 years for HIV and HCV is based on the risks of transmission of each of the viruses. The risk is highest for HBV and lower for HIV and HCV. The literature does not recommend frequencies and so determining this was somewhat arbitrary. We looked at other Colleges that regulate primary health care providers who perform exposure prone procedures and other national guidelines and found the following:
  - The CPSO policy requires HBV testing every year and HIV/HCV testing every three years for physicians performing EPPS. This is the testing frequency we based our standard on.
  - The RCDSO does not have a standard about testing frequencies. This is based on a comprehensive literature review that was undertaken to develop evidence-based guidelines for managing dentists who are seropositive for HIV, HBV or HCV. The recommendations support mandatory HBV testing for dentists who perform EPPS and do not support mandatory HIV/HCV testing for dentists who perform EPPS
  - The Australian National Guidelines recommend testing for HIV, HCV and HBV every three years.

**10. What further information needs to be gathered? How will this be done, and by when?**

None

**11. How do you plan to engage with those who will be affected by this policy proposal?**

The College has already engaged with midwives, our stakeholders, and the general public.

**12. Are there any areas of uncertainty that could impact the final decision?**

No

**13. Is any communication or information activity foreseen? If so, what, and by when?**

Midwives will be notified of the revisions to the standard once it has been approved by Council. The College will also report on the consultation feedback and will set out a response to all the issues raised during the consultation.

**14. How are you planning to implement and evaluate the proposed policy option?**

Pending Council's approval, the QAC recommends that the standard come into effect on June 1, 2022. The approved Blood Borne Viruses standard will be posted to the College's website replacing the current version of the standard and will be reviewed in 4 years unless things change before that time.

Attachments: Standard on Blood Borne Viruses

Submitted by: Quality Assurance Committee

# BLOOD BORNE VIRUSES

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## Purpose

The purpose of this standard is to set out the College's requirements for midwives to protect their clients from midwife to client transmission of a blood borne virus during the provision of care.

## Definitions

**Blood borne virus** means hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV).

**Exposure-prone procedure (EPP)** means an invasive procedure where there is a higher-than-average risk that injury to the midwife may result in the exposure of the client's open tissues to the blood of the midwife. These procedures include those where the midwife's hands (gloved or not gloved) may come in contact with sharp instruments, needle tips or sharp tissues inside a client's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Exposure prone procedures in the midwifery scope of practice include infiltration of the perineum with local anaesthetic, episiotomy, repair of an episiotomy or perineal/vagina tear and application of fetal scalp electrodes.<sup>1</sup>

**Treating primary care provider** means a physician or nurse practitioner with expertise in blood borne viruses who is managing the care related to the blood borne virus of the seropositive midwife in accordance with national guidelines.

## Standard

1. Midwives must take all reasonable steps to protect the health and safety of their clients which includes preventing the transmission of blood borne viruses from themselves to their clients.

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<sup>1</sup> Communicable Diseases Network Australia. Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses. Canberra: Australian Department of Health; 2018

2. Midwives must comply with institutional, provincial, and national recommendations regarding preventing the transmission of blood borne viruses to their clients<sup>2</sup>

#### Midwives who perform exposure prone procedures

3. Midwives who perform exposure prone procedures must know their blood borne virus status and be tested for HIV and HCV at least once every three years
4. Midwives who perform exposure prone procedures must be tested for HBV every year if immunity has not been demonstrated. Midwives with demonstrated immunity to HBV through vaccination or resolved infection, do not require HBV testing unless certain health conditions exist<sup>3</sup>
5. Midwives who are exposed to risks for acquiring a blood borne virus in non-occupational settings should be aware of testing frequencies based on those risks and must follow any relevant guidelines recommending testing that may be sooner than those in this standard
6. Midwives must adhere to relevant public health authorities and guidelines regarding reporting accidentally exposing a client to their blood
7. Midwives must be tested for blood borne viruses following an exposure to a client's blood or body fluid or a client's exposure to the midwives' blood
8. Midwives must report annually, in a form that is acceptable to the Registrar, that they are complying with this standard.

#### Midwives who are seropositive for HIV, HCV or HBV

9. When initially diagnosed with a blood borne virus, midwives must cease performing EPPs immediately and seek appropriate medical care under the guidance of a treating primary care provider
10. Midwives living with a blood borne virus who perform EPPs can continue to practise if they comply with the PHAC Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings guidelines, and the recommendations of their treating

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<sup>2</sup> Public Health Agency of Canada. Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings. 2019.

<sup>3</sup> Individuals requiring regular HBV testing are those who are immunocompromised, because of waning immunity, and individuals with chronic renal disease or on dialysis. Frequency of testing should be based on the recommendations of their primary care provider and the PHAC guidelines.

primary care provider related to testing frequencies and acceptable viral loads for the provision of care.

## References (legislative and other)

Public Health Agency of Canada. Guideline on the Prevention of Transmission of Blood borne Viruses from Infected Healthcare Workers in Healthcare Settings. 2019.

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