



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

March 24, 2021



NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, March 24, 2021 from 9:30 AM to 3:20 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 or 416.640.2252 ext. 227 for access details.

AVIS DE RÉUNION DU CONSEIL

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 13 h 20, le 24 mars, 2021.

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, ou en composant le 416-640-2252, poste 227.

Kelly Dobbin, Registrar & CEO/
Registrateur et PDG



CMO Council Meetings – Guidelines for Observers

- 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 or by phone at 416-640-2252, ext 227.

COUNCIL AGENDA

Wednesday, March 24, 2021 | 09:30 am to 3:20 pm

Microsoft TeamShare

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Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order, Land Acknowledgment, Video Etiquette	C. Ramlogan Salanga	9:30	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan Salanga	9:35	DISCUSSION	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan Salanga	9:36	MOTION	3.0 Agenda	4
4.	Consent Agenda <ul style="list-style-type: none"> - Draft Minutes of December 9, 2020 Council Meeting Q3 Reports for: <ul style="list-style-type: none"> - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee 	C. Ramlogan Salanga	9:38	MOTION	4.0 Draft Minutes 4.1 ICRC Report 4.2 Registration Committee 4.3 Quality Assurance Committee 4.4 Discipline Committee 4.5 Fitness to Practise Committee 4.6 Client Relations Committee	6
5.	Chair Report	C. Ramlogan Salanga	9:40	MOTION	5.0 Chair Report	49
6.	Executive Committee Report	C. Ramlogan Salanga	9:50	MOTION	6.0 Executive Committee Report 6.1 Q3 SOP	50
	I. Registrar's Review	S. Goodwin			6.2 Council Briefing 6.3 Appendix A – Proposed CEO-Performance Criteria	53

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7	Registrar's Report	K. Dobbin	10:10	MOTION	7.0 Registrar's Report 7.1 Grey Areas No. 252 7.2 CSD ADM CAO Memo 7.3 OHR To the Point Report 7.4 HPRO Anti-BIPOC Racism Project	67
	II. 2020 Operational Plan Report	K. Dobbin			7.5 Annual Operational Plan	87
	I. 2021-2026 Strategic Plan & Costed Plan	C. Ramlogan-Salanga		MOTION	7.6 2021-2026 Strategic Framework 7.7 2021-2026 Strategic Plan & Costed Plan	92
BREAK 11:10						
8	Budget 2021/2022	C. Doornekamp	11:30	MOTION	8.0 Briefing Note 8.1 2021/2022 Budget	115
LUNCH 12:30						
9	Registration Regulation <ul style="list-style-type: none"> New Registrant Conditions Classes of Registration: Requirements for Clinical Currency 	I. Milot	1:30	DISCUSSION	9.0 Briefing Note 9.1 RIA New Registrant Conditions 9.2 RIA Classes of Registration 9.3 RIA Clinical Currency	136
10	IN CAMERA	C. Ramlogan-Salanga	2:30	MOTION	-	-
11	Birth Centre Assessment Presentation	Z. Grant	2:50	INFORMATION	-	-
12	Housekeeping	Z. Grant	3:10	INFORMATION	-	-
13	Adjournment	C. Ramlogan Salanga	3:20	MOTION	-	-
	Next Meetings: June 15-16, 2021 October 5-6, 2021 December 7-8, 2021			INFORMATION		

MINUTES OF COUNCIL MEETING

Held on December 9, 2020 | 9:30 am to 2:50 pm
Microsoft Teams Videoconference

Chair: Claire Ramlogan-Salanga

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

Regrets: Isabelle Milot

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

Observers: Amy Moland-Osborne, RM; Mel Hartzell, RM; Sarah Kibaalya (MOH)

Recorder Zahra Grant

1. Call to Order, Welcome and Land Acknowledgement

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:32 and welcomed all present. Three observers were in attendance and were welcomed. Don Strickland, VC (Public) was then introduced and shared a land acknowledgement.

2. Declaration of Conflict of Interests

No conflicts of interest were declared.

3. Proposed Agenda

MOTION: That the proposed agenda of December 9, 2020 be approved as presented

Moved: Pete Aarssen
Seconded: Judith Murray
CARRIED

4. Consent Agenda

The consent agenda was approved as presented noting the following typographical errors that will be revised in draft of the September 30, 2020 minutes:

- The Council year for which slate of Council was approved should read 2019-2020 not 2018-2019
- Spelling of staff member name Nadja Gale to be corrected

MOTION: That the consent agenda consisting of:

- Draft Minutes of the September 30, 2020 Council Meeting be approved noting a correction to the motion on agenda item 10 regarding the approval of Council slate correcting the year of approval to 2020-2021.

Quarter 2 Reports of:

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

Moved: Judith Murray
 Seconded: Jan Teevan
 CARRIED

5. Chair Report

The Chair, Claire Ramlogan-Salanga introduced her report providing highlights. A moment was taken to acknowledge the difficulty of the past year from pandemics and social unrest and how these global events have impacted public institutions, the College being no exception. The Chair commended the efforts of the Council, Registrar and College staff in navigating the pandemic and the seamless transition to working remotely. The Chair also emphasized the importance of Council and the College continuing to work on developing various ways to incorporate equity, diversity and inclusion into the work of the College.

The Chair acknowledged that since the pandemic, with almost all business and communications moving to online format it has been hard to forge human connections between members of Council and maintain the synergy of in-person meetings, many Council members echoed these sentiments in their Council evaluation responses. The Chair emphasized that this is an issue that she has reflected a lot on and will speak more to it later in the meeting when presenting on the results on the annual evaluation.

MOTION: That the Council Chair's report be accepted as presented

Moved: Marianna Kaminska
 Seconded: Edan Thomas
 CARRIED

6. Executive Committee Report

The Chair introduced the Executive committee report starting with a presentation giving an overview of the annual Council Evaluations. Eleven responses were received, meaning that a couple members did not participate in the evaluation and the Chair emphasized the importance of all members of Council participating in process to ensure robust, accurate results but also recognized that there may be reasons why a member may not respond, for example if they are very new to the Council. In the future, the survey will include at the very beginning an option to indicate whether or not the survey would be completed, and if not, the reason why. Overall, based on the responses received, Council is functioning well with no major concerns.

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A tentative roster of potential trainings based on feedback received from the evaluation was shared with the Council. A new process is also being proposed for training days to include "personal check-ins" as part of each training day agenda. As was highlighted earlier, some of the feedback shared by multiple members of Council was how the online format makes it hard to connect in personal ways with their colleagues. The check-in will be an opportunity for Council members to engage with and get to know each other in a more informal way.

The Chair shared that the College saw an increase of professional non-Council appointments this year. Creating opportunities for professional and public engagement on College committees continues to be a goal of the College and the committee is recommending five new eligible appointments. The College's current two professional and three public non-Council appointees are also being recommended for re-appointment. The committee is also proposing its first non-Council public committee member as Chair of the Investigations, Complaints and Reports committee. The proposed committee composition chart was included in materials for Council reference and review.

The committee concluded its Comprehensive Assessment of the financial audit. It is the first year the Executive committee has embarked on this endeavour and while it had its challenges this year with the completely remote format, the process went well and Hilborn, LLP, the auditing firm, was very engaged throughout the whole process. The committee was able to have all their questions during the process fully and candidly answered. A summary report was included in the materials and the committee is proposing that Hilborn be renewed as auditor and that a general annual assessment be conducted by the committee for the upcoming year.

The Chair advised that the Q2 statement of operations was reviewed and approved by the committee and was included in the report for Council's reference.

The committee is also bringing forward a new policy for approval to address the College's net assets. Carolyn Doornekamp, Director of Operations joined the meeting to answer questions regarding the proposed policy.

The proposed *Internally Restricted and Unrestricted Net Asset Policy* recognizes that the College still projects a few years ahead in which the College will run deficit budgets that are offset by the College's current existing net assets. Projections of annual budgets up to the estimated break-even year were included in the materials but it was reiterated for Council that budgets are approved on an annual basis and it will be revised once the College's new 5-year costed strategic plan has been completed and then it can be determined how deficit projections will be affected and if current assets will continue to fall within the unrestricted net asset range determined in the policy.

The policy was created after researching best practices and reviewing similar organizations' policies. It was also shared with the College's external financial auditor for additional guidance. Especially being an organization where revenue is generated mostly through membership fees, the policy sets the guidelines that will trigger important considerations such as the review of membership fees for instance should the College get to a position where net assets fall in excess of established range.

The policy currently proposes an amount of \$300,000 be internally restricted designed to cover unforeseen expenses related to Investigations and Hearings, in addition to the \$16,000 currently internally restricted for counselling and therapy.

Sam Goodwin of Goodwin Consulting joined the meeting and presented an overview of the Registrar's evaluation process for the upcoming 2020-2021 evaluation cycle. A timeline for this current cycle was shared. Mr. Goodwin presented a detailed review of the current process and what the process will look like with his support, including a clear description of what role he plays in the process.

MOTIONS:

- I. That the Executive Committee Report be approved as presented.
- II. That the eligible non-Council committee candidates:
 - Professional
 - Christi Johnston, RM
 - Alexandra Nikitakis, RM
 - Maryam Rahimi-Chatrri, RM
 - Sabrina Blaise, RM
 - Sarah Kirkland, RM
 - Kristen Wilkenson, RM
 - Jessica Raison, RM
 - Public
 - Samantha Heiydt
 - Jill Evans
 - Sally Lewis

be approved for appointment and that the proposed committee composition for 2021 be approved as presented.
- III. That Hilborn, LLP be renewed as auditor for an annual assessment for the following year.
- IV. That the Internally Restricted and Unrestricted Net Asset Policy be approved as presented.
- V. That the College internally restrict \$300,000 for the Investigations and Hearings Internal Restriction as detailed in the policy

Moved: Judith Murray
Seconded: Jan Teevan
CARRIED

7. Registrar's report

The Registrar, Kelly Dobbin introduced her report and provided highlights.

As reported in the meeting materials, changes to the General Regulation under the *Midwifery Act*, specifically related to amendments to part I, Quality Assurance and the request to rescind Part II, Notice of Open Meetings and Hearings had been signed by the College and was awaiting

cabinet approval. The Registrar updated the Council that since the posting of materials the Quality Assurance regulation had been approved, a great achievement for the College which will allow for more flexibility and evidence-based approaches to the program.

Regarding the proposed changes to the Drug Regulation, which was submitted by the College December 2019, College staff responded to feedback shared by the Ministry which was received during their own consultation on their Regulatory Registry. The College does not anticipate further changes to the regulation in response to the feedback.

On November 26, 2020 the College had a meeting with the Ministry regarding the College Performance Management Framework (CPMF). The College provided an initial first submission reporting on Domain 3: System Partner which details how the College leverages relationships with stakeholders and regulatory partners. A final report must be submitted by March 31, 2021 and will entail a lot of reporting work. The Chair, Claire who was also in attendance at the meeting with the Ministry, added that it should be noted that the College was recognized by the Ministry for their quick action in response to the pandemic, such as the processes documented in the Business Continuity Plan to keep Council and staff safety a priority. In addition, the communication between the College with Association of Ontario Midwives to make sure messaging didn't contradict and that there was a clear delineation of roles prior to the pandemic declaration was recognized by the Ministry a very collaborative process that put the public first.

The Registrar continued with highlights of her report confirming that the General Assessments of the Independent Health Facilities the Ottawa Birth and Wellness Center and the Toronto Birth Centre are completed, and both went well. A complete program summary will be presented to Council in March.

Regarding the Financial Management report, a reminder was given that budget is brought to Council in March. This year, in particular, in light of launching a new strategic planning cycle, a different budget that includes projections for strategic initiatives a costed strategic plan will be proposed.

Some news from the regulatory sector was shared the Canadian Midwifery Regulators Consortium (CMRC) undertook a national project to review and revise the Canadian Competencies for Midwives to align better with best practices and current expectations of entry-level midwives. The project is now in final stages. Once approved, the next step will be looking at the impact the revisions and changes will have on the national exam (CMRE). The Registrar also shared that federal funding had been received to create an online delivery of the CMRE.

Lastly, the Registrar presented revisions being proposed to three of Council's Governance Policies. Proposed changes were made to align with best practices in light of the review by staff of the Ministry's Performance Management Framework which requires an external review of Council performance at least every three years. Revisions were also made regarding timing of delivery of the Registrar's performance review and changes to the start and length of the new strategic plan to align with recent changes.

MOTIONS:

- I. That the Registrar Report be approved as presented.

- II. That the proposed revisions to Governance Policies: GP10, GP11 and GP12 be approved as presented.

Moved: Sarah Baker
Seconded: Edan Thomas
CARRIED

8. By-Laws

Related to the proposal of the College to the General Regulation under the *Midwifery Act* to rescind Notice of Meetings and Hearings, the Ministry communicated that they would be willing to rescind Part II of the regulation on the condition that the College agrees to add this information to its General By-law. These changes were reviewed and approved by Council for public consultation at the March 2020 meeting. No response from the public was received during the duration of the consultation.

MOTION: That the proposed changes to the General By-law Article 7 be approved as presented.

Moved: Maureen Silverman
Seconded: Lilly Martin
CARRIED

9. Strategic Plan

The Chair confirmed that all the feedback provided yesterday during Council strategic planning meeting will be incorporated into the plan and that the motion being brought forward is to approve the strategic plan in principle. In March, when the costed budget of the strategic initiatives comes to Council for approval will be an opportunity for additional review.

MOTION:

- I. That Council approve the strategic framework 2021-2026, including the revised regulatory outcomes and guiding principles to come into effect April 1, 2021.
- II. That Council approve, in principle, the College's 2021-2026 Strategic Plan to come into effect April 1, 2021.

Moved: Judith Murray
Seconded: Jan Teevan
CARRIED

10. Standards Review

Lilly Martin, Chair of the Quality Assurance Committee shared with Council an overview of the work of the second stage of the Standards review. This phase included a public consultation soliciting feedback regarding the proposed guiding document on the midwifery scope of practice, as well as proposed changes to the Professional Standards for Midwives in order to rescind the Consultation and Transfer of Care Standard (CTCS), the Delegation, Orders and Directives standard and the When a Client Chooses Care Outside Midwifery Standards of the Profession. Summaries of feedback, responses and revisions to guiding documents were all included in the materials. Johanna Geraci, manager of Quality Assurance also joined the discussion to provide additional clarity on how the proposed motions are in the public interest. The Council approved all proposed motions with an implementation date of June 1, 2021

MOTIONS:

- I. That the Consultation and Transfer of Care Standard (CTCS) be rescinded with the implementation of the Midwifery Scope of Practice document.
- II. Approve proposed standard #26 in the Professional Standards for Midwives.
- III. That the Delegation, Orders and Directives Standard be rescinded with the approval of the proposed changes to the Professional Standards for Midwives' standard #31 and revisions to the glossary related to delegation.
- IV. That When a Client Chooses Care Outside Midwifery Standards of the Profession be rescinded upon approval of the proposed changes to the Guideline on Ending the Midwife-Client Relationship

Moved: Maureen Silverman
Seconded: Lilly Martin
CARRIED

11. Registration Committee

Nadja Gale, Manager of Registration presented to Council the recommendations of the registration committee regarding clinical currency. These recommendations were vetted using the Regulatory Impact Assessment tool of the College and was brought to Council for discussion as the committee continues to work on reviewing and revising the Registration Regulation.

Clinical currency requirements for midwives are currently defined by Active Practice Requirements outlined in the Registration Regulation. The Active Practice Requirements only regulate two aspects of midwifery care: primary birth attendance and location of births. Requiring members to attend a certain number of births in various locations as primary midwife, does not address the fact that midwifery practice also involves the provision of care throughout pregnancy, labour, birth and the postpartum period, as well as newborn care. While active practice as defined in the current regulation provides some assurance that the midwife is practising and attending births in various settings, it is problematic for regulating clinical currency as it is only one measure of competence.

The Council reviewed the recommendations for new provisions to be included in the Registration Regulation, which will require the development of policies and tools to specify currency requirements. Moving away from the practice of regulating the number of hospital and

out-of-hospital births, the committee is recommending that clinical currency be demonstrated every two years by a minimum number of hours of clinical practice which will include flexibility for midwives to include care that does not include direct client interaction (e.g. lab work, arranging for physician consultations). Midwives who do not meet the requirements will be required to complete an assessment program approved by the Registration Committee. A competency-based assessment program is still in the process of development and is a project included in the 2021-2026 Strategic Plan.

The biggest question the committee is grappling with is what the set minimum number of hours over the two-year period should be. Various types of data are being collected from different organizations such as the Association of Ontario Midwives (AOM) and the Better Outcome Registry Network (BORN) but there is very little actual practice data available in the province. Midwives will be surveyed in 2021 to help collect some baseline data and will continue to be surveyed annually to monitor if and how responses change.

This item was for discussion only with no motion. The Registration Committee plans to review any additional information at its January 2021 meeting before finalizing any of their recommendations.

12. ADJOURNEMENT

MOTION: That the meeting be adjourned at 1:45 PM

Moved: Jan Teevan
Seconded: Lilly Martin
CARRIED

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2020-December 31, 2020

General

Committee Members

Chair	Edan Thomas, RM (ending December 9, 2020), Susan Lewis (beginning December 9, 2020)
Professional	Maureen Silverman RM; Lilly Martin, RM; Claudette Leduc, RM, Edan Thomas, RM, Jan Teevan, RM
Public	Judith Murray Sarah Baker (appointed December 9, 2020)
Non-Council	Christi Johnston, RM, Samantha Heiydt, Jillian Evans, Susan Lewis Appointed on December 9, 2020: Jessica Raison, RM, Sarah Kirkland RM,

Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	15	10	10	-	35
Number of Committee Meetings Held*	0	0	1	-	1
Number of Trainings*	0	0	0	-	0

Notes:

Q3: Of the 10 panel meetings held, 1 occurred by teleconference, 7 occurred by videoconference, 1 occurred electronically and 1 oral caution was administered by videoconference due to COVID-19. The Committee meeting was held via videoconference.

YTD: Of the 35 panel meetings held, 16 occurred by teleconference, 7 occurred by videoconference, 10 occurred electronically, and 2 oral cautions were administered by videoconference due to COVID-19

Caseload Work of the ICRC

	Complaints	Reports	Total
Open files as at October 1, 2020 (Files carried over to Q3)	39	9	48
New files opened in Q3	9*	0	9
Closed files in Q3	15	1	16
Open files as at end of Q3	33	8	41

Notes:

*Q3: Nine new complaint files were a result of receiving six complaints. Two complaints involved more than one midwife.

YTD Complaint Stats: The College has received 22 complaints this year to date which resulted in 36 complaint files (eight complaints involved more than one midwife).

Source of New Matters

Source of New Matters	Complaints (9)	Reports (0)	YTD Total Complaints (36)	YTD Total Reports (7)
Client	6	-	26	-
Family Member	2	-	5	-
Health Care Provider	-	-	3	-
Information received by Mandatory / Self Report	-	-	-	5
Information received from another source	-	-	-	2
Another Midwife	1	-	2	-

Outcomes/Completed Cases

Number of Resolved Cases and Outcomes	Complaints		Reports	
	Q3 (15)	YTD (35)	Q3 (1)	YTD (7)
Complaints referred to ADR	2	3	N/A	
Complaints Withdrawn	-	1	N/A	
Frivolous and Vexatious	-	-	N/A	
No Action	8	20	-	2
Advice & Recommendations	5	8	1	1
Specified Continuing Education or Remediation Program (SCERP)	-	2	-	2
Oral Caution	-	-	-	-
SCERP AND Oral Caution	-	-	-	2
Referral to Discipline Committee	-	1	-	-
Referral to Fitness to Practise Committee	-	-	-	-
Acknowledgement & Undertaking	-	-	-	-
Undertaking to Restrict Practise	-	-	-	-
Undertaking to Resign and Never Reapply	-	-	-	-

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.

Timelines

Closed cases	Complaints		Reports	
	Q3 (15)	YTD (34)	Q3 (1)	YTD (7)
Number of files closed <150 days	2	3	–	2
Number of files closed between 150 days and 210 days	4	5	1	1
Number of files closed >210 days	9	26	–	4
Shortest: (reported in number of days)	107	90	164	99
Longest: (reported in number of days)	442	814	164	683
Average: (reported in number of days)	233	318	164	406

Notes:

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

Alternative Dispute Resolution

Stats for Q3	Total
Open files with ADR as at end of Q2 (Files carried over)	2
New files referred to ADR	5
Closed files with in 60 days	0
Closed files with in 120 days	2
Files returned to ICRC due to timeframe	0
Files returned to ICRC due to unsuccessful mediation	0
Files returned to ICRC as Registrar did not ratify the agreement	0
Open files as at end of Q3	2

Other useful information (Q3):	Total
Total Number of Complaints Received	9
Number of complaints that were not ADR eligible	4
Number of Complaints that were ADR eligible	5
Number of Complaints ELIGIBLE that proceeded to ADR upon consent of all parties	2
Number of Members who agreed to participate in ADR	2
Number of Complainants who agreed to participate in ADR	3

Appeals

Complaint Matters	Total
Open HPARB appeals as at October 1, 2020 (Appeals carried over)	5
New HPARB appeals (October 1, 2020 to December 31, 2020)	0
Completed HPARB appeals (October 1, 2020 to December 31, 2020)	0
Open HPARB appeals as at December 31, 2020*	5

Note: The five appeals are representative of two complaint matters involving five members.

Respectfully Submitted,

Susan Lewis

REGISTRATION COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2020 – December 31, 2020

General

Committee Members

Chair	Isabelle Milot, RM
Professional	Claudette Leduc, RM (<i>term ended December 9, 2020</i>); Karen McKenzie, RM; Jan Teevan, RM
Public	Peter Aarssen; Sarah Baker (<i>appointed December 9, 2020</i>)
Non-Council	Alexandra Nikitakis, RM; Christi Johnston, RM (<i>term ended December 9, 2020</i>); Maryam Rahimi-Chatrri, RM (<i>appointed December 9, 2020</i>); Jillian Evans; Samantha Heiydt

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	5	3	3	-	11
Number of Committee Meetings Held*	2	1	1	-	4
Number of Trainings*	0	0	1	-	1

* Of the 16 meetings held to date, 16 occurred by videoconference using Microsoft Teams.

In Q3, the Registration Committee addressed the following items:

REGISTRATION REGULATION PROJECT – ONGOING WORK

The Committee updated that the College staff is continuing to work on the feedback received from the Committee to finalize the recommendations around new registrant conditions. The College conducted two surveys related to midwifery practice environments and transitioning to independent practice as a new midwife. The results of these surveys will be analyzed, and the feedback will be brought forward to the Committee. Through the Midwifery Education Program Accreditation process, the staff has obtained information which supports the approaches for new registrants that the Committee had considered in a previous meeting. The staff is also working with legal counsel and have created a plan for drafting the Registration Regulation, which will help to identify any outstanding questions.

REGISTRATION REGULATION PROJECT – CLINICAL CURRENCY PRELIMINARY RECOMMENDATIONS

The Committee reviewed the updated regulatory impact assessment and preliminary recommendations on clinical currency. The preliminary recommendations made by the Registration Committee were brought forward to Council in December, with a clear picture of the outstanding items that still remain. This was to help the Council understand how the Registration Committee plans on approaching clinical currency going forward, as it impacts a number of aspects of the Registration Regulation such as re-entry to practice, as well as how members practice once becoming a member of the College. The staff will continue to work on this topic, including surveying midwives in 2021 to collect baseline data which will be conducted to accurately reflect midwifery practice in order to validate the accuracy of the data used to calculate the proposed number of hours presented, as well as contacting stakeholders to further clarify suggestions and questions raised by the Committee.

INACTIVE TO GENERAL CLASS CHANGE – DEVELOPMENT OF CRITERIA AND REQUALIFICATION PROGRAMS

Section 15(4) of the Registration Regulation outlines the requirements for members who hold inactive certificates and who wish to be reissued a general certificate of registration. Where a member does not meet a requirement, the Registration Regulation requires that the member successfully complete a requalification program that has been approved by a panel of the Registration Committee for that purpose.

Following the Committee's agreement to develop a Registrar Authorization Policy to enable the streamlining of the inactive to general class change panel process under the Registration Regulation, College staff presented the Committee with a draft approach to a risk assessment tool. The Committee reviewed and discussed the proposed approach to establish criteria to support a Registrar Authorization Policy. The Committee also established what would constitute a standard requalification program.

Based on the Committee's decisions and guidance around criteria and standard requalification programs, staff will revise the risk assessment tool to support the development of a draft policy for approval by the Registration Committee.

Committee, panel, membership changes and statistics follow:

Members by Class of Registration (as of December 31, 2020)	Total	%
	Q3 (1028)	Q3
General	727	70
General with new registrant conditions	78	8
Supervised practice	6	1
Inactive	217	21
Transitional	0	0

New Members by Class of Registration	Total		%	
	Q3 (3)	YTD (61)	Q3	YTD
General	1	2	33	3

General with new registrant conditions	2	48	67	79
Supervised practice	0	11	0	18
Inactive	0	0	0	0
Transitional	0	0	0	0

New Members by Route of Entry	Total		%	
	Q3 (3)	YTD (61)	Q3	YTD
Laurentian University graduates	1	21	33.4	34
McMaster University graduates	0	20	0	33
Ryerson University graduates	1	13	33.3	21
International Midwifery Pre-registration Program (IMPP) graduates	0	4	0	7
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	1	3	33.3	5
Former members	0	0	0	0

Panel Referrals	Total	
	Q3	YTD
Total Number of referrals to a panel of the Registration Committee	3	17

Panels Held by Category	Total	
	Q3 (4)	YTD (19)
Application for registration ¹	1	3*
Class change – Inactive to General ²	3	16
Active practice requirements shortfall ³	0	0
Re-issuance of a Supervised Practice certificate of registration ⁴	0	0
Reinstatement within one year following revocation ⁵	0	0
Variation of terms, conditions and limitations ⁶	0	0

*One application referral required three panel meetings.

Panel Outcomes by Category		
Panel Outcomes By Application for Registration ¹	Total	
	General and Supervised Practice	
	Q3 (1)	YTD (1)
Application approved – Registrar directed to issue certificate of registration	1*	1
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0

Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	0
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0
Application not approved – Registrar directed to refuse to issue certificate	0	0
*Supervised Practice Certificate approved.		
Panel Outcomes By Class change – Inactive to General ²	Total	
	Q3 (3)	YTD (16)
Requalification program approved – General certificate re-issued	3	16
Requalification program approved with supervision required – Supervised Practice certificate issued	0	0
Panel Outcomes By Active Practice Requirements Shortfall ³	Total	
	Q3 (0)	YTD (0)
Exception granted – extenuating circumstances demonstrated	0	0
Shortfall plan required	0	0
Shortfall plan and undertaking imposing terms, conditions and limitations related to the plan	0	0
Panel Outcomes By Re-issuance of a Supervised Practice certificate of registration ⁴	Total	
	Q3 (0)	YTD (0)
Re-issuance approved – supervised practice extended	0	0
Re-issuance not approved	0	0
Panel Outcomes By Reinstatement within one year following revocation ⁵	Total	
	Q3 (0)	YTD (0)
Requalification program approved – no supervised practice required	0	0
Requalification program approved –supervised practice required	0	0
Panel Outcomes By Variation of terms, conditions and limitations ⁶	Total	
	Q3 (0)	YTD (0)
Application refused	0	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	0	0
Timelines: from referral to a panel to a written decision	Total	
	Q3 (4)	YTD (13)
Files closed within 30 days	1	10
Files closed within 60 days	1	3

Files closed beyond 60 days	1	0
Shortest: (reported in number of days)	23	11
Longest: (reported in number of days)	77	77
Average: (reported in number of days)	50	35
Registration Decisions appealed to the Health Professions Appeal and Review Board (HPARB)	Total	
	Q3 (o)	
Open HPARB appeals as at October 1, 2020 (Appeals carried over)	0	
New HPARB appeals (October 1, 2020 to December 31, 2020)	0	
Completed HPARB appeals (October 1, 2020 to December 31, 2020)	0	
Open HPARB appeals as at December 31, 2020	0	

Of those appeals completed, the number of registration decision appeals that:	Total	
	Q3 (o)	YTD (o)
Confirmed the decision	N/A	0
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	0
Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate	N/A	0
Were referred back for further consideration	N/A	0

Attrition	Total		%	
	Q3	YTD	Q3	YTD
Attrition ⁷	13	34	1.2	3

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. 34
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 – Q3

October 1, 2020-December 31, 2020

Committee Members

Chair	Lilly Martin, RM
Professional	Jan Teevan, RM; Isabelle Milot, RM
Public	Marianna Kaminska; Don Strickland
Non-Council	None

Committee Meetings

November 23, 2020

Panel Meetings

November 23, 2020 – Non-Compliance Panel

There were nineteen members non-compliant for the reporting year. Ten were resolved at staff level and four were reviewed by a panel. No action was taken on any records.

Trainings

N/A

Items

Stage II Professional Standards Review

The committee reviewed the responses from the public consultation on the recommendation of Council to rescind the Consultation and Transfer of Care Standard along with the Delegation, Orders and Directives standard and the When a Client Chooses Care Outside the Midwifery Scope of Practice standard. Also reviewed were Scope of Practice and Guideline on Ending the Midwife-Client relationship documents.

The committee approved making the recommendation to Council to rescind the Consultation and Transfer of Care Standard, the Delegation, Orders and Directives standard and When a Client Chooses Care Outside the Midwifery Scope of Practice standard upon approval of the Scope of Practice document and the revisions to the Professional Standards for Midwives.

Quality Assurance Regulation

On date of meeting the QAC regulation had been signed by the Council Chair and Registrar and has been submitted to the Ministry. It came into force November 27,2020 as was reported to Council by at the December council meeting.

Attachments:

None

Respectfully submitted,

Lilly Martin, RM

DISCIPLINE COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2020-December 31, 2020

Committee Members

Chair	Judith Murray
Professional	Edan Thomas, RM, Maureen Silverman RM, Jan Teevan, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM Appointed December 9, 2020 - Karen McKenzie, RM
Public	Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Strickland Sarah Baker
Non-Council	Susan Lewis

Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Prehearing Conferences Held	0	1	0	–	1
Number of Hearing Days	0	1	0	–	1
Number of Trainings	1	0	0	–	1

Note: One Member of the Discipline Committee attended The HPRO Virtual Discipline Training Day on November 12, 2020.

Caseload Work of the ICRC

	Q3	YTD
Open files as at October 1, 2020 (Files carried over)	1	NA
Number of new referrals by the ICRC (October 1, 2020 to December 31, 2020)	0	1
Closed files (October 1, 2020 to December 31, 2020)	0	1
Open files as at December 31, 2020	1	NA

Statistics on Closed Cases

Types of Hearings	Q3	YTD
Number of Uncontested Hearings	0	1
Number of hearings that resulted in findings of professional conduct	0	1

Findings of Professional Misconduct	Q3	YTD
Practicing the profession while the registrant is in a conflict of interest	0	1
Engaging in conduct that would reasonably be regarded as conduct unbecoming a midwife	0	1
Engaging in conduct relevant to the practice of the profession that would reasonably be regarded by registrants as unprofessional	0	1

Penalties	Q3	YTD
Reprimand	0	1
Terms, conditions and limitations of the Registrant's certificate of registration requiring the Member to complete remediation	0	1
Costs Award	0	1

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	YTD (days)
Range	NA
Average	NA

Summary of Discipline Committee Decision(s)
N/A

Respectfully Submitted,
Judith Murray

FITNESS TO PRACTISE COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2020-December 31, 2020

General	
Chair	Judith Murray
Professional	Edan Thomas, RM, Maureen Silverman RM, Jan Teevan, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM Appointed December 9, 2020 - Karen McKenzie, RM
Public	Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Strickland And Sarah Baker
Non-Council	Susan Lewis
Activities of the Panel	
The Committee has not met since the last report to Council.	
No referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee last reported to Council.	
Respectfully Submitted,	
Judith Murray	

CLIENT RELATIONS COMMITTEE

REPORT TO COUNCIL – Q3 October 1, 2020-December 31, 2020

Committee Members

Chair	Pete Aarssen (as of December 2020)
Professional	Karen McKenzie, RM, Maureen Silverman, RM (as of December 2020)
Public	Marianna Kaminska
Non-Council	Alexandra Nikitakis, RM (until December 2020)

Committee Meetings

On October 14, 2020 at 10:00 a.m., the Committee had a teleconference meeting.

Panel Meetings/Hearings

On October 14, 2020 at 10:00 a.m., the Committee had a teleconference meeting.

The Committee approved the following:

- The revised Guide on Compliance with Personal Health Information Protection Act, which included additions to summarize amendments made to the Act in March 2020 and to provide information to prevent breaches of privacy associated with abandoned health records
- The revised Guideline on Ending the Midwife-Client Relationship which included additional information to assist midwives in understanding what factors to take into account in considering whether to terminate a midwife-client relationship when a client requests care that is below midwifery standards of practice and other obligations and best practices midwives should adhere to in such circumstances, such as those involving recordkeeping

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

N/A

Attachments:

1. Guide on Compliance with Personal Health Information Protection Act

Respectfully Submitted,

Pete Aarssen, Chair



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Guide on Compliance with Personal Health Information Protection Act

Ontario's *Personal Health Information Protection Act* (PHIPA) governs the collection, use and disclosure of personal health information by midwives and other health information custodians practicing within Ontario.

The purpose of this guide is to assist midwives in understanding their privacy obligations under PHIPA.

While staff at the College is available to answer general inquiries, it is recommended that legal advice be sought with respect to specific issues pertaining to the collection, use and disclosure of personal health information at your place of practice.

College Contact Information

416-640-2252 x. 228

[**policy@cmo.on.ca**](mailto:policy@cmo.on.ca)

Updated October 2020

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1. Personal Health Information, Health Information Custodians & Their Agents

The *Personal Health Information Protection Act* (PHIPA) sets out rules for the collection, use and disclosure of personal health information. These rules are applicable to all “health information custodians” that operate within the province of Ontario, which includes midwives.¹

“Personal health information” is defined in PHIPA as identifying information about an individual (i.e. a client) in oral or recorded form that includes, but is not limited to, the following:²

- Information concerning the physical or mental health of the client, including family health history
- Information relating to the provision of health care to the client
- Information relating to payments or eligibility for health care
- Information that identifies the client’s health number
- Any other information about an individual that is included in a record containing personal health information

Administrative and support staff at a midwifery practice who come into contact with personal health information are considered agents under the Act and have the same privacy obligations as the midwives they work for.³ It is important that midwives identify their agents and inform them of their obligations under the Act.

¹ PHIPA, s. 3(1)(a).

² PHIPA, s. 4

³ PHIPA, s. 17.

2. Contact Person & Written Statement About Information Practices

PHIPA requires a midwife to designate a contact person, who is an agent of the health information custodian and is authorized on behalf of the midwife to perform the following functions:⁴

- Help the midwife comply with PHIPA;
- Ensure that all agents are informed of their duties under the Act
- Respond to inquiries from the public about the midwife's information practices
- Respond to requests of an individual for access to or correction of a record of personal health information that is in the custody or control of the midwife
- Receive complaints from the public about potential contraventions of PHIPA by a midwife

If a midwife does not designate a contact person, the midwife must assume the role of a contact person and perform the functions noted above.⁵

While an agent such as an administrative staff member can act as a contact person, the College strongly recommends that a midwife fulfill this role.

In addition, a midwife must make available to the public a written statement that describes the following:⁶

- the midwife's information practices (e.g. how personal health information is protected at a midwife's place of practice);
- how to contact the contact person or the midwife who is acting as the contact person;
- how a client may obtain access to or request the correction of a record of personal health information that is in the custody of a midwife; and
- how to make a complaint to the midwife and the *Information and Privacy Commissioner of Ontario*

Midwives may consider making this written statement available in client brochures, posting it on their website, or posting it in a visible place in their midwifery practice.

⁴ PHIPA, s. 15(3).

⁵ PHIPA, s. 15(4)

⁶ PHIPA, s. 16(1)

3. Consent to the Collection, Use & Disclosure of Personal Health Information

A midwife may only collect, use or disclose personal health information if their client consents or the collection, use or disclosure is permitted or required by the Act.

Consent may be express or implied.⁷ Express consent may be required in certain instances under the Act. For example, if a midwife wishes to disclose information about a client to a person who is not a health care information custodian, express consent must be obtained.⁸

Implied consent exists where a midwife receives personal health information about a client from the client and collects, uses or discloses that information for the purpose of providing or assisting in providing health care to the client, unless the client has expressly withheld or withdrawn the consent.⁹

Under PHIPA, consent must meet the following requirements:¹⁰

- Must be a consent of the client
- Must be knowledgeable
- Must relate to the information; and
- Must not be obtained through deception or coercion

Consent is considered to be that of the client if the client understands the information that is relevant to deciding whether to consent to the collection, use or disclosure and can appreciate the reasonably foreseeable consequences of either providing or not providing consent.¹¹

Consent is considered to be “knowledgeable” if it is reasonable in the circumstances to believe that the client knows the purposes of the collection, use or disclosure and that the client may give or withhold consent.¹² For example, under the Act, it is reasonable to believe that a client knows the purposes of the collection, use or disclosure of personal health information about the client if a midwife posts or makes available a notice describing the purpose in the midwifery practice, if that is the place where it is likely to come to the client’s attention.¹³

It should be noted that if a client consents either through express or implied consent, to have a midwife collect, use, or disclose their personal health information, the client may withdraw their consent by providing notice to the midwife. However, the withdrawal will not have a retroactive effect.¹⁴ For example, if a midwife provided client records to other

⁷ PHIPA, s. 18(2).

⁸ PHIPA, s. 18(3)(a).

⁹ PHIPA, s. 20(2).

¹⁰ PHIPA, s. 18(1).

¹¹ PHIPA, s. 21(1).

¹² PHIPA, s. 18(5).

¹³ PHIPA, s. 18(6).

¹⁴ PHIPA, s. 19(1).

health care professionals prior to the client withdrawing their consent, the midwife does not need to request that those records be returned.

While PHIPA does not require consent to be written, the College strongly encourages members to obtain written consent where possible, as it is more reliable and provides a higher standard of proof in the event there is a dispute about the nature of the client's consent in the future.

4. Disclosure of Personal Health Information

Generally, midwives should only disclose personal health information with the consent of individuals. However, there are instances where PHIPA permits disclosure without consent. As the language of PHIPA suggests that these disclosures are not mandatory, the College suggests that midwives use their best judgment when deciding whether to disclose personal health information in the following instances. In addition, the College encourages midwives to consider these permissible disclosures when developing policies and information practices:

- **Disclosures relating to providing health care.** The following conditions must be satisfied:¹⁵
 - The disclosure is reasonably necessary for the provision of health care;
 - It is not reasonably possible to obtain consent in a timely way; and
 - The individual has not instructed the custodian not to make the disclosure
- **Disclosures by facilities that provide health care.** For example, a midwifery practice or birth centre can disclose personal health information, unless a client specifically requests otherwise. In particular, these facilities can:¹⁶
 - Confirm that an individual is a client
 - The client's general health status
 - The location of the client in the practice or birth centreFor example, a midwife can provide the above information to EMS when a client is being transferred to a hospital from a birth centre.
- **Disclosures about a deceased individual.** This is for the purpose of identifying the individual and informing persons that the individual is deceased.¹⁷
- **Disclosures for health or other programs.** For example, PHIPA allows disclosure of personal health information:¹⁸
 - For the purpose of determining or verifying eligibility to receive health care¹⁹
 - To a person conducting an audit or reviewing an application for accreditation, if the audit review relates to services provided by a midwife and the auditor does not remove any records of personal health information from the premises.²⁰
- **Disclosures to Identify Personal Health Information.** A midwife may disclose a client's personal health number with the consent of the client for the purpose of accurately identifying the client's records of personal health information, verifying their identity or linking their records of personal health information.²¹

It should be noted that if a midwife and/or her practice group is subject to an assessment by the College, the midwife is permitted to disclose personal health information,

¹⁵ PHIPA, s. 38(1)(a).

¹⁶ PHIPA, s. 38(3).

¹⁷ PHIPA, s. 38(4).

¹⁸ PHIPA, s. 39(1)

¹⁹ PHIPA, s. 39(1)(a)

²⁰ PHIPA, s. 39(1)(b)

²¹ PHIPA, s. 34(6)

including client records for the purpose of the assessment. The College's authority to conduct such an assessment is derived from the Regulated Health Professionals Act,²² Midwifery Act²³ and its Regulations and does not contravene PHIPA.

- **Disclosures relating to risk of bodily harm.** A midwife may disclose personal health information if there are reasonable grounds to believe that disclosure is necessary to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons.²⁴ Disclosure is warranted if the following conditions are satisfied:
 - The nature of the potential is grievous;
 - The risk of harm is high;
 - There are reasonable grounds to believe that disclosure is necessary to eliminate or reduce the risk of harm; and
 - The risk of harm must relate to the client or another person or persons²⁵

In addition, PHIPA provides protection from liability, such as being sued, when a midwife acts reasonably and in good faith in such circumstances, including when she/he decides to make a report.²⁶

- **Disclosure for proceedings.** A midwife can disclose personal health information for a proceeding in which the midwife or agent of the midwife is a party or witness. Custodians may also disclose to comply with a summons, order or other similar requirement issued in a proceeding.²⁷

It should be noted that the College may appoint an investigator to issue a summons for accessing midwifery records that may contain personal health information of clients, as part of a complaint, report, or registrar's investigation process. Disclosure may also be required as part of a disciplinary proceeding at the College. The College's authority to order such disclosure is derived from the *Regulated Health Professionals Act*,²⁸ *Midwifery Act*²⁹ and its regulations and does not contravene PHIPA.

- **Disclosure related to care or custody.** A midwife may disclose personal health information to the head of a penal or other custodial institution where a client is being held, for the purpose of arranging health care for the client or making other decisions about the client.³⁰
- **Disclosure to successor.** A midwife may disclose personal health information to a potential successor of the midwife, for the purpose of allowing the potential successor to assess and evaluate the operations of the midwife. However, the potential

²² 1991, S.O. 1991, c. 18.

²³ 1991, S.O. 1991, c. 31.

²⁴ PHIPA, s. 40(1).

²⁵ *Smith v Jones* [1999] S.C.C.

²⁶ PHIPA, s. 71(1).

²⁷ PHIPA, s. 41(1).

²⁸ *Supra* note 22.

²⁹ *Supra* note 23.

³⁰ PHIPA, s. 40(2).

successor must first enter into an agreement with the midwife to keep the information confidential and secure and not retain any information longer than is necessary for the purpose of the assessment or evaluation.³¹

- **Disclosure related to this and other Acts.** Midwives may disclose personal health information if the disclosure is permitted or required by other legislation, such as the *Regulated Health Professionals Act* and the *Child & Family Services Act*, with respect to certain children's aid matters.³²
- **Disclosure for research.** Midwives may disclose personal health information as long as the researcher submits an application, research plan, and a copy of approval of the research plan by a research board.³³
- **Disclosure for planning and management of health system.** Midwives may disclose personal health information for purposes relating to the planning and management of the health system to entities that are specified in the regulations of PHIPA. However, before the disclosure is made, the recipient of the information must have in place practices and procedures to protect privacy and maintain confidentiality.³⁴
- **Disclosure for monitoring health care payments.** Upon request of the Ministry of Health and Long-Term Care, a midwife must disclose personal health information for the purpose of monitoring or verifying claims for payment for health care or goods used for health care that are publicly funded.³⁵
- **Disclosure for analysis of health system.** Upon request of the Minister of Health and Long-Term Care, custodians must disclose personal health information to a health data institute approved by the minister for analysis of the health system. However, the minister has to first submit a proposal to the Commissioner for review or comment.³⁶
- **Disclosure with Commissioner's approval.** A health data institute to which a midwife has disclosed personal health information to must, upon request of the Minister, disclose information to the Minister or another Minister-approved person if the Minister is of the opinion that disclosure is in the public interest and the Commissioner approves the disclosure.³⁷
- **Disclosure of health care payments.** A midwife can disclose personal health information to the Minister of Health or other prescribed ministers upon their request for the

³¹ PHIPA, s. 42(1).

³² PHIPA, s. 43(1). Also see the College's Guide On Mandatory and Permissive Reporting (Nov 2019) for instances where personal health information may have to be disclosed to the College when making a mandatory report. Available Online: <https://www.cmo.on.ca/wp-content/uploads/2019/11/Guide-on-Mandatory-and-Permissive-Reporting-FINAL.pdf>

³³ PHIPA, s. 44.

³⁴ PHIPA, s. 45.

³⁵ PHIPA, s. 46(1).

³⁶ PHIPA, s. 47.

³⁷ PHIPA, s. 48.

purpose of determining, providing, monitoring or verifying payment or funding for health care funded wholly or in part by the Ministry.³⁸

³⁸ PHIPA, s. 46(1)

5. Access to and Correction of Personal Health Information

A client generally has a right of access to a record of their personal health information that is in the custody or control of a midwife.³⁹ A record is defined under PHIPA as “a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise...”⁴⁰ The right to access a record of personal health information includes the right to access the record in an electronic format.⁴¹

PHIPA lists exceptions to a client’s right of access to a record of their personal health information. Examples include if granting access would result in risk of serious harm to the client or another individual⁴² or another Act or court order prohibits disclosure to the client of the record or the information in the record.⁴³ Other examples include information in the record that might be subject to legal privilege⁴⁴ or if the midwife believes on reasonable grounds that the client’s request to access the record is frivolous, vexatious or made in bad faith.⁴⁵ Midwives are encouraged to review the exceptions listed in the Act so they are aware of those instances in which they are justified in refusing a client’s access to a record of their personal health information.⁴⁶

Processing Personal Health Information Access Requests

While there are many considerations that midwives should be aware of in processing personal health information access requests,⁴⁷ the following are some steps they must take upon receipt of an access request from a client:

- A midwife must first be satisfied of the identity of the client making the request.⁴⁸
- A midwife must respond to the client’s written access request within 30 days. This timeline may be extended if it is not reasonably practical to reply within that time.⁴⁹ In this case, a midwife must notify the client of the delay and the reasons for the delay, within the initial 30 day time period.⁵⁰ It should be noted that a midwife can grant a client access to his/her records following a verbal request.⁵¹
- In responding to the written request, a midwife must do one of the following:

³⁹ PHIPA, s. 52(1).

⁴⁰ PHIPA, s. 3(1).

⁴¹ PHIPA, s. 52(1.1).

⁴² PHIPA, s. 52(1)(e).

⁴³ PHIPA, s. 52(1)(b).

⁴⁴ PHIPA, s. 52(1)(a).

⁴⁵ PHIPA, s. 54(6).

⁴⁶ The PHIPA exceptions are listed in s. 51, 52 and 54(6).

⁴⁷ See PHIPA, s. 54.

⁴⁸ PHIPA, s. 54(9).

⁴⁹ PHIPA, s. 55(3).

⁵⁰ PHIPA, s. 55(4)(a).

⁵¹ PHIPA, s. 52(6).

- Make the record available to the client for examination and at the request of the client, provide a copy of the record of their personal health information and if reasonably practicable, provide an explanation of any term, code or abbreviation used in the record.⁵²
- In the event the record cannot be found or does not exist, a midwife must provide written notice to the client of this fact.⁵³
- Provide written notice that the request is being refused,⁵⁴ including the reason for the refusal and inform the client of their right to make a complaint about the refusal to the *Information and Privacy Commissioner*.⁵⁵

Processing Personal Health Information Correction Requests

i) Correction Requests

A client generally has the right to request a midwife to correct a record of their personal information if they believe the record is inaccurate or incomplete.⁵⁶

The time period for a correction request is the same as the 30 day period described in the preceding section.⁵⁷

The client has an obligation to demonstrate to the satisfaction of the midwife, that the record is incomplete or inaccurate for the purposes for which the midwife uses the information and must provide the information necessary that will enable a midwife to make a correction.⁵⁸

ii) Correcting Record of Personal Health Information

If a midwife is satisfied that the record is inaccurate or incomplete, the midwife must:

- Make the requested correction by either striking out the incorrect information in a manner that does not obliterate the record or if that is not possible, labelling the information as incorrect, severing the incorrect information from the record and storing it separately from the record while maintaining a link in the record to enable a person to track the incorrect information⁵⁹
- In the event the above is not possible, the midwife must ensure that there is a practical system in place to inform a person who accesses the record that the information is incorrect and to direct the person to the correct information⁶⁰

⁵² PHIPA, s. 54(1)(a).

⁵³ PHIPA, s. 54(1)(b).

⁵⁴ See page 11 for instances where refusal is justified.

⁵⁵ PHIPA, s. 54(1)(c) and (d).

⁵⁶ PHIPA, s. 55(1).

⁵⁷ PHIPA, s. 55(3) and (4).

⁵⁸ PHIPA, s. 55(8).

⁵⁹ PHIPA, s. 55(10)(a)(i)

⁶⁰ PHIPA, s. 55(10)(a)(ii).

- In either case noted above, give the client notice about the steps that were taken to correct the information⁶¹
- In either case noted above, give written notice of the requested correction, to the extent reasonably possible, to the persons whom the midwife has disclosed the information, except if the correction cannot reasonably be expected to have an effect on the ongoing provision of health care to the client⁶²

iii) Refusing to Correct the Record

A midwife does not have a duty to correct a record of personal health information if any of the following factors are present:

- The record was not originally created by the midwife and the midwife does not have “sufficient knowledge, expertise and authority to correct the record”⁶³
- The record consists of a professional opinion or observation that the midwife has made in good faith about the client⁶⁴
- The midwife believes on reasonable grounds that the request is frivolous, vexatious or made in bad faith.⁶⁵

A midwife who refuses to correct a record of personal health information must give the reasons for the refusal and inform the client that he/she is entitled to:⁶⁶

- Prepare a concise statement of disagreement that sets out the correction that the midwife has refused to make;
- Attach the statement of disagreement as part of the records that it holds of the client’s personal health information and disclose the statement of disagreement anytime the midwife discloses information to which the statement relates;
- Make all reasonable efforts to disclose the statement of disagreement to any person that would have received notice of the correction, had the request been granted
- Make a complaint about the refusal to the Information and Privacy Commissioner

⁶¹PHIPA, s. 55(10)(b).

⁶² PHIPA, s. 55(10)(c).

⁶³ PHIPA, s. 55(9)(a).

⁶⁴ PHIPA, s. 55(9)(b).

⁶⁵ PHIPA s. 55(6).

⁶⁶ PHIPA, s. 55(11).

6. Securing and Safeguarding Personal Health Records

Under PHIPA, midwives must take steps that are reasonable in the circumstances to ensure that personal health information in the midwife's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal.⁶⁷ In addition, midwives must take steps that are reasonable in the circumstances to ensure that personal health information is not collected without authority.⁶⁸

Midwives must also ensure that records of personal health information that they have in their custody or control are retained, transferred and disposed of in a secure manner.⁶⁹

Reporting Requirements to Clients & College

In the event personal health information is stolen or lost or if it is used or disclosed without authority, a midwife that has custody or control over that information must notify the client at the first reasonable opportunity and include in the notice that the client is entitled to make a complaint to the Privacy Commissioner.⁷⁰

Furthermore, midwives acting as health information custodians must give notice to the College if a member of the College employed by them, who holds privileges with them, or who is affiliated with them has committed or is suspected of having committed an unauthorized collection, use, disclosure, retention or disposal of personal health information and if, as a result of such unauthorized action, disciplinary action is taken with respect to the member's employment, privileges or affiliation.⁷¹ This also applies to cases where a member voluntarily relinquishes their privileges or resigns.⁷²

Notice must also be given to the College if the midwife acting as health information custodian is a medical officer of health of a board of health and circumstances similar to those described above arise involving a member of the College who is employed to provide health care for the board of health and is an agent of the health information custodian.⁷³

Location of Records

Pursuant to PHIPA, a midwife may keep a record of personal health information about a client in the client's home in any reasonable manner to which the client consents, subject to any restrictions set out in a regulation, by-law or published guideline under the Regulated Health Professionals Act.⁷⁴

⁶⁷ PHIPA, s. 12(1).

⁶⁸ PHIPA, s. 11.1

⁶⁹ PHIPA, s. 13(1).

⁷⁰ PHIPA, s.12(2).

⁷¹ PHIPA, s. 17.1.

⁷² PHIPA, s. 17.1(2.2) and 17.1(5.2)

⁷³ PHIPA, s. 17.1(3).

⁷⁴ PHIPA, s. 14(1).

In addition, a midwife can keep a record of personal health information about a client in a place other than the client's home if:

- The record is kept in a reasonable manner;
- The client consents;
- The midwife is permitted to keep the record in the place in accordance with a regulation, by-law, or published guideline under the *Regulated Health Professionals Act*;
- And the prescribed conditions, if any, are satisfied⁷⁵

Please note that the College has developed a *Record-Keeping Standard*, which midwives are encouraged to review.⁷⁶

There are certain physical, administrative and technical safeguards that midwives may use to safeguard records of personal health information.

Physical Safeguards

These involve implementing physical measures to protect and safeguard personal health information.

- Ensuring that the places used to store personal health information are secure – such as keeping records in locked filing cabinets
- Protecting places in which personal health information is stored from natural hazards such as floods or fire
- Disabling USB ports to prevent the removal of personal health information
- Locking a computer that has personal health information displayed, when a midwife or an agent permitted to view such information is not physically present by the computer
- Ensuring that personal devices (laptop, tablet, phone) used to view personal health information are password protected, encrypted, capable of being traced if lost/stolen and can be erased remotely in the event they are lost or stolen

Administrative Safeguards

These include policies and procedures followed by midwives and their agents to safeguard and protect personal health information.

Examples include:

- Establishing a privacy breach protocol to minimize risk in the event a breach occurs
- Using confidentiality agreements with other persons who might come into contact with personal health information, such as independent contractors, bookkeepers, and cleaning staff
- Creating policies regarding who is permitted to have access to personal health information

⁷⁵ PHIPA, s. 14(2).

⁷⁶ (January 11, 2013) Available Online: http://www.cmo.on.ca/wp-content/uploads/2015/07/Record-Keeping-Standard-for-Midwives_JANUARY-2013.pdf

- Creating policies about circumstances in which personal health information can be removed off-site
- Obtaining permission from clients if they will be communicated with via text or e-mail and explaining the risks associated with these methods of communication

Technical Safeguards

This pertains to the use of technology to protect electronic information, including electronic health records and access to them.

Examples include:

- Encrypting electronic records
- Setting up appropriate usernames and passwords to access electronic records
- Ensuring a safe firewall
- Implementing anti-virus and other anti-malware software
- Ensuring that information is not shared over an open network, such as public WI-FI
- Not using personal e-mail accounts, such as gmail and hotmail to send client health information

For more information on protecting the privacy of personal health information in electronic communication, please see the College's webpage: *Midwives and the Use of Electronic Communications*.⁷⁷

Succession Planning

A midwife's obligation to ensure that personal health information in their custody or control is protected against privacy breaches does not end until a legally authorized successor has custody and control of the records. As a result, midwives should create a succession plan to refer to in the event of a change in practice to prevent health records from being abandoned.⁷⁸

For example, if a midwife retires from a midwifery practice and another midwife assumes control of that practice, then the midwife assuming control should be responsible for maintaining the security of the records and responding to clients' record access requests. In addition, the midwife that is retiring should notify all clients of the transfer. These responsibilities can be included in a succession plan.

⁷⁷ Available Online: <http://www.cmo.on.ca/professional-conduct/client-relations/midwives-using-electronic-communications/>

⁷⁸ Please refer to "Succession Planning to Help Prevent Abandoned Records" (April 2019) by the Information and Privacy Commissioner for best practices. Available Online: https://www.ipc.on.ca/wp-content/uploads/2019/04/fs-health-abandoned_rec.pdf

7. Notice & Report to Commissioner

Notice to Commissioner

A midwife is required to notify the Information & Privacy Commissioner in the following instances:

- The midwife has reasonable grounds to believe that the personal health information in their custody or control was used or disclosed without authority by a person who knew or ought to have known that they were using or disclosing the information without authority
- The midwife has reasonable grounds to believe that the personal health information in their custody or control was stolen
- The midwife has reasonable grounds to believe that after an initial loss or unauthorized use or disclosure of personal health information in their custody or control, the personal health information was or will be further used or disclosed without authority
- The loss or unauthorized use or disclosure of the personal health information is part of a pattern of similar losses or unauthorized uses or disclosure of personal health information in the custody or control of the midwife
- The midwife is required to give notice to the College of an event described on page 12 of this document,⁷⁹ including those events involving an agent of the midwife that is a member of the College, in relation to a loss or unauthorized use or disclosure of personal health information
- The midwife has determined that the loss or unauthorized use or disclosure of personal health information is significant after considering all relevant circumstances, including:
 - Whether the personal health information is sensitive
 - Whether the loss or unauthorized use or disclosure involved many individuals' personal health information
 - Whether more than one health information custodian or agent was responsible for the loss or unauthorized use or disclosure⁸⁰

Annual Report to Commissioner

Beginning 2019, on or before March 1st of each year, a midwife is required to provide the Commissioner an electronic report that sets out the number of times in the previous calendar year that each of the following occurred:

- Personal health information in the midwife's custody or control was stolen
- Personal health information in the midwife's custody or control was lost
- Personal health information in the midwife's custody or control was used without authority
- Personal health information in the midwife's custody or control was disclosed without authority⁸¹

⁷⁹ Also see *PHIPA*, s. 17.1 for reporting obligations to College.

⁸⁰ s. 6.3(1) of the General Regulation (O.Reg. 329/04) under *PHIPA*.

⁸¹ *Ibid*, s. 6.4(1).

8. Consequences of Privacy Breaches

Breaches of obligations under PHIPA can result prosecution by the Attorney General. On conviction for an offence of contravention of PHIPA, a midwife may be liable for a fine of up to \$200,000 and a midwifery corporation up to \$1,000,000⁸²

In addition, the Commissioner may make an order requiring a midwife to pay an administrative penalty if after conducting a review, the Commissioner is of the view that the midwife has contravened the Act or its regulations.⁸³

There can be other consequences for privacy breaches outside of that which is prescribed by PHIPA. These include but are not limited to:

- A midwife becoming the subject of a complaint or report made to the College. Depending on the severity of the breach, a midwife may become the subject of a disciplinary proceeding at the College.
- Discipline by employers
- Review or investigation by a privacy regulatory body, such as the *Information and Privacy Commissioner of Ontario*
- Civil Litigation – a person affected by a privacy breach may sue a midwife for invasion of privacy⁸⁴
 - Wilful or reckless conduct may include an award of up to \$10,000 for mental anguish⁸⁵

⁸² PHIPA, s. 72(2).

⁸³ PHIPA, s. 61(1)(h.1)

⁸⁴ PHIPA, s. 65(1).

⁸⁵ PHIPA, s. 65(3).

CHAIR'S REPORT

REPORT TO COUNCIL – March 24, 2021.

Prepared by: Claire Ramlogan Salanga RM

1. General Highlights

As we come to the end of another fiscal year and strategic plan, I would like to commend the Registrar-CEO and staff on their efforts to successfully complete an ambitious plan. As we move forward into our new strategic plan, I am looking forward to supporting the College's efforts to improve the regulation of midwifery for all of its stakeholders. As we enter a new fiscal year, I encourage Council and committee members to remain thoroughly engaged and dedicated to achieving regulatory excellence and to maintain our mandate to protect the public. Please mark your calendars as the 2021/22 Council and committee meeting dates have been posted to BoardEffect.

2. Governance

Weekly meetings with the Registrar continue to keep me well-informed of ongoing work at the College. I am happy to report that the Registrar and staff continue to be innovative and efficient with their resources.

The 2020 External Auditor Review Tool was initiated at the February Executive committee meeting. The Executive committee will be conducting an annual review this year and look forward to attending the virtual audit in May 2021.

The review of the Registrar-CEO will launch this month with Sam Goodwin of Goodwin Consulting guiding this process. Mr. Goodwin and I have had several meetings to refine the review process and I am looking forward to participating in the review. More details can be located in the Executive committee report.

3. Stakeholder Engagement

1. Ontario Midwifery Strategy Council Jan 18, 2021
2. Ontario Midwifery Reference Group Feb 1, 2021
3. Ex-Officio: Registration Committee meetings Jan 21 & March 1, 2021

EXECUTIVE COMMITTEE

REPORT TO COUNCIL March 24, 2021

Committee Members

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

Committee Meetings

February 24, 2021

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

Q3 Statement of Operations

The committee conducted a detailed review of Q3 statement of operations and provided a final approval. Revenue is tracking slightly less than projected due to decreases in bank interest earnings. Although there will be some increased spending in Q4 the College anticipates overall savings against the budget due to a lack of in-person meetings (mostly for council, committee, and hearings), reduced use of office supplies and postage, and a lack of in-person attendance at conferences. The budget submission for 2021-22 factors in some of these ongoing savings. Overall, it is projected that the College will have a gain this year rather than the anticipated loss. A copy of the statement is attached for reference.

Pre-Audit Communication

The committee met with Hilborn and associates who reviewed the scope and approach of the financial audit. The virtual audit of the College is expected occur the week of May 10-14th. The Executive committee will attend the virtual audit and during that time we will review the audit process as part of the Council's review of the external auditor.

Registrar-CEO Evaluation

Sam Goodwin of Goodwin Consulting met with the committee to propose revised criteria for the 2021-2022 Registrar-CEO performance review. Mr. Goodwin will join Council during the March meeting to remind Council of the 2020-2021 Registrar-CEO performance review process that will

commence after March 31st and to provide an overview of the 2021-2022 process and performance criteria.

Governance Education Modules & Governance Manual

The committee reviewed revisions made to the Governance manual and Governance Education Modules (GEM). In 2020, there were changes to the *General Regulation* under the *Midwifery Act* with the approval of *Quality Assurance Regulation*. There were also changes approved by Council to adopt the use of Chair in lieu of President regarding the role on the College's Council. The Governance manual and GEMs were revised to align and reflect these updates. The committee approved the revisions.

Budget

The committee reviewed the 2021-2022 annual College budget that is being brought forward to Council for approval as an independent agenda item.

2022 Council and Exec Dates

The committee approved the following dates for 2022

COUNCIL Trainings & Meetings

March 29-30, 2022

June 21-22, 2022

September 27-28, 2022

December 6-7, 2022

Executive Committee Meetings

February 16, 2022

May 11, 2022

September 7, 2022

November 9, 2022

Motion:

That the Executive Committee report be approved as presented.

Attachments:

1. Q3 Statement of Operations
2. Council Briefing
3. Appendix A – Proposed CEO Performance Criteria

Respectfully Submitted,

Claire Ramlogan-Salanga, RM, Chair

The College of Midwives of Ontario

Q3 Statement of Operations (Fiscal April 1, 2020 - March 31, 2021)

April 1, 2020 -December 30, 2020



	F21 Projected Revenue	F21 Projected Revenue to end of Q3	Q3 Revenue F21	Q3 Revenue F20	Percentage Variance Against Budget
REVENUE					
Membership Fees	\$ 2,384,797	\$ 1,788,597	\$ 1,810,245	\$ 1,622,655	75.91%
Administration & Other	\$ 107,316	\$ 80,487	\$ 46,800	\$ 82,565	43.61%
Project Funding - Birth Centres	\$ 67,121	\$ 50,341	\$ 50,341	\$ 49,597	75.00%
TOTAL REVENUE	\$ 2,559,233	\$ 1,919,425	\$ 1,907,386	\$ 1,754,817	74.53%

	F21 Budget	F21 Budget to end of Q3	Q3 Spending F21	Q3 Spending F20	Percentage Variance Against Budget
EXPENSES					
Salaries & Benefits	\$ 1,479,847	\$ 1,109,885	\$ 972,010	\$ 923,192	65.68%
Professional Fees	\$ 116,068	\$ 87,051	\$ 43,736	\$ 31,542	37.68%
Council and Committee	\$ 150,696	\$ 113,022	\$ 68,096	\$ 64,730	45.19%
Office & General	\$ 155,764	\$ 116,823	\$ 92,180	\$ 102,793	59.18%
Information Technology, Security & Data	\$ 145,400	\$ 109,050	\$ 80,119	\$ 63,991	55.10%
Rent & Utilities	\$ 196,764	\$ 147,573	\$ 144,083	\$ 146,357	73.23%
Conferences, Meeting Attendance & Membership Fees	\$ 82,975	\$ 62,231	\$ 60,360	\$ 56,892	72.75%
Panel & Programs	\$ 325,919	\$ 244,439	\$ 49,440	\$ 23,574	15.17%
Birth Centre Assessment & Support	\$ 67,121	\$ 50,341	\$ 48,100	\$ 46,328	71.66%
Capital Expenditures	\$ 43,043	\$ 32,282	\$ 30,815	\$ 27,401	71.59%
TOTAL EXPENDITURES	\$ 2,763,597	\$ 2,072,698	\$ 1,588,940	\$ 1,486,800	57.50%
PROJECTED LOSS	\$ (204,364)				

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	\$ 233,050
Accrual Budget to end of Q2	\$ 174,788
Accrual Spending to end of Q2	\$ 88,039

Council Briefing

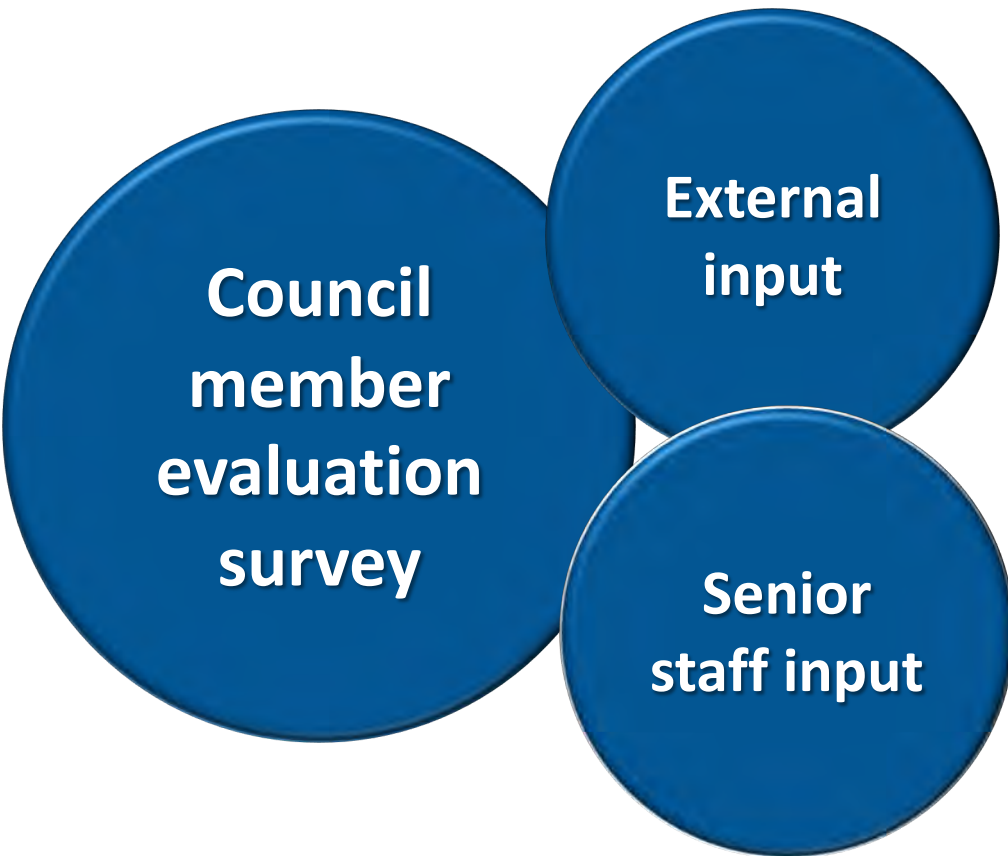
CEO Performance Evaluation

March 24, 2020

Two parts to the briefing:

1. **Process Overview:** The 2020-21 CEO Performance Evaluation is about to get underway. This part of the briefing is a quick overview of the process and a reminder for Council about what to expect.
2. **Review and approval of the new CEO Performance Evaluation criteria:** The new criteria are described in this deck at a high level, and in more detail in *Appendix A*. They were developed by the Executive Committee and the CEO, and would be in effect for 2021-22, and then ongoing.

1. Process Overview: **Key Process Elements**



- Kick off mid-April
- Collection and analysis of the input
- Report to Executive Committee
- Executive Committee discusses with CEO
- Briefing for Council

1. Process Overview: **Evaluating 2020-21 against the Current Criteria**

1. Regulatory
2. Governance
3. Risk Management
4. Financial Management
5. Human Resources Management and Staff Leadership
6. Stakeholder and Media Relations
7. Personal Characteristics

1. Process Overview: Quantitative and Qualitative Assessment

5. **Excellent** - Performance consistently exceeds expectations and attains all relevant position objectives
4. **Good** - Performance generally meets or exceeds expectations and attains nearly all relevant position objectives
3. **Satisfactory** - Performance meets minimum expectations
2. **Needs Improvement** - Fails to meet one or a few job expectations
1. **Unacceptable** - Performance is below accepted levels

**Plus
your observations
and insights**

“Did not observe/insufficient basis for judgement”

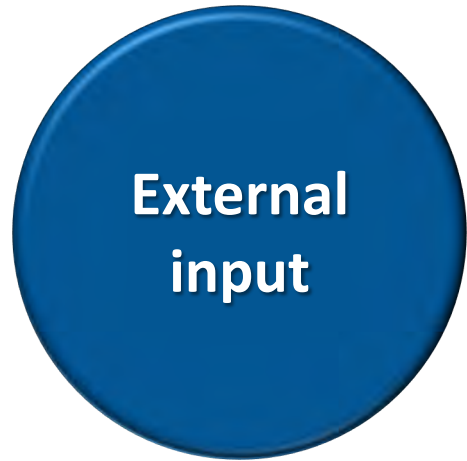
1. Process Overview: Resources for Council members

CEO's Year End Summary Report

plus

- Year end operating plan presentation (from March Council meeting)
- Quarterly Registrar's reports
- Results of the staff-focused Organizational Effectiveness Survey
- External facilitator

1. Process Overview:



Please provide your insights and comments on each of the following Registrar/CEO competencies based on your experience with Kelly over the past year:

1. The Registrar/CEO demonstrates strategic leadership.
2. The Registrar/CEO effectively represents CMO.
3. The Registrar/CEO communicates openly, transparently, and effectively.
4. The Registrar/CEO engages proactively and collaboratively – builds and maintains constructive relationships and partnerships.
5. The Registrar/CEO demonstrates leadership in equity, diversity and inclusion within the organization and with stakeholders.

Any additional comments you might want to share? (open-end opportunity)

2. New CEO Performance Criteria

Current State

- Current criteria reflect the job description – a mix of goals, activities and tasks (filing reports, etc.)
- Two key areas – strategic leadership, and delivery on the strategic plan and operational plan – are only briefly referenced

Proposed

- No routine activities and tasks
- Stronger emphasis on Strategic Leadership, as well as Delivery
- “Risk” is embedded throughout – not on its own
- Personal Characteristics – embedded throughout – not on its own
- A new “Overall” section

2. New CEO Performance Criteria

From

1. Regulatory
2. Governance
3. Risk Management
4. Financial Management
5. HR Management and Staff Leadership
6. Stakeholder and Media Relations
7. Personal Characteristics

To

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
7. Overall

2. New CEO Performance Criteria

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
7. Overall

Will include annual weighting of these criteria to reflect priorities for that year

Questions?

Appendix A: Proposed CEO Performance Criteria

1. Strategic Leadership and Direction Setting	Criterion	Measures
	The Registrar provides strategic leadership and a strong sense of direction.	<ul style="list-style-type: none"> Provides leadership to Council and the staff to develop strategies for achieving the mission, goals, and financial viability of the organization. Clearly articulates and models CMO's guiding principles and mission for staff, Council, and stakeholders. Is well informed about the developments and directions in the sector. Seeks, evaluates, and acts upon opportunities for innovation to change, grow, improve, and advance CMO's strategic direction. Monitors the changing environment and demonstrates initiative to take advantage of emerging opportunities and anticipate risks. Actively seeks out resources that can meet the needs of the leadership requirements of CMO (e.g., experts, research, professional development, etc.)
2. Development and Achievement of Goals	Criterion	Measures
	The Registrar achieves strategic and operational goals and provides on-going reporting of progress.	<ul style="list-style-type: none"> Provides effective organizational leadership to ensure strategic and business outcomes are realized through the development and implementation of policies, programs, and initiatives that reflect CMO's guiding principles. Ensures ongoing oversight of and reporting on the annual operational plan deliverables. Manages and prioritizes multiple, sometimes competing, tasks and deadlines timelines with strong attention to risk management. Takes action to address strategies or programs that vary from plans. Ensures resources are well managed, important relationships are nurtured, and the interests of stakeholders are reflected in ongoing decision making.

3. Reputation and Relationship Management	Criterion	Measures
	The Registrar enhances and extends CMO positive regard and influence.	<ul style="list-style-type: none"> • Reflects CMO's guiding principles in communications and actions. • Identifies, builds, and maintains constructive, collaborative relationships with a wide range of key stakeholders, including government, other regulators, professional associations, education and bridging institutions, registrants and the public. • Provides reliable and trustworthy advice and information and is respected in the sector. • Ensures that public trust in CMO is maintained, including as presented in media.

4. Financial Accountability and Management	Criterion	Measures
	The Registrar/CEO ensures strong attention to financial accountability and management, to maintain the financial stability, integrity, and sustainability of CMO.	<ul style="list-style-type: none"> • Ensures the financial stability and sustainability of CMO through accurate and thorough risk-based financial planning and budget development according to the annual workplan and departmental operations and needs analysis. • Regularly monitors progress, reports on expenditures, and initiates changes to enable Council to make strategic financial decisions and ensure budget commitments are met or modified within policy guidelines. • Ensures thorough and accurate financial accounting according to internal controls, as well as forecasting, budgeting, and reporting functions in compliance with CMO policies and all relevant legislative requirements. • Seeks opportunities for cost efficiencies and effectiveness.

5. People and Organizational Leadership	Criterion	Measures
	The Registrar leads the creation of a positive professional, and engaged work environment.	<ul style="list-style-type: none"> • Builds, maintains, and develops a capable team that delivers on CMO's mandate and Council's strategic vision. • Ensures an appropriate organizational structure is maintained to meet statutory obligations, as well as strategic and operational objectives. • Encourages open dialogue and creates an equitable, collaborative, inclusive, supportive work environment based on trust, mutual respect and appropriate work/life balance. • Empowers staff and develops leadership skills through sharing information and delegation, supported by regular feedback on performance, and recognition of individual excellence. • Encourages new ideas and works to improve them; encourages staff to find innovative ways to accomplish goals.

6. Council Governance and Engagement	Criterion	Measures
	The Registrar/CEO is committed to an open and transparent relationship with Council and supports Council to achieve a high level of Governance effectiveness.	<ul style="list-style-type: none"> • In collaboration with the Chair and Executive Committee, supports Council to be effective Governors, including through strong Governance policies, practices, and advice. • Understands and models appropriate Governance behaviours and practices. • Communicates transparently and openly with the Chair, Executive Committee, and Council, and empowers Council through the sharing of timely advice and information. • Provides Council with information, analysis, and learning opportunities to fulfil and continue to strengthen its governance and oversight roles. • Ensures effective delivery of new Council member orientation.

7. Overall	Measure	Sub-components
	Council members have an open opportunity to provide additional insights and comments on the CEO's overall performance.	N/A

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – March 24, 2021

Submitted by Kelly Dobbin

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

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

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

1. Regulatory Highlights

Regulations

Work to review and revise the Registration Regulation 168/11 has been underway for some time. The Registration Committee has reviewed proposed regulation and policy recommendations throughout the past year including classes of registration, new registrant requirements, and currency requirements, and Council has been updated accordingly. Council will review the first draft of the revised Registration Regulation and policy recommendations at its March 2021 meeting. After receiving initial feedback from Council, the Registration Committee will make further revisions and begin member and stakeholder consultations throughout the summer months. Council is expected to review the final draft of the regulation and policy recommendations in October 2021, launching a formal 60-day public consultation process. The Registration Committee will analyze the feedback and bring final recommendations to Council in March 2022.

We have no news to report regarding the Designated Drugs Regulation 884/93, that was formally submitted in 2019.

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

Performance Measurement

As Council will recall, the Ministry recently introduced a College Performance Measurement Framework (CPMF). All Colleges are expected to measure against the Standards (defined as best practices as opposed to minimum expectations) for the calendar year 2020, and to report in a

standardized manner by March 31, 2021. We are in the final stages of drafting the report and will have no difficulty in meeting the deadline. The final report will be posted to our website for public viewing. A *Grey Areas* article, published by Steinecke Maciura LeBlanc, provides a commentary about the Ministry's initiative, entitled "Oversight through Publishing Performance Measures". The article is attached to this report for your information only.

The College's own Performance Measurement Framework evaluation launches annually on April 1st, after the close of our fiscal year. A formal report will be shared with Council at its June meeting and subsequently published on our website. We are excited to incorporate the previous feedback from Council regarding how to make the information more meaningful and visually pleasing to the public, members and stakeholders.

Programs

The general assessments of the Midwife-Led Birth Centres were completed in 2020. Emergent assessments can arise outside of the regularly scheduled general assessments at the request of the Ministry. No emergent assessments have been conducted since the last report. Staff will present an overview of the general assessment program at our upcoming Council meeting.

As part of the College's Quality Assurance Program, the College launched its annual Peer & Practice Assessment Program in January 2021. Seventy-seven eligible members were selected from the General and Supervised Practice class and notified of their selection mid-January (plus the additional seven members who were deferred from the previous cycle). Assessments were distributed among 11 College assessors and are currently underway.

2. Governance

Implementation of Council Decisions

All decisions made at last Council have been implemented.

All newly appointed and re-appointed non-Council committee members were contacted and provided orientation to their committees as necessary.

The Executive Committee engaged with Hilborn, LLP to commence the audit process for the 2020-2021 fiscal year.

The newly approved Internally Restricted and Unrestricted Net Asset Policy was utilized to propose the annual budget in the context of long-term financial planning.

The approved Governance Policies were updated and posted to our website and BoardEffect.

The approved Bylaw changes were made and posted to our website and BoardEffect.

The 2021-2026 Strategic Plan incorporated Council feedback and is being presented for approval at the March meeting.

Council & Committee

The government has launched a new eLearning program for all public appointees (public Council members) which will be administered by the Public Appointments Secretariat (PAS). The program will provide appointees with “foundational knowledge on the agency sector, their roles and responsibilities as public appointees including their fiduciary duties and acting in an ethical way”. The Memo from Peter Kaftarian, Assistant Deputy Minister and Chief Administrative Officer of the Ministry of Health is attached to this report for your information.

Statutory Powers

On July 10, 2020, a panel of the Inquiries, Complaints and Reports Committee referred allegations of professional misconduct against [Natasha Singleton-Bassaragh](#) to the Discipline Committee of the College. The uncontested hearing took place on March 5, 2021 where the Panel accepted the Agreed Statement of Fact and the Joint Submission on Penalty. The final decision will be available on our website when it is finalized.

2020 Operational Plan Final Progress Report

Each year, Council approves an annual operational plan that sets out planned initiatives to meet the desired outcomes of the strategic plan. We are happy to report on our successes in carrying out the planned initiatives approved in March 2020. The Final Progress Report from the 2020 Operational Plan is attached to this report.

2021-2026 Strategic Plan & Costed Plan

After a year of regular meetings with members of the Strategic Planning Working Group and a full Strategic Planning Day with Council members in December, we are pleased to provide you with the 2021-2026 Strategic Plan for final approval. In addition, we are providing you with a Costed Plan which outlines the proposed schedule of planned initiatives (the “Operational Plan”) and their associated (estimate) costs, for approval. The Strategic Framework was approved at the December meeting.

3. Risk Management

Risk Management Systems

The College has modified its Health and Safety obligations to account for the fact that staff remain working from home at this time. The Director of Operations monitors the premises when backup drive swaps are required or when essential items need to be retrieved.

Due to ergonomic risks associated with working from home, staff were provided with individualized virtual consultations with an ergonomist to ensure their home set up allowed them to work safely. In addition, staff were allocated additional allowances to improve their work from home set up.

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

4. Financial Management

Statement of Operations

The third quarter statement of operations was approved by the Executive Committee in February and will be presented under agenda item 6. The College's spending this year is well within what was budgeted and as we near the end of the fiscal year we anticipate retaining some savings as opposed to being in a planned deficit position.

Financial Responsibilities

During February 2021, T4 and T4A documents were prepared and provided to staff, former staff and elected Council members. T4As were also prepared for non-Council Committee members who receive compensation from the College. The documents were distributed in advance of the end of February deadline.

During February 2021, tax receipts for the 2020 year were made available to members through the member portal and communications regarding availability and access were sent out to all members by email.

Budget

The 2021/2022 proposed budget was presented to the Executive Committee in February. In preparing for the budget, revenues and expenses were projected after detailed analysis of previous years' spending, internal discussions on future operating costs, and an assessment of existing and forecasted net assets (within the context of the Internally Restricted and Unrestricted Net Asset Policy approved by Council in December 2020), and planned initiatives to meet the desired outcomes of the new strategic plan. The College's Senior Management team met regularly over the 4th quarter to forecast the upcoming year, mindful to mitigate potential risks to the College. The one-year proposed budget was reviewed in detail by the Executive Committee and analyzed within the context of the College's current needs and its long-term financial position. The Executive Committee is presenting the proposed budget to Council for approval at this time. Please refer to the briefing note and proposed 2021-2022 budget in your Council materials under agenda item 8.

5. Human Resource Management and Staff Leadership

Working During the Pandemic

The College continues to operate a virtual office. Staff connect often through videoconference in order to maintain connectivity and encourage information sharing. No schedule is currently set for a return to premises, but it has been communicated to staff that they will not be expected to return to the physical office before September 2021.

Staff Changes

We are pleased to announce that after undergoing a competitive hiring process for the recently vacated Communications and Stakeholder Relations Officer position, we are welcoming Victoria Marshall back to the College to fulfill this important role.

Organizational Culture

The annual Organizational Effectiveness survey was completed in December 2020. The survey identifies areas of success and areas for improvement and allows the College to continually work on its organizational culture. Results were reviewed in detail by the Staff Human Resources Advisory Group and highlights and planned initiatives were then presented to the entire staff team in early 2021. Council will receive a presentation of the results and planned initiatives in Camera at its March meeting.

Diversity, Equity and Inclusion

All College staff are currently undertaking group training on DEI and organizational anti-oppression. Staff have engaged Harmony@Work to deliver the training, which is delivered in three, two-hour sessions. Staff have and will continue to explore key concepts and principles of oppression and anti-oppression including diversity, equity, inclusion, human rights, racism, anti-Black racism, and privilege. These sessions lay a foundation of understanding in order to inform the ongoing work of organizational anti-oppression and systemic change. In addition, Carolyn Doornekamp, Director of Operations is currently undertaking the Certificate in Inclusive Leadership offered by TRIEC (The Toronto Regional Immigrant Employment Council).

A newly designed job posting template has been created that now includes an Equity, Diversity and Inclusion statement. The statement was edited and approved by the College's Staff Human Resource Advisory Group prior to finalization. In addition, it was agreed that for all future job postings the College should expand the position posting locations to attract diverse candidates. The College did post the Communications and Stakeholder Relations Officer position after these discussions, and the posting reached different audiences through both the Canada Job Bank and TRIEC (The Toronto Regional Immigrant Employment Council).

6. Stakeholder and Media Relations

Communications

The Health Profession Regulators of Ontario (HPRO)'s Communications Committee continues to inform the public about health profession regulation in various ways. A 2020 summary report on communications activities is attached to this report.

Health Regulatory Sector

Staff attend regular Health Profession Regulators of Ontario (HPRO) meetings to share information related to emerging issues such as the pandemic, communications, Anti-BIPOC Racism, and the College Performance Measurement Framework (CPMF).

The Registrar continues to serve as an Executive Committee member (Treasurer) of the Canadian Midwifery Regulators Council (CMRC), as a member of the CMRC's Canadian Midwifery Registration Exam (CMRE) Committee, and as a member of the Accreditation Council of the Canadian Association of Midwifery Education (CAMEd). All committees meet regularly throughout the year by videoconference.

Anti-Racism Initiatives in the Health Sector

The Registrar continues to serve on HPRO's Anti-BIPOC Racism Committee. The committee meets regularly and has recently hired [Dr. Javeed Sukhera](#), psychiatrist and expert in equity, diversity, inclusion and belonging to assist in meeting the committee's objectives. A summary of the committee's important work to date can be reviewed in the attached report.

Last Fall, after Joyce Echaquan died in hospital after she filmed staff making racist comments about her, Federal Ministers held an emergency meeting with provinces and health leaders to hear lived experiences of anti-Indigenous racism in healthcare. In January 2021, Federal Ministers and staff, First Nations, Metis and Inuit leaders, and a variety of health leaders throughout the country, including those from the regulatory sector, took part in a two-day follow up meeting to discuss possible initiatives to eliminate anti-Indigenous racism in the healthcare system. A final report is expected in the coming months.

In a related but separate issue, the BC government commissioned a review of Indigenous-specific racism and discrimination in B.C. healthcare. The full report entitled [In Plain Sight](#) was published in November 2020. The 236 page report addresses specific allegations of anti-Indigenous racism, documents the experiences of Indigenous peoples in BC healthcare, and makes recommendations. Some recommendations are applicable to health regulatory bodies, including making changes to patient complaints processes by a separate process for Indigenous complaints and embedding Indigenous support roles, training and staffing within complaints processes and offices. In addition, there is a recommendation to adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples.

Motions:

1. To accept Registrar's Report as presented
2. To approve the 2021-2026 Strategic Plan & Costed Plan as presented.

Attachments:

1. Grey Areas No. 252

2. CSD ADM CAO Memo re New eLearning for Public Appointees
3. OHR To the Point Report for January–December 2020
4. HPRO Anti-BIPOC Racism Project – Status Update
5. Annual Operational Plan – Final Progress Report from 2016–2020 Strategic Plan
6. 2021–2026 Strategic Framework, Strategic Plan and Costed Plan

Oversight through Publishing Performance Measures

by Erica Richler
January 2021 - No. 252

As one of the last countries still using the self-regulation model for professions, Canada is ripe for regulatory reform. Many provinces, including British Columbia, Alberta and Québec are in the midst of reform right now.¹

One of the key reform proposals has been to establish an independent oversight agency similar to the Professional Standards Authority of the United Kingdom.² However, Ontario is choosing a different, and somewhat unique, path. Last month the Ministry of Health of Ontario made available its College Performance Measurement Framework (CPMF). The CPMF requires the 26 health regulators to collect, report and publish detailed information about their structure and activities in a uniform format. The Ministry will then publish a summary report of the updated information annually.

The Ministry has stated the purpose of the initiative as follows:

¹ See, for example: *A Year of Change: Proposals for Regulatory Reforms Across Canada*, found at: https://m365-emarketing-uploads.s3.amazonaws.com/images/cnar/SML_December_2020.pdf.

² Modernizing the Oversight of the Health Workforce in Ontario, Dialogue Summary, McMaster Health Forum, https://www.mcmasterforum.org/docs/default-source/product-documents/stakeholder-dialogue-summary/workforce-oversight-sds.pdf?sfvrsn=d76e54d5_4.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models) ... and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.

The CPMF document and reporting tools are the products of hard work by a working group, collaboration with experts in the field, and broad consultation with stakeholders including the regulators themselves.

The information to be gathered and reported is quite detailed. It is organized into seven topics (or domains) each of which has a number of separate standards to be met. Each standard has a number of questions to be answered. For each question the regulator has to identify evidence to support its meeting of the standard. Links to documents of supporting evidence are to be provided. The regulator then indicates whether it fully, partially or does not meet the standard. There is a place for the regulator to offer comments to put the information into context.

The domains are diagrammed as follows:

FOR MORE INFORMATION

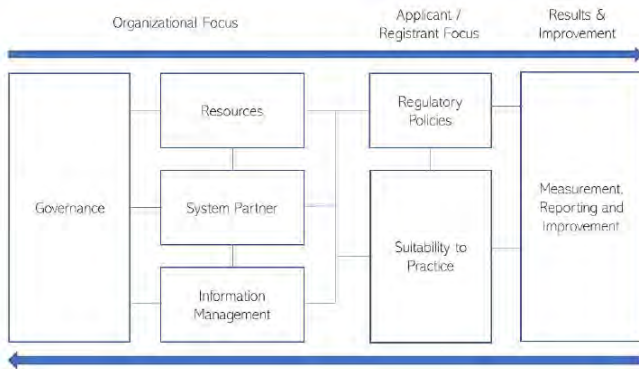
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION



Take one example. Domain 6 deals with suitability to practice, which addresses the core function of a regulator to ensure that practitioners are competent and ethical. Standard 13 reads: “All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.” Measure 13.1 under this standard reads: “The College addresses complaints in a right touch manner.” The proposed evidence to support whether this measure is met reads as follows:

The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).

The regulator then assesses whether it has met this measure in whole or in part.

The above example is probably one of the more straightforward ones. Standard 7 reads: “The College responds in a timely and effective manner to changing public expectations.” That standard does not have a

measurement statement and calls only for a narrative discussion of what the regulator does.

Some standards with measurement statements are difficult to quantify. For example, measure 9.1 reads:

All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

The evidence of meeting that measure is entirely process orientated, including that each policy is regularly reviewed and that any updates include the following components:

- i. evidence and data,
- ii. the risk posed to patients / the public,
- iii. the current practice environment,
- iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)
- v. expectations of the public, and
- vi. stakeholder views and feedback.

In fact, that is a criticism of the CPMF. Harry Cayton has stated that he is skeptical about the CPMF because it focusses on process and not outcome.³ However, he also says that the CPMF is an important step.

³ Listen to the 12:40 mark of the podcast *Health Profession Regulation – Is Ontario’s Current Model Working?* found at: <http://santishealth.ca/podcasts/episode-10-health-profession-regulation-is-ontarios-current-model-working/>.

It is, after all, quite difficult to measure outcomes for most regulatory activities. In addition, Standard 15 specifically requires regulators to monitor, report on, and improve their performance and requires each regulator to identify and measure key performance indicators (KPI).

The Ministry has also noted that:

...there are currently no benchmarks that set expectations for regulatory excellence that have been identified through jurisdictional scans or literature reviews. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Some of the standards appear to create obligations that are not contained in the enabling legislation. For example, Standard 1, measure 1 asks about whether the regulator has competency and suitability criteria for a candidate to be eligible for election to its Board. This concept is not included in the legislation despite a number of recent amendments dealing with governance and the Minister has never requested that the regulators establish such a requirement. These are difficult concepts to introduce into an election process and will likely take years to implement. Yet the first reporting period for this measure is 2020.

Other standards, while not directly required by the enabling statute, can perhaps be inferred from it. For example, Standard 5 reads "The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate."

The Ministry is taking a quality improvement approach to this initiative. It will provide a factual summary of the information but will not rank the regulators or point out poor performers. It anticipates using the information to:

...lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement...

The ministry may use the results, where warranted, to inform discussions with individual Colleges regarding proposed improvement commitments, best practices, and potential areas for alignment with other Colleges and system partners.

The CPMF will create a lot of work for the regulators to compile the information in a format consistent with the Ministry requirements and to implement changes to meet the new expectations. However, this is currently an alternative to the creation of an independent oversight body, which likely would require even more effort.

The Ministry has not posted the CPMF documents on a website, but they are available upon request from:

Regulatory Oversight & Performance Branch
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

January 25, 2021

Memorandum To: Provincial Agencies and Health and Long-Term Care Entities

From: Peter Kaftarian
Assistant Deputy Minister and Chief Administrative Officer

Subject: New eLearning for Public Appointees

I am pleased to inform you that the government has launched a new eLearning program for all public appointees which will be administered by the Public Appointments Secretariat (PAS).

This program will take approximately two to three hours to complete and will work across different digital platforms and devices. It will provide appointees with foundational knowledge on the agency sector, their roles and responsibilities as public appointees including their fiduciary duties and acting in an ethical way.

To ensure that the eLearning meets the needs of users, appointees will be surveyed to assess its impact and identify needs for future updates.

PAS will send emails to appointees with instructions on how to access the training between now and April 2021. Appointees will be able to easily access the eLearning through their PAS user accounts and will be asked to complete the eLearning within 30 days of receiving the initial link.

All current and future public appointees will be expected to complete this new eLearning regardless if they have received similar training when they were first appointed years ago. Appointees will also be required to do this eLearning once every five years.

Please note that in keeping with the practices of public appointee training that PAS has offered in the past and since there is an element of public service in all appointments, appointees will not be entitled to receive remuneration to complete this mandatory training.

Please feel free to provide the public appointees on your Board / Council a heads up that they should expect to receive a link to this eLearning in the coming weeks / months.

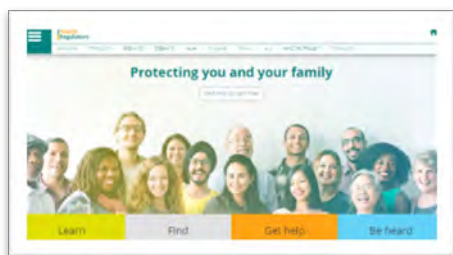
If you have any questions, please contact Christy Hackney, Manager, Corporate Management Branch at Christy.Hackney@ontario.ca or (416) 704-9537.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Kaftarian', with a stylized flourish at the end.

Peter Kaftarian

c: Ministry Program Area Contacts
John Amodeo, Director, Corporate Management Branch
Christy Hackney, Manager, Corporate Management Branch



Quiz

July [“Do you know which health professions are regulated?”](#)

Survey

October [Asking how OHR can better serve the publics’ needs](#)

Promoting OHR through Zoomer Media

Articles in Zoomer Newsletters and E-Blasts

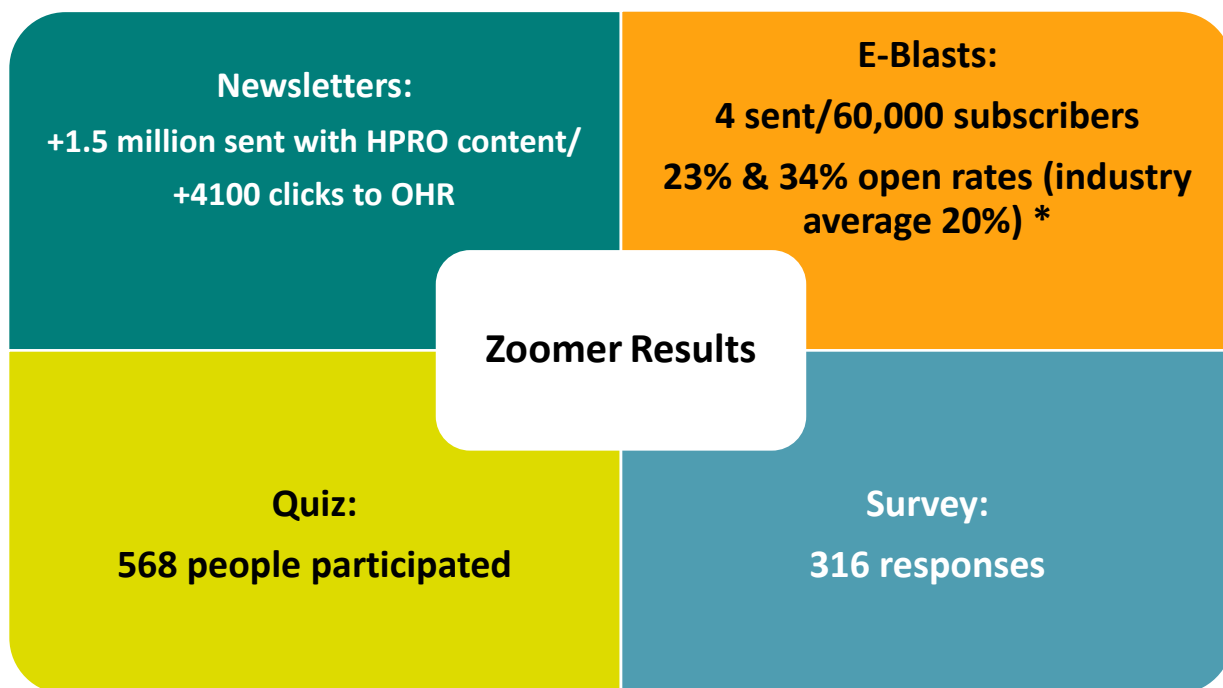
July [“Health Regulators Are Keeping You Safe During COVID-19”](#)

August [“8 Things You’re Entitled to at Your Health-Care Appointments”](#)

September [“How to Find Information About Your Health Professional”](#)

October [“Tips to Make the Most of Your Health Care Visits During COVID-19”](#)

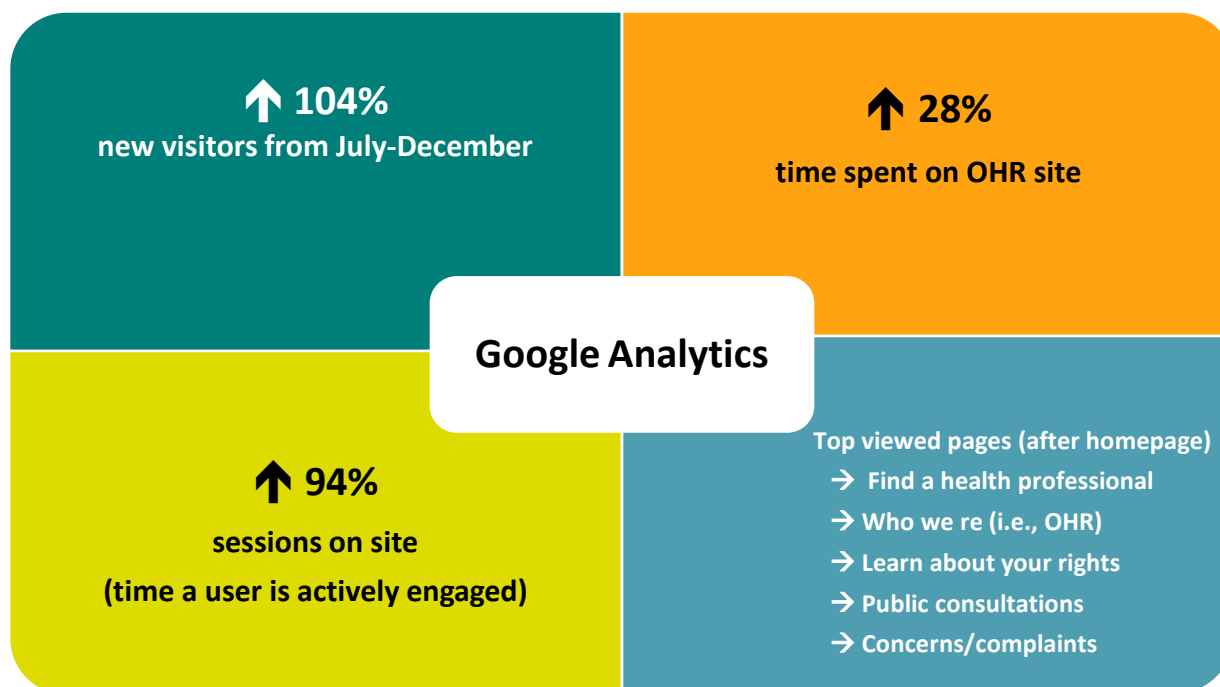
November [“Have Your Say in Health Profession Regulation”](#)



*Two open rates shown because Zoomer and CARP are counted as two difference audiences

OHR Site Analytics Review

The chart below shows website analytics after the Zoomer campaign launched in July. The campaign ran until the end of November. See **Appendix A** for all the Google Analytics Reports (January – December 9).






Colleges Public Consultations Promoted on OHR

Colleges that listed consultations in 2020:

- CASLPO (1)
- CDHO (1)
- CHO (1)
- CKO (1)
- CMTO (1)
- CMO (2)
- CONO (2)
- CNO (2)
- COTO (4)
- CPSO (4)
- OCF (1)
- College of Dietitians (2)

Increase of traffic to OHR after article on consultations ran in November

Landing Page	Acquisition		
	Users	New Users	Sessions
	65.52%  48 vs 29	61.54%  42 vs 26	40.54%  52 vs 37
1. /public-consultations/			
Jul 1, 2020 - Dec 6, 2020	48 (100.00%)	42 (100.00%)	52 (100.00%)
Jan 1, 2020 - Jun 30, 2020	29 (100.00%)	26 (100.00%)	37 (100.00%)
% Change	65.52%	61.54%	40.54%



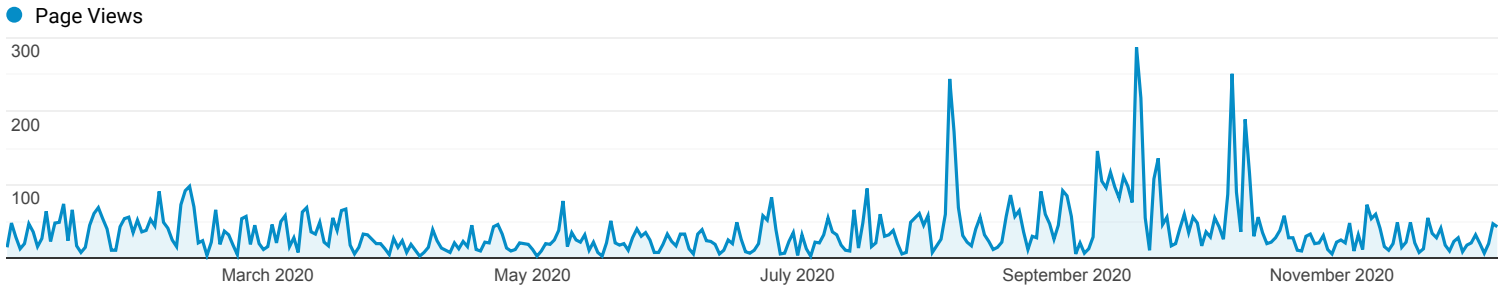
Overview

All Users
100.00% Page Views

1 Jan 2020 - 9 Dec 2020

Overview

Total traffic to the OHR site from January 1 - December 9, 2020



Page Views

12,937

Unique Page Views

9,161

Avg. Time on Page

00:01:43

Bounce Rate

54.36%

% Exit

48.24%

Page	Page Views	% Page Views
1. /	6,342	49.02%
2. /find-health-care-professional/	2,964	22.91%
3. /who-we-are/	1,033	7.98%
4. /learn/	877	6.78%
5. /public-consultations/	566	4.38%
6. /get-help-us-concerns-complaints-care/	297	2.30%
7. /contact-us/	108	0.83%
8. /fr/find-health-care-professional/	93	0.72%
9. /fr/	65	0.50%
10. /privacy-policy/	37	0.29%



Top Events

ALL » EVENT CATEGORY: outbound » EVENT ACTION: click

1 Jan 2020 - 9 Dec 2020



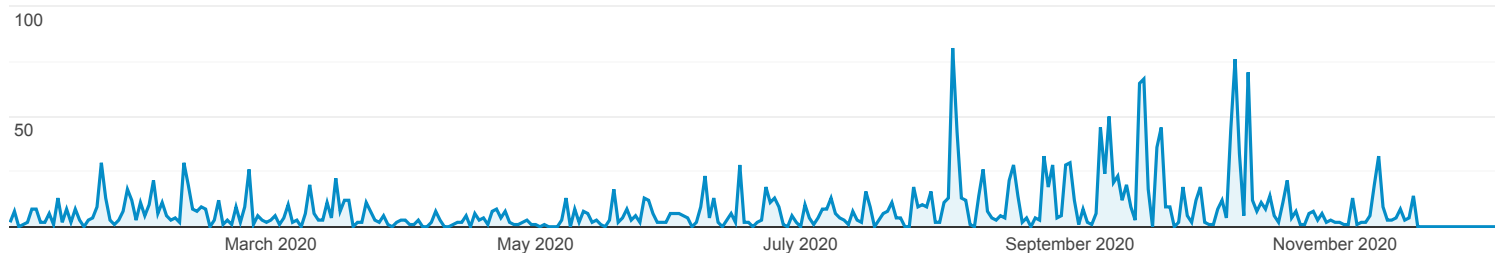
All Users
100.00% Unique Events

Explorer

Event

Hits to college websites from the OHR site from January 1 - December 9, 2020

Total Events



Event Label	Total Events	Unique Events	Event Value	Avg. Value
	2,692 % of Total: 100.00% (2,692)	2,375 % of Total: 100.00% (2,375)	0 % of Total: 0.00% (0)	0.00 Avg for View: 0.00 (0.00%)
1. https://doctors.cpso.on.ca/?search=general	535 (19.87%)	484 (20.38%)	0 (0.00%)	0.00
2. https://portal.collegept.org/public-register/	167 (6.20%)	153 (6.44%)	0 (0.00%)	0.00
3. https://ww1.rcdso.org/elS/Core/GenericPageSeq.aspx?SeqType=RCDSSearch	139 (5.16%)	113 (4.76%)	0 (0.00%)	0.00
4. http://www.cpso.on.ca/	125 (4.64%)	95 (4.00%)	0 (0.00%)	0.00
5. https://registry.cno.org/	94 (3.49%)	73 (3.07%)	0 (0.00%)	0.00
6. http://cco.on.ca/English/Chiropractor-Search/Search/	92 (3.42%)	59 (2.48%)	0 (0.00%)	0.00
7. http://publicregister.caslpo.com/	71 (2.64%)	64 (2.69%)	0 (0.00%)	0.00
8. http://members.collegeoptom.on.ca/coo_prod/COO/PublicDirectory/Public_Directory_Member/Public_Register/PublicRegisterMember.aspx	64 (2.38%)	46 (1.94%)	0 (0.00%)	0.00
9. http://www.rcdso.org	61 (2.27%)	51 (2.15%)	0 (0.00%)	0.00
10. https://www.ctcmpao.on.ca/publicregistersrc/	61 (2.27%)	52 (2.19%)	0 (0.00%)	0.00
11. https://www.terida.com/idms/directory/directory.seam	53 (1.97%)	51 (2.15%)	0 (0.00%)	0.00
12. http://www.caslpo.com/	50 (1.86%)	40 (1.68%)	0 (0.00%)	0.00
13. http://www.cpo.on.ca	44 (1.63%)	39 (1.64%)	0 (0.00%)	0.00
14. https://www.ctcmpao.on.ca/	43 (1.60%)	40 (1.68%)	0 (0.00%)	0.00
15. http://members.ocpinfo.com/tcpr/public/pr/en/#/forms/new/?table=0x800000000000003D&form=0x800000000000002C&command=0x800000000000007C5	40 (1.49%)	37 (1.56%)	0 (0.00%)	0.00
16. https://members.cpo.on.ca/public_register/new	39 (1.45%)	39 (1.64%)	0 (0.00%)	0.00
17. http://www.cocoo.on.ca/FindChirop.html	38 (1.41%)	28 (1.18%)	0 (0.00%)	0.00
18. http://www.collegeofnaturopaths.on.ca/CONO/Public/The_Public_Register/ND_Search/CONO/Public/Public_Registers/ND_Search.aspx	38 (1.41%)	34 (1.43%)	0 (0.00%)	0.00
19. https://www.collegeofnaturopaths.on.ca/CONO/Public/The_Public_Register/ND_Search/CONO/Public/Public_Registers/ND_Search.aspx	36 (1.34%)	36 (1.51%)	0 (0.00%)	0.00

	https://registrants.cmta.com/webclient/registrantdirectory.aspx	33 (1.34%)	29 (1.52%)	0 (0.00%)	0.00
20.	http://www.cmta.com	33 (1.23%)	29 (1.22%)	0 (0.00%)	0.00
21.	http://www.cocoo.on.ca/	32 (1.19%)	27 (1.14%)	0 (0.00%)	0.00
22.	http://www.cmltoregister.com/	30 (1.11%)	29 (1.22%)	0 (0.00%)	0.00
23.	http://www.collegept.org/Public/ProtectingthePublic	30 (1.11%)	29 (1.22%)	0 (0.00%)	0.00
24.	https://occupationaltherapist.coto.org/coto/COTOWEB/DirectoryRD/COTOWEB/OT_Directory_RD/Directory.aspx	30 (1.11%)	26 (1.09%)	0 (0.00%)	0.00
25.	http://portal.collegeofdietitians.org/cdo/Portal/Public_Directory/PublicRegisterMember/Public_Directory/PublicRegisterMember.aspx	29 (1.08%)	27 (1.14%)	0 (0.00%)	0.00
26.	https://coko.ca/CKO_Public/Find_a_Kinesiologist/Shared_Content/Public_Registry/Multi_Search.aspx	26 (0.97%)	25 (1.05%)	0 (0.00%)	0.00
27.	https://members.coptont.org/COO/pr/iMIS/PublicRegister/Search.aspx	26 (0.97%)	25 (1.05%)	0 (0.00%)	0.00
28.	http://www.cno.org/en/protect-public/	24 (0.89%)	22 (0.93%)	0 (0.00%)	0.00
29.	http://www.coko.ca/	24 (0.89%)	23 (0.97%)	0 (0.00%)	0.00
30.	https://www.crho.ca/	24 (0.89%)	24 (1.01%)	0 (0.00%)	0.00
31.	http://members.crto.on.ca/crto/CRTO/PublicDirectory/Public_Directory_Member/Public_Register/PublicRegisterMember.aspx	23 (0.85%)	23 (0.97%)	0 (0.00%)	0.00
32.	http://www.collegeofdietitians.org/Web/Public.aspx	23 (0.85%)	19 (0.80%)	0 (0.00%)	0.00
33.	https://publicregister.cdho.org/Pages/en_US/Forms/Public/Register/Default.aspx?ReturnUrl=%2f	22 (0.82%)	18 (0.76%)	0 (0.00%)	0.00
34.	http://www.collegeofnaturopaths.on.ca/	21 (0.78%)	19 (0.80%)	0 (0.00%)	0.00
35.	https://app.collegeofhomeopaths.com/en/public/dashboard	21 (0.78%)	21 (0.88%)	0 (0.00%)	0.00
36.	https://onlineservice.cmo.on.ca/webs/cmo/register/	21 (0.78%)	21 (0.88%)	0 (0.00%)	0.00
37.	https://www.cco.on.ca/members-of-the-public/	20 (0.74%)	19 (0.80%)	0 (0.00%)	0.00
38.	http://cdo.in1touch.org/client/roster/clientRosterView.html?clientRosterId=57	19 (0.71%)	19 (0.80%)	0 (0.00%)	0.00
39.	http://www.ocpinfo.com/protecting-the-public/	19 (0.71%)	18 (0.76%)	0 (0.00%)	0.00
40.	https://cmrto.microsoftcrmpartals.com/public-register/	19 (0.71%)	18 (0.76%)	0 (0.00%)	0.00
41.	http://www.cmrto.org/public/	18 (0.67%)	16 (0.67%)	0 (0.00%)	0.00
42.	http://www.cpsa.on.ca/Public/Services/Complaints	18 (0.67%)	17 (0.72%)	0 (0.00%)	0.00
43.	http://www.cdho.org/for-the-public	17 (0.63%)	17 (0.72%)	0 (0.00%)	0.00
44.	http://www.collegept.org/	17 (0.63%)	16 (0.67%)	0 (0.00%)	0.00
45.	http://www.collegeoptom.on.ca/	16 (0.59%)	12 (0.51%)	0 (0.00%)	0.00
46.	https://www.cco.on.ca/	16 (0.59%)	16 (0.67%)	0 (0.00%)	0.00
47.	http://www.collegeofhomeopaths.on.ca	14 (0.52%)	13 (0.55%)	0 (0.00%)	0.00
48.	http://www.crto.on.ca/public/	14 (0.52%)	14 (0.59%)	0 (0.00%)	0.00
49.	http://www.cmlto.com/index.php?option=com_content&view=article&id=39&Itemid=291	13 (0.48%)	13 (0.55%)	0 (0.00%)	0.00
50.	https://www.crho.ca/about-psychotherapists-professional-regulation/	13 (0.48%)	12 (0.51%)	0 (0.00%)	0.00
51.	https://www.coto.org/you-and-your-ot	11 (0.41%)	11 (0.46%)	0 (0.00%)	0.00
52.	http://www.cmo.on.ca/public/	10 (0.37%)	10 (0.42%)	0 (0.00%)	0.00
53.	http://www.cno.org/	10 (0.37%)	10 (0.42%)	0 (0.00%)	0.00
54.	http://www.collegeofdietitians.org/	10 (0.37%)	9 (0.39%)	0 (0.00%)	0.00

		(0.37%)	(0.38%)	(0.00%)	
55.	https://denturists-cdo.com/Protecting-the-Public/Public-Protection.aspx	10 (0.37%)	10 (0.42%)	0 (0.00%)	0.00
56.	http://www.coptont.org/PUBLIC/index.php	9 (0.33%)	9 (0.38%)	0 (0.00%)	0.00
57.	http://www.crto.on.ca/	9 (0.33%)	9 (0.38%)	0 (0.00%)	0.00
58.	https://denturists-cdo.com/	9 (0.33%)	6 (0.25%)	0 (0.00%)	0.00
59.	http://www.cdho.org/	8 (0.30%)	7 (0.29%)	0 (0.00%)	0.00
60.	https://www.coto.org/	8 (0.30%)	8 (0.34%)	0 (0.00%)	0.00
61.	https://www.ctcmpao.on.ca/public/filing-a-complaint/	8 (0.30%)	7 (0.29%)	0 (0.00%)	0.00
62.	http://www.cmo.on.ca	7 (0.26%)	7 (0.29%)	0 (0.00%)	0.00
63.	http://www.cmrto.org/who-we-are/complaints-process/	7 (0.26%)	3 (0.13%)	0 (0.00%)	0.00
64.	http://www.collegeoptom.on.ca/public/	7 (0.26%)	7 (0.29%)	0 (0.00%)	0.00
65.	http://www.coptont.org/	7 (0.26%)	6 (0.25%)	0 (0.00%)	0.00
66.	https://cdto.ca/protecting-the-public/what-can-you-expect/	7 (0.26%)	6 (0.25%)	0 (0.00%)	0.00
67.	https://onlineservice.cdto.ca/webs/cdto/register/	7 (0.26%)	6 (0.25%)	0 (0.00%)	0.00
68.	http://www.cno.org/en/protect-public/making-a-complaint-public	6 (0.22%)	5 (0.21%)	0 (0.00%)	0.00
69.	http://www.cpo.on.ca/Templates/Defining_Professional_Misconduct.aspx?pageid=770	6 (0.22%)	6 (0.25%)	0 (0.00%)	0.00
70.	https://www.rcdso.org/en-ca/patients-general-public/dentist-complaint	6 (0.22%)	6 (0.25%)	0 (0.00%)	0.00
71.	http://www.cmlto.com/	5 (0.19%)	5 (0.21%)	0 (0.00%)	0.00
72.	http://www.cmto.com/ensuring-professional-conduct/complaint-process	5 (0.19%)	5 (0.21%)	0 (0.00%)	0.00
73.	http://www.collegept.org/ContactUs/FileaComplaint	5 (0.19%)	5 (0.21%)	0 (0.00%)	0.00
74.	http://www.ocpinfo.com/	5 (0.19%)	5 (0.21%)	0 (0.00%)	0.00
75.	https://cdto.ca/	4 (0.15%)	3 (0.13%)	0 (0.00%)	0.00
76.	https://www.cmrto.org/	4 (0.15%)	4 (0.17%)	0 (0.00%)	0.00
77.	https://www.crho.ca/filing-a-complaint-about-a-member/	4 (0.15%)	4 (0.17%)	0 (0.00%)	0.00
78.	http://www.caslpo.com/public/complaints	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
79.	http://www.cdho.org/for-the-public/complaints-about-a-dental-hygienist/complaints-process	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
80.	http://www.cmo.on.ca/public/inquiries-reports-and-complaints/	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
81.	http://www.collegeofhomeopaths.on.ca/pages/public%20protection.html	3 (0.11%)	2 (0.08%)	0 (0.00%)	0.00
82.	http://www.collegeofnaturopaths.on.ca/CONO/Public/Complaints_and_Reports/How_to_File_a_Complaint/CONO/Public/ICRC/How_to_File.aspx?hkey=48a9ce9e-2ae7-4adf-b968-7bd87ca1635d	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
83.	http://www.collegeoptom.on.ca/public/complaints/	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
84.	http://www.coptont.org/COMPLAINTS/process.php	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
85.	http://www.denturists-cdo.com/site/complaintprocess?nav=06 <a href=	3 (0.11%)	3 (0.13%)	0 (0.00%)	0.00
86.	http://www.collegeofdietitians.org/Web/Public/Making-a-Complaint.aspx	2 (0.07%)	2 (0.08%)	0 (0.00%)	0.00
87.	http://www.crto.on.ca/public/concerns-about-a-respiratory-therapist	2 (0.07%)	2 (0.08%)	0 (0.00%)	0.00
88.	https://www.cco.on.ca/members-of-the-public/how-to-file-a-complaint/	2 (0.07%)	2 (0.08%)	0 (0.00%)	0.00
89.	https://www.coto.org/you-and-your-ot/questions-concerns-complaints	2 (0.07%)	2 (0.08%)	0 (0.00%)	0.00

90.	http://www.cmlto.com/index.php?option=com_content&view=article&id=1189&Itemid=487	1 (0.04%)	1 (0.04%)	0 (0.00%)	0.00
91.	http://www.cocoo.on.ca/pdfs/complaints-brochure.pdf	1 (0.04%)	1 (0.04%)	0 (0.00%)	0.00
92.	http://www.ocpinfo.com/protecting-the-public/complaints-reports	1 (0.04%)	1 (0.04%)	0 (0.00%)	0.00
93.	https://coko.ca/CKO_Public/For_the_Public/Concerns_Complaints/CKO_Public/Public_Content_Records/Public/Concerns_Complaints.aspx	1 (0.04%)	1 (0.04%)	0 (0.00%)	0.00

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FORMED A WORKING GROUP

Confirmed by the Management Committee in June 2020 with volunteers from 11 HPRO Colleges

Deborah Adams, CRPO (Registrar)	Kevin McCarthy, CNO
Kelly Dobbin, CMO (Registrar)	Brian O’Riordan, CASLPO (Registrar)
Naakai Garnett, CMT0	Judy Rigby, CDTO (Registrar) – WG Chair
Linda Gough, CMRITO (Registrar)	Dr. Saroo Sharda, CPSO
Danielle Lawrence, CKO	Melisse Willems, College of Dietitians of Ontario (Registrar)
Tim Mbugua, COTO	Beth Ann Kenny, HPRO Support

DRAFTED A PURPOSE FOR THE WG THAT ALIGNS WITH HPRO PURPOSE

To support active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate, medium, and long- term, to eradicate BIPOC racism and build a culture, systems and practices that allow diversity, equity and inclusion to thrive.

DRAFTED A PUBLIC INTEREST RATIONALE THAT FULFILLS A PORTION OF CPMF REPORTING REQUIREMENTS

In Ontario, every person should have the ability to reach their full health potential regardless of their colour, culture, or ethnic origin. HPRO and its member organizations acknowledge the historical and ongoing harm caused by racism, both systemic and overt, against Black, Indigenous and People of Colour in Canada. Change is necessary to eliminate existing racial inequities and best serve and protect the public. Health profession regulators play a critical role in driving that change. As individual organizations, regulatory bodies, and key stakeholders in the health system, we advocate for, and are committed, to actioning essential change to eliminate racism and strive for diversity, equity and inclusivity that is embodied in Ontario’s Human Rights Code.

KEY WORK TO-DATE

Since August 2020, the WG has met five times. Key work to-date is highlighted below:

- **Toolkit:** currently, identified resources are being catalogued and made accessible to the WG and College leadership; will be added to throughout the project
- **Education:** received presentations from CASLPO on their DEI initiatives, including environmental scan, literature review, and open dialogue webinar for College registrants; more being planned
- **Legislative Mandate:** identified legislative alignment – [Ontario Anti-Racism Act](#)
- **Partnerships Identified:** Fairness Commissioner, other regulatory bodies, Ontario Human Rights Commission, national health profession regulatory body collaboratives, HPRO Communications Committee, HPRO Commitment to Cultural Safety and Humility WG
- **Project Funding:**
 - HPRO = \$40,000
 - Individual Colleges = \$0 (in kind contributions only)
 - Federal Government funding = \$88,000 (to be confirmed – see *Anti-BIPOC Racism Funding Document*)
- **Project Charter/Workplan:** outlined overall plan and potential resources required, including financial needs for expertise as laid out in a federal grant application; modules to include:
 - Overall action plan (including overarching principles and goals)
 - EDI Self-Assessment Checklist and Reporting Tool (to support CPMF work)
 - Staff Training and EDI Toolkit

It is recognized that there will be no “one size fits all” solution and that guidance/resource documents and education and training opportunities will be beneficial for all HPRO members. The WG sees this project as an opportunity to engage all colleges and to work together to advance this important issue. Future work will be modular, both to focus the work and in recognition of the resources available to individual colleges.

College of Midwives of Ontario
2016-2020 Strategic Plan
Annual Operational Plan – Final Progress Report
January 1, 2020-March 31, 2021

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION				
Initiatives	Success Measures	Planned Activities	Status	Comments
1.1 Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication.</p> <p>Communication with the membership and stakeholders is clear, targeted, consistent and effective.</p>	Continue to work with the Ministry of Health (Ministry) on proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, including proposed rescinding of Appendix B of the Laboratories Regulation made under the Act.		The Ministry received our submission in 2018 but prioritized work on the Drug Regulation in isolation from the Laboratory requests the College made. Regardless, the College has continued to request to move this work forward and to specifically address point-of-care testing.
1.2 Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through</p>	<p>Continue to work with the Ministry on proposed changes to the Designated Drugs Regulation and initiate implementation phase (if approved) including:</p> <ul style="list-style-type: none"> - Revising Prescribing and Administering Drugs Standard - Developing Guide on Safe Prescribing 		The proposed changes to the Designated Drugs Regulation have not yet been enacted and the College continues to respond to the Ministry when requested. Council approved the mandatory education course on controlled substances, but all other planned activities must wait until we are informed that the Ministry is

regulatory effectiveness, transparency, flexibility and innovation.	formal channels of communication.	<ul style="list-style-type: none">- Approving Mandatory Education Course on Controlled Substances- Tracking members' mandatory course completion			moving forward. The Quality Assurance Committee reviewed the first drafts of the standard and the guide in 2020. These documents were be finalized when the regulation is approved.
		Continue to work with the Ministry regarding proposed changes to the General Regulation (new Quality Assurance Regulation and rescinding Part II) and implement relevant processes as soon as the regulation is approved by the government, including: <ul style="list-style-type: none">- Revising General Bylaws- Revising Quality Assurance Program			The Quality Assurance Regulation and changes to the General Regulation came into effect on November 27, 2020. Council approved General Bylaw changes in December 2020.
		Continue to work with the Ministry to finalize the proposed changes to the Professional Misconduct Regulation			The Ministry has not prioritized this work and the College continues to respond to Ministry questions upon request.
		Finalize Registration Regulation policy recommendations and submit a revised Registration Regulation to Council			Registration Regulation policy recommendations are nearly complete, except for clinical experience requirements at entry-to-practise. Draft Registration Regulation recommendations are being presented to Council in March 2021.
1.3. Broaden knowledge and understanding	There is regular communication of information on legislative and regulatory changes through	Continue to revise website content and design new video/webinar content to raise awareness among			Website content is revised on a continuous basis and new webinar

within the membership and key stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.	formal channels of communication.	the membership about the College, its role and the requirements			content is in development but not yet delivered.
	Communication with the membership and stakeholders is clear, targeted, consistent and effective.	Publish Midwifery Scope of Practice Guide and support member and stakeholder acceptance			The guidance document “Midwifery Scope of Practice” has been published and knowledge translation initiatives are scheduled to take place in April and May 2021, prior to implementation date of June 1 st . Member webinars will be held in the spring prior to the June 1 st implementation date.
		Educate members regarding changes to the Designated Drugs Regulation (if approved), including AHFS categories			This activity is on hold until the Ministry confirms that the Designated Drugs Regulation will proceed as drafted.
		Continue to implement stakeholder and student engagement strategy to raise awareness among midwifery students and applicants about the College, its role and requirements			College staff continue to present to all academic years of each Midwifery Education Program as well as the International Pre-registration Program to increase student and candidate knowledge of what it means to be a regulated health professional in Ontario.

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION				
Initiatives	Success Measures	Planned Activities	Status	
2.1. Deliver the effective operation of the new systems to balance necessary levels of public protection with reasonable levels of risk	Existing College systems and processes are reconfigured to ensure that they are in line with risk-based regulation	Conduct an internal review to evaluate the College's regulatory effectiveness using the approved regulatory performance measurement framework and report to Council		The College completed its inaugural self-assessment of regulatory performance against Council-approved standards and reported to Council in June 2020. In addition, the College completed the Ministry's College Performance Measurement Framework (CPMF) and will submit and publish our report by the due date of March 31, 2021.
2.2. Enhance the organizational capacity and capability to deliver risk-based regulation effectively and efficiently	<p>Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed</p> <p>Risk Assessment Checklists Program is satisfactorily completed</p> <p>Council and staff effectively utilize risk-based regulation tools</p> <p>Regulatory activities and decision making are reported appropriately</p>	<p>Complete Phase II of Standards review including:</p> <ul style="list-style-type: none"> - Amending Professional Standards for Midwives - Rescinding Consultation and Transfer of Care - Rescinding Delegation, Orders and Directives - Rescinding When a Client Requests Care Outside of Midwifery Standards of Practice - Revising Guideline on Ending the Midwife-Client Relationship - Revising Record Keeping Standard - Revising Student Supervision 		The College completed Phase II of Standards review with Council approving changes in December 2020 for implementation on June 1, 2021. The Recordkeeping Standard and Clinical Supervision and Education Standard are currently under review. They were not finalized in 2020 as planned. Due to the pandemic, the consultation on the Midwifery Scope of Practice and other proposals was postponed from spring to fall 2020 and a decision was made to move the review and revisions to these standards to 2021.

		Implement stakeholder engagement strategy to enable the College to use risk mitigation as the foundation for partnership			The College continues to meet regularly with stakeholders to identify areas of risk and engage in common mitigation strategies.
STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION & ENGAGEMENT					
3.1 Inform and educate the public regarding the College's role and how we fulfill our public protection mandate	Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging	Continue to revise website content and design new video/webinar content to ensure clearer navigation of pages and availability of easy to access and relevant information to the public.			Website content is revised on a continuous basis and new webinar content is in development but not yet delivered.
3.2 Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions	Public engagement initiatives and activities are targeted and mutually beneficial	Public engagement plan implementation, including: <ul style="list-style-type: none"> - Targeted communications to public audience - Revised orientation process for Public Council and Public Non-Council Committee members 			This initiative is complete.
		Continue collaboration with health regulatory colleges on the HPRO-led Public Engagement Project and Governance Education for Council Members			This initiative is complete.



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.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

working
with midwives

working
for the public

STRATEGIC PLAN 2021–2026



STRATEGIC PLAN 2021–2026

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INTRODUCTION

Our mandate and core regulatory functions remain unchanged, but the landscape in which we operate and society's expectations of midwives and of us as the midwifery regulator are changing. Midwifery practice is changing to adapt to an evolving health care system and to meet client needs. Navigating this landscape requires organizations to become increasingly informed by data to stay relevant, impactful and successful. Regulators, including the College of Midwives of Ontario, are under increased scrutiny to increase accessibility of information and openness in decision-making and to measure and publicly report on their regulatory performance, so that the public, midwives and our partner organizations understand our role and our value as the regulator.

Over the past four years, we have started a major transformation of our organization, moving from what

was essentially a reactive model of regulation towards a risk-based model of regulation, one that seeks to understand risks better and to act quickly upon emerging concerns before they can negatively affect the public. Part of being a risk-based regulator means that strategic goals and subsequently proposed programs and our day-to-day activities are guided by focusing activity and attention on issues and potential risks that pose the greatest threat to our duty to protect the public.

We have made substantial progress during the past four years, and we are determined to maintain this momentum and launch into our new strategy cycle by responding to new challenges that, if not mitigated, have the potential to adversely impact our regulatory objectives and outcomes.

1. A need for greater agility in our regulatory processes to enable the evolution of the midwifery profession

Midwives' careers are becoming more diverse. They are able to work in a wider range of environments than when the profession was first regulated. These changes require a renewed effort on our part to minimize the burden that some of our regulatory processes place on midwives whose contexts of practice do not allow them to meet our current requirements. This does not mean that the requirements we set should be lowered in ways that may compromise good midwifery practice and adversely impact client care. It does mean, however, that if we are to provide effective regulation, we must understand the context in which midwives work and to reassess our current framework to make sure that it allows the profession to evolve to meet the diverse needs of clients. Good regulation must be forward-looking and be able to adapt to change. It must enable such evolution, not be a barrier.

2. Managing and using the data that we collect

Data is a key enabler to our success, supporting our aim to be an agile, forward-looking regulator that operates efficiently. Our data strategy, implemented as part of our 2017–2020 Strategic Plan, focused on

how we collect and manage data internally to measure and report on our regulatory work and performance. We completed this work successfully, however, technology and data analytics techniques have significantly evolved over the last four years. We now need to focus on how we can strengthen our analytics capabilities to help our decision-making and better identification and tackling of risks, to share data more effectively, and to streamline work across the organization to make us more efficient.

3. Managing increased expectations of information, openness in decision-making and demonstrating our value as the regulator

The public and practitioners that are subject to the decisions of regulatory authorities expect increased access to information to better understand the role of the regulator and the procedures that affect them. Without doubt, accessibility of information and transparency in decision-making are becoming more prominent as the public rightly demand to know more about our procedures to be able to better navigate our complex regulatory system. Similarly, midwives are asking for more information, analysis and insight to help them understand our requirements and procedures. These expectations require

that we invest time and resources to transform the way we communicate and to make our information more open and accessible.

All these issues and changes present significant challenges but also create valuable opportunities for us to

increase the impact of our work. We will work to understand and respond to these challenges so that we can continue to keep the public safe and to support the midwifery profession as it evolves and adapts to new realities.





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Strategic Framework

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Regulating midwifery in the public interest.

Key Outcomes We Are Expected to Achieve

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4. Clients and the public trust that the College of Midwives of Ontario regulates in the public interest.

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Proportionality

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



Innovation

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OUR STRATEGIC PRIORITIES

To achieve our ambition of further developing and maintaining a model of regulation that is agile, responsive and proactive, over the next 5 years we will focus on three 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

The activities and objective in the following pages describe in detail the key initiatives through which we will achieve our strategic priorities and will measure our success. Some activities we have already started; others require discussions with our partners before we can decide how and at what pace they should be taken forward.

STRATEGIC PRIORITY 1

Regulation that enables the midwifery profession to evolve

Develop a responsive regulatory framework, without relying on legislative change, to ensure that all midwives, regardless of midwifery practice model, individual practice environment, or practice setting, are qualified to deliver good practice.

How we will achieve it

1. We will continue to develop and implement our plans for introducing an assessment program for midwives who are not able to demonstrate ongoing clinical currency and for non-practising midwives returning to practise. This will ensure that midwives have an alternative route to demonstrate the required clinical competence if they are not able to meet the criteria set out in College regulations.
2. We will identify remedial and educational programs to address knowledge and skills gaps in midwives who have undergone an assessment or been the subject of an investigation. By intervening early, we aim to reduce the risk of more serious issues and regulatory action later on.

We will know we have been successful when

1. Irrespective of legislative change, our regulatory framework is designed to enable the midwifery profession to evolve and supports the use of early and proportionate regulatory interventions targeted to areas of greatest risk.
2. We have greater assurance that midwives who successfully completed a competency-based assessment are fit to practise.
3. We have increased confidence in our ability to facilitate midwives' learning needs, from continuing professional development to remedial needs.
4. We are recognized as regulating in a way that is responsive to the evolution of midwifery practice that better meets the needs of the public.

STRATEGIC PRIORITY 2

Effective use of data to identify and act on existing and emerging risks

Make better use of data about midwifery practice to identify, analyze and understand trends and areas of risk to the public to be able to maintain an effective system of regulation.

How we will achieve it

1. We will gain a better understanding of clients' needs and expectations across the range of settings in which midwifery care is provided and through analysis of internal College data. This will enable us to engage constructively with the profession to address clients' expectations and find solutions to the issues which lead to complaints by setting new standards or providing regulatory guidance.
2. We will enhance our data capabilities so that we better understand our registrant population, their practice environments, challenges they face, and the emerging risks to and opportunities for safe and ethical practice. This will help target our regulatory activities where they add most value in supporting good practice and act upon critical issues that present a risk of harm to clients.
3. We will build on our engagement with midwifery and other regulators and partner organizations to

share data and information effectively and to identify shared concerns. We will explore ways to formalize such information and data-sharing with our key partners which will commit us to collaborating to support each other's goals.

4. We will publish insights drawn from our data on a range of identified themes affecting midwifery practice and client safety with the goal to inform and improve practice.
5. We 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.

We will know we have been successful when

1. We effectively use data to underpin decision-making and determine regulatory risks and mitigating strategies.
2. We have a better understanding of clients' needs and their expectations of midwifery practice and of factors that affect midwives' ability to deliver the best

care to clients, and as a result our work addresses these identified areas.

3. Shared data and insight contribute to a fuller understanding of, and response to, risks and trends within the profession and the healthcare sector.
4. We have a secure information infrastructure in place

to ensure that records are systematized and readily accessible.

5. We have enhanced analytical capabilities and there is internal understanding of the value of data, how to contribute effectively to its collection and use, and how it benefits our work.



STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

Deliver services and demonstrate our role and value as the regulator through greater engagement, openness and accessibility so that the public and the profession have confidence that we fulfill our public protection mandate effectively, efficiently and fairly.

How we will achieve it

1. We will present information in a format that is accessible and allows the public to understand the College's role, what it means to regulate in the public interest, how our complaints and discipline processes work, and how we make decisions that affect them.
2. We will continue to engage with midwives to improve the transparency of our regulatory processes and decision-making. We will continue to make information about our ongoing requirements, standards and guidelines available to midwives in an engaging and accessible format.
3. We will introduce orientation workshops to help midwives who are new to practice, or new to the province, to understand professional issues that will affect them on a day-to-day basis and what it means to be a regulated professional in Ontario.
4. We will continue to work with our midwifery education partners to incorporate regular workshops on professional regulation into their curriculum with the purpose of educating midwifery students about their professional obligations within the Ontario system of regulation and preparing them for entry to practice.
5. We will survey the public, midwives and midwifery students to track their perceptions of the College of Midwives of Ontario so we can better understand the impact of our work and how we can communicate more effectively with them.
6. We will publicly report on our regulatory performance on an annual basis.
7. We 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.

We will know we have been successful when

1. We have a strategy in place that supports public access to information about the College's public protection mandate and how to navigate our systems, including the complaints and discipline processes.
2. Midwives understand College and other regulatory requirements and are informed about our processes and likely outcomes when they are subject to a

College proceeding.

3. Midwifery students in their final year recognize the role of professional regulation in supporting good midwifery practice and the duties and expectations of regulated professionals.
4. Our feedback surveys record improvements in understanding of the work of the College.
5. We show improved regulatory performance.

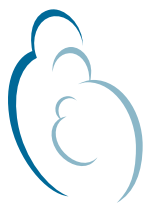




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COSTED STRATEGIC PLAN 2021–2026

COSTED STRATEGIC PLAN 2021–2026

This document provides a summary of our Costed Strategic Plan 2021-2026. It details the planned initiatives that will contribute to the delivery of each of our three strategic priorities as well as provides the forecasted costs to deliver on our plans.

Start and finish dates are provided for all the initiatives listed. These estimates are based on the information available during the planning period and may be subject to a changing organizational priorities and external environment. This document will be updated annually.



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Strategic Framework

The 2021-2026 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 Vision

A leader in regulatory excellence, inspiring trust and confidence.

Our Mission

Regulating midwifery in the public interest.

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 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.

STRATEGIC PRIORITY 1

Regulation that enables the midwifery profession to evolve

Develop a responsive regulatory framework, without relying on legislative change, to ensure that all midwives, regardless of midwifery practice model, individual practice environment, or practice setting, are qualified to deliver good practice.

The initiatives and the work programs designed to meet this priority are summarized below.

1.1. We will continue to develop and implement our plans for introducing an assessment program for midwives who are not able to demonstrate ongoing clinical currency and for non-practising midwives returning to practise. This will ensure that midwives have an alternative route to demonstrate the required clinical competence if they are not able to meet the criteria set out in College regulations.

INITIATIVE	START	FINISH
Develop a project plan, including work schedule and identifying the necessary resources	Y1	Y1
Develop a competency-based assessment program	Y2	Y3
Pilot and implement the competency-based assessment program	Y4	Y4

1.2. We will identify remedial and educational programs to address knowledge and skills gaps in midwives who have undergone an assessment or been the subject of an investigation. By intervening early, we aim to reduce the risk of more serious issues and regulatory action later on.

INITIATIVE	START	FINISH
Conduct needs assessment and jurisdictional scan	Y2	Y2
Develop and implement a comprehensive tool identifying programs to address knowledge and skills gaps in midwives	Y3	Y4

The forecast expenditure for this strategic priority is \$95,000.

STRATEGIC PRIORITY 2

Effective use of data to identify and act on existing and emerging risks

Make better use of data about midwifery practice to identify, analyze and understand trends and areas of risk to the public to be able to maintain an effective system of regulation.

The initiatives and the work programs designed to meet this priority are summarized below.

- 2.1. We will gain a better understanding of clients' needs and expectations across the range of settings in which midwifery care is provided and through analysis of internal College data. This will enable us to engage constructively with the profession to address clients' expectations and find solutions to the issues which lead to complaints by setting new standards or providing regulatory guidance.

INITIATIVE	START	FINISH
Develop a data strategy framework and analytics strategy	Y1	Y1
Develop and conduct surveys with midwifery clients	Y2	Y3
Analyse the results. Using the findings develop a program of action	Y4	Y4
Execute the program of action	Y5	Y5

- 2.2. We will enhance our data capabilities so that we better understand our registrant population, their practice environments, challenges they face, and the emerging risks to and opportunities for safe and ethical practice. This will help target our regulatory activities where they add most value insupporting good practice and act upon critical issues that present a risk of harm to clients.

INITIATIVE	START	FINISH
Develop a data strategy framework and analytics strategy	Y1	Y1
Prepare the data for analysis	Y2	Y3
Analyse the results. Using the findings develop a program of action	Y4	Y4
Execute the program of action	Y5	Y5

- 2.3. We will build on our engagement with midwifery and other regulators and partner organizations to share data and information effectively and to identify shared concerns. We will explore ways to formalize such information and data-sharing with our key partners which will commit us to collaborating to support each other's goals.

INITIATIVE	START	FINISH
Conduct needs assessment and jurisdictional scan	Y2	Y2
Work with partner organizations to explore ways to share the data we collect	Y3	Y3
Formalize data sharing agreements	Y4	Y5

- 2.4. We will publish insights drawn from our data on a range of identified themes affecting midwifery practice and client safety with the goal to inform and improve practice.

INITIATIVE	START	FINISH
Publish data and insights drawn from surveys conducted with midwifery clients and midwives	Y4	Y5

- 2.5. 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 the College is retaining and disposing of data assets in a sustainable and appropriate manner.

INITIATIVE	START	FINISH
Revise Records Retention and Disposition Policy	Y1	Y1
Create and implement data management strategy and systems	Y2	Y5

The forecast expenditure for this strategic priority is \$260,000.

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

Deliver services and demonstrate our role and value as the regulator through greater engagement, openness and accessibility so that the public and the profession have confidence that we fulfill our public protection mandate effectively, efficiently and fairly.

The initiatives and the work programs designed to meet this priority are summarized below.

- 3.1. We will present information in a format that is accessible and allows the public to understand the College’s role, what it means to regulate in the public interest, how our complaints and discipline processes work, and how we make decisions that affect them.

INITIATIVE	START	FINISH
Develop a project plan, including work schedule and identifying the necessary resources	Y1	Y1
Rebuild the content of the web-site as it relates to educating the public about the role of the College and our complaints and discipline processes	Y1	Y3

INITIATIVE	START	FINISH
Create materials to better educate the public about the standards of the profession and other requirements midwives are held to. Make materials available in French (and other languages)	Y1	Y3
Develop an online portal to provide complainants with access to key information about the complaints process and to the status of their specific case at each step	Y1	Y3

- 3.2. We will continue to engage with midwives to improve the transparency of our regulatory processes and decision-making. We will continue to make information about our ongoing requirements, standards and guidelines available to midwives in an engaging and accessible format.

INITIATIVE	START	FINISH
Develop a project plan, including work schedule and identifying the necessary resources	Y1	Y1
Rebuild the content of the website as it relates to educating the public about the role of the College and our complaints and discipline processes	Y1	Y3
Create materials to better educate the public about the standards of the profession and other requirements midwives are held to. Make materials available in French (and other languages)	Y1	Y3
Develop an online portal to provide complainants with access to key information about the complaints process and to the status of their specific case at each step	Y1	Y3

- 3.3. We will introduce orientation workshops to help midwives who are new to practice, or new to the province, to understand professional issues that will affect them on a day-to-day basis and what it means to be a regulated professional in Ontario.

INITIATIVE	START	FINISH
Develop content for orientation workshops	Y2	Y2

- 3.4. We will continue to work with our midwifery education partners to incorporate regular workshops on professional regulation into their curriculum with the purpose of educating midwifery students about their professional obligations within the Ontario system of regulation and preparing them for entry to practice.

INITIATIVE	START	FINISH
Develop student engagement plan (in line with our stakeholder engagement strategy)	Y1	Y1
Develop content for workshops	Y1	Y2
Survey final year students to track attitude or perception changes (a baseline survey was conducted in 2020)	Y4	Y5

- 3.5. Survey the public and midwives to track their perceptions of the College so we can better understand the impact of our work and how we can communicate more effectively with them.

INITIATIVE	START	FINISH
Develop a data strategy framework and analytics strategy	Y1	Y1
Develop and conduct surveys. Analyse the results and develop a program of action	Y1	Y2
Execute the program of action	Y3	Y4
Survey the public and midwives to track attitude or perception changes	Y5	Y5

- 3.6. We will publicly report on our regulatory performance on an annual basis.

INITIATIVE	START	FINISH
Conduct internal review on our regulatory performance and develop content on the website (this will be done on an annual basis using the same format)	Y1	Y1

The forecast expenditure for this strategic priority is \$70,000.

BRIEFING NOTE FOR COUNCIL

Subject: Budget 2021-22

Summary

In preparing the budget, staff projected revenues and expenses for 2021-22 after a detailed analysis of previous years' spending, internal discussions on future costs, and an assessment of net asset projections. The College's Senior Management team met regularly over the 4th quarter to forecast the upcoming year, mindful to mitigate potential risks to the College. A budget was then prepared for presentation to the Executive Committee.

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

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

Background & Key Considerations

With the 2021-22 budget the College continues to project a deficit. That deficit will be offset by the College's existing unrestricted net assets. The College projects several more years of deficit budgets ahead, but can also project, through the use of its unrestricted net assets, its financial sustainability.

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

Recommendations

The Executive Committee recommends Council to:

Approve the proposed Budget for the 2021-22 fiscal year.

Implementation Date

Budget to be implemented April 1, 2021

Legislative and Other References

N/A

Attachments

Budget 2021-22 (College of Midwives of Ontario)

Submitted by:

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



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Budget

April 1, 2021 – March 31, 2022

Presented to Council March 24, 2021 for Approval

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Current Position and Financial Sustainability

The College approached budgeting this year aware of the continued influence of the pandemic on both revenue and expenses. Since the 2020-21 budget was approved by Council in March 2020 some internal and external factors have positively influenced our current financial position.

The College team has actively worked to keep its costs low throughout the year. We are now projecting that the loss anticipated in the budget of approximately 200K will, when the books are closed at the end of the fiscal, be avoided.

Although the final quarter is not yet closed, and there are some variable expenses to come (for example the accrual for Professional Conduct) staff are estimating a gain of approximately 170K¹

The College will finish fiscal 2020-21 in a stronger financial position than expected. That said, the College continues to project several years of losses that will be offset by its unrestricted net assets.

The College can sustain upcoming projected deficits because of its unrestricted net assets. It is important to understand that the College's current financial position satisfies the Internally Restricted and Unrestricted Net Assets Policy. The budget submitted for 2021-22 is \$2,771,007. As a reminder the policy states the College should hold 3 to 6 months of unrestricted net assets (in this case 692,752 - \$1,385,503).

The College will continue to operate at a loss over the upcoming fiscal years until it reaches its projected break-even year (when its revenues are equal to its expenses) with an unrestricted net asset estimate of \$788,005.

Projections for future years are as follows:

Year	Estimated Loss/Gain at Close of Fiscal	Revised Unrestricted Net Asset Number at Close of Fiscal
2020-21	170,000	\$1,457,023
2021-22	-141,414	\$1,315,609
2022-23	-\$238,707	\$1,076,903
2023-24	-\$187,850	\$889,053
2024-25	-\$101,048	\$788,005

¹ Important: this is an early estimate, the actual year end could have a loss or gain depending on expenses in the final months of the year, the accrual result, and deferred revenue calculations.

The budget presented for 2021-22 and the associated long-term projections result in an unrestricted net asset number that does fall within the recommended amount outlined in the policy.

As the College moves toward its break-even year it will see a clearer picture if there are consistent year over year gains against projections that will allow the College to contemplate membership fee holds or reductions. Such holds or reductions now would be short sighted as the College is not projecting, through its long-term forecasts, unrestricted net assets in excess of the recommended amount.

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

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

Budget Summary

April 1, 2021 – March 31, 2022

REVENUE		
Membership Fees		\$ 2,502,042
Administration & Other		\$ 62,551
Project Funding - Birth Centres		\$ 65,000
TOTAL REVENUE		\$ 2,629,593
EXPENSES		
	<i>Total per Sub-Category</i>	<i>Total Per Category</i>
Salaries & Benefits		\$ 1,527,370
Professional Fees		
Finance	\$ 28,000	
Legal	\$ 55,963	
Other (Expert Resources)	\$ 35,000	
Total		\$ 118,963
Council and Committee		\$ 146,018
Office & General		
Insurance	\$ 9,643	
Printing & Postage	\$ 15,000	
Equipment Rental	\$ 5,000	
Telecommunications	\$ 22,869	
Office Supplies & Resources	\$ 40,000	
Bank & Credit Card Processing Fees	\$ 50,750	
Total		\$ 143,261
Information Technology, Security & Data		
IT & Network Support	\$ 60,000	
Database Development & Maintenance	\$ 97,067	
Total		\$ 157,067
Rent & Utilities		\$ 200,086
Conferences, Meeting Attendance & Membership Fees		
Conferences & Meeting Attendance	\$ 12,500	
Membership Fees	\$ 60,000	
Total		\$ 72,500
Panel & Programs		
Professional Conduct - Cases & Panels	\$ 175,000	
Professional Conduct - Hearings	\$ 66,742	
Unauthorized & Illegal Practice	\$ 2,000	
Client Relations - Counselling Support	\$ 2,000	
Quality Assurance - Assessments & Panels	\$ 41,311	
Registration - Panels	\$ 10,000	
Total		\$ 297,053
Birth Centre Assessment & Support		\$ 65,000
Capital Expenditures		\$ 43,689
Total Expenditures		\$ 2,771,007
Net Loss		\$ (141,414)

Revenue and Membership Fee Projections

General Information

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

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

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

Reference: Membership Numbers by Year

Year	General Members	Inactive Members	Total Members	Increase Over Prior Year	Annual % Change	Note
2025-26	926	308	1234	42	3.5%	<i>estimate</i>
2024-25	901	291	1192	42	3.7%	<i>estimate</i>
2023-24	876	274	1150	42	3.8%	<i>estimate</i>
2022-23	851	257	1108	42	3.9%	<i>estimate</i>
2021-22	826	240	1066	38	3.7%	<i>estimate</i>
2020-21	811	217	1028	36	3.6%	<i>actuals</i>
2019-20	801	191	992	43	4.5%	<i>actuals</i>
2018-19	777	172	949	42	4.6%	<i>actuals</i>
2017-18	748	159	907	51	6.0%	<i>actuals</i>
2016-17	707	149	856	49	6.1%	<i>actuals</i>
2015-16	681	126	807	46	6.0%	<i>actuals</i>
2014-15	655	106	761	60	8.6%	<i>actuals</i>
2013-14	613	88	701	62	9.7%	<i>actuals</i>
2012-13	564	75	639	55	9.4%	<i>actuals</i>
2011-12	513	71	584	55	10.4%	<i>actuals</i>
2010-11	475	54	529	41	8.4%	<i>actuals</i>
2009-10	436	52	488	42	9.4%	<i>actuals</i>
2008-09	405	41	446	35	8.5%	<i>actuals</i>
2007-08	368	43	411	46	12.6%	<i>actuals</i>

A marked decrease in general members can be observed from 2019-20 to 2020-21 and the College has adjusted future numbers accordingly. It is assumed that the COVID-19 pandemic may be affecting this number. As the pandemic will continue into fiscal 2021-22 numbers have been adjusted. In fiscal 2022-23 projections are revised to reflect pre-pandemic growth.

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

Administration & Other includes such items as initial application fees, Letters of Professional Conduct, name changes, duplicate documents, incorporation charges, late penalty fees, and bank interest. The College has estimated a calculation of 2.5% of the total membership fees as administration and other fees, down from previous estimates to account for a decrease in bank interest attributed to the lower interest rates offered since the start of the pandemic.

Our current funding agreement for Birth Centre Funding from Independent Health Facilities expires in March 2021. The College sent a new funding request in early summer 2020 in advance of the need for new funding in April 2021 for its continued participation in the Birth Centre project. Discussions with our contacts at Independent Health Facilities lead us to believe the College will receive approval for continued funding in a similar amount to previous years. Although this is not a formal approval of a funding request, we can reasonably anticipate continued funding for our important work on this project.

Membership Fee Increases

As per the College's by-laws membership fees will increase by 2% for October 1, 2021 to account for inflation.

Summary

The College estimates revenue from membership fees and additional administrative fees to be \$2,564,593. Additionally, the College anticipates receiving special project funding for its oversight of the Birth Centre Assessment Program bringing the total revenue estimate to \$2,629,593.

Costed Strategic Initiatives

At the March 2021 Council meeting Council will approve a new Strategic Plan for 2021-26. The College has carefully assessed costs associated with the plan to create a costed strategic plan. There is an estimated cost to the plan of \$425,000 over 5 years.

	Y1	Y2	Y3	Y4	Y5
	2021-22	2022-23	2023-24	2024-25	2025-26
Strategic Priority 1	\$ -	\$ 30,000	\$ 45,000	\$ 20,000	\$ -
Strategic Priority 2	\$ 10,000	\$ 62,500	\$ 62,500	\$ 75,000	\$ 50,000
Strategic Priority 3	\$ 16,667	\$ 16,667	\$ 16,667	\$ 10,000	\$ 10,000
TOTAL EACH YEAR	\$ 26,667	\$ 109,167	\$ 124,167	\$ 105,000	\$ 60,000
TOTAL COST	\$ 425,000				

The 2021-22 costs are included in the budget presentation. These costs are broken down into budget area (e.g., expert, database etc.) for inclusion in the budget.

Expense Projections by Category

Category: Salaries & Benefits

Objectives

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

Results

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

Budget

A total Salaries & Benefits cost of \$1,527,370 is projected. This represents a small increase over last year to account for annual salary changes.

Narrative

For the fiscal year 2021-22 the College continues to have 14 full and part time positions.

The College assesses its salaries externally with the assistance of an expert consultant every few years to ensure its market competitiveness. The most recent analysis was completed in 2018. Staff are placed, based on the expert assessment, within a salary band and should progress through their band in a set amount of time.

The College achieves efficiency and effectiveness with the staff complement as outlined, relying more on the expertise and flexibility of staff and less on external consultants. The College has regularly assessed its human resources needs and optimizes the capacity of individuals and positions, ahead of increasing staff size, when possible. The College does not anticipate the need to add any new positions in 2021-22.

Category: Professional Fees

Objective

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

Result

- Strong operations with access to experts when necessary

Budget

A total Professional Fees cost of \$118,963 is projected. This is approximately a 2% increase over the previous year

Narrative

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

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

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

Category: Council & Committee

Objectives

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

Results

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

Budget

A total Council & Committee cost of \$146,018 is projected. This represents a small decrease over the previous year's budget.

Narrative

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

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

Council, Committees and Panel meetings were all conducted remotely in 2020-21. It is anticipated that the majority of meetings in 2021-22 will continue to be conducted remotely, resulting in savings.

The College anticipates spending on equity, diversity, and inclusion work at the Council and committee level. Spending will be allocated to training and focus group and/or advisory group compensation.

Training costs for Council will be carefully scrutinized to ensure maximum benefit against the costs.

Category: Office & General

Objective

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

Result

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

Budget

A total Office & General cost of \$143,261 is projected. This represents a \$12,503 decrease over last year's budget.

Narrative

This budget is based on 12 months of general operations. Where possible expense abatements were included after careful examination of the expense lines in this category, and otherwise only minimal increases were estimated in other lines included within this category. A reduction of some office costs can be noted as a result of the College operating a fully remote office during the pandemic.

Category: Information Technology, Security & Data

Objectives

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

Results

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

Budget

A total Information Technology, Security & Data cost of \$157,067 is projected. This represents a \$11,667 increase over last year's budget.

Narrative

This budget is based on the cost of 12 months of information technology, security, and data expenses. This includes the contracting of outside expertise to support the College and ensure its privacy and security. The College anticipates increased requirements in this area as it continues to operate a fully remote office during the pandemic.

Category: Rent & Utilities

Objective

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

Results

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

Budget

A total Rent & Utilities cost of \$200,086 is projected.

Narrative

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

Category: Conferences, Meeting Attendance & Membership Fees

Objectives

- Active participation in organizations that benefit the College through access to the resources and expertise in the sector
- Continued work on inter-professional collaboration initiatives

- Partnership with other organizations on joint information-sharing, education, and mutual interest initiatives
- Optimize the economies of scope and scale in work required in response to legislative changes
- Having a voice at the table of important decisions that affect the safe practice of midwifery

Results

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

Budget

A total Conferences, Meeting Attendance & Membership Fees cost of \$72,500 is projected. This represents a \$10,475 decrease from last year's budget. The College forecasts a decreased attendance at conferences as the pandemic continues.

Narrative

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

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

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

Health Profession Regulators of Ontario (HPRO)

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

Projected HPRO Membership Costs – \$8,475

Canadian Midwifery Regulators Council (CMRC)

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

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

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

Projected CMRC Membership Costs - \$47,000

Conferences

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

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

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

During 2021-22 the College anticipates reduced in person attendance at conferences because of the pandemic.

Category: Panel & Programs

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

PROFESSIONAL CONDUCT

Objectives

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

Results

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

Budget

A total Professional Conduct cost of \$241,742 is projected. This represents a \$25,000 decrease.

Narrative

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

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

The Council approved an internal restriction to cover unforeseen expenses such as investigations, discipline hearings, and fitness and practise hearings in December 2020. This restriction allows the College to estimate less conservatively in this line, decreasing the total estimate \$25,000.

UNAUTHORIZED AND ILLEGAL PRACTICE

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

CLIENT RELATIONS – COUNSELLING SUPPORT

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

QUALITY ASSURANCE

Objectives

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

Results

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

Budget

A total Quality Assurance – Assessments & Panels cost of \$41,311 is estimated. This is a \$3866 decrease over the 2020-21 budget.

Narrative

In 2021-22 the College will incur costs in four main areas namely committee ordered peer and practice assessments, panel costs and their associated legal costs, random peer and practice assessments and assessor training.

The College anticipates it will continue to operate the Quality Assurance assessment program fully remotely through fiscal 2021-22, resulting in some small cost decreases.

REGISTRATION

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

Category: Capital Expenditures

Objectives

- Robust information technology infrastructure to support improved access to information for members of the public

- Ensuring a proper evergreening program that will ensure economic operational efficiencies in the coming years
- Ensuring that the technology that the College staff relies on is sufficient for the purpose

Results

- Continued successful evergreening program
- Technology remains current and effective

Budget

A total Capital Purchases cost of \$43,689 is projected. This represents a 2% inflationary increase over the previous year's budget.

Narrative

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

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

Leasehold improvements are amortized over the duration of the lease.

Category: Birth Centre Assessment & Support

The College normally receives special project funding from Independent Health Facilities Branch for its involvement in the oversight of the Birth Centres in Ottawa and Toronto. Oversight of the Birth Centres is not mandated by the Regulated Health Professions Act, 1991 (RHPA) and the College has received funding so that it can ensure membership fees are not used for its involvement in this separate program. This funding covers costs associated with a regular facility assessment program, and with the work required to maintain preparedness for emergent assessments. The College has a five-year funding package for this work that expires in March 2021. The College is currently negotiating another five-year funding term in order to assist the Ministry with its oversight obligations. Based on recent discussions with Independent Health Facilities we can reasonably anticipate funding in a similar amount to previous years.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

BRIEFING NOTE FOR COUNCIL

Subject: Registration Regulation –recommendations by the Registration Committee

Background

The Registration Regulation made under the *Midwifery Act, 1991*, is complex and covers many areas, including:

1. Prescribing non-exemptible and exemptible requirements for the purposes of entry and re-entry to practice, such as clinical experience requirements; good character requirements; qualifying examination; and continuing competencies (i.e., neonatal resuscitation, emergency skills and cardiopulmonary resuscitation).
2. Prescribing classes of registration, including requirements for the issue of and ongoing conditions for certificates of registration, including clinical currency/active practice requirements and continuing competencies, class change requirements and new registrant conditions.
3. Defining suspension, revocation and reinstatement of certificates of registration

Work to review and revise the Registration Regulation has been underway since 2019. The Registration Committee has already done a significant amount work around clinical currency, new registrant conditions and classes of registration (including issuance and ongoing conditions of registration), which included literature review and jurisdictional analysis, numerous consultations with partner organizations, and direct engagement with midwives.

Key Considerations and Public Interest Rationale

The College adheres to a rigorous approach to policy making to ensure that policy decisions are based on a proper evaluation of risk to the public, a solid evidence and a thorough analysis of options and impacts. Our policy development process is based on the principles of good regulation and ensures that:

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

In accordance with the College's policy development process, each regulatory proposal must be accompanied by a regulatory impact assessment (RIA) statement. The RIA statement is a tool designed to critically assess the risks to the

public and the public interest, understand the positive and negative effects of proposed and existing policies, structure ideas and test assumptions. It is a crucial element of the College's risk-based and evidence-based approach to regulatory policy making to enable rigour and better policy outcomes.

At this time, the Registration Committee is bringing the following RIA statements to Council for review:

1. Classes of registration, including the requirements for issuance and ongoing registration requirements
2. New registrant conditions
3. Clinical currency: *The Committee's clinical currency recommendations were reviewed by Council at its December 2020 Council. The RIA statement is attached for information only. This item will not be discussed at the March meeting.*

The Committee will continue its work in 2021 (including conducting a comprehensive survey with midwives and stakeholders) with the aim of bringing the final draft of the regulation to Council for review and approval for consultation in October 2021.

Recommendations

Review and discuss the recommendations made by the Registration Committee. No approval is required at this stage

Implementation Date

N/A

Legislative and Other References

Registration Regulation under the *Midwifery Act, 1991*

Attachments

Regulatory Impact Assessment Statement – Classes of registration
Regulatory Impact Assessment Statement – New Registrant Conditions
Regulatory Impact Assessment Statement – Clinical Currency

Submitted by: Registration Committee

Regulatory Impact Assessment Statement

Title of the Initiative: New Registrant Requirements

Context and Problem Definition

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

Background

Under the Registration Regulation (section 12(1)4) all general registrants must meet certain conditions in their first year of practice after receiving their initial general certificate of registration. Being registered in the general class means that applicants met all the requirements of the general class upon entry to the profession, including clinical experience requirements. It is generally assumed that they have no gaps and clinical deficiencies in their knowledge, skills and judgment that need to be addressed before they can practise independently. New registrant conditions are in place to ensure that midwives start their professional careers at an established midwifery practice that is supportive and has the capacity to provide them with mentorship and orientation to the practice and hospital environments. New registrant conditions include the following:

1. New registrants must only work within an established practice, and
2. New registrants must attend a minimum of 30 births as a primary midwife as well as 30 births as a second midwife the latter of which must be attended with a member who is not subject to this condition (i.e. new registrant condition).

The College's New Registrants Policy, last reviewed and revised in 2019, describes in greater detail the requirements set out in the regulation. Specifically, it defines the term "established practice", "second midwife" and clarifies transfers of care.

The new registrant conditions remain in place, and are noted on the College's public register, until the member is able to demonstrate that these conditions have been met.

Challenges with the current approach to new registrants

- New registrant conditions only regulate one aspect of midwifery care: birth attendance. While attending births helps with the consolidation of skills related to intrapartum care, it does not assist in the consolidation of skills related to all other aspects of midwifery care.
- The required birth numbers are arbitrary and prescriptive
- Birth numbers are not an objective measurement of clinical currency

- New registrant conditions do not provide the necessary support that newly registered midwives need to smoothly transition from midwifery student to registered midwife. This transition can be challenging as newly registered midwives are coming to grips with the realities of professional practice and autonomy.
- As noted above, the condition that a new registrant must work within an established practice is in place to ensure that new registrants are properly supported and mentored in their first year of practice. However, the College has no mechanisms in place to proactively hold practices accountable if such orientation and mentorship is not provided. The College is able to act only if any concerning information is reported to the College. Even then the conduct will have to amount to professional misconduct under the following provision in the Professional Misconduct Regulation: *Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional* (s. 47). As such, individual midwives working at an “established practice” have no obligation under the Registration Regulation to mentor new registrants. It is the new registrant’s responsibility to ensure that they work at an established practice that has resources to provide the necessary support to ensure smooth transition to independent practice.

2. Is the problem about risk of harm?

As a risk-based regulator, the College must ensure that any regulatory action is based on evidence of risk and is proportionate to the risk of harm being managed.

It is our view that the College’s approach to new registrant requirements (attending a certain number of births in the role of a primary and second midwife) does not necessarily lead to skills consolidation and so poses a risk of harm to our public protection objectives, ensuring that:

- midwives entering the profession possess the necessary knowledge, skills and clinical and professional judgment to provide safe and effective care
- the College regulates in the public interest

3. If yes, explain the risks

Determining new registrant conditions will help mitigate the following risks that may adversely impact midwifery clients and the public interest.

1. Risk that a midwife does not maintain knowledge and clinical skills necessary to provide high quality care to clients.
2. Risk that public perception of the College and its ability to regulate in the public

interest is adversely affected.

Options

4. Are the risks you have identified currently managed?

We believe that the identified risks are not appropriately managed. As demonstrated above, the new registrant conditions are focused on ensuring that new registrants attend births and do not address the consolidation of knowledge, skills and judgment required to successfully transition from a student to an independent primary care provider.

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

We believe that there are no alternatives to regulation that will mitigate the identified risks. The College is the only organization with a legislative mandate to regulate the practice of the midwifery profession to ensure that members of the profession are qualified, skilled and competent in the areas in which they practise. Under the *Regulated Health Professions Act, 1991* (RHPA) the College is required to develop, establish and maintain programs to assure the quality of the practice of the profession and to develop programs to promote continuing evaluation, competence and improvement among the members. It can make regulations (under its profession-specific statute, the *Midwifery Act, 1991*) imposing any terms and conditions on the certificates of registration, including imposing new registrant conditions.

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

6. What regulatory option are you recommending?

Staff is proposing changes to the College's Registration Regulation made under the *Midwifery Act, 1991*.

The following framework is brought forward for the committee's consideration – all recommendations are based on evidence from literature review and experiences of midwives (for more information, please see section 9 below):

New Registrant Requirements			
#	Registration Regulation	Policy	Comments
1	The member must practise midwifery under the mentorship of a member holding a General certificate of registration until such time that he or she completed at least thirty courses of care.	Develop a policy that will set out requirements that must be met in more detail. The policy will clarify the minimum number of prenatal and postpartum visits that must be attended to meet requirements and	Research shows that new practitioners should have repeated exposures rather than minimum exposures to things. This means that setting a minimum number of births (like in our current regulation) without the requirement that there

	<p>“course of care” will be defined in the regulation</p> <p>“course of care” means the provision of midwifery care to a client during the client’s pregnancy, labour and birth, and the postpartum period, which includes prenatal visits, attendance at labour and birth, and postpartum visits in accordance with the standards of the College.</p>	<p>will clarify other issues, e.g., transfers of care.</p> <p>A mentorship program will be developed before the regulation comes into effect. This program will be specifically designed to promote the transition of newly registered midwives to independent practice (by providing a formal framework of clinical practice support, mentoring reflection) and to encourage the growth of professional confidence within the first year of practice. The framework will be designed by an expert advisory committee and will be approved by the Registration Committee.</p>	<p>is a range of birth experiences is not good consolidation. The course of care requirement will ensure that new midwives provide care across the midwifery scope of practice, i.e., all elements of care.</p> <p>This recommendation is based on evidence from literature review and experiences of midwives, including the findings from transition from practice survey conducted last year.</p>
2	<p>Midwives who move into the non-practising class before completing their new registrant year) will be required to start over.</p> <p>The Registrar will have discretion to grant exceptions, including counting clinical experience prior to switching into the non-practising class in exceptional circumstances.</p>	<p>Granting exceptions will address situations where a new registrant moves into the non-practising class towards the end of the new registrant year (<i>confirming with legal that this provision is acceptable</i>). Details will be provided in a policy.</p>	<p>This recommendation is based on evidence that shows that new practitioners need to be proficient and have good skills before they are allowed to leave and re-enter practice.</p>
3	<p>Midwives must give an undertaking to the College to mentor a new registrant.</p>		<p>This provision would allow us to proactively hold mentors accountable if</p>

			proper orientation and mentorship is not provided to new registrants.
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7. What are the benefits and costs of the options you are considering?

The new approach to new registrant requirements will ensure that:

- New registrants are adequately supported at the start of their professional careers to build competence and confidence as autonomous practitioners. This will ensure smooth transition to independent practice.
- In their first year of practice, new registrants practise across the midwifery scope of practice. This will ensure exposure to a range of experiences when they first enter the profession and help with skill consolidation.
- The College has a mechanism to hold mentors accountable in situations where they undertake to mentor a new registrant but fail to provide appropriate mentorship.

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

- The proposed changes will result in no additional cost for new registrants and will not affect their midwifery salary. The mentorship program will replace the current requirement that they must work at an established program for a minimum of one year.
- Currently, midwives who support new registrants get compensated at the rate of three courses of care which, according to the funding agreement, is for orientation to practice protocols, practice administration, professional responsibilities and liabilities; orientation to the hospital staff, systems, policies and requirements; and providing on-call support, advice and mentoring for clinical situations. When hospital policies dictate that new registrants be accompanied by a mentor, practices may claim additional compensation up to three more courses or care.
- The College will require some external expertise (an expert advisory committee whose members will be compensated for their time) to develop the proposed mentorship program.

9. What information and data are already available?

i. Research findings

There is a gap in the literature about how to transition to practise for midwives going into independent practice. However, the literature supports the following:

- New practitioners generally lack professional confidence, so a new registrant year is important for consolidating clinical skills, developing autonomous decision making and building confidence and competence in practice.
- One-on-one mentorship based on learning goals improve confidence of new practitioners.
- The belief that attending a specific number of births can imply or maintain competence is not substantiated. However, there is evidence to suggest that new practitioners benefit from high volume of births at the beginning of their careers.
- New practitioners must be exposed to a range of experiences when they first enter the profession.
- New practitioners should have repeated exposures rather than minimum exposures to things, especially difficult tasks or high-risk situations. This means that setting a minimum number of births without the requirement that there is a range of birth experiences is not good consolidation. For example, if new registrants are trying to complete their new registrant year and called into births at the last minute just for the “catch”, this is not a focus on consolidation but on numbers.
- Practitioners need to be proficient and have good skills before they are allowed to leave and re-enter practice.
- Transition to practice programs or some form of structured support for all newly graduated midwives is essential.

ii. Jurisdictional scan

The Committee was reviewed information regarding the expectations and requirements of new registrants in their first year of practice in five countries, including Canada, the UK, New Zealand, Australia and the Netherlands.

iii. Results from Transition to Practice survey

In October 2020, staff conducted a survey to understand more about the experiences of new midwives and what should the College do to support them to develop confidence and competence as a primary care provider as they transition to independent practice. This survey was open to all midwives or resigned midwives who have practised in Ontario for 5 years or less. It was sent to 437 midwives and former members.

The survey ran for three weeks closing in November 2020.

Below we share the survey results and main themes that came out of the survey.

Members were asked to respond to a survey that had quantitative questions using a 5-point Likert scale from strongly agree to strongly disagree, with the option of neutral as well as open ended questions trying to understand:

- the factors that contribute to gaining confidence and those that undermine confidence

- the factors that helped consolidate clinical skills and those that prevented them from consolidating their clinical skills
- what might support a better transition to practice

We received 121 responses in total.

Table 1 demographic questions (where numbers do not add up, respondents answered “prefer not to answer”

Current Registration	General 65 (67%)	General w/ conditions 18 (18%)	Supervised 1 (1%)	Inactive 9 (9%)	Resigned 3 (3%)
Years of Experience	Less than 1 14 (14%)	3-5 42 (42%)			
Practice Location	Urban 78 (78%)	Rural 16 (16%)	Rural & remote 3 (3%)		
Practice size	More than 20 14 (14%)	5-14 71 (71%)	4 or less 11 (11%)		

Quantitative responses

The majority of respondents (62%) either somewhat agreed or strongly agreed that their first year of practice provided them with a broad range of clinical experiences and 67% somewhat agreed or strongly agreed that their first year of practice provided them with exposure to a broad range of non-clinical professional experiences. And while 80% strongly agree or somewhat agree that it was easy to meet the birth requirements, only 59% agreed that their first year of practice exposed them to all the experiences necessary to build their confidence as a primary care provider. When asked if their first year of practice provide them with all the skills needed to practise as a midwife in Ontario, 69% somewhat agreed or strongly agreed. We also asked if supervised practice or new registrant requirements should be based on a minimum number of births and 63% felt it should be yet in a separate question, 52% felt supervised practice or the new registrant year should be based on a broad range of clinical skills. Just over half of all respondents (52%) agreed or strongly agreed that they wouldn't change anything about their first year of practice leaving almost half of respondents disagreeing with this statement.

Qualitative responses

In all responses – the most important factors contributing to the experiences of the experiences in the supervised or new registrant year were:

- Having (or not) an adequate mentor
- Belonging to healthy midwifery practice group
- The hospital environment (including staff)

The overwhelming majority of responses show that having a mentor is one of the keys to gaining confidence, skills and transitioning to independent practice. Responses show that a mentor must be:

- Well-trained
- Assigned to one NR through a formalized relationship
- On-call when the NR is on-call to answer questions
- Invested in the NR and not the money
- Consider having a mentor who is not affiliated with the practice to ask questions and not be evaluated,
- More structured feedback and regular chart reviews

The positive effects of a mentor were also shown in the survey responses where 62% agreed or strongly agreed that it would have helped them to work with an assigned mentor. A quote about mentors: *Better, restorative reviews/meetings. Perhaps a mentor, definitely someone who frankly “knows” how to mentor (perhaps a better training from AOM) instead of someone that was given that role because they get paid and asked for that role due to hierarchy at whichever clinic.*

The practice is also critical to the experiences of new midwives. Respondents described a range of practices with various ways of managing new registrants. In the responses the following were seen to be important when placing a new registrant in a practice

- Midwives must be supportive and provide constructive feedback
- The practice must have protocols
- Organized and transparent practice
- The practice culture must be safe and supportive (adhere to guidelines about time allowed on call, take call when new registrant is exhausted)
- There should be enough caseload that new registrant can do full case load but not everyone’s caseload
- The practice should have a stable call model and consistent staffing. New registrant should not be going to a practice that is taking them on because they are poorly staffed and need someone to fill in the gaps
- The new registrant’s experience should be about consolidating skills and not about what the practice needs of them
- Support from practice when conflicts occur
- More support for sleep

The hospital was mentioned less frequently than the midwifery practice, but the same general issues were described. A hospital and its staff can contribute in positive ways to a midwives' experiences and provide support and mentorship or be a very negative influence with strained relationships, little or no support and no interprofessional collaboration.

Supportive factors for a healthy transition to practice:

- Exposure to a wide range of experiences (high volume births, multiples and primips, full scope, intrapartum emergencies)

- Repetition and volume– lots of clinic, full caseload
- Allow independence but with support – don't treat like a student
- Don't have big lag time until births happen – need to start working shortly after graduating and go into practice and not wait 4 months for births.
- Pay – getting paid during your time, get paid for a training period, on call day one at practice with no orientation, Payment plan for CMO fees.
- Orientation and training to practice and hospital, orientation to community standards and guidelines
- Opportunity for regular care reviews
- Better interprofessional relationships (you walk into whatever relationships exist between the hospital and your practice so if the relationships are poor then it is hard to change this)
- not to be treated like a student but like a NR
- a checklist of skills and experiences
- Understanding how funding and pay work, how practices are funded, when to start applying for GR jobs

Factors that undermine a healthy transition to practice:

- Poor relationships with practice (being bullied came up in several responses)
- Not being trusted, by clients and midwives, because you are new
- No assigned mentor, practice conflict over who will look after you
- Lack of support
- Unhelpful mentor
- High volume of births because of poor practice management
- Disconnect between what you are and how you are treated (supposed to be primary care provider but not treated like one)
- Racism
- Lack of skills gained in the midwifery education program/deficits from final year of midwifery education program
- Anxiety about managing emergencies
- Taking outcomes personally
- Sleep deprivation/exhaustion/no time off call or vacation
- Bad midwifery practice group dynamics
- Having to look after students (because you are in a shared care pod or otherwise)
- Lack of practice protocols
- No voice in the practice
- Questioned about skills and knowledge
- Clients want experienced midwives

Findings

It is clear from the responses that the experiences of new registrants and supervised midwives are dependent on the relationships they have with the mentor, the practice and the hospital and that the practices are really responsible for the experience of the new midwife. The way this first year of practice is implemented is inconsistent between

practices and therefore new midwives have various types of supervision, experience and support. It seems to be simple luck if the new midwife ends up in a good practice where she is able to consolidate her skills and gain confidence. For those in poor practices where they may receive no supervision, do the work of other midwives and even be bullied, there seems to be no way but to push through and complete the year. If this period of time as a new registrant is a requirement then there must be minimum standards about what is expected and ways to address this when the practice (and mentor) or new registrant fall below these standards.

Judging by the responses, it may be more likely that the practices are not doing a good job rather than the other way around. The College needs to oversee it or set stricter criteria. There also needs to be one assigned mentor who is trained and responsible and accountable to the College. As recommended, a formal mentorship program will help address these issues.

In addition, some thought should be given to ensuring that new registrants are paid when they enter practice and that there is a short period of off-call time to get oriented to the community, the practice and the hospital. Perhaps attending a birth or two as an observer to familiarize themselves with the systems in the community. Thought must also be given to how caseload should be assigned and whether they should be working in primary or shared care. The problem with primary care is there can be long time periods without births but the problem with shared care can be the high caseloads they are responsible for at any one time. These issues are not necessarily within the College's control; work needs to be done with our partner organizations to make sure that these concerns are addressed by relevant organizations, including the Ontario Midwifery Program (Ministry of Health) and the Association of Ontario Midwives.

iv. New registrants: caseload and compensation

New registrants, like all midwives, currently work and get compensated through midwifery practice groups (MPGs) based on a funding formula that requires midwives to provide prenatal, intrapartum, postpartum, and newborn care. This is known as a course of care model. This arrangement is outlined in the funding agreement negotiated by the Association of Ontario Midwives on behalf of the profession directly with the Ministry of Health. The College is not involved in these negotiations as the issue of funding is beyond the College's jurisdiction.

Under the current funding agreement, "course of care" involves:

- Approximately 12 prenatal visits
- Attendance at labour and birth
- 3-5 postpartum visits
- 24-hour access to midwifery services

All new registrants who join a practice have billable courses of care (that practices apply for) available to them. Practices generally receive funding for 40 billable courses of care

for new registrants. A new registrant can expect to be assigned 30 (low estimate) to 40 (high estimate) clients, which means 30-40 courses of care.

Practices generally take clients into care before a new midwife starts at the practice. Doing so means that the new midwife has clients at term soon after their start date and will be able to start working (and billing). It also means that other midwives at the practice need to provide prenatal care to these clients before the new midwife starts. This is important to note because if someone else provided care prenatally to the client(s) before a new registrant started, the new registrant will likely be expected to do the same for another midwife. This means that one way or another the new registrant will end up providing 30-40 courses of care towards the end of their new registrant year. Some practice groups may not have enough clients to offer 30-40 courses of care in a year, which means that it will take new registrants more than one year to complete the College's new registrant year. This means that new registrant conditions may not be lifted after a year. This will not affect the new registrant's status of registration; under the proposed regulation they will be allowed to practise until the conditions are met.

In terms of compensation, this means that in some cases a new registrant goes a few months without income at the beginning. When this happens, they will have income for a few months after their new registrant contract ends. This issue of compensation which is perceived as unfair because it disadvantages new registrants, came up in our survey as noted above. While this issue is beyond the College's control, staff will share the findings from the survey with both the Ontario Midwifery Program and the Association of Ontario of Midwives.

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

No further information is required at this stage.

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

The first consultation on proposed recommendations will be launched in June. Midwives, the public and our stakeholders will be asked to provide feedback on the Committee's recommendations.

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

None at this stage.

Implementation

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

This section will be completed when the final draft is presented to Council in October 2021.

Attachments:

None

Submitted by: Registration Committee

Regulatory Impact Assessment Statement

Title of the Initiative: Classes of registration: requirements for issuance and ongoing registration requirements

Context and Problem Definition

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

The Registration Regulation under the *Midwifery Act, 1991* specifies the classes of certificates of registration that may be issued by the College of Midwives of Ontario. These classes are the only classes of certificates of registration that are allowed to be held by midwives registered in the province of Ontario.

Each class of registration has specific registration requirements which applicants and members must meet in order to be issued that class of certificate. In addition, each class has conditions attached to it outlining how a midwife may or may not practise the profession while holding that class of registration. Classes are categories of registration.

Under the Registration Regulation, the College has three practising classes and one non-practising class. All members of the College, regardless of class of registration, may use the *protected title Midwife, a variation or abbreviation, the Registration Regulation under the Midwifery Act, 1991*.

GENERAL

Most midwives registered with the College belong to the General class.

Issuance of a certificate in the General class

To be issued a general certificate, an applicant must:

- Have successfully completed a midwifery education program in Ontario or an equivalent program approved by Council
- The only other equivalent program currently approved by Council is the International Midwifery Pre-registration Program that allows internationally educated midwives to enter the profession
- Have specific current clinical experience as follows:
- have attended at least 60 births, of which at least,
 - A. 40 were attended as primary midwife,
 - B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,
 - C. 10 were attended in hospital, of which at least five were attended as primary midwife, and

- D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.
- Have successfully completed the qualifying examination
- The qualifying examination approved by the Registration Committee is the Canadian Midwifery Registration Examination (CMRE) administered by the Canadian Midwifery Regulators Council of which the College is a member
- Demonstrate good character
- Applicants are required to disclose information regarding their conduct
- Applicants who hold registration in another jurisdiction inside or outside of Canada in any profession are required to submit a letter of standing
- Applicants are required to complete a vulnerable sector check
- Demonstrate ability to communicate with reasonable fluency in either English or French
- Provide satisfactory evidence of competency in neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR), and emergency skills (ES)
- Be a Canadian citizen, permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act* to engage in employment in Canada
- Complete the jurisprudence course set or approved by the Registration Committee
- Provide evidence of professional liability insurance.

Conditions of a General certificate of registration

All members in the general class have the following conditions imposed on their certificates of registration:

- New registrant conditions in their first year of practice.
- Must meet active practice requirements
- Must meet continuing competency requirements in NRP, CPR and ES
- Must maintain professional liability insurance at all times
- Must disclose certain events regarding their conduct to the Registrar

SUPERVISED PRACTICE

At any given time, there are generally less than 20 midwives registered in the supervised practice class. Applicants may be issued a supervised practice certificate of registration if they meet all the requirements for a General certificate, with the exception of the current clinical experience requirements outlined above. The supervised practice class is intended to provide applicants, and some members, who have gaps or deficiencies in their clinical experience to be issued a certificate to practice midwifery in accordance with a Plan for Supervised Practice and Evaluation and under an approved supervisor. A supervised practice certificate may only be granted for a period of up to one year, unless otherwise approved by the Registration Committee.

Internationally educated midwives who have completed the International Pre-Registration Program (IMPP) and have successfully completed the CMRE, are generally not able to meet the current clinical experience requirements for a general certificate of

registration, but as they meet the other requirements for a general certificate, are eligible for a supervised practice certificate under the Registration Regulation. The same applies to midwifery education program graduates who do not fully meet the clinical experience requirements at the time of initial application, and so they too are eligible for a Supervised practice certificate. Once these midwives have successfully completed their Plans for Supervised Practice and Evaluation, they are eligible to be issued a General certificate with new registrant conditions.

Supervised practice certificates are also issued when a midwife is required to complete a requalification program under the Registration Regulation and a panel of the Registration Committee determines that they requalification program should include a period of supervised practice.

Under the Registration Regulation, members holding Supervised practice certificates are not able to move to the Inactive class.

INACTIVE

General class members may move to the Inactive class if they wish to take a leave from practising the profession while remaining a member of the College and paying reduced fees. As a holder of an Inactive class certificate, midwives are not permitted to practise the profession. This means that inactive midwives are not allowed to perform the controlled acts authorized to midwives under the *Midwifery Act* as well as the activities that are in the public domain (for terminology please see pp. 18–20).

Members in the Inactive class may apply to change class back to General. The requirements to be reissued a general certificate of registration are outlined in the Registration Regulation. If a member does not meet the requirements, including current clinical experience, then the regulation requires the member to complete a requalification program specified by a panel of the Registration Committee.

Members in the Inactive class are not required to carry professional liability insurance, and this supports the current model of funding for midwifery practice and payment of professional liability insurance by the Ontario Midwifery Program (Ministry of Health).

The inactive class is not a route of entry as an applicant cannot apply for an inactive certificate without having first held a general certificate of registration.

TRANSITIONAL

The transitional class is intended to allow applicants who otherwise meet the requirements for a general or supervised practice certificate of registration to become registered with the College after they have written the CMRE but have not yet received their results. The transitional class is a temporary class of registration. The certificate is revoked on the earliest date of the following:

- The member is issued a General certificate of registration

- The member is issued a supervised practice certificate of registration
- The College notifies the member that they failed to successfully pass the CMRE
- Ninety days has passed since the issuance of the transitional certificate.

Members who hold a transitional certificate of registration may only practise under the supervision of a member in the general class without new registrant conditions and are not allowed to prescribe or order labs in accordance with an undertaking that the member must sign in order to be issued a transitional certificate.

Problems/Challenges

As classes of registration are established via regulation and therefore law, there is no ability for the College to issue certificates outside of what is included in the Registration Regulation. Therefore, the classes of registration, including requirements for issuance and conditions of each class of registration outlined in any registration regulation must be evidence-based and accurately reflect how the profession practises and work in the interest of public protection.

While no urgent reform of the current classes of registration under the *Midwifery Act* are needed, some of the requirements under current classes of registration do pose some challenges. To understand the current challenges, each class should be considered individually.

GENERAL

All regulated health professions in Ontario have a General or equivalent class though it may be called something different, such as Independent Practice. This is the class of registration in which the majority of the profession will reside, as it is the class that allows practice across the scope of the profession without restrictions (unless such restriction is imposed as results of a college proceeding, such as discipline hearing). Therefore, establishing sound entry-to-practice requirements for the general class is fundamental to ensuring that only qualified applicants are issued this certificate.

Requirements for issuance

- Clinical experience requirements at entry to practice must be reviewed and revised to ensure that midwifery education program students are given a variety of supervised practice clinical experiences, conducted in environments providing suitable opportunities and conditions for students to attain the national competencies for a midwife.
- Currently, only the graduates of an Ontario Midwifery Education Program and graduates of “equivalent” programs approved by Council can submit an application for registration in Ontario. This means that graduates of other midwifery education programs (outside Ontario) cannot directly apply to become registered in Ontario. Instead, a graduate from another province/territory has to register in another province/territory prior to applying for registration with the

- College.
- The layout of the current regulation is problematic. Many sections and clauses are self-referring and so are difficult to interpret.

Ongoing requirements for the General class

- The issue of clinical currency (currently known as active practice requirements) is considered as a separate policy issue. Council reviewed the committee's final recommendations at its December meeting.
This item will not be discussed at the March Committee meeting. Committee members who were not involved in this work from the beginning or who would like to refresh their memories can find the regulatory impact assessment statement that outlines the proposed changes and provides the rationale for these changes in the Meeting Book.
- The issue of new registrant conditions is considered as a separate issue. Final recommendations are brought to the committee as a separate agenda item at its March 2021 meeting.
- Continuing competencies as an ongoing condition for practising midwives is problematic, and so the approach needs to be reconsidered and revised.

SUPERVISED PRACTICE

The issuance of supervised practice certificates in Ontario is outlined above. This class of registration, poses some challenges:

- It is used as an alternative route of entry for applicants who do not meet the current clinical experience requirements for a general certificate, and while this class is intended to provide the member with additional clinical experience while under supervision, it relies on approved supervisors, other general class certificate holders to provide supervision, clinical guidance and orientation. Based on the requirements in the Registration Regulation, the Registration Committee is tasked with determining what should be required as part of a plan for supervised practice and evaluation and this is generally based on birth numbers, therefore, it is not overly objective. While supervisors and supervisees are accountable to the College and the Registration Committee has established criteria to approve supervisors, the supervised practice experience will vary from practice to practice, depending on several factors including but not necessarily limited to the nature of the applicant's clinical deficiencies, the supervision requirements, the supervisor and types of births.
- The supervised practice class of registration is administratively burdensome for the College requiring the approval of supervisors, development of plans for supervised practice and evaluation, development of supervision reports and ongoing monitoring of reports and plans in accordance with the requirements of the Registration Regulation.
- When a member fails to successfully complete a plan for supervised practice and evaluation, even if the time is extended beyond twelve months, the certificate expires unless the member chooses to resign.

INACTIVE

An inactive class of registration is not always one of the classes explicitly outlined in registration regulations of other Ontario health professions. For example, the College of Physicians and Surgeons does not have such a class, neither does the Royal College of Dental Surgeons of Ontario. This class tends to work well for midwives and the College. However, the condition on inactive certificates that “the member shall not engage in the practice of midwifery” has implications for members in the inactive class preventing them from engaging in certain midwifery related activities even those that fall outside of the authorized acts but are a part of the midwifery scope of practice under the *Midwifery Act, 1991*. While not necessarily problematic for the College, this is a contentious issue as many midwives in the Inactive class do not understand the College’s overly restrictive approach. It is worth considering and confirming that the previous approach taken by the College is still in the public interest and therefore no regulatory change is required.

There is a fairly significant amount of movement between the general and inactive classes in both directions which requires much administration.

TRANSITIONAL

The transitional class is not a class that is consistently found across the health professions in Ontario, however, it is used by other midwifery regulators in Canada.

While the transitional class provides another route of entry for an applicant who otherwise meets all the requirements for a general or supervised practice certificate of registration, it allows an applicant to practise the profession without yet knowing that the applicant has passed the CMRE, one of the non-exemptible registration requirements for a general or supervised practice certificate.

The following are current challenges related to this class:

- Much is required of the applicant (e.g., identifying a supervisor, signing an undertaking) and the College in order to issue a transitional certificate. It is administratively burdensome and the certificate, if issued at all, is generally only needed for a few weeks when the CMRE results are released.
- Enabling an applicant to become registered without having received the results of the qualifying examination without any extenuating circumstances (e.g., a pandemic) may not best serve the public interest and completely undermines the integrity of the qualifying examination and the examination process.
- It is not clear that this class of registration is needed to expedite access to the profession given the fact that prior to being issued a general or supervised practice certificate, applicants may attend clinic orientation with a midwifery practice as long as they are not providing clinical care and may act as a second

birth attendant until they become registered.

2. Is the problem about risk of harm?

As a risk-based regulator, the College must ensure that any regulatory action is based on evidence of risk and is proportionate to the risk of harm being managed. The current classes of registration do not indicate an immediate risk of harm. Nevertheless, as the Registration Regulation is the only mechanism for outlining classes of registration, and as the current classes have not been reviewed in several years, it is important that the classes continue to enable the appropriate routes of entry to address the risk that the College grants eligibility to enter or re-enter practice to an individual who does not have the knowledge and skills to practice safely, ethically and competently, while accommodating the changing midwifery environment. In addition, regulatory clarity around current classes may be sufficient.

3. If yes, explain the risks.

Determining the requirements for issuance and ongoing conditions for all classes of registration will help mitigate the following risks that may adversely impact midwifery clients and the public interest.

External:

- Risks arising from external public emergencies affecting midwives' ability to deliver safe and effective care.
- Risk that public perception of the College and its ability to regulate in the public interest is adversely affected.

Member practice risks:

- Risk that a midwife fails to comply with legislative or regulatory requirements related to a requirement or a condition of registration.

Organizational risks:

- Risk that the College grants eligibility to enter or re-enter practice to an individual who does not have the knowledge and skills to practice safely, ethically and competently due to the Registration Regulation prescribing an ineffective class of registration.
- Risk that the College regulates in a way that is disproportionate to the risk of harm.
- Risk that the College fails to register in a fair and consistent manner if the requirements are overly administratively burdensome.

Options

4. Are the risks you have identified currently managed?

The identified risks are not appropriately managed and so regulatory amendments are required.

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

There are no alternatives to regulation that will mitigate the identified risks. The College is the only organization with a legislative mandate to regulate the eligibility of applicants and members to practise the profession by issuance of certificates based on classes of registration. It can make regulations (under its profession-specific statute, i.e., the *Midwifery Act*) prescribing classes of certificates of registration and setting any requirements for issuance and imposing any terms and conditions on the certificates of registration.

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

6. What regulatory option are you recommending introducing?

The changes are proposed to the Registration Regulation under the *Midwifery Act, 1991*. The following framework is brought forward for Council's review and consideration.

Requirements that apply to all classes – issuance and ongoing conditions

Regulation	Comments
Requirements for issuance of certificate of registration, any class	
4. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:	
1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change: <ul style="list-style-type: none"> i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant made by a body that governs a profession in any jurisdiction. ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the applicant by a body that governs a profession in any jurisdiction. 	This section is new – disclosures at entry to practice are not set out in the current registration regulation

<ul style="list-style-type: none"> iii. A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction. iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction. v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction. vi. Information about a coroner's inquest proceeding or verdict relating to the applicant's conduct. vii. A finding of guilt for any offence. viii. A current proceeding in respect of any offence in any jurisdiction. ix. Information about any finding, decision, or restriction relating to the applicant that would be required to be included on the public register if the applicant was a member. x. Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner. 	
2. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant will practise midwifery with decency, honesty and integrity and in accordance with the law.	
3. The applicant must not be suffering from a physical or mental condition or disorder that could affect their ability to practise midwifery in a safe manner.	
4. The applicant must be able to speak, read and write in English or in French with reasonable fluency.	
5. The applicant must, at the time of the application, provide the Registrar with the results of a police record check.	

6. The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.	
Terms, conditions and limitations on every certificate	
5. Every certificate of registration is subject to the following terms, conditions and limitations:	
<p>1. The member shall provide the College with written details about any of the following that relate to the member within 14 days of its occurrence:</p> <ul style="list-style-type: none"> i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the member made by a body that governs a profession in any jurisdiction. ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the member by a body that governs a profession in any jurisdiction. iii. A refusal to register the member to practise as a midwife or another profession in any jurisdiction. iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction. v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction. vi. Information about a coroner's inquest proceeding or verdict relating to the member's conduct. vii. A finding of guilt for any offence. viii. A current proceeding in respect of any offence in any jurisdiction. ix. Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner. 	

5. At the request of the Registrar, the member must provide the Registrar with the results of a police record check.	
6. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.	
7. The member shall not make a false or misleading representation or declaration to the College.	
8. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws.	
9. The member shall provide the College with written details within two days of the member becoming aware that they do not have the professional liability insurance that they are required to have under the by-laws.	

Requirements that apply to the General class – issuance and ongoing conditions

Regulation	Comments
General class, registration requirements	
6. (1) The following are registration requirements for a General certificate of registration:	
1. The applicant must have at least one of the following, <ul style="list-style-type: none"> i. A baccalaureate degree in health sciences (midwifery) awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose. ii. Qualifications that are substantially equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council. 	The current regulation allows direct entry for Ontario graduates only. For more information on how Canadian midwifery education programs may become accredited, please refer to pp. 17-18.
2. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.	
3. [Placeholder: “The applicant must have current clinical experience consisting of”]	Recommendations on clinical experience requirements at

	entry to practice will be made at the next meeting.
4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.	
5. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.	
6. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.	
7. The applicant must provide satisfactory evidence of competency in emergency skills	
(2) The requirements in paragraphs of subsection (1) are non-exemptible.	This refers to paragraphs 1-7 above
Terms, etc., General class	
7. (1) Subject to subsection (2), the following are terms, conditions and limitations on every General certificate of registration: 1. [Note: placeholder for new registrant conditions and requirements – under review by the Committee]	For new registrant recommendations and rationale, refer to: RIA statement – new registrant conditions
2. [Note: placeholder for clinical currency requirements]	For new clinical currency recommendations and rationale, refer to: RIA statement – clinical currency

Requirements that apply to the Supervised class – issuance and ongoing conditions

Regulation	Comments
Supervised class	Currently called: Supervised Practice

9. It is a non-exemptible registration requirement for a Supervised certificate of registration that the applicant must have met all the requirements for the issuance of a General certificate of registration except for those requirements set out in paragraph 3 of subsection 6 (1).	The requirements set out in paragraph 3 of subsection 6 (1) refer to clinical experience requirements (not finalized yet). This means that an applicant can be eligible for a certificate in the supervised class if they do not meet these requirements.
Supervised class, conditions, etc. of certificate	
10. It is an additional term, condition and limitation of every Supervised certificate of registration that the member must at all times, (a) practise midwifery with supervision; and (b) be actively pursuing the requirements set out in clause 9 (a) or of a requalification program under this Regulation [,"unless the Registrar has provided the member with permission in writing to interrupt the pursuit of either of those requirements due to exceptional circumstances"].	
Supervised class, expiry	
11. (1) Subject to subsection (2), a Supervised certificate of registration expires on the earlier of the following: 1. The day that is 2 years after the certificate was issued. 2. The day on which the member is issued a General certificate of registration. 3. The day on which the member fails to meet the condition in clause 10 (b), unless the Registrar has provided the member with the permission mentioned in that section.	Currently, supervised practice certificate expires 12-months after the certificate was issued unless extended by a panel of the registration committee.
Moving from Supervised to General certificate	
12. A holder of a Supervised certificate of registration shall be issued a General certificate of registration upon completion of all of the requirements in paragraph 3 of subsection 6 (1).	Requirements in paragraph 3 of subsection 6(1) are

	clinical experience requirements at entry to practice.
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Requirements that apply to the Temporary class – issuance and ongoing conditions

Regulation	Comments
Temporary or Emergency (name to be determined)	Currently called: Transitional
<p>14. (1) The following are registration requirements for a Temporary/Emergency certificate of registration:</p> <ol style="list-style-type: none"> 1. [Note: placeholder for criteria that must be met by an applicant to be eligible for this class of registration] 2. The applicant must satisfy the Registrar that he or she has language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing. 3. The applicant must have successfully completed a midwifery program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise midwifery in that jurisdiction <p>[The other options are to require the same education as the General class or the theoretical component of that education (without clinical placement). If it is the theoretical component and the clinical placement is required for graduation, we would be registering midwifery students].</p>	
Additional terms, etc., Temporary/Emergency class	
<p>15. (1) the following are terms, conditions and limitations on every Temporary/Emergency certificate of registration:</p> <ol style="list-style-type: none"> 1. The member shall practise the profession only within the scope of his or her Temporary/Emergency certificate. 2. The member must at all times practise midwifery under the supervision of a supervisor approved by the College. 3. The member shall at all times when practising midwifery identify himself or herself as a member in the Temporary/Emergency class [for consideration – no final recommendations made] 4. [Placeholder for any title restrictions.] 	

(2) An Emergency certificate of registration is automatically revoked on the occurrence of one of the following events: <ol style="list-style-type: none"> 1. The expiry of 90 days from the date the certificate was issued, unless the Registrar extends the certificate for one or more extensions under subsection (7). 2. The date the Registrar extended the certificate under subsection (7). 3. The date that the Registrar revokes the certificate. 	
(3) The Registrar may extend a Temporary/Emergency certificate of registration for one or more periods, each of which is not to exceed 90 days, if, in the opinion of the Registrar, it is advisable or necessary to do so.	

Requirements that apply to the Non-practising class – issuance and ongoing conditions

Regulation	Comments
Non-Practising class	Currently called: Inactive
<p>16. The following are non-exemptible registration requirements for the issuance of a Non-Practising certificate of registration:</p> <ol style="list-style-type: none"> 1. The applicant must be a member holding a General certificate of registration. 2. The applicant must provide an undertaking to the College in a form satisfactory to the Registrar in which the applicant undertakes to comply with the terms, conditions and limitations in section 17. 2. The applicant must not be in default of any fee owing to the College under the by-laws. 3. The applicant must have provided the College with any information that it has required of the applicant. 	
Non-Practising class, conditions, etc. of certificate	
<p>17. The following are additional terms, conditions and limitations of every Non-Practising certificate of registration:</p> <ol style="list-style-type: none"> 1. The member must not provide midwifery care, and 2. The member must not supervise midwifery care. 	The condition that a midwife in the Non-practising class is not permitted to practise the profession exists

	in the current regulation – the committee discussed this provision and decided not to change it. For more information, refer to pp. 19–21
Reinstatement	
<p>18. The Registrar may issue to a member who is the holder of a Non-Practising certificate of registration the General certificate of registration that he or she previously held if the member meets the following requirements:</p> <ol style="list-style-type: none"> 1. The member applies in writing to the Registrar for reinstatement. 2. The member pays any fees owing to the College under the by-laws. 3. The member provides the College with any information that it has required of the member. 4. The member: <ol style="list-style-type: none"> i. demonstrates current knowledge, skill and judgment relating to the practice of midwifery that would be expected of a member holding a General certificate of registration, as determined by the Registration Committee, or ii. successfully completes a requalification program approved by a panel of the Registration Committee for that purpose; and 5. the member will be in compliance as of the anticipated date of reinstatement with any outstanding requirements of the College's Quality Assurance Committee and Inquiries, Complaints and Reports Committee or any outstanding orders of the Council, Executive Committee, Discipline Committee and Fitness to Practise Committee. 	

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

The proposed changes will:

- Provide for the protection of the public by ensuring that only applicants who are suitably trained and qualified to practise in a competent and ethical manner are registered
- Revised clinical experience requirements at entry to practice will provide opportunities for learning in a way that is linked to the attainment of the core competencies
- Graduates of other midwifery education programs (outside Ontario) will be able to directly apply to become registered in Ontario. This is in line with the intent of labour mobility legislation.
- New midwives will be adequately supported at the start of their professional careers to build competence and confidence as autonomous practitioners. This will ensure smooth transition to independent practise.
- The College will be able to develop and administer an effective registration program that clearly sets out requirements and conditions of each class of registration and what action will be taken if an applicant/ midwife cannot meet these requirements and conditions.

The proposed changes will result in no additional cost for applicants or midwives.

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

The burden imposed by regulation will not be greater than the benefits of regulation. As noted above, the College is the only organization with a legislative mandate to regulate the midwifery profession to ensure that midwives are qualified, skilled and competent in the areas in which they practise. The College must be able to assure the public that applicants and 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.

9. What information and data are already available?

The following provides additional information/rationale for some of the provisions outlined above.

i. Accepting applicants from other Canadian jurisdictions

One of the key entry to practice requirements for a practising certificate under the current Registration Regulation is education. Under the current regulation, the applicant must have at least one of the following:

1. A baccalaureate degree in health sciences (midwifery) from a university in Ontario: The majority of College applicants meet graduate from one of the three midwifery education programs in (McMaster, Laurentian and Ryerson Ontario).

2. Qualifications that are equivalent to a baccalaureate degree in health sciences (midwifery), as determined by the Council or by a body or bodies designated by the Council: Currently the only program approved by Council is the International Midwifery Pre-Registration Program, a bridging program for internationally educated midwives.

The Canadian Association of Midwifery Education (CAMEd), a national association of midwifery educators, has established an accrediting process for baccalaureate degree programs in Canadian universities that prepare midwives for entry to practice in Canadian provinces and territories. At present these programs are located in Quebec (University of Quebec Trois Rivières), Ontario (Laurentian University, McMaster University, and Ryerson University), Manitoba (University of Manitoba in conjunction with McMaster University), Alberta (Mt Royal University), and British Columbia (University of British Columbia).

The accreditation process established by CAMEd for midwifery education programs aims to:

- Ensure that national and international standards of midwifery education are met or exceeded in achieving program goals,
- Ensure graduates attain the essential competencies to qualify for registration in Canadian provinces and territories,
- Develop and sustain continuing assessment and improvement,
- Encourage excellence and innovation in education.

To date, the first accreditation review processes have been conducted in Ontario, including McMaster in 2019, Ryerson and Laurentian in 2020. Independent, qualified reviewers are recruited to conduct an accreditation review against CAMEd established accreditation standards.

In the future, once the accreditation process is completed and if other Canadian midwifery education programs complete the process, then the College could approve the acceptance of all CAMEd accredited baccalaureate midwifery degrees as acceptable for entry to practice in Ontario, thereby enabling applicants, who completed their education outside of Ontario, to apply directly for registration with the College. This would potentially broaden the pool of applicants while maintaining a consistent standard with respect to education requirements for entry to practice.

Currently, applicants who complete a midwifery education program at a university outside of Ontario are only able to register in Ontario through labour mobility, having first registered in another regulated jurisdiction where that education is accepted. If we were to accept education completed outside of Ontario, such applicants would still need to meet the Ontario clinical experience and examination requirements if applying directly to the College. Since labour mobility allows for direct transfer between regulated jurisdictions with equivalent certificates of registration, in essence we are already accepting midwives who completed education outside of Ontario but usually following a first year of practice in another regulated jurisdiction.

Therefore, if the accreditation process is fully implemented, it will be a useful to have a broad provision in the future registration regulation such that Council may determine that accredited Canadian midwifery education programs are acceptable, enabling applicants from out of province to apply for direct entry and ensuring that Ontario midwifery education programs are meeting a consistent standard.

ii. **Inactive class and a condition that midwives in the Inactive class must not practise the profession in Ontario**

Background information: As noted above, it is a condition of the Inactive certificate of registration that a member in the Inactive class of registration is not permitted to practise midwifery in Ontario. The practice of midwifery in Ontario consists of the scope of practice statement, the controlled acts authorized to midwives, and all other activities that are in the public domain.

The terms “scope of practice”, “controlled acts” and “the public domain” are explained below:

The **midwifery scope of practice** is set out in the *Midwifery Act, 1991* as: *The assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries (section 3 of the Midwifery Act, 1991).*

Controlled acts are set out in the *Regulated Health Professions Act, 1991* (RHPA) and are procedures, tests, and treatments that are considered to pose a risk of harm when performed by someone who is not qualified to perform them. Because there is implicit risk of harm in the performance of controlled acts, they can be performed only by the regulated health professionals who are authorized by their profession-specific Acts (e.g., the *Midwifery Act, 1991*) to perform them. There are 14 controlled acts listed in the RHPA. Some professions do not have any controlled acts. Other professions, like midwifery, are authorized to perform many controlled acts. No profession is authorized to perform all controlled acts. For example, the controlled act of managing labour and conduct spontaneous normal vaginal deliveries is authorized to midwives under the *Midwifery Act, 1991*.

While the RHPA limits the performance of controlled acts to health professionals who are authorized by their profession-specific Act to perform them, many components of health care are not controlled acts because they do not pose risk of harm. This means that these components of care are not prohibited by the controlled acts in the RHPA and can be done by anyone, not only by regulated health professionals. This care is sometimes referred to as being in **the public domain**. The following are examples of activities that are considered in the scope of practice of midwifery and therefore cannot be performed by a member in the Inactive class:

- providing labour support

- providing breastfeeding support
- acting as a second birth attendant or a doula
- providing well baby care to newborns

Not all midwifery related work is considered practising midwifery. This means that a member in the Inactive class is permitted to engage in activities that do not fall within the scope of midwifery practice such as teaching academic and clinical midwifery (not precepting or supervising clinical care), researching midwifery care, working as staff at the Association of Ontario Midwives or the College, managing the administrative aspects of a midwifery practice or working as a hospital administrator.

In addition, a member in the Inactive class is permitted to provide health services that are not in the midwifery scope of practice because the legislation does not prohibit this. For example, a member in the Inactive class may administer a vaccine to a school-aged child under the delegation of a physician, as this is not within the midwifery scope of practice and the authority to perform the controlled act is provided via delegation. A member in the Inactive class may conduct blood pressure checks on seniors as this is not within the midwifery scope of practice and is not a controlled act (i.e., is in the public domain).

A member in the Inactive class who wishes to provide care that is in the scope of midwifery practice has two options: obtain a General certificate of registration or resign from the College. Once resigned and no longer a member of the College, a former College member may provide services that any member of the public can provide without being a regulated health professional, for example providing breastfeeding support or working under delegation administering vaccines to newborns. While they can now perform activities in the midwifery scope, they cannot use the title “midwife” because they are no longer College members.

Legal advice and the committee’s rationale for keeping this condition

In the past, the College’s legal counsel recommended against amending the regulation to allow non-practising midwives to practise the profession (including performing the activities in the public domain). The Committee carefully considered legal advice and staff’s recommendations and decided that allowing midwives to practise the profession while holding a certificate in the Non-practising class is not in the public interest. The main points are summarized below.

1. The point of having the inactive/non-practising class is to allow someone who is not going to practise to stay registered so that they can return to the practice without having to go through a new application process (which for someone who was initially grandparented might mean taking the registration exam). But allowing inactive certificate holders to provide clinical care will be inviting midwives to practise but not having any of the burdens of full registration, including meeting ongoing registration and quality assurance requirements as well as holding liability insurance.
2. There is going to be increased liability because there is going to be confusion on the part of the client. For example, if an inactive midwife is allowed to work as a

- doula, clients are going to think that they have two midwives at their birth and will not understand the difference between an inactive midwife and a midwife.
3. Other Ontario regulators who have a similar class of registration are very strict with inactive registrants, and they take the view that they cannot do anything that is within the scope of practice of the profession while holding inactive certificates. For example, the College of Nurses does not allow non-practising nurses to practise nursing (including the activities that are in the public domain).
 4. If the College decides to allow inactive midwives to provide clinical care, then they will have to be insured. Clients who suffer harm while under the care of an inactive midwife will no doubt wish to sue – and will not understand the difference between active and inactive classes of registration if the regulator allowed someone in the latter class to do things within the scope of practice of midwifery.
 5. If the College decides to allow inactive midwives to practise, other safeguards should be put in place to protect the public (e.g., require that they hold current CPR, ES and NRP certificates).

iii. Rationale for proposed changes to the Transitional class

Significant changes are proposed to the Transitional class of registration (to be renamed to Temporary or Emergency) to enable entry to practice for eligible midwifery students/applicants in specific emergency circumstances only, such as a pandemic, where it is in the public interest for these applicants to be registered and practising to support the health care system. The changes will provide flexibility in emergency situations while at the same time ensuring that it does not become an expedited route of entry. There must be compelling reasons to trigger the temporary/emergency class, such as a pandemic that has created a situation where midwifery students preparing to graduate are unable to meet entry to practice requirements for reasons beyond their control. In these rare situations, it is in the public interest to enable midwifery students/applicants to become registered and to practise under supervision as they continue to work towards meeting all requirements for a general certificate.

A temporary class would give the College flexibility to address scenarios recently encountered with the COVID-19 pandemic where the spring sitting of the qualifying examination was canceled. While the Registration Regulation allowed for flexibility in approving the Final Clerkship Exam as the qualifying exam, and applicants were able to sign an undertaking agreeing to write the CMRE at the next available sitting, we had no choice but to register them in the general or supervised class. Therefore, a temporary class would help to provide access to the profession while clarifying that it is only temporary until the necessary entry to practice requirements are met.

iv. Rationale for removing continuing competencies from the Registration Regulation as an ongoing condition for practising midwives

As noted above, the current Registration Regulation requires members in every year to provide satisfactory evidence to the College of continuing competency in NRP. In addition, the Registration Regulation requires members every two years to provide evidence satisfactory to the College of continuing competency in ES and CPR.

The Regulation does not define “satisfactory evidence” and therefore this must be interpreted and outlined by the Registration Committee as information for members. This is currently done via the Continuing Competency Requirements and Approved Courses document approved by the Registration Committee and reviewed annually.

While ongoing obstetrical and neonatal emergency skills training is very important, it is unusual to have such specific requirements outlined in a regulation. With the regulation specifying NRP, CPR and ES, as well as specific timeframes for the provision of evidence for each requirement, there is little room for evolution and evidence-based practice in regulatory oversight. Furthermore, there is no clear rationale or evidence to support the one- and two-year timeframes and in fact, some CPR providers actually recommend a one-year recertification for certain CPR training – this is one example of how the regulation may not be current.

Regardless of the College’s continuing competency requirements and what is outlined in the Registration Regulation, the Professional Standards for Midwives (standard #2) requires midwives to maintain competence in all areas of practice, and therefore midwives are expected to take action to address any gaps in their knowledge, skill or judgment related to NRP, CPR and ES as needed. This is an important concept as the profession evolves and we embrace risk-based regulation where members are engaged professionals and take responsibility for undertaking training in these areas as an ongoing practice, as opposed to just meeting a requirement so it can be checked off at registration renewal each year.

Given the above, it is proposed that continuing competency requirements for practising midwives (i.e., the ongoing conditions on a General certificate of registration) be removed from the regulation (you will note that it is not included in the above table). This can be added to the College by-laws. Alternatively, competency in CPR, etc. would be a standard of practice, such that failing to maintain the standard would be professional misconduct. This will be determined at a later date.

v. Labour Mobility

In 2009, the *Regulated Health Professions Act, 1991* was amended to facilitate the mobility of registered professionals within Canada. The amendments require the College to register individuals who hold equivalent certificates in another Canadian province or territory, without imposing any additional material training, experience, examinations or assessments. Labour mobility requirements will be included in the draft regulation to be presented to Council in October. These provisions are not included in the above table.

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

Additional research and consultations with the Midwifery Education Programs and the International Midwifery Pre-registration Program are required to inform our

recommendations for clinical experience requirements at entry to practice. This information will be obtained and provided to Council at its meeting in October.

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

The College already conducted one survey to inform the new registrant recommendations. Once the Council reviews the proposed changes at its March meeting, a comprehensive survey will be conducted with midwives and our partner organizations regarding all other recommendations.

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

None at this stage

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

None at this stage.

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

This section will be completed when the final draft is presented to Council in October 2021.

Attachments: None

Submitted by: Registration Committee

Regulatory Impact Assessment Statement

Title of the Initiative: Clinical Currency

Context and Problem Definition

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

Background

The College's overarching objective is the protection of the public, which involves a duty to protect, promote and maintain the well-being and safety of the public and to promote and maintain public confidence in the midwifery profession in Ontario. While the quality of midwifery services relies, by and large, on the integrity and professionalism of the practitioner, in terms of both competence and conduct, it is the job of the regulator to set minimum requirements (such as minimum standards of behaviour or registration requirements) that ensure that midwives practising in Ontario possess and are able to demonstrate the knowledge, skills, and judgment relevant to their professional practice.

Many health regulatory bodies and many registration regulations for health professions in Ontario, require their members to fulfill certain clinical currency requirements in order to maintain a practising certificate of registration. In Ontario, active practice has been implemented as the clinical currency requirement for midwives. The Registration Regulation, made under the *Midwifery Act, 1991* defines *active practice* as *the provision of midwifery care to a woman throughout pregnancy, labour, birth and the postpartum period in the following manner:*

1. For the first two years of being registered in the general class, midwives must attend at least 40 births and of those births, at least 20 births must have been attended in the role of primary, including 10 hospital births and 10 births in a residence, remote clinic or remote birth centre (out-of-hospital births).
2. Once the midwife has met these requirements over an initial two-year period, then they may meet the active practice requirements in any subsequent five-year period by providing midwifery care to at least 100 women, with at least 25 births being attended as primary midwife in hospital and at least 25 being attended as primary midwife in a residence, remote clinic, or remote birth centre.

Midwives are required to report their birth numbers annually, for the period of July 1–June 30, at registration renewal time. Each midwife has an active practice requirement due date and if the midwife is due to meet a requirement then their birth numbers are reviewed to determine if the midwife met the requirements or has a shortfall.

A midwife who fails to satisfy the active practice requirements is referred to a panel of the Registration Committee that will do one of the following:

1. Grant an exception under extenuating circumstances; or
2. Propose a shortfall plan to enable the member to meet the active practice requirements, which may include a requirement that the midwife give an undertaking to the Registration Committee that they will comply with any term, condition or limitation imposed on their certificate of registration.

Challenges with the current approach to clinical currency

Currently, the active practice requirements only regulate two aspects of midwifery care: primary birth attendance and location of births. Requiring members to attend a certain number of births in various locations as primary midwife, does not address the fact that midwifery practice also involves the provision of care to women throughout pregnancy, labour, birth and the postpartum period, as well as newborn care.

Definitions of terms used below:

A primary midwife is a midwife that is responsible for the prenatal, intrapartum and postpartum care of the client and the newborn such as performing assessments, organizing consultations, and writing orders. The primary midwife is generally present for the labour, at birth to deliver the baby, and the immediate postpartum.

A second midwife normally attends near the end of the first stage of labour or early in the second stage of labour. The second midwife is present for the birth and provides care together with the primary midwife. The second midwife is normally responsible for the assessment and initial care of the newborn at birth and remains after the birth until the client and baby are stable.

Concerns with the current approach include the following:

1. The required birth numbers are arbitrary and prescriptive.
2. Birth numbers are not an objective measurement of clinical currency. Although the literature supports high volume thresholds for complex surgical and some rare medical conditions, there is no evidence to support the extrapolation of these volume concepts to normal pregnancy and newborn care. Rather, findings demonstrate good outcomes in low-volume settings when access to specialist consultation and timely transfer is available and used appropriately
3. Attendance at births, does not equal clinical currency and the number of births that a member attends in various locations depends on an external factor that is outside the midwife's control, i.e. their client's choice.
4. When members have a shortfall in births, it is usually related to not having enough out of hospital births – low home birth rates are a legitimate reason why some members in some communities will consistently not be able to

meet the out of hospital birth requirements – shared care models may also contribute to this

5. A birth may start at home but end up transferring to hospital for various reasons and is then considered a hospital birth
6. While attending births as primary does help with the maintenance of knowledge and skills related to labour and intrapartum care, it does not assist in the maintenance of skills related to all other aspects of midwifery care. Therefore, it does not point to overall clinical currency
7. Midwives also attend births in the role of second, yet the active practice requirements specified in the Registration Regulation do not explicitly recognize this important aspect of care
8. In more recent years, ways in which the profession practises have evolved, and we now have members who are practising midwives, but they do not attend births or only attend births in a certain setting

In summary, while active practice as defined in the current regulation provides some assurance that the midwife is practising and attending births in various settings as a primary midwife, it is problematic for regulating clinical currency as one of the measures of competence.

2. Is the problem about risk of harm?

As a risk-based regulator, the College must ensure that any regulatory action is based on evidence of risk and is proportionate to the risk of harm being managed.

It is our view the lack of clarity about what constitutes actively practising the profession and how the College should address active practice shortfalls pose a risk of harm to our public protection mandate. In particular, the College must be able to assure the public 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
- midwives demonstrate accountability by complying with legislative and regulatory requirements
- the College of Midwives of Ontario regulates in the public interest

3. If yes, explain the risks.

Determining clinical currency requirements and how the College plans to deal with active practice/currency shortfalls will help mitigate the following risks that may adversely impact midwifery clients and the public interest.

1. Risks arising from the changing midwifery environment that may affect midwifery practice (e.g. diverse midwifery careers, more midwives practising outside of the midwifery practice group model)
2. Risk that public perception of the College and its ability to regulate in the public interest is adversely affected

3. Risk that a midwife does not maintain knowledge and clinical skills necessary to provide high quality care to clients
4. Risk that a midwife fails to comply with legislative or regulatory requirements

Options

4. Are the risks you have identified currently managed?

We believe that the risks the College has identified are not appropriately managed. As demonstrated above, the College's focus historically has been on preserving the midwifery model of care (e.g., ensuring midwives attend births in home settings) instead of looking at the issue of clinical currency more broadly. This has emphasized compliance using rigid, prescriptive rules (i.e., number of births in a particular setting). In keeping with current evidence, the College needs to adopt an approach that ensures clinical currency without restricting practitioner flexibility and allows the profession to evolve.

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

There are no alternatives to regulation that will mitigate the identified risks. The College is the only organization with a legislative mandate to regulate the practice of the midwifery profession to ensure that members of the profession are qualified, skilled and competent in the areas in which they practise. Under the *Regulated Health Professions Act, 1991* (RHPA) the College is required to develop, establish and maintain programs to assure the quality of the practice of the profession and to develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members. The College can make regulations (under its profession-specific statute, i.e., *the Midwifery Act, 1991*) prescribing classes of registration and imposing any terms and conditions on the certificates of registration, including imposing clinical currency requirements.

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

6. What regulatory option are you recommending?

The changes are proposed to the Registration Regulation made under the Midwifery Act, 1991. The following framework is brought forward for Council's review. Recommendations made with regard to clinical currency for practising midwives will be used to propose recommendations for non-practising midwives moving back into practice and former members returning to practice.

When considering these recommendations, it is important to remember that clinical currency requirements alone cannot ensure competence. Nor are they the only measure used by the College to assess its members' knowledge, skills and judgment. It is the College's core functions – registration, quality assurance, standards/policy development and complaints/reports and discipline – that create a complex regulatory

system that exists to protect the public and the public interest. These regulatory functions together ensure that clients in midwifery care can be confident that their midwives possess and maintain the knowledge, skills and judgement required to provide safe and effective care.

Clinical currency requirements for practising midwives		
#	Provisions in the regulation	Details to be included in policy/other tools (these will be finalized and approved after the regulation had been submitted to the Ministry)
1	Midwives holding a certificate of registration in the general class will be required to demonstrate clinical currency every two years.	<p>Policy to define what “demonstrate clinical currency every 2 years” means. It is recommended that</p> <ul style="list-style-type: none"> - midwives be required to practise for a MINIMUM number of hours over every 2-year period. Please refer to pp. 9-11 to see how we will determine the minimum number of hours. - the hours that midwives will be allowed to count towards clinical currency requirements will be those in which they either provided clinical care to clients (including care that does not include direct client care, such as lab work, consults, etc.), or acted as a supervisor, mentor or a preceptor. - practice hours will reflect the midwifery scope of practice set out in the Midwifery Act, 1991 but midwives will not be required to practise to full scope.
2	Midwives will be required, as a condition of their general certificate of registration, to only practise in the areas of midwifery in which they are competent.	<p>Policy to define what it means to “only practise in the areas of midwifery in which they are competent”.</p> <ul style="list-style-type: none"> - Areas of practice will be tied to the legislative scope as set out in the <i>Midwifery Act</i> - this requirement will be imposed as a condition on midwives’ certificates of registration <p><i>Note: under the Professional Conduct regulation it is an act of professional misconduct for a midwife to contravene a term, condition or limitation on their certificate of registration.</i></p> <ul style="list-style-type: none"> - A self-assessment tool will be developed to support midwives to reflect on core competencies for each area of midwifery practice to identify strengths and learning needs (if any).
3	Midwives who do not meet clinical currency requirements in the 2-year period will be	This requires development and implementation of a competency-based assessment program. This has

	required to complete an assessment program approved by the Registration Committee.	<p>been identified as a strategic priority in the College's 2021-2016 Strategic Plan.</p> <p>Policy to set out procedures as follows:</p> <ul style="list-style-type: none"> - any shortfall will trigger an assessment a referral to a panel of the Registration Committee. - depending on how the assessment is structured, successful completion of the assessment may result in no action.
4	Midwives whose knowledge, skill and judgment have been assessed and have been found to be unsatisfactory, will be required to complete a requalification/retraining program.	Policy to set out procedures.

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

Benefits:

- Allow the College to determine suitability to practise based on the provision of care to women throughout pregnancy, labour, birth and the postpartum period, as well as newborn care as opposed to just focusing on an arbitrary number of primary births as a measure of competence.
- Allow the College to fulfill its regulatory objectives more effectively and focus on substantive compliance rather than “box-ticking” compliance.
 - Detailed rules (e.g., certain number of births that must be attended within a certain period of time), it is often claimed, provide a clear standard of behaviour and are easier to apply consistently. However, they can lead to inconsistencies, rigidity and are prone to “creative compliance” (e.g., a midwife scheduling to attend an out of hospital birth not based on the needs of their client but because of College requirements).
- Allow the College to develop an effective registration program that clearly sets out what constitutes clinical currency, how the College determines suitability to practise and what action will be taken if a midwife cannot demonstrate suitability to practise.
- Allow the profession to evolve and give midwives more flexibility to organize their practice in a way that better meets the needs of their clients given the unique conditions under which midwives work.

Costs

- Midwives who will be required to complete an assessment program will incur all costs associated with the assessment and any training program they may be

required to complete. This is in line with the current Fees and Remuneration Bylaw under which the College *may charge a member a fee in connection with decisions or activities that the College or a College committee are required or authorized to make or do in respect to a member* (s. 8.1). This includes any monitoring, assessment and requalification program ordered by the Registration Committee.

- The College will require external expertise to develop an assessment program (to be able to objectively assess midwives unable to meet the College's clinical currency requirements). The College will be able to submit its proposed regulation to the Ministry of Health before these programs are developed and implemented.

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

The burden imposed by regulation will not be greater than the benefits of regulation. As noted above, the College is the only organization with a legislative mandate to regulate the midwifery profession to ensure that midwives are qualified, skilled and competent in the areas in which they practise. The College must be able to assure the public 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.

9. What information and data are already available?

The Committee held numerous meetings throughout 2020 and considered/was provided with the following:

1. How should active practice/clinical currency be defined?

The midwifery scope of practice statement is set out in s. 3 of the *Midwifery Act*:

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

Under the *Midwifery Act, 1991*, midwives are not required to practise to full scope (i.e., perform all aspects of legislative scope of midwifery practice) but may choose to perform some, but not all, aspects of the midwifery scope of practice (e.g., only provide postpartum and newborn care) in which case their individual scope will be smaller than the legislative scope. A midwife's individual scope of practice can change throughout their career. Midwives can choose to expand their individual scope by engaging in professional development activities, such as participating in trainings and taking courses.

2. Why the College should stop regulating hospital and out-of-hospital births as a measure of clinical currency?

It is a standard of practice of the profession that midwives must offer choice of birthplace and must provide care during labour and birth in the setting chosen by the client (Professional Standards for Midwives). It is not clear that regulating birth attendance in various locations as a measure of competence is in the public interest. In fact, it may not be fair that a midwife's ability to meet clinical currency requirements is dependent on a choice made by their clients or dictated by necessary changes to birth location in support of client safety.

3. Why the College should develop an assessment program to be able to assess midwives who do not meet the College's clinical currency requirements

When midwives do not meet their active practice requirements and are referred to a panel of the Registration Committee, there are very few options available to the panel. More recently, where a midwife has been working outside of the midwifery practice group model and attended very few births in the previous five years, the panel has decided in the interest of public protection and based on the midwife continuing to practise in this limited way, to impose a term, condition or limitation (TCL) on that midwife's general certificate of registration. The reason for the TCL is to formally and publicly limit the midwife's practice to just the aspects of care that are part of their current role. While this regulatory option is available under the Registration Regulation, it is likely not a sustainable solution going forward if more and more midwives start providing episodic care and are referred to a panel of the Registration Committee. In addition, without an objective assessment program, members may have TCLs imposed when in fact there are no concerns with their competencies.

4. Skills fade research

While there is a lack of research in terms of what midwives must do to remain clinically current and generally no research to support a certain number of births, there is research that looks at when and how time out of practice impacts on skills, competence and performance from the literature about health care practitioners.

- There is substantial evidence that time out of practice does impact on skills retention.
- Skills have been shown to decline over periods ranging from 6 to 24 months, according to a curve, with a steeper decline at the outset and a more gradual decline as time passes.
- Skills fade depends on the following factors:
 - Organizational: Skills fade may be mitigated by staying in touch with peers and staying aware of recent developments
 - Job or task
 - Particular skills fade at different rates
 - Skills fade faster than knowledge
 - Fine motor skills fade more than other tasks

- Fade is quicker in first 6 months then tapers off
 - Training or assessment: Skills fade more if there is no opportunity to practise them between trainings (e.g., CPR, NRP)
 - Individual factors
 - Older age can lead to lower performance
 - Increasing time out of practice can lead to lower performance
 - Novices lose skills faster than more experienced practitioners
 - The higher the level of proficient pre-hiatus the higher the level of retention
 - While the available evidence substantiates that practitioners, who do not actively practise are vulnerable to skill decay, there is no available literature objectively measuring skill decay or describing strategies to support practitioners as they transition back to clinical duties. However, there is evidence that self-assessment of competence is poor and is not sufficient to determine how skills fade should be addressed
 - All clinicians need updating
5. Jurisdictional scan to help the committee understand how other Canadian and international regulators currently approach clinical currency

While the vast majority of primary care regulators require that their registrants' complete certain number of practice hours over a certain number of years, there is no research about how many hours or weeks practitioners must practise to remain clinically current.

6. The two-year threshold

It is acknowledged that there is a lack of empirical evidence to back-up or justify timeframes. However, two years seems to be the outside edge of research. A literature review of Canadian and international scholarly articles and research papers with respect to skills fade showed that practitioners', including midwives' skills begin to fade in as little as 6 months out of practice or a particular clinical aspect.

7. How should the number of practice hours be set?

As noted above, the Committee recommends that midwives demonstrate clinical currency by practising for a set minimum number of hours over a 2-year period. The next question is, how should this number be determined?

Despite the fact that all types of data are being collected through different organizations, there is very little actual practice data available in the province.

We know that the majority of midwives are compensated through midwifery practice groups (MPGs) based on a funding formula that requires midwives to provide prenatal, intrapartum, postpartum, and newborn care. This is known as a "course of care model".

In accordance with the funding agreement (negotiated by the Association of Ontario Midwives on behalf of the profession) “course of care” involves, on average, 48 hours of midwifery services per client. In addition, the agreement says that a midwife practising full time who works in a course of care model provides 40 courses of care annually. Based on staff’s discussions with College stakeholders, 48 hours of midwifery services and 40 courses of care are not necessarily accurate and should not be used to for the purposes of clinical currency.

Staff have analyzed College internal data and were able to obtain some information from the Better Outcomes Registry & Network (BORN), Ontario's prescribed maternal, newborn and child registry funded by the Ministry of Health.

What we know:

1. BORN data show that each midwifery client receives, on average, 23 prenatal and postpartum visits during their care with an average of 45 minutes per visit. So that amounts to approximately 17 hours of visits but not including labor/birth and immediate postpartum.
2. Labour/delivery and immediate postpartum vary significantly between each client. We will use a low number of 10 hours for our calculation.
3. A full-time practising midwife provides, on average, 30 courses of care. We can assume, based on the funding model, that each primary birth equals one course of care (*one course of care does not necessarily equal one client). This assumption is supported by College internal data. For example, based on our active practice data, in the 2018/2019 reporting year approximately 52% of midwives registered in the general or supervised practice class provided 30 or more primary births. In the 2017/2018 reporting year, 55% of midwives registered in the general or supervised practice class provided 30 or more primary births.

Based on the above 3 bullet points, the following calculation can be made: (17 hours of prenatal/postpartum visits + 10 hours of labour/delivery/immediate postpartum) x 30 courses of care = 810 practice hours for a full-time practising midwife.

4. We do not have any information regarding other clinical activities that do not necessarily include direct client contact, such as lab work, consults as well as births in the role of a second midwife. Once determined these hours will be counted towards clinical currency requirements.
5. We do not know how midwives who work outside the course of care model practise. While we know that midwives who practise exclusively within other models provide episodic midwifery care (e.g. they do not provide intrapartum care), we do not know approximately how many hours of clinical care they provide.

Important: *clinical practice hours set to demonstrate clinical currency will be much lower than hours practised by a full-time midwife. The committee has not made this decision yet.*

How are we planning to validate the above analysis/calculation?

We will survey midwives to collect baseline data in 2021. The survey will be carefully designed with questions that accurately reflect midwifery practice to be able to validate the accuracy of our data. We will conduct the same survey annually to track how responses change against a set of baseline questions that were asked in the previous annual surveys. The same question wording will be used to maintain a similar context to be able to compare results from the current survey and previous surveys in which the questions were asked.

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

Mostly, information related to midwives who work outside the course of care model. The Committee plans to review any additional information at its January 2021 meeting to be able to finalize its recommendations.

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

Please see above under *How are we planning to validate the above analysis/calculation*. We anticipate further consultations with midwives when final recommendations are made.

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

None at this stage.

Implementation

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

This section will be completed when the recommendations are finalized.

Attachments: None

Submitted by: Registration Committee

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).

Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☐ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Name (please print) Signature Date

*Please note your signed conflict of interest form may be appended to publicly available Council packages in accordance with the Ministry's College Performance Measurement Framework.

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I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Pete Aarssen

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ DO NOT have an actual or perceived conflict of interest.

☐ DO have a conflict of interest (please explain)

Pete Aarssen

Name (please print)



Signature

September 23, 2020

Date

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☐ **DO** have a conflict of interest (please explain)

		
_____ Name (please print)	_____ Signature	_____ Date

*Please note your signed conflict of interest form may be appended to publicly available Council packages in accordance with the Ministry's College Performance Measurement Framework.

Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

a member of Council or a Committee of the Council of the College of Midwives of Ontario, currently

☐ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Name (please print)

Signature

Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Lilly Martin

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Lilly Martin [Signature] 29 Sept 20
Name (please print) Signature Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

KAREN MCKENZIE

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ DO NOT have an actual or perceived conflict of interest.

☐ DO have a conflict of interest (please explain)

KAREN MCKENZIE

Name (please print)

K McKenzie

Signature

2020-09-29

Date

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Declaration of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Jan Teevan

a member of Council or a Committee of the Council of the College of Mohave of Northern Arizona,

☒ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain):

Jan Teevan

Name (please print)

Jan Teevan

Signature

November 26, 2020

Date

Please note your signed conflict of interest form may be appended to publicly available Council packages in accordance with the Ministry's College Performance Measurement Framework.

Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Judith Murray

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ DO NOT have an actual or perceived conflict of interest.

☐ DO have a conflict of interest (please explain)

Judith Murray J Murray 20-11-20
Name (please print) Signature Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Isabelle Milot

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

I. Milot
Name (please print)

[Signature]
Signature

Sept 23-24
Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Edan Thomas _____

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ DO NOT have an actual or perceived conflict of interest.

☐ DO have a conflict of interest (please explain)

Edan Thomas



September 23 2020

Name (please print)

Signature

Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☐ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Name (please print) Signature *CRS* Date

*Please note your signed conflict of interest form may be appended to publicly available Council packages in accordance with the Ministry's College Performance Measurement Framework.

Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Don Strickland

a member of Council or a Committee of the Council of the College of Midwives of Ontario, currently

☒ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Don Strickland

Name (please print)

Don Strickland

Signature

09/22/2020

Date

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Disclosure of Conflict of Interest

I undertake to comply with the conflict of interest provisions in the By-laws and to inform Council or a Committee of Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

To the best of my knowledge, I,

Claudette Leduc

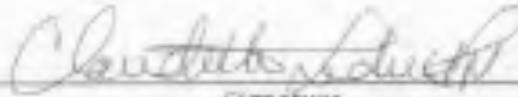
a member of Council or a Committee of the Council of the College of Midwives of Ontario,
currently

☒ **DO NOT** have an actual or perceived conflict of interest.

☐ **DO** have a conflict of interest (please explain)

Claudette Leduc

Name (please print)



Signature

Sep 23 20

Date

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