



College of  
**Midwives**  
of Ontario

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

# Council Meeting

June 22, 2022



## NOTICE OF MEETING OF COUNCIL

## AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, June 22 from 9:30 AM to 2:50 PM by videoconference.

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

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 14 h 50, le 22 juin.

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

Kelly Dobbin,  
Registrar & CEO/  
Registrareure et PDG



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## CMO Council Meetings – Guidelines for Observers

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

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

# Strategic Framework

## 2021–2026



College of  
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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 Strategic Priorities

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

### Key Outcomes We Are Expected to Achieve

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

### Our Vision

A leader in regulatory excellence, inspiring trust and confidence

### Our Mission

Regulating midwifery in the public interest

### Our Guiding Principles

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



#### Accountability

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



#### Equity

We identify, remove and prevent systemic inequities.



#### Transparency

We act openly and honestly to enhance accountability.



#### Integrity

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



#### Proportionality

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



#### Innovation

We translate opportunity into tangible benefits for the organization.

# COUNCIL AGENDA

Wednesday, June 22, 2022 | 9:30 am to 2:50 pm

[Zoom Videoconference](#)

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome & Land Acknowledgment	C. Ramlogan- Salanga	9:30	INFORMATION		-
2.	Conflict of Interest	C. Ramlogan- Salanga	9:35			-
3.	Review and Approval of Proposed Agenda	C. Ramlogan- Salanga	9:36	APPROVAL	3.0 Agenda	5
4.	Consent Agenda - Draft Minutes of March 30, 2022 Council Meeting Annual Reports for: - Executive Committee - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee	C. Ramlogan- Salanga	9:40	APPROVAL	4.0 Draft Minutes of March 30, 2022 4.1 Executive Committee 4.2 ICRC Annual Report 4.3 Registration Committee 4.4 Quality Assurance Committee 4.5 Discipline Committee 4.6 Fitness to Practise Committee 4.7 Client Relations Committee (To be added)	7
5.	Chair Report	C. Ramlogan- Salanga	9:45	APPROVAL	5.0 Chair Report	41
6.	Executive Committee Report	C. Ramlogan- Salanga	10:00	APPROVAL	6.0 Executive Report	43
	I. Audited Financial Statements	Hilborn			6.1 Draft Audited Financial Statements	45
	II. Q4 Statement of Operations				6.2 Q4 Statement of Operations	64
	III. Governance Policies				6.3 Revised Governance Policies 6.4 Glossary	

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
Break 11:15 AM						
7.	Registrar Report	K. Dobbin	11:30	APPROVAL	7.0 Registrar Report	102
	I. Operational Plan				7.3 Operational Plan	116
LUNCH 12:15						
8.	Registration Committee	I. Milot	1:00			-
	I. Assessment & Orientation Plan			APPROVAL	8.0 Briefing Note	128
9.	Quality Assurance Committee: Professional Standards	L. Martin	1:45	APPROVAL		-
	I. Second Birth Attendant Standard				9.0 RIA Second Birth Attendant Standard 9.1 Second Birth Attendant Standard	132
	II. Clinical Education & Supervision Standard				To be added	145
10.	IN CAMERA	C. Ramlogan-Salanga	2:15	MOTION	-	-
11.	Housekeeping	Z. Grant	2:45	INFORMATION		-
12.	Adjournment	C. Ramlogan-Salanga	2:50	MOTION		-
	Next Meetings: September 27-28, 2022 (IN PERSON) December 6-7, 2022			INFORMATION		

# MINUTES OF COUNCIL MEETING

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Held on March 30, 2022 | 9:30 am to 4:17 pm Zoom  
Videoconference

Chair: Claire Ramlogan-Salanga

Present: Lilly Martin, RM; Edan Thomas, RM; Claudette Leduc, RM; Isabelle Milot; Marianna Kaminska; Judith Murray; Don Strickland; Pete Aarssen; Karen McKenzie, RM; Oliver Okafor; Hardeep Fervaha, RM; Alexia Singh, RM; Jacqueline Morrison

Regrets: None

Staff: Kelly Dobbin; Stefano Biscotti; Marina Solakhyan; Michele Pieragostini; Johanna Geraci; Chantel Credo; Nadja Gale

Observers: Sarah Kibaalya (MOH); Deborah Bonser (AOM); Laurie Cabanas (Public).

Recorder Zahra Grant

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

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

Vice-Chair, Don Strickland offered the land acknowledgement.

## 2. Declaration of Conflict of Interests

No conflicts were declared.

## 3. Proposed Agenda

The agenda was approved as presented.

Moved: Donald Strickland  
Seconded: Claudette Leduc  
CARRIED

## 4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of December 11, 2021, Council Meeting

Q3 Reports

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

Terms of Reference for:

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

## 5. Chair Report

Claire Ramlogan-Salanga, Chair introduced her report and provided highlights.

An update regarding the audit was provided. The external audit of College finances is underway, and the annual CEO-Registrar review process has also been launched.

As a follow-up to the annual Council evaluation debrief and planning day to determine continuous improvement priorities of Council, the group was reminded that one of the commitments was to start a mentor-buddy system for onboarding new Council members. A new Council member Jacqueline Morrison has joined Council as a public appointee as of February 2022 and was welcomed by Chair and Council. Edan Thomas, Vice-Chair Professional will act as mentor to help the new member feel welcome and prepared for their role on Council.

The Chair reminded Council that there would be three vacancies for the upcoming professional member elections and that the call for nominations is expected to go out to membership on April 1<sup>st</sup> and the elections would run from June 1 to June 30, 2022. The three vacancies belong to Lilly Martin, who is completing her third consecutive term and is not eligible for re-election, and Claudette Leduc and Isabelle Milot who are eligible for re-election.

The Chair continues to attend stakeholder meetings, trainings and conferences as well as committee meetings in the capacity of ex-officio to stay informed of the work being done at the committee level.

MOTION: That the Chair Report to Council be approved as presented.

Moved: Alexia Singh  
Seconded: Pete Aarssen

CARRIED

6. Executive Committee Report

Claire Ramlogan-Salanga, Chair introduced the Executive Committee report providing a summary of the committees' activities for the last quarter.

The Q3 statement of operations was reviewed and approved by the committee as were the Chair Stipend policy and annual Council Evaluation report. These documents were included in the meeting package for reference.

More details regarding the annual review of the CEO-Registrar, the process, timelines, and what Council members should expect from the review was outlined for Council. A document detailing the process will be added to Board Effect and Council members will be notified when made available.

The Registrar, Kelly Dobbin walked Council members through the Q3 statement of operations. Revenues and expenses are tracking as expected with no concerns to report.

The Council approved the Executive report as presented.

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

Moved: Marianna Kaminska

Seconded: Jacqueline Morrison

CARRIED

7. Budget

Stefano Biscotti, Director of Operations introduced the proposed budget for the fiscal year 2022-2023. The Executive Committee, acting as the College's finance Committee, had already reviewed in detail the one-year budget during their meeting in February and had discussed potential implications for the College's long-term financial position. After careful consideration and analysis, the Executive approved this budget to be brought forward to Council.

The 2022-23 budget projects a deficit which will be offset by the College's existing unrestricted net assets. Projected expenses are aligned with the overall planning costs for the remainder of the strategic planning cycle and the College is in the position to continue to meet the projected breakeven year 2025-2026.

Council was provided with a detailed walk through of the budget with rationale and clarifications provided where relevant or requested.

MOTION: That Council approve the proposed Budget for the 2022-23 fiscal year.

Moved: Lilly Martin  
Seconded: Claudette Leduc  
CARRIED

#### 8. Registration Regulation

Isabelle Milot, Chair of the Registration Committee introduced the proposed draft of the Registration Regulation. Council has seen various policy decisions now incorporated of the draft which has been under review by the committee since 2020.

Nadja Gale, Manager of Registration and Marina Solakhyan, Director of Regulatory Affairs joined the meeting to support a section-by-section review of the proposed draft including review of the regulatory impact assessment of all policy recommendations included in the draft. All revisions and updates in the proposed draft are intended to be reflective of current evidence and best practice with the ability to sustain longevity and flexibility over time as the profession evolves.

##### Section 2 – Classes of Registration

Earlier discussions had occurred at Council regarding a class for ‘retired’ midwives. This option was carefully considered by the committee and legal counsel was also consulted; the conclusion was to not include a specific class for midwives who are retired. Doing so would require the College to regulate that class of registration as well creating an administrative burden, instead alternative ways to address the issue for example through by-laws will be explored. Similarly, earlier discussions were had with Council about a potential educator’s class, which ultimately was decided as unnecessary as its own standalone class. A suggestion was made to include this information in the consultation materials when the draft goes out for consultation to help manage expectations. Section 4 regarding requirements for issuance of certificates for all classes. Some follow up actions were recommended by Council and are summarized under action items below. Many of the clarifications noted may not have to be directly revised in draft regulation and instead may be addressed in a supporting or guiding document.

##### Section 6 – Registration requirements for a General class

This section includes a proposed change which is to extend recognition of baccalaureate degree of health sciences (midwifery) from any Canadian University so long as it is approved by Council. The current regulation is restricted to programs in Ontario.

Section 6 (2) set the expectations of clinical currency and there have been many discussions at the Council table regarding the arbitrary nature of the requirements, however in the absence of evidence to support a change, the decision was made to keep an agreed minimum clinical experience requirement in the regulation.

Council discussed what constitutes “reasonable fluency” in the two official languages as a condition for the issuance of any certificate. A policy will be developed that will standardize

how fluency is established especially in the context of the assessment and orientation program currently under development for internationally educated midwives. The College has also received indications that government proposals will include a standardized approach to language proficiency across all regulated health colleges.

#### Section 7 – New registrant conditions and clinical currency requirements

This section has more significant proposed changes. A consultation process informed the recommendations, and the Regulatory Impact Assessment was included in materials. The draft regulation refers to “minimum courses of care approved by Council” and “minimum number of hours specified by Council” rather than a determinant number of births. The vagueness included in the draft was intentional and allows for the evolution of the profession but also in terms of administrative and regulatory management at the College allows for a much better process. Because of how significant the changes are in the draft regulation Council recommended a more engaging approach to communicate the rationale for changes used in the consultation process.

Another change being proposed in the draft regulation is the recommendation of an Emergency class. The current regulation has a Transitional class, which allowed midwives to be registered while they awaited results of the national exam, however during the pandemic this class of registration proved not helpful and provided an opportunity to reassess need. The emergency class will allow the College the ability for qualified applicants based on the criteria outlined in section 14. Section 15 sets out the terms, conditions, and limitations for when the emergency class of registration would be used and has built in safeguards to ensure public protection. A comment regarding the requirement of 14(1)4 that an applicant has practised midwifery within two years of meeting all other requirements for issuance of the certificate and the rationale behind the benchmark was raised as it seemed like a narrow timeframe. The committee’s recommendation was based on the fact that regardless of the emergency context that ensuring only qualified candidates can be registered for public safety and while two years may be somewhat arbitrary, it is consistent with timing used throughout the regulation with respect ongoing currency. Council in their feedback, suggested a rethinking of this timeframe to perhaps four years. The proposed timeframe will be reviewed again for a rationale to support two or four years.

The draft of the proposed Registration Regulation was approved for 60-day consultation.

#### Actions:

- Section 4(1)i and ii – verify difference of language intentional, professional negligence and malpractice are not included in 4(1)ii.
- Section 4(1)ii – check language “current investigation, inquiry proceeding” and any “similar investigation or proceeding”. Should ‘inquiry’ also be included in second point.
- Section 4(1) vii – Investigate violation vs. offence
- Section 4(1) viii – clarify what is meant by proceeding
- Remove third person reference in 6(2)i and scan entire draft for gender neutrality
- Section 7(5)(b) – Change Inactive certificate of registration to ‘non-practising’

MOTION: That the proposed changes to O. Reg. 168/11 Registration Regulation, under the Midwifery Act, 1991 be approved for a 60-day consultation.

Moved: Marianna Kaminska

Seconded: Judith Murray

CARRIED

#### 9. Registrar Report

The Registrar provided highlights of her report.

The Ministry's College Performance Measurement Framework sets standards against which all health regulatory colleges are measured requires self-assessment reports that are submitted to the Ministry by March 31<sup>st</sup> each year. The College has completed the final report which will be posted to the College website for public viewing.

There are some significant governance reform changes currently being proposed by the Ministry, who recently consulted health regulatory Colleges on the proposals as was reported to Council in December. A copy of the Ministry's briefing deck as well as the College's response was included in meeting materials. Should these legislative changes be approved, it is expected that there will be a period before the changes are enacted to allow Colleges to make the necessary adjustments to their systems. However, there isn't currently any information or suggestion as to how long that period will be. The plan of the College is to work collaboratively with Health Profession Regulators of Ontario to share ideas and resources to ensure smooth transitions take place.

Of note, it was reported by the Registrar that the day prior to meeting (March 29<sup>th</sup>), the government had announced a bill, the *Pandemic and Emergency Preparedness Act, 2022*. The act proposes registration-related changes, some of which were referred to in the conversation on the draft regulation earlier in the meeting. Essentially, the provision requiring Canadian experience for internationally educated professionals will no longer be a requirement of registration and there will be established benchmarks or timelines that Colleges will be required to adhere to when processing applications. There will also be some streamlining of requirements for demonstrating language proficiency which was also discussed during the review of the draft Registration Regulation.

How these changes will be implemented at the College is being considered by staff with the intention to start developing potential plans to be prepared and ready should the recommendations come into effect.

Council was provided with an update on operational planning. There have been staffing changes which has led staff to rethink what is reasonably achievable over the next year. Staff will be meeting at the end of April for Operational Planning Day and plans will be shared with Council in June.

An update on the competency-based assessment program the College is leading was provided. The College is collaborating with other regulators across Canada and a final draft of the request for proposals was brought to the Canadian Midwifery Regulators Council to get their support for the project. A discussion with staff on where the project will fit in the work plan will occur before the Request for Proposal is made public.

One of the significant projects within the College's strategic plan is the records retention and disposition policy review and a subsequent records management plan. Records and documents are now for the most part electronic and saved to the College's storage cloud, but there are also records in paper form that have not been digitized. In terms of the coordination of the project, the College will delay to next fiscal year due to human resource constraints.

Lastly Council was given an update on two regulations. The Drug Regulation which was not approved as the requests of the Ministry were substantially different from the proposal of Council and therefore Council could not proceed without an additional consultation. The College will take time to assess next steps and report back to Council on recommended plans. The Ministry of Health also approved a new regulation, Regulation (Reg.) 45/22 - General, made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA). While the request the College made to rescind Appendix B of the Laboratories Regulation 682 (which limits and specifically lists the tests that a midwife may order from an Ontario laboratory) and to allow midwives to order tests in accordance with the midwifery scope of practice was again not considered, there were positive changes made to allow for Indigenous midwives practising under exemption from the Midwifery Act to order the same tests that registered midwives may order.

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

Moved: Marianna Kaminska  
Seconded: Donald Strickland  
CARRIED

#### 10. IN CAMERA

Council went In Camera under the provision of section 7(2)1(d) of Schedule 2 of the *RHPA* which states that the Council may exclude the public from any meeting or part of a meeting if it is satisfied that, personnel matters or property acquisitions will be discussed.

MOTION: Be it resolved that Council move in-camera at 3:19 pm.

Moved: Alexia Singh  
Seconded: Jacqueline Morrison  
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 4:15 pm.

Moved: Claudette Leduc  
Seconded: Alexia Singh  
CARRIED

11. ADJOURNEMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 4:17 p.m.

Moved: Pete Aarssen  
Seconded: Alexia Singh  
CARRIED

# EXECUTIVE COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2020-MARCH 2021

### Committee Members

April 2021-October 2021	October 2021-March 2022
Chair: Claire Ramlogan-Salanga, RM	Chair: Claire Ramlogan-Salanga, RM
Professional: Edan Thomas, RM; Claudette Leduc, RM	Professional: Edan Thomas, RM; Claudette Leduc, RM
Public: Donald Strickland; Marianna Kaminska	Public: Donald Strickland; Marianna Kaminska

### Committee Meetings

April 7, 2021 | 1:00 p.m. – 2:00 p.m., Videoconference

May 12, 2021 | 9:30 a.m. – 12:30 p.m., Videoconference

June 16, 2021 | 12:30 a.m. – 4:00 p.m., Videoconference

September 10, 2021 | 9:30 a.m. – 12:45 p.m., Videoconference

November 10, 2021 | 9:30 a.m. – 1:00 p.m., Videoconference

February 16, 2022 | 9:30 a.m. – 4:00 p.m., Videoconference

### Panel Meetings/Hearings

N/A

### Trainings

N/A

### Items

- Financial Oversight

Over the course of the fiscal year, the committee oversaw monitoring of the College budget and finances, including reviewing and approving quarterly financial statements.

The 2021 annual assessment of the External Auditor was completed by the committee and presented to Council at the December Meeting.

- Governance Related

Applications from the public and professional member non-Council appointments were reviewed by the committee and recommendations for committee appointments were made to Council that were approved at the December Council meeting.

The Committee reviewed the annual Council evaluations which were debriefed with Council at the December training day.

Council and Executive Committee meetings dates for 2023 were approved.

- Registrar Review

The committee reviewed the results of the annual Registrar performance review with the support and guidance of consultant Sam Goodwin. The committee met with the Registrar to discuss findings of the report and presented them to Council at the June 2021 meeting.

- Policy Related

The committee reviewed and approved a process for non-competitive procurement.

The committee reviewed the Chair stipend policy. The policy was updated to be clear about role expectations and was approved.

Attachments:

None.

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

# INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

## ANNUAL REPORT TO COUNCIL

April 2021 – March 2022

### Committee Members

#### April 2021-November 2021

Chair: Susan Lewis

Professional: Lilly Martin, RM; Claudette Leduc, RM, Edan Thomas, RM; Maureen Silverman RM (until October 6, 2021)

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

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

#### December 2021-March 2022

Chair: Susan Lewis

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

Public: Judith Murray, Marianna Kaminska

Non-Council: Samantha Heiydt, Jillian Evans, Susan Lewis, Christi Johnston, RM, Sarah Kirkland RM, Jessica Raison, RM (until December 6, 2021), Maureen Silverman RM (appointed December 6, 2021), Emily Gaudreau, RM (appointed December 6, 2021)

### Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	10	11	5	5	31
Number of Committee Meetings Held	0	0	0	1	1
Number of Trainings	0	1	0	1	2

*Notes: Of the 31 panel meetings, 27 were held by videoconference and 4 were held by email.*

### Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	25	16	16	12	N/A	5	4	3	0	N/A

New files	6	5	8	13	32	1	0	0	1	2
Closed files	15	5	12	4	36	2	1	3	0	6
Active files at end of reporting period	16	16	12	21	N/A	4	3	0	1	N/A

Notes:

Q4: Thirteen new complaint files were a result of receiving eleven complaints. Two complaints involved more than one midwife.

During the fiscal year the College opened 32 new complaint files as a result of receiving 24 complaints. Six complaints involved more than one midwife.

### Themes of New Matters

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	-	-	-	-	-	-	-	-	-	-
Billing and Fees	-	-	-	-	-	-	-	-	-	-
Communication	4	4	6	18	32	-	-	-	-	-
Competence /Client Care	2	1	4	13	20	1	-	-	1	2
Fraud	-	-	-	-	-	-	-	-	-	-
Professional Conduct & Behaviour	1	1	1	10	13	-	-	-	-	-
Record Keeping	-	-	-	1	-	-	-	-	-	-
Sexual abuse /Harassment / Boundary Violations	-	-	-	-	-	-	-	-	-	-
Unauthorized Practice	-	-	-	-	-	-	-	-	-	-
Other: Practice Management	1	-	-	-	1	-	-	-	-	-
Other: Masking concerns re COVID	2	-	-	-	2	-	-	-	-	-

Notes:

Category of themes are based on the current methodology set out by the Ministry for the College Performance Measurement Framework (CPMF) Reporting Tool.

Some complaints involve more than one theme.

### Source of New Matters

Source of New Matters	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	6	4	8	13	31	0	0	0	0	0
Family Member	0	1	0	0	1	0	0	0	0	0
Health Care Provider	0	0	0	0	0	0	0	0	0	0

Information received by Mandatory / Self Report	0	0	0	0	0	0	0	0	0	0
Information received from another source	0	0	0	0	0	0	0	0	0	0
Additional Concern arising from an existing investigation	0	0	0	0	0	1	0	0	0	1
Another Midwife	0	0	0	0	0	0	0	0	1	1

## Outcomes/Completed Cases

Number of Resolved Cases and Outcomes	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
ADR Resolution	0	2	0	0	2	N/A				
Complaints Withdrawn	0	0	0	0	0	N/A				
Frivolous and Vexatious	0	0	0	0	0	N/A				
No Action	8	2	6	4	20	2	0	1	0	3
Advice & Recommendations	4	1	6	0	11	0	1	0	0	1
Specified Continuing Education or Remediation Program (SCERP)	3	0	1	0	4	0	0	0	0	0
Oral Caution	0	0	0	0	0	0	0	1	0	1
SCERP AND Oral Caution	0	0	0	0	0	0	0	1	0	1
Referral to Discipline Committee	1	0	0	0	1	0	0	0	0	0
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0	0
Acknowledgement & Undertaking	0	0	0	0	0	0	0	0	0	0
Undertaking to Restrict Practise	0	0	0	0	0	0	0	0	0	0
Undertaking to Resign and Never Reapply	0	0	0	0	0	0	0	0	0	0

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

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

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Competence /Patient Care	4	1	1	0	6	0	1	1	0	0
• Managing and following up on lab results	2	1	0	0	3	0	0	0	0	0
• Management of oxytocin	0	0	0	0	0	0	0	1	0	1
• Prescribing error	1	0	0	0	1	0	0	0	0	0
• Management of hyperbilirubinemia	1	0	0	0	1	0	1	0	0	1
• Timely in-person assessment	0	0	1	0	1	0	0	0	0	0
Professional Conduct & Behaviour	1	0	0	0	1	0	0	2	0	2

• Outside scope- providing medical advice to a discharged client	1	0	0	0	1	0	0	0	0	0
• Commitment to self-regulation	0	0	0	0	0	0	0	2	0	2
Record Keeping	3	1	2	0	6	0	1	0	0	1
• Issues with electronic documentation	1	0	0	0	1	0	0	0	0	0
• Documenting informed choice-general	0	1	2	0	3	0	0	0	0	0
• Documenting informed choice-jaundice and testing	2	0	0	0	2	0	1	0	0	1
Communication	0	1	3	0	4	0	0	0	0	0

**Notes:**

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

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

Outcomes of some complaints involve more than one theme. Some complaints may involve more than one midwife.

## Timelines

Closed cases	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed <150 days	0	3	0	1	0	0	1	0	0	0
Number of files closed between 150 days and 210 days	5	1	4	1	9	0	0	0	0	0
Number of files closed >210 days	10	1	8	2	18	2	0	3	0	5
Average: (reported in number of days)	273	141	248	185	236	311	87	604	NA	288
Median: (reported in number of days)	251	166	258	199	228	311	87	577	NA	429

**Notes:**

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

Q3: Note that median and average timeline for Reports is high due to the complex nature and circumstances of the three matters.

## Alternative Dispute Resolution

Stats	Q1	Q2	Q3	Q4	Total
Open files with ADR (Files carried over)	0	1	2	0	N/A

New files referred to ADR	1	2	1	6	10
Closed files with in 60 days	N/A	0	1	0	1
Closed files with in 120 days	N/A	2	1	0	3
Files returned to ICRC due to timeframe	N/A	0	0	0	0
Files returned to ICRC due to unsuccessful mediation	N/A	0	1*	0	1
Files returned to ICRC - Registrar did not ratify the agreement	N/A	0	0	0	0
Open files as at end of reporting period	1	1	0	6	N/A

*Note:*

*\*This matter was returned to the ICRC as the complainant was unresponsive to the mediator*

Other useful information:	Q1	Q2	Q3	Q4	Total
Total Number of Complaints Received	6	5	8	13	32
Number of complaints that were not ADR eligible	3	2	7	7	19
Number of Complaints that were ADR eligible	3	3	1	6	13
Number of Complaints ELIGIBLE that proceeded to ADR upon consent of all parties	1	2	0	4	7
Number of Registrants who agreed to participate in ADR	1	3	2	3	9
Number of Complainants who agreed to participate in ADR	1	2	0	4	7

*Notes:*

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

## Appeals

Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	10	10	11	8	N/A
New HPARB appeals	1	3	0	4	8
Completed: F&V Order not to proceed with review	1	0	0	0	1
Completed: Decision Confirmed	0	2	0	0	2
Completed: Decision returned to ICRC	0	0	0	0	0
HPARB Appeal Closed due to request for appeal withdrawn by Complainant	0	0	3	0	3
Open HPARB appeals (at end of reporting period)	10	11	8	12	N/A

*Notes:*

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

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

*Q3 notes: The eight open appeals are representative of five complaint matters. Three complaints involve more than one midwife. All appeals are by Complainants.*

*Q4 notes: The twelve open appeals are representative of six complaint matters. Four complaints involve more than one midwife. All appeals are by Complainants*

Respectfully Submitted,  
Susan Lewis

# REGISTRATION COMMITTEE

## ANNUAL REPORT TO COUNCIL

April 2021 – March 2022

### General

#### Committee Members

Chair	Isabelle Milot, RM
Professional	Karen McKenzie, RM; Jan Teevan, RM (term ended October 6, 2021)
Public	Peter Aarssen; Oliver Okafor (appointed December 8, 2021)
Non-Council	Alexandra Nikitakis, RM (term ended October 6, 2021); Maryam Rahimi-Chatrri, RM; Jessica Raison, RM (appointed December 8, 2021); Jillian Evans; Samantha Heiydt; Nadine Robertson (appointed December 8, 2021)

#### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	3	3	3	3	12
Number of Committee Meetings Held*	1	0	1	2	4
Number of Trainings*	0	0	1	0	1

\* Of the 17 meetings held to date, 17 occurred by videoconference using Microsoft Teams.

In Q1, the Registration Committee addressed the following:

#### COVID-19 PANDEMIC UPDATES

The College staff provided the Registration Committee with updates around registration related changes that have been implemented to address the ongoing circumstances with the COVID-19 Pandemic. Impacted items included the Canadian Midwifery Registration Exam (CMRE) and ongoing use of the Acknowledgement and Undertaking, the streamlining and extension of Renewal 2021, and the coming into effect of the Requalification Program Approval and Registrar Authorization Policy approved by the Committee.

#### JURISPRUDENCE COURSE FEE

Article 12.4 of the College's Fees and Remuneration By-Law specifies a \$300 fee for the Jurisprudence Course. The College staff reviewed the current approach and determined that the College is in a position to reduce the course fee to \$150. Under article 12.6 of the Fees and Remuneration By-law the Registrar has discretion to reduce the amount of any fee payable to the College, where the Registrar is satisfied that there are exceptional circumstances which warrant the exercise of discretion. Therefore, in the absence of being able to open the By-Laws to approve a fee change in time for this year's applicants, the Registrar agreed to reduce the Jurisprudence Course fee to \$150. This fee will now be applied to all who are required to take the Jurisprudence Course. The reduced fee for members undergoing a class change became effective as of July 1, 2021.

#### REGISTRATION REGULATION PROJECT – ONGOING WORK

The Registration Committee continued its work to review and revise the Registration Regulation. The Committee reviewed for the first time, the new draft of the Registration Regulation incorporating many of the recommendations approved by the Committee to date. The Committee completed a review of each section of the draft regulation, discussed wording and provided feedback. The Committee reviewed the Regulatory Impact Assessment (RIA) related to clinical experience at entry to practise. In addition, the Committee discussed some key considerations related to being able to develop meaningful clinical experience requirements at entry to practice and ensuring consistency with other jurisdictions.

*The Registration Committee did not meet in Q2.*

In Q3, the Registration Committee addressed the following:

#### REGISTRATION COMMITTEE TERMS OF REFERENCE

The Committee discussed the current Registration Committee Terms of Reference and proposed changes.

#### CANADIAN MIDWIFERY REGISTRATION EXAMINATION (CMRE) UPDATE

Staff provided an update on the status of the CMRE since the cancellation of the May 2021 sitting. As of the date of the meeting, the first online CMRE had been successfully held on October 28, 2021. The results had been released and the College was in the process of notifying members who had an undertaking requiring them to sit the exam and where the member passed the exam, that their undertaking had ended.

#### REQUALIFICATION PROGRAM APPROVAL AND REGISTRAR AUTHORIZATION POLICY – ANNUAL REVIEW AND UPDATE

The Registration Committee worked with staff to develop the College's Requalification Program Approval and Registrar Authorization Policy ("the Policy") which was approved by the committee and came into effect April 1, 2021. This Policy replaced the temporary class change policy that had been in place since March 2020 to address the circumstance around the COVID-19 pandemic during the initial lock down.

Overall, staff reported that the new Policy has helped to reduce the administrative processes associated with class changes (inactive to general). It also appears to have assisted members in understanding why a requalification program is required, what must be done and enables members to more quickly complete the requirements for re-issuance of a general certificate of registration where a panel referral is not required.

The Registration Committee did not make any recommendations for change to the Policy. It was noted that consideration should be given to the components of the standard requalification and whether anything new should be added at a later date. The Policy will be regularly reviewed.

#### BRIDGING PROGRAM UPDATE AND PLAN

The Committee was updated on the status of the College's project to develop a new program for the assessment and orientation of qualified internationally educated midwives (IEMs) in the absence of the International Midwifery Pre- Registration Program (IMPP).

The College is working with a subject matter expert consultant.

Registration Committee will be to help review the program framework and to ensure that any policy decisions are consistent with:

- The principles of Fair Registration Practices and our legislative duties under the *Regulated Health Professions Act* to provide registration practices that are transparent, objective, impartial and fair;
- The current requirements under the Registration Regulation for issuance of certificates of registration and future proposed changes to the Registration Regulation; and
- The College's public protection mandate.

#### PROPOSED CHANGES TO THE REGISTRATION REGULATION - SURVEY FEEDBACK ON NEW REGISTRANT CONDITIONS AND CLINICAL CURRENCY

The Committee reviewed a briefing note and summary of feedback from a survey conducted in July and August 2021 following approval by Council of the Registration Committee's preliminary Registration Regulation recommendations related to new registrant conditions and clinical currency.

The data presented were descriptive statistics that came out of the survey. The survey data indicated strong agreement with all proposed recommendations and therefore was no need to propose any major changes.

#### PROPOSED CHANGES TO THE REGISTRATION REGULATION - PRELIMINARY RECOMMENDATIONS AROUND CLINICAL EXPERIENCE AT ENTRY

The Registration Committee reviewed and discussed a Regulatory Impact Assessment (RIA) on Clinical Experience at Entry to Practise and considered a framework for establishing proposed changes to the provisions of the Registration Regulation.

The Committee discussed proposed amendments to key definitions within the regulation, and whether or not to maintain current birth and continuity requirements/numbers. Staff had not been able to identify evidence that these requirements should change. The Committee considered the proposed approaches and specific requirements for midwifery education program graduates, internationally educated midwife applicants and former midwives.

#### REGISTRATION REGULATION - PROPOSED LABOUR MOBILITY CHANGES

The Committee reviewed a briefing note outlining proposed changes to the labour mobility provisions in the development of the new Registration Regulation. The Committee had no concerns.

In Q4, the Registration Committee addressed the following:

#### REGISTRATION COMMITTEE TERMS OF REFERENCE

A briefing note and updated Registration Committee Terms of Reference were provided with the meeting materials. The Committee reviewed and discussed the draft and agreed to bring them forward to Council. This review and update was completed by all College Committees. The updated Terms of Reference were brought forward to Council for approval.

#### DRAFT REGISTRATION REGULATION

A briefing note and complete draft of the registration regulation was brought forward for the Committee's review. For ease of reference and additional background all previously provided Regulatory Impact Assessments and a briefing note on labour mobility were also included in the meeting materials.

The Committee, with the assistance of staff, completed a section-by-section review of the regulation and were asked to make final recommendations to complete the

regulation drafting process for approval at the Committee's next meeting. Staff explained the use of "member" vs. "registrant" in the regulation and all sections were discussed.

#### DRAFT REGISTRATION REGULATION – FINAL RECOMMENDATIONS

The Registration Committee was provided with a briefing note regarding the final proposed draft of the Registration Regulation for approval to bring forward to Council. In addition, the legal draft of the proposed regulation was brought forward to the Committee for review and approval.

The Registration Committee agreed to bring forward the draft proposed Registration Regulation to Council for recommendation to approve it for consultation.

#### CONTINUING COMPETENCY (NRP, CPR, ES) REQUIREMENTS 2022

The Registration Committee recommended that the continuing competency requirements as previously approved by the Registration Committee to meet the requirements outlined in the Registration Regulation be reinstated such that all members should have current training in neonatal resuscitation, cardiopulmonary resuscitation and emergency skills and meet full course requirements, including in-person components, by the renewal deadline of October 1, 2022. In addition, applicants for registration should also meet full requirements at the time of application. Members changing class from general to inactive may continue to use option 2 as approved by the Registration Committee in 2021 but will be expected to have full training by renewal 2022. Ongoing monitoring of the situation and any changes will be brought to the Registration Committee if needed.

Committee, panel, membership changes and statistics follow:

Members by Class of Registration	#				%
	Q1 (1053)	Q2 (1070)	Q3 (1059)	Q4 (1058)	Total
General	731	763	747	749	71
General with new registrant conditions	72	66	75	67	6
Supervised practice	6	10	11	10	1
Inactive	244	231	226	232	22
Transitional	0	0	0	0	0

New Members by Class of Registration	#				%
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	Q1 (30)	Q2 (32)	Q3 (12)	Q4 (2)	Total (76)	Total
General	0	1	0	1	2	3
General with new registrant conditions	25	25	10	0	60	79
Supervised practice	5	6	2	1	14	18
Inactive	0	0	0	0	0	0
Transitional	0	0	0	0	0	0

New Members by Route of Entry	#					%
	Q1 (30)	Q2 (32)	Q3 (12)	Q4 (2)	Total (76)	Total
Laurentian University graduates	5	11	4	0	20	26
McMaster University graduates	10	5	2	0	17	22
Ryerson University graduates	11	9	4	0	24	32
International Midwifery Pre-registration Program (IMPP) graduates	4	6	1	1	12	16
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	0	1	0	1	2	3
Former members	0	0	1	0	1	1

Panel Referrals	Q1	Q2	Q3	Q4	Total
Total Number of referrals to a panel of the Registration Committee	5	3	5	3	16

Files Reviewed at Panel by Category	Q1 (8)	Q2 (5)	Q3 (5)	Q4 (5)	Total (23)
Application for registration <sup>1</sup>	1	0	0	0	1
Class change – Inactive to General <sup>2</sup>	4	3	4	5	16
Active practice requirements shortfall <sup>3</sup>	3	0	0	0	3

Re-issuance of a Supervised Practice certificate of registration <sup>4</sup>	0	1	0	0	1
Reinstatement within one year following revocation <sup>5</sup>	0	1	0	0	1
Variation of terms, conditions and limitations <sup>6</sup>	0	0	1	0	1
Panel Outcomes by Category					
Panel Outcomes By Application for Registration <sup>1</sup>	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (0)	Total (1)
Application approved – Registrar directed to issue certificate of registration	0	0	0	0	0
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	0	0	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	1	0	0	1
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	0	0	0
Application not approved – Registrar directed to refuse to issue certificate	0	0	0	0	0
Panel Outcomes By Class change – Inactive to General <sup>2</sup>	Q1 (1)	Q2 (5)	Q3 (2)	Q4 (4)	Total (12)
Requalification program approved – General certificate to be re-issued	0	2	0	2	4
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	1	2	0	2	5
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	1	2	0	3
Panel Outcomes By Active Practice Requirements Shortfall <sup>3</sup>	Q1 (2)	Q2 (1)	Q3 (0)	Q4 (0)	Total (3)

Exception granted – extenuating circumstances demonstrated	0	1	0	0	1
Shortfall plan required	1	0	0	0	1
Shortfall plan and undertaking imposing terms, conditions and limitations	1	0	0	0	1
Panel Outcomes By Re-issuance of a Supervised Practice certificate of registration <sup>4</sup>	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (0)	Total (1)
Re-issuance approved – supervised practice extended	0	1	0	0	1
Re-issuance not approved	0	0	0	0	0
Panel Outcomes By Reinstatement within one year following revocation <sup>5</sup>	Q1 (0)	Q2 (0)	Q3 (1)	Q4 (0)	Total (1)
Requalification program approved – no supervised practice required	0	0	0	0	0
Requalification program approved – supervised practice required	0	0	1	0	1
Panel Outcomes By Variation of terms, conditions and limitations <sup>6</sup>	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (1)	Total (1)
Application refused	0	0	0	0	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	0	0	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	0	0	0	1	1
Timelines: from referral to a panel, to a written decision	Q1 (4)	Q2 (8)	Q3 (3)	Q4 (5)	Total (20)
Files closed within 30 days	0	1	1	0	2
Files closed within 60 days	0	2	2	4	8
Files closed beyond 60 days	4	5	0	1	10
Median: (reported in number of days)	179	71	32	49	60
Average: (reported in number of days)	164	71	37	59	83

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

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

Attrition <sup>7</sup>	#	%
Q1	5	< 1
Q2	15	1.4
Q3	26	2.5
Q4	3	< 1

Respectfully Submitted,

Isabelle Milot, RM

Notes:

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

# QUALITY ASSURANCE COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2021-MARCH 2022

### Committee Members

April 2021-December 2021	December 2021-March 2022
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Isabelle Milot, RM; Jan Teevan, RM (Term end October 2021)	Professional: Isabelle Milot, RM; Alexia Singh
Public: Donald Strickland	Public: Donald Strickland
Non-Council: Sabrina Blaise, RM; Kristen Wilkenson, RM; Sally Lewis	Non-Council: Sabrina Blaise, RM; Kristen Wilkenson, RM; Sally Lewis

### Activities of the Committee

	Q1	Q2	Q3	Q4	2021-2022 Total
Number of Panel Meetings Held	0	0	0	0	0
Number of Committee Meetings Held	0	1	1	1	3
Number of Trainings	1	0	0	0	1

### Meeting Dates:

April 27, 2021 - Training & Meeting  
 September 15, 2021 - Meeting  
 November 26, 2021 - Meeting  
 March 11, 2022 - Meeting

QAP Reporting	Percentage
Total # of midwives subject to requirements	773 100%
Total # of midwives who were eligible for an exemption	773 100%
Total # of eligible midwives who were granted an exemption.	773 100%

Due to the Covid-19 pandemic, registrants were offered the opportunity to request exemption from reporting QA activities by submitting a declaration at renewal that they participated in activities throughout the year. All 773 midwives who were subject to the requirements requested and were granted an exemption.

The 2022 Cycle of Peer & Practice Assessments was suspended due to Covid-19 pandemic and will resume in 2023.

## Items

### Committee Training

A committee training was provided to review terms of reference, mandate, and objectives of committee.

### Peer and Practice Assessment Program

The committee approved the Peer and Practice Assessment Program document which was brought to Council for approval.

### Professional Development Portfolio

The Professional Development Portfolio (Portfolio) was initially brought to Council for approval in June 2021 and direction was given to the QAC by Council to address the potential impact on Inactive class members, accommodations, exemptions, and the obligations around reporting without undue burden to midwives experiencing barriers to participation. The committee made revisions to address these concerns and the Portfolio was approved by Council at the October meeting.

### Quality Assurance Program Reporting Exemption

Considering the ongoing COVID-19 pandemic, the committee approved granting an exemption from the reporting requirements of the Quality Assurance Program (QAP), for all midwives registered with the College, for the 2020/21 QAP reporting cycle.

### Professional Standards

The following standards were reviewed with revisions by the committee:

- Blood Borne Viruses Standard
- Second Birth Attendant Standard
- Clinical Education and Student Supervision Standard
- Record Keeping Standard for Midwives

The Blood Borne Viruses Standard was approved by Council at the December meeting with an implementation date of June 1, 2022.

The Second Birth Attendant and Clinical Education and Student Supervision Standards will be sent out for public consultation and will be reviewed and revised by the committee before being brought to Council for approval.

The Record Keeping Standard for Midwives is under review and will be sent for public consultation once the revisions are approved by the committee.

#### Practice Environment Survey

The Committee reviewed the responses to the Practice Environment Survey and are currently considering options for regulatory tools and guidance for midwives that can help ensure client care is provided in healthy and safe practice environments.

#### Quality Assurance Registrar Authorization Policy

The Quality Assurance Registrar Authorization Policy was approved by the Committee. The policy provides a mechanism for staff, under the authority of the Registrar, to approve of non-compliant records and exemptions when specific criteria established and approved by the Committee are met.

#### Terms of Reference

The Committee reviewed and approved the Quality Assurance Committee's Terms of Reference.

#### Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

# DISCIPLINE COMMITTEE

## ANNUAL REPORT TO COUNCIL

April 2021 – March 2022

### Committee Members

#### April 2021-Novemembr 2021

Chair: Judith Murray

Professional: Edan Thomas, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM, Jan Teevan, RM (until October 6, 2021), Maureen Silverman (until October 6, 2021), Alexia Singh, RM (appointed October 6, 2021), Hardeep Fervaha, RM (appointed October 6, 2021)

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

Non-Council: Sally Lewis

#### December 2021-March 2022

Chair: Judith Murray

Professional: Edan Thomas, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM, Alexia Singh, RM, Hardeep Fervaha, RM

Public: Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Stickland, Oliver Okafor

Non-Council: Sally Lewis

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Prehearing Conferences Held	0	1	0	0	1
Number of Hearing Days	0	0	0	5	5
Number of Meetings	0	1	1	0	2
Number of Trainings	1	0	1	0	2

YTD: The trainings are reflective of the meeting in Q2, and six Committee Members attending Discipline Orientation Workshops offered by the Health Profession Regulators of Ontario on April 9, 2021 and October 1, 2021.

### Caseload Work

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

### Closed Cases

There were no closed cases this fiscal year.

#### Open Cases

There is one open case involving Lucia D'Amore. The hearing was held on January 10, 11, 12, 13 and February 28, 2022. The decision is pending at year end.

Respectfully Submitted,  
Judith Murray

# FITNESS TO PRACTISE COMMITTEE

## ANNUAL REPORT TO COUNCIL

April 2021 – March 2022

### Committee Members

#### April 2021-Novemembr 2021

Chair: Judith Murray

Professional: Edan Thomas, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM, Jan Teevan, RM (until October 6, 2021), Maureen Silverman (until October 6, 2021), Alexia Singh, RM (appointed October 6, 2021), Hardeep Fervaha, RM (appointed October 6, 2021)

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

Non-Council: Sally Lewis

#### December 2021-March 2022

Chair: Judith Murray

Professional: Edan Thomas, RM, Lilly Martin, RM, Claudette Leduc, RM, Isabelle Milot, RM, Karen McKenzie, RM, Alexia Singh, RM, Hardeep Fervaha, RM

Public: Judith Murray, Marianna Kaminska, Peter Aarssen, Donald Stickland, Oliver Okafor

Non-Council: Sally Lewis

### Activities of the Panel

	Q1	Q2	Q3	Q4	Total
Number of Hearings Held	0	0	0	0	0
Number of Committee Meetings Held	0	1	1	0	2
Number of Trainings	0	1	0	0	1

Q2: The Committee meeting consisted of training provided to the Committee.

### Caseload Work of the Panel

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

Respectfully Submitted,

Judith Murray

# CLIENT RELATIONS COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2021-MARCH 2022

### Committee Members

April 2021-December 2021	December 2021-March 2022
Chair: Pete Aarssen	Chair: Peter Aarssen
Professional: Karen McKenzie, RM	Professional: Kareen McKenzie, RM (until Jan 2022) Hardeep Fervaha, RM (as of Jan 2022)
Public: Marianna Kaminska	Public: Marianna Kaminska (until Jan 2022), Oliver Okafor (as of Jan 2022)
Non-Council: N/A	Non-Council: N/A

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	N/A	N/A	N/A	N/A	N/A
Number of Committee Meetings Held	0	0	1	0	1
Number of Trainings	0	0	0	0	0

### Items

The Committee approved the following:

- Amendments to the Guide on Compliance with *Personal Health Information Protection Act* to better define “health information custodians” and “agents” and their obligations under PHIPA. This further clarified the distinct responsibilities of practice partners versus associates in safeguarding personal health information. The guide was also amended to clarify where health records should be stored in the event there is a change in ownership of a midwifery practice or dissolution of a midwifery practice.

- Update to its Terms of Reference to reflect current terminology used for council and committee members

The Committee also provided its preliminary input to staff on the College's website from the public's perspective. Feedback was provided with respect to the website's informative content, ease of navigability, and accessibility. Further feedback was provided regarding the tone and content of the website from a communications perspective.

Attachments:

None

Respectfully Submitted,

Pete Aarssen, Chair

# CHAIR REPORT

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REPORT TO COUNCIL – June 6, 2022.

Prepared by: Claire Ramlogan Salanga RM

## 1. General Highlights

The tides are slowly changing and the development of something new is on the horizon. As we enter the summer months, stresses of the pandemic appear distant and the focus of returning to the office to continue the great work that College is known to accomplish is at the forefront of our minds. Like many organizations, restructuring and innovation is paramount as we all have identified various priorities in our lives. I am confident that the College will find a ‘new normal’ that will suit the evolving culture, staff, and council members that ultimately leads to unique systems change.

## 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.

For the second time, the College held two online “lunch-and-learns” in April regarding the 2022 Council elections for professional members. The first offering was open to all professional members, while the second was specifically reserved for members who identify as Indigenous, Black and/or racialized. The sessions were well attended, and members were appreciative of the opportunity to better understand the role of a Council member. I am pleased to report that there are six candidates nominated for this year’s election.

The fiscal 2021–2022 external audit is in progress and the Executive Committee was able to participate in the online audit process. The annual review of the audit will be completed this month by the executive committee and Hilborn will be presenting the results of the audit at June Council.

The review of the Registrar–CEO will be ending this month with the final review taking place on June 15<sup>th</sup>. Overall, the process has been seamless due to the support of an engaged Council, Executive Committee and of course, Registrar–CEO. Thank you to Mr. Sam Goodwin of Goodwin Consulting for guiding us through this process.

As a review, in March Council attended three training sessions. The first, led by Chantal Bélisle, Deputy Registrar and Jason Bennett, Interim Director of Corporate and Council Services, from the Ontario College of Teachers discussed their experiences of undergoing core governance reforms, including successes, challenges and lessons learned. The second training session was led by the College’s own Stefano Biscotti, Director of Operations, who reviewed Council’s fiduciary duties regarding financial oversight, how to read financial statements and expectation of the external audit. The third session was led by Dr. Javeed Sukhera who

presented the summary and recommendations from his report 'Advancing Equity & Anti-Racism in Health Profession Regulation' which was produced for Health Profession Regulators of Ontario (HPRO). Council had a chance to discuss their thoughts of how we would like to proceed with our own anti-oppressive, anti-racist approached to governance.

Lastly, our council survey was completed post meeting and we remain on target with our mandate and efficiencies. Of note, an issue was raised about the use of a particular phrase that was considered inappropriate. As a result, a review of our governance policies was undertaken, including the expectations of conduct and language of Council members. The Executive Committee reviewed these revisions and are included in their report to Council. Thank you, Council, for continuing to work towards building safe and inclusive environments and behaviours.

### 3. Stakeholder Engagement

1. Election webinars: April 21 & 26
2. Ex-Officio:
  - Registration Committee meetings: June 2
  - Quality Assurance Committee meeting: June 3

# EXECUTIVE COMMITTEE

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## REPORT TO COUNCIL June 2022

### Committee Members

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

### Committee Meetings

May 11, 2022 | Videoconference

June 1, 2022 | Videoconference

Upcoming: June 15, 2022 | Videoconference

### Items

#### Q4 Statement of Operations

A draft Q4 statement of operations was reviewed on May 11, 2021. Adjusting entries during the financial audit will make small changes to the previously reviewed statements. The Executive Committee will review and approve the final Q4 statement of operations at its June 15<sup>th</sup> meeting and will be attached to the Council package at that time.

#### Audit

Members of the committee met with Hilborn, LLP financial auditors during the College's financial audit and reviewed the audit process that was underway.

The draft audited financial statements will be reviewed by the Committee on June 15<sup>th</sup> and will be attached to the Council package at that time.

#### Registrar Review

The committee met on June 1 with Sam Goodwin of Goodwin Consulting to review the results of the Registrar annual performance review. The committee will meet with the Registrar on June 15<sup>th</sup> to discuss findings of the report prior to presenting them to Council.

#### Governance Policies

The committee approved revisions and updates to the governance policies including:

Revisions to incorporate principles of equity, diversity, and inclusion to the College's approach to governance.

Revisions to the governance policy *Monitoring Registrar- CEO Performance – CRL 4* were also added based on Council's engagement with Sam Goodwin and the recommendations approved for the process of Registrar-CEO evaluation.

Other minor revisions to reflect administrative changes and current processes were approved and are apparent in the attached document.

Attachments:

1. Q4 Statement of Operations (to be attached after June 15<sup>th</sup>)
2. Audited Financial Statements (to be attached after June 15<sup>th</sup>)
3. Governance Policies (with tracked revisions and glossary of terms)

Respectfully Submitted,

Claire Ramlogan-Salanga

**COLLEGE OF MIDWIVES OF ONTARIO**

**FINANCIAL STATEMENTS**

MARCH 31, 2022

*Draft Statements Subject to Revision*

**HILBORN** LLP

## **Independent Auditor's Report**

To the Council of the College of Midwives of Ontario

### **Opinion**

We have audited the financial statements of the College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Other Information**

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
To be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Financial Position

March 31	2022 \$	2021 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	3,354,643	3,189,665
Accounts receivable	8,567	4,721
Prepaid expenses	41,088	38,193
	<b>3,404,298</b>	3,232,579
Capital assets (note 4)	64,087	108,620
	<b>3,468,385</b>	3,341,199
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	210,579	264,730
Deferred registration fees	1,222,369	1,155,406
Deferred project funding (note 6)	26,840	-
	<b>1,459,788</b>	1,420,136
Deferred lease incentives (note 7)	4,977	16,908
	<b>1,464,765</b>	1,437,044
<b>NET ASSETS</b>		
Invested in capital assets	61,513	99,875
Internally restricted for therapy and counselling (note 8)	16,000	16,000
Internally restricted for investigations and hearings (note 9)	300,000	300,000
Unrestricted	1,626,107	1,488,280
	<b>2,003,620</b>	1,904,155
	<b>3,468,385</b>	3,341,199

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Operations

Year ended March 31

	2022 \$	2021 \$
Revenues		
Registration fees	2,463,486	2,380,257
Administration and other fees	61,788	52,104
Project funding (note 6)	63,639	75,722
	<b>2,588,913</b>	<b>2,508,083</b>
Expenses		
Salaries and benefits	1,523,092	1,408,563
Professional fees	122,173	78,499
Council and committees	145,366	120,271
Office and general	107,436	109,425
Rent and utilities (note 7)	191,252	192,042
Quality assurance program (note 10)	-	23,491
Investigations and hearings	134,374	98,913
Membership dues and fees	55,797	55,840
Information and communications technology	98,883	94,863
Projects (note 6)	63,639	75,722
Amortization	47,436	43,063
	<b>2,489,448</b>	<b>2,300,692</b>
Excess of revenues over expenses for year	<b>99,465</b>	<b>207,391</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Internally restricted for investigations and hearings \$	Unrestricted \$	2022 Total \$
Balance, beginning of year	99,875	16,000	300,000	1,488,280	<b>1,904,155</b>
Excess of revenues over expenses for year	-	-	-	99,465	<b>99,465</b>
Amortization of capital assets	(47,436)	-	-	47,436	-
Amortization of deferred tenant inducements	6,171	-	-	(6,171)	-
Purchase of capital assets	2,903	-	-	(2,903)	-
Balance, end of year	<b>61,513</b>	<b>16,000</b>	<b>300,000</b>	<b>1,626,107</b>	<b>2,003,620</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Internally restricted for investigations and hearings \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	93,741	16,000	-	1,587,023	1,696,764
Excess of revenues over expenses for year	-	-	-	207,391	207,391
Amortization of capital assets	(43,063)	-	-	43,063	-
Amortization of deferred tenant inducements	6,171	-	-	(6,171)	-
Purchase of capital assets	46,096	-	-	(46,096)	-
Disposal of capital assets, net book value	(3,070)	-	-	3,070	-
Internally imposed restriction (note 9)	-	-	300,000	(300,000)	-
Balance, end of year	99,875	16,000	300,000	1,488,280	1,904,155

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Cash Flows

Year ended March 31

	2022 \$	2021 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	99,465	207,391
Adjustments to determine net cash provided by (used in) operating activities		
Project funding	(63,639)	(75,722)
Amortization of capital assets	47,436	43,063
Amortization of deferred lease incentives	(11,931)	(11,931)
	71,331	162,801
Change in non-cash working capital items		
Decrease (increase) in accounts receivable	(3,846)	10,348
Increase in prepaid expenses	(2,895)	(164)
Decrease in accounts payable and accrued liabilities	(54,151)	(81,047)
Increase in deferred registration fees	66,963	39,810
	77,402	131,748
Cash flows from investing activities		
Purchase of capital assets	(2,903)	(46,096)
Proceeds on disposal of capital assets	-	3,070
	(2,903)	(43,026)
Cash flows from financing activities		
Receipt of project funding	90,479	75,722
Net change in cash and cash equivalents	164,978	164,444
Cash and cash equivalents, beginning of year	3,189,665	3,025,221
Cash and cash equivalents, end of year	3,354,643	3,189,665

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements

March 31, 2022

### Nature and description of the organization

The College of Midwives of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 (the "RHPA"). As the regulator and governing body of the midwifery profession in Ontario, the major function of the College is to administer the Midwifery Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

### 1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

#### (a) Revenue recognition

##### Contributions

The College follows the deferral method of accounting for contributions.

Restricted contributions, including funding received from the Ontario Ministry of Health and Long-Term Care and other provincial midwifery regulators, are deferred and recognized as revenue in the year in which the related expenses are incurred.

##### Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College is October 1 to September 30. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

##### Administration and other

Administration and other fees are recognized as revenue when the service is rendered.

#### (b) Cash and cash equivalents

Cash and cash equivalents consist of cash and guaranteed investment certificates which are readily convertible into cash, are not subject to significant risk of changes in value and have a maturity date of three months or less from the date of acquisition.

## Notes to Financial Statements (continued)

March 31, 2022

### 1. Significant accounting policies (continued)

#### (c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, on a declining balance basis upon commencement of the utilization of the assets, using rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Office equipment	20%
Computer equipment	20% - 30%

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the respective lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (d) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of tenant inducements used to purchase capital assets.

#### (e) Deferred lease incentives

Lease incentives consist of free rent benefits and tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

## Notes to Financial Statements (continued)

March 31, 2022

### 1. Significant accounting policies (continued)

#### (f) Financial instruments

##### Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

##### Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

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**Notes to Financial Statements (continued)**

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March 31, 2022

**1. Significant accounting policies (continued)**

**(f) Financial instruments (continued)**

**Impairment (continued)**

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

**(g) Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recognized in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Credit	Liquidity	Risks		
			Currency	Interest rate	Other price
Cash and cash equivalents	X			X	
Accounts receivable	X				
Accounts payable and accrued liabilities		X			

#### Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2022 \$	2021 \$
Cash and cash equivalents	3,354,643	3,189,665
Accounts receivable	8,567	4,721
	<u>3,363,210</u>	<u>3,194,386</u>

The College reduces its exposure to the credit risk of cash and cash equivalents by maintaining balances with a Canadian financial institution.

#### Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

**Notes to Financial Statements (continued)**

March 31, 2022

**2. Financial instrument risk management (continued)****Currency risk**

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

**Interest rate risk**

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instrument will fluctuate due to changes in market interest rates.

**Other price risk**

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

**Changes in risk**

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

**3. Cash and cash equivalents**

	2022 \$	2021 \$
Cash	1,847,718	1,187,627
Guaranteed investment certificate - 0.45%, due 04/08/2022	1,506,925	2,002,038
	<u>3,354,643</u>	<u>3,189,665</u>

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 4. Capital assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Office equipment	65,464	54,239	11,225
Computer equipment	81,368	42,887	38,481
Leasehold improvements	201,327	186,946	14,381
	<u>348,159</u>	<u>284,072</u>	<u>64,087</u>
	Cost \$	Accumulated Amortization \$	2021 Net \$
Office equipment	65,464	51,433	14,031
Computer equipment	78,465	27,017	51,448
Leasehold improvements	201,327	158,186	43,141
	<u>345,256</u>	<u>236,636</u>	<u>108,620</u>

### 5. Accounts payable and accrued liabilities

	2022 \$	2021 \$
Trade payables and accrued liabilities	101,066	112,555
Accrued liabilities - investigations and hearings	109,513	146,624
Government remittances	-	5,551
	<u>210,579</u>	<u>264,730</u>

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 6. Project funding

The College receives special project funding from the Ontario Ministry of Health and Long-Term Care (the "Ministry") to develop and implement a quality assurance program for Birth Centres.

Pursuant to an agreement entered into with the Ministry, effective April 1, 2021, the College is entitled to receive the special project funding for a five-year period until March 31, 2026 with the following annual maximum funding amounts: fiscal 2023 - \$79,347; fiscal 2024 - \$80,063; fiscal 2025 - \$120,788; and fiscal 2026 - \$81,522.

The College, during the year, received funding from other provincial midwifery regulators for the purpose of developing a new competency-based assessment program that can be implemented by individual regulators.

	<b>Assessment Program \$</b>	<b>Birth Centres \$</b>	<b>2022 Total \$</b>
Deferred project funding, beginning of year	-	-	-
Project funding received during the year	26,840	63,639	90,479
Project funding recognized as revenue in the year	-	(63,639)	(63,639)
Deferred project funding, end of year	26,840	-	26,840

	<b>Assessment Program \$</b>	<b>Birth Centres \$</b>	<b>2021 Total \$</b>
Deferred project funding, beginning of year	-	-	-
Project funding received during the year	-	75,722	75,722
Project funding recognized as revenue in the year	-	(75,722)	(75,722)
Deferred project funding, end of year	-	-	-

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 7. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2022 Net \$
Tenant inducements	43,200	40,626	2,574
Free rent benefits	40,323	37,920	2,403
	83,523	78,546	4,977
	Cost \$	Accumulated Amortization \$	2021 Net \$
Tenant inducements	43,200	34,455	8,745
Free rent benefits	40,323	32,160	8,163
	83,523	66,615	16,908

During the year, amortization of lease incentives in the amount of \$11,931 (2021 - \$11,931) was credited to rent and utilities expense.

### 8. Net assets internally restricted for therapy and counselling

The Council of the College has internally restricted net assets for the purposes of funding therapy and counselling for midwifery clients as directed under the RHPA.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

### 9. Net assets internally restricted for investigations and hearings

The College makes best efforts to anticipate the costs associated with investigation and hearing matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

During the prior year, the Council approved a transfer of \$300,000 from unrestricted net assets to net assets internally restricted for investigation and hearings.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

### 10. Quality assurance program

The 2022 peer and practice assessment cycle was suspended due to the heightened demands on midwives and midwife assessors navigating the pandemic.

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2022

### 11. Commitment

The College is committed to lease its office premises until August 2023. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2023	206,308
2024	93,621
	<u>299,929</u>

### 12. Impact of COVID-19

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

# HILBORN

LISTENERS. THINKERS. DOERS.

# The College of Midwives of Ontario

## Q4 Statement of Operations (Fiscal April 1, 2021 - March 31, 2022)

April 1, 2021 - March 31 2022

FINAL - Post Audit



	F22 Projected Revenue	Q4 Revenue F22	Q4 Revenue F21	Percentage Variance Against Budget
<b>REVENUE</b>				
Membership Fees	\$ 2,502,042	\$ 2,463,486	\$ 2,380,257	98%
Administration & Other	\$ 62,551	\$ 60,288	\$ 52,104	96%
Project Funding - Birth Centres	\$ 65,000	\$ 63,639	\$ 75,722	98%
<b>TOTAL REVENUE</b>	<b>\$ 2,629,593</b>	<b>\$ 2,587,413</b>	<b>\$ 2,508,082</b>	<b>98%</b>

	F22 Budget	Q4 Spending F22	Q4 Spending F21	Percentage Variance Against Budget
<b>EXPENSES</b>				
Salaries & Benefits	\$ 1,527,370	\$ 1,523,089	\$ 1,408,563	100%
Professional Fees	\$ 118,963	\$ 122,173	\$ 78,499	103%
Council and Committee	\$ 146,018	\$ 139,160	\$ 114,112	95%
Office & General	\$ 143,261	\$ 100,300	\$ 102,589	70%
Information Technology, Security & Data	\$ 157,067	\$ 98,883	\$ 94,863	63%
Rent & Utilities	\$ 200,086	\$ 191,252	\$ 192,042	96%
Conferences, Meeting Attendance & Membership Fees	\$ 72,500	\$ 62,933	\$ 62,676	87%
Panel & Programs	\$ 297,053	\$ 139,081	\$ 128,562	47%
Birth Centre Assessment & Support	\$ 65,000	\$ 63,639	\$ 75,722	98%
Capital Expenditures	\$ 43,689	\$ 47,437	\$ 43,063	109%
<b>TOTAL EXPENDITURES</b>	<b>\$ 2,771,007</b>	<b>\$ 2,487,948</b>	<b>\$ 2,300,691</b>	<b>90%</b>
<b>PROJECTED GAIN / (LOSS)</b>	<b>\$ (141,414)</b>	<b>\$ 99,466</b>		

### ADDITIONAL NOTES

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

Total Accrual	\$ 146,624
Accrual Spending to end of Q4	\$ 109,513

Included in the Statement is an accrual for outstanding matters at March 31, 2022.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Governance Principles</b>
<b>Reference:</b>	<b>GP1</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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Council will govern with an emphasis on:

- Accountability to the public
- Commitment to protecting the public interest
- Strategic/policy leadership rather than administrative/management detail
- Clear distinction of Council, Committee and Registrar roles
- Encouraging diverse viewpoints while seeking consensus
- Collective rather than individual decision-making
- Evidence-based decision-making
- Equity-informed decision-making
- Proactive behaviours

Accordingly, Council will

1. Cultivate a sense of group responsibility.
2. Accept responsibility for excellence in governance and enforce upon itself whatever discipline is necessary in this regard. Discipline will apply to attendance, preparation for meetings, respect for diverse viewpoints and consensual decision-making, staying on topic, speaking with one voice and respect for the role of the Registrar.
3. Govern, direct and inspire the College through the careful establishment of broad written policies reflecting Council's values and perspectives about outcomes to be achieved and expectations to be met.
4. Develop and approve policy on the intended long-term effects of the College, not on the administrative or programmatic means used to attain those effects.
5. Commit to ongoing Council development including the orientation of new Council members in Council's governance processes, engage in regular discussion towards governance process improvement and undertake an evaluation process.
6. Self-monitor and discuss Council's processes and performance on an annual basis.
7. Allow all members of Council to cast a vote.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Council Role Description</b>
<b>Reference:</b>	<b>GP2</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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The role of Council is to determine and demand appropriate organizational performance in the regulation of the profession and in the governance of the College.

Accordingly,

1. With respect to its regulatory role, Council shall
  - a. Make, modify and monitor regulations that Council believes are necessary for regulation and as required by the Minister of Health ~~and Long-Term Care~~;
  - b. Properly constitute committees and panels of the College;
  - c. Develop and approve quality measures for entry-to-practise, re-entry to practise, practice of the profession, and continuing competency;
  - d. Develop, implement and monitor fair and transparent policies designed to protect the public from ~~discriminatory~~, ineffective, unethical or unsafe practices;
  - e. Ensure an effective means of communication with the public and with ~~members-registrants of the College~~;
  - f. Ensure the College is achieving its broad regulatory objectives and outcomes.
2. With respect to its governance role, Council shall make, modify and monitor governing policies that address:
  - a. Governance Process: How Council conceives, carries out and monitors its own task;
  - b. Council Registrar-CEO Linkage: How Council delegates to, monitors and evaluates the Registrar's role, authority and accountability;
  - c. Registrar-CEO Expectations: Policies that authorize the Registrar's conduct in achieving regulatory outcomes and meeting strategic priorities.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Council Chair's Role</b>
<b>Reference:</b>	<b>GP3</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; May 27, 2015; November 21, 2014</b>

The Council Chair (the Chair), as the elected chair of Council, ensures the integrity of Council's processes, and where appropriate, represents Council to outside parties.

Accordingly,

1. The result of the Chair's work is that Council behaves consistently with its Governance Process policies.
2. The authority of the Chair consists in making decisions that fall within topics covered by Council policies on Governance Process and Council Registrar-CEO Linkage. The Chair may delegate authority to others but will remain accountable for its use. The Chair is authorized to use any reasonable interpretation of the provisions of these policies. Therefore,
  - a. The Chair is empowered to chair Council and Executive Committee meetings, with all the commonly accepted power of those positions (e.g. rulings, recognition). The Chair may relinquish the chair if, in their view, they should in order to enter into debate during Council meetings;
  - b. The Chair shall be entitled to vote on matters before Council;
  - c. The Chair has no authority to make decisions about policies created by Council and therefore, the Chair has no independent authority to supervise or direct the Registrar;
  - d. The Chair will represent Council to outside parties in announcing Council-stated positions and in making interpretations within the area delegated to them
  - e. The Chair has the responsibility to ensure security and maintenance of Council-owned files such as by-laws, agendas, and minutes;
  - f. The Chair is accountable for the orientation of the Registrar and Council members to the College of Midwives of Ontario;
  - g. In the absence of the Chair, the Vice-Chair Professional or the Vice-Chair Public assumes the Chair's role. The Chair and Vice-Chair(s) shall ensure that there are appropriate processes and communications in place to bring this into effect when needed.
3. The Chair will be evaluated annually according to a process approved by Council.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Vice-Chair's Role</b>
<b>Reference:</b>	<b>GP4</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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Council operates with two Vice-Chairs of Council (Vice-Chair): Vice-Chair Professional and Vice-Chair Public. Each Vice-Chair is vested with all the powers and performs the duties of the Chair in the absence or inability of the Chair to act. In such instances, they ensure the integrity of Council's process, and where appropriate, represent Council to outside parties. In addition, the Vice-Chairs perform regular supportive duties.

Accordingly,

1. The Vice-Chairs act as officers of the College and are elected members of the Executive Committee of Council.
2. The Vice-Chairs have the authority to advise the Chair on topics covered by Council policies on Governance Process and Council Registrar- CEO Linkage.
3. The Vice-Chairs may be assigned by the Chair to represent Council to outside parties.
4. The Vice-Chairs may perform other duties, as requested by the Chair or assigned by Council.

**Policy Type:** Governance Process  
**Policy Title:** Council and Committee Member's Role and Code of Conduct  
**Reference:** GP5  
**Date approved:** June 24, 2020; October 13, 2016; November 21, 2014

Council and Committee members make decisions in the public interest considering an understanding of the midwifery profession, and the diverse communities and environments in which it is practised.

Council and Committees members are committed to lawful conduct and commonly accepted business and professional ethics, including proper decorum, anti-oppressive behaviour, confidentiality, and use of authority, when acting as Council and Committee members.

Accordingly,

1. Council members will serve on Council and on at least one statutory committee to which they are appointed.
2. Council and Committee members will support all of the decisions taken by Council and Committees.
3. Council and Committee members must prioritize the interests of the College. This accountability supersedes any conflicting loyalty to any specific interest group and membership on any other governing body.
4. Council and Committee members must avoid conflict of interest with respect to their fiduciary responsibilities.
  - a. There must be no conduct of private business or personal services between any Council and Committee member and the College except as procedurally controlled to ensure openness, competitive opportunity, and equal access to inside information.
  - b. Council and Committee members may not use their positions to obtain employment, with the College or its agents, for themselves, family members or close associates.
  - c. Should a Council or Committee member wish to be considered for employment with the College they must resign from Council or the Committee prior to submitting their application.
5. Council and Committee members cannot exercise individual authority over the organization.
  - a. Council and Committee members' interactions with the Registrar or with staff must recognize the lack of authority vested in individuals except when explicitly Council-authorized.
  - b. Similarly, Council and Committee members' interactions with the public, press or other entities must recognize the same limitations.
6. Council and Committee members will respect the confidentiality inherent in their role.
- 6.7. Council and Committee members will commit to communicating during meetings and interactions with fellow members and staff in a manner that is

| anti-oppressive and respectful.

Code of Conduct Acknowledgement for Council and Committee Members

I, \_\_\_\_\_, acknowledge that  
I have read and understood and agree to comply with the Duties of Council and  
Committee member provisions in the by-laws as well as “Council and Committee  
Member’s Role and Code of Conduct”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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,

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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)

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Name (please print)

Signature

Date

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Confidentiality and Disclosure of College Information</b>
<b>Reference:</b>	<b>GP6</b>
<b>Date approved:</b>	<b>June 24, 2020; March 20, 2019; November 21, 2014</b>

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All Council and Committee members (“members”) will adhere to the confidentiality provisions as set out in the RHPA\* and treat as confidential all sensitive information obtained or available as a result of their appointment/election to the College. All members will take all reasonable precautions to safeguard the confidentiality of such information.

Accordingly,

1. Members will sign a Statement of Confidentiality upon commencement of their term and annually thereafter.
2. All records (defined as any tangible information in any form, e.g., document, recording, tape) obtained as a member will remain the exclusive property of the College.
3. Members will maintain confidentiality of information with respect to all matters that come to their knowledge in the course of their duties except as authorized by the RHPA.
4. Other than in the course of completing documented duties, no member will remove any books, records, documents or property belonging to the College, from the College office. Any such property issued to a member in the course of their duties will be returned to the College upon completion of the member’s term.

\* Note: Common law also imposes fiduciary duties on Council members that include the obligation to keep matters confidential.

## STATEMENT OF CONFIDENTIALITY

I have read and understood and agree to abide by the College's Confidentiality and Disclosure of College Information policy.

I have read and understood and agree to abide by sections 36(1) and 40(2) and (3) of the Regulated Health Professions Act (the "RHPA"), which outline my duty of confidentiality and the consequences for a breach of confidentiality.

I understand that:

- all confidential and/or personal information that I have access to or learn through my affiliation with the College is confidential
- as a condition of my affiliation with the College, I must comply with the Confidentiality and Disclosure of College Information Policy and related procedures
- my failure to comply may result in the termination of my affiliation with the College and may also result in legal action being taken against me by the College and others.

I undertake to take all reasonable steps not to access, use or disclose without authorization any confidential and/or personal information that I learn of or possess because of my affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities or meet my legal obligations. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons who are authorized by the College or by law to receive such information.

If I believe that disclosure of confidential information or personal information obtained in the course of my duties is required by law (such as pursuant to a criminal proceeding), I shall notify the Registrar as soon as reasonably possible and as much in advance of the impending disclosure as possible so that the College may obtain legal advice with respect to the matter. In the event that I disclose or attempt to disclose any such confidential or personal information in breach of this statement of confidentiality, I understand that the College shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable.

I agree that I will not alter, destroy, copy or interfere with this information, except with prior authorization and in accordance with the applicable College policies and procedures.

In the event that I have questions or concerns about any matter covered by this Statement or if I have concerns about confidentiality matters concerning the College, I will promptly contact the Registrar.

I have read and understood and agree to abide by the College's Confidentiality and Disclosure of College Information policy.

I have read and understood and agree to abide the College's Information Security Policy (for Council, Committee, and Working Group Members) and Privacy Code.

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Name (please print)

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Signature

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Date

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Committee Chair's Role</b>
<b>Reference:</b>	<b>GP7</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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The Committee Chair of statutory, standing or sub-committees ensures the integrity of the Committee's process.

Accordingly,

1. The result of the Committee Chair's work is that the Committee acts consistently with its own rules and those legitimately imposed upon it from Council, including
  - a. The development of an appropriate committee agenda in consultation with staff.
  - b. Discussing only those issues which, according to Council policy, are appropriate for the Committee to deliberate;
  - c. Ensuring that deliberation is fair, open and thorough but also timely, orderly and kept on topic.
2. The authority of the Committee Chair consists in making decisions that fall within topics delegated to the Committee to discuss. Therefore,
  - a. The Committee Chair is empowered to chair Committee meetings, with all the commonly accepted power of that position (e.g. rulings, recognition);
  - b. The Committee Chair has no authority to make decisions about policies created by Council and therefore, the Committee Chairperson has no authority to supervise or direct the Registrar;
  - c. The Committee Chair may delegate their authority as chair but remains accountable for its use.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Council Committee Principles</b>
<b>Reference:</b>	<b>GP8</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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Committees established under the Regulated Health Professions Act, (RHPA) shall perform the function that is assigned to them under the authority of the RHPA. Committees established by Council are assigned to undertake work on behalf of Council and to reinforce the wholeness of Council's job and never to interfere with the delegation from the Council to the Registrar.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Cost of Governance</b>
<b>Reference:</b>	<b>GP9</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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To govern effectively, Council will invest in its regulatory and governance capacity including skills, processes and supports.

Accordingly,

1. Council will approve an annual budget for direct expenses associated with fulfilling its regulatory objectives. As such the Registrar will budget for the direct expenses associated with internal College governance.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Governance Evaluation</b>
<b>Reference:</b>	<b>GP10</b>
<b>Date approved:</b>	<b>December 9, 2020; June 24, 2020; October 13, 2016; November 21, 2014</b>

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Council will evaluate its effectiveness on an annual basis.

Accordingly,

1. Council will evaluate its own performance on the responsibilities highlighted in the Governance Process Policies and Council Registrar-CEO Linkage policies.
2. The Executive Committee will recommend an evaluation process to Council for their approval.
3. A third-party assessment of Council's effectiveness will be conducted at least once every three years.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Commitment to Strategic Planning</b>
<b>Reference:</b>	<b>GP11</b>
<b>Date approved:</b>	<b>December 9, 2020; June 24, 2020; October 13, 2016; November 21, 2014</b>

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It is the policy of the College to ensure the existence of a timely and appropriate strategic plan, prepared in concert with Council and staff and monitored regularly and consistently.

Accordingly,

1. At least every three to five years, Council will dedicate a portion of its resources to the development of a strategic plan.
2. All members of Council together with the Registrar (and other staff as appropriate) participate in a strategic planning process agreed to by Council.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Council's Annual Planning Cycle</b>
<b>Reference:</b>	<b>GP12</b>
<b>Date approved:</b>	<b>December 9, 2020; June 24, 2020; October 13, 2016; November 19, 2015; November 21, 2014</b>

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Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and fulfilling its regulatory function.

Accordingly,

1. Council meets ~~, in person,~~ a minimum of ~~three (3) times each year in compliance with the By-laws, however, Council will meet~~ four (4) times each year. ~~Under extraordinary circumstances, or when additional meeting may be required, meetings may be held by teleconference or by other electronic means.~~
2. At each meeting, Council will:
  - a. Review the Registrar's monitoring report, including the most recent quarterly financial report
  - b. Review reports for Committees as appropriate
3. Prior to its first meeting, Council conducts its Orientation of Council Members
4. At each meeting, Council will perform the following additional functions, in accordance with the following schedule:
  - a. Meeting #1 (post-elections)
    - i. Annual Conflict of interest declaration, and Confidentiality and Code of Conduct agreements.
    - ii. Approval of slate of Council members
    - iii. Annual election of Executive Committee
  - b. Meeting #2
    - i. Approval of Committee membership and composition
    - ii. Annual Council Evaluation report and Education Plan
  - c. Meeting #3
    - i. Report to Council on Annual Operational Plan
    - ii. Approval of Annual Budget
    - iii. Approval of Annual Operational Plan
  - d. Meeting #4
    - i. Committee Annual Reports
    - ii. Review and approval of financial conditions (Auditor's Report and Audited Financial Statements).
5. Council will review its governance policies at least once every three to five years.

<b>Policy Type:</b>	<b>Governance Process</b>
<b>Policy Title:</b>	<b>Registrar-CEO Replacement</b>
<b>Reference:</b>	<b>GP13</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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It is the responsibility of Council to seek out an individual to perform the role of Registrar in the event that the position is vacant.

Accordingly,

1. The Emergency Registrar-CEO Replacement policy takes effect.
2. Council shall appoint a minimum of three Council members to form a Search Committee who shall be authorized to interview, evaluate, negotiate and recommend to Council the appointment of an individual as Registrar.
  - a. At least one of whom shall be a public member and at least one of whom shall be a professional member.
3. The Search Committee, with the assistance of senior staff, may issue a Request for Proposals from individuals and firms qualified to conduct a search on behalf of Council and make a recommendation to Council to contract with the successful individual or firm.
  - a. The scope of the work to be conducted by a search firm and/or Search Committee is approved by Council
4. The Search Committee shall present to Council for approval, the name of a preferred candidate for the position, their qualifications, a draft negotiated employment agreement including compensation, benefits and start date.

**Policy Type:**  
**Policy Title:**  
**Reference:**  
**Date approved:**

**Governance Process**  
**Non-Council Committee Member Appointments**  
**GP14**  
**June 24, 2020; June 28, 2017**

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In accordance with the College's By-laws (s. 6.11), the Council may appoint individuals who are not members of the Council to any Committee or Working Group at their discretion.

#### Eligibility

Eligibility for appointment is detailed in the College By-laws (s. 6.12).

#### Selection Criteria

In addition to the eligibility requirements outlined in the by-laws, Council may take into consideration various professional competencies, personal attributes, applicant demographics, skills and experiences to ensure collective expertise and diverse communities are represented when appointing non-Council members to committees.

#### Term of Office and Removal

Term of Office and Removal are detailed in the College By-laws (ss. 6.09; 6.13).

#### Maximum Term

A non-council member may serve a maximum of six consecutive terms, as an appointed non-council member.

#### Application Process for Recruiting Non-Council Members

Interested applicants must submit a letter of interest along with their curriculum vitae to the College. A list of applicants and any accompanying documents will be reviewed by the Executive Committee. The Executive Committee will select members for appointment based on the selection criteria and identified areas of expertise and/or desired representation. ~~This list~~ Appointment recommendations will then be submitted to Council for approval.

#### Process for Re-Appointing Non-Council Members

Non-Council Members may be reappointed in accordance with the committee member appointment guidelines.

**Policy Type:**  
**Policy Title:**  
**Reference:**  
**Date approved:**

**Governance Process**  
**Addressing or Presenting to Council**  
**GP15**  
**June 24, 2020; October 9, 2019**

The Council acts openly and is accountable to members of the public, [members](#) [registrants](#) of the College and stakeholders. As such, the Council invites individuals to address Council on issues relevant to its role of regulating the profession in the public interest.

Accordingly,

1. A portion of each regularly scheduled Quarterly Council meeting will be designated as a period where the Council will hear from any individual who wishes to address the Council, subject to the conditions set out in this policy.
2. The Council, at a prior meeting, may identify matters on which they wish to have presentations at future meetings. Matters to be heard at a meeting may not be related to an agenda item scheduled for a decision of the Council at the meeting.
3. Persons wishing to address the Council meeting must provide a written request to the Registrar & CEO no later than 10 business days prior to the date of the meeting. Requests shall include a brief description of the specific matter to be addressed.
4. Presentations with respect to complaints or reports, disciplinary matters or specific [Members-registrants](#) will not be permitted.
5. Requests to address the Council on a specific item will be granted (generally in the order of the receipt of the requests), if approved by the Chair. The Chair shall give priority in the selection process to matters previously identified by the Council to be addressed. Persons not permitted to address the Council shall be so notified.
6. The Chair is not obligated to grant a request to address the Council, and the Council is not obligated to take any action on any presentation it receives.
7. The Council may limit the number of presentations heard at any one meeting.
8. Persons addressing the Council will be required to limit their remarks to ten minutes. Council may ask questions of the presenter within this timeframe.
9. If a group wishes to make a submission, a single spokesperson for the group shall be identified.
10. Persons addressing the Council must make their presentation on

the agreed upon topic and may not pose questions to Council on matters previously deliberated and decided upon.

<b>Policy Type:</b>	<b>Council Registrar-CEO Linkage</b>
<b>Policy Title:</b>	<b>Unity of Control</b>
<b>Reference:</b>	<b>CRL1</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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Only decisions of Council acting as a body are binding on the Registrar.

Accordingly,

1. Decisions or instructions of individual Council members are not binding on the Registrar except in rare instances when Council has specifically authorized such exercise of authority.
2. In the case of Council members or Committees requesting information or assistance without Council authorization, the Registrar may refuse such requests that require, in the Registrar's opinion, a material amount of staff time or funds, or are disruptive.

<b>Policy Type:</b>	<b>Council Registrar-CEO Linkage</b>
<b>Policy Title:</b>	<b>Registrar-CEO Accountability and Position Description</b>
<b>Reference:</b>	<b>CRL2</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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As Council's single official link to its daily operations and staff, the Registrar's performance is synonymous with the College's performance.

Accordingly, the Registrar's accountability is to performance in three areas:

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

<b>Policy Type:</b>	<b>Council Registrar-CEO Linkage</b>
<b>Policy Title:</b>	<b>Delegation to the Registrar-CEO</b>
<b>Reference:</b>	<b>CRL3</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 21, 2014</b>

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Council delegates the College operations to the Registrar of the College. Council instructs the Registrar through written policies and describe the organizational situations and actions to be achieved, allowing the Registrar to use any reasonable interpretation of these policies.

The Registrar is Council's only link to operational achievement and conduct, so that all authority and accountability of staff, as far as Council is concerned, is considered the authority, responsibility and accountability of the Registrar.

Accordingly,

1. Council will develop and approve the College's strategic priorities
2. Council will develop Registrar-CEO Expectations policies that limit the latitude the Registrar may exercise in choosing the organizational means.
3. Council will authorize and encourage the Registrar to establish all further operational policies, make all decisions, take all actions, establish all practices, and develop all activities using any reasonable interpretation of the Registrar- CEO Expectations policies
4. Council may change its strategic priorities and Registrar-CEO Expectations policies. However, Council may not apply such shifts retroactively with respect to the evaluation of performance of the Registrar.
5. Council will support the Registrar's choices within the Registrar-CEO Expectations established.

<b>Policy Type:</b>	<b>Council Registrar-CEO Linkage</b>
<b>Policy Title:</b>	<b>Monitoring Registrar-CEO Performance</b>
<b>Reference:</b>	<b>CRL4</b>
<b>Date approved:</b>	<b>June 24, 2020; October 13, 2016; November 19, 2015; November 21, 2014</b>

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~~Council views Registrar performance as identical to organizational performance. The performance of the Registrar will be evaluated in accordance with a process approved by Council.~~

Council views Registrar-CEO performance as identical to organizational performance. Regular performance reviews against the College's operational and strategic goals strengthen organizational effectiveness and ensure that Council and the Registrar-CEO have a clear consensus of the organization's goals and objectives, as well as job expectations and performance measures.

Other purposes and benefits of the performance review include:

- Providing a mechanism to assess how effectively the Registrar-CEO has performed their duties.
- Providing a basis for future Registrar-CEO performance expectations.
- Creating a formal system for Registrar professional development.
- Communicating Council expectations and evaluations to the Registrar-CEO in a formalized process.
- Establishing parameters for Registrar-CEO performance that enable the Council to retain, provide constructive feedback regarding professional performance and, if necessary, to create records that could be used as reference during a termination.
- Giving the Registrar-CEO an opportunity to share hertheir reflections, questions, concerns, and/or personal goals.

Accordingly,

1. Council will review the performance of the Registrar-CEO annually.
2. The Executive Committee will oversee and lead the annual performance evaluation process as established by Council, consulting with the Registrar-CEO where appropriate and with the support, facilitation, and advice of an independent external advisor.
3. The evaluation will be based on performance evaluation criteria that developed by Executive Committee, in consultation with the Registrar, and approved by Council. Executive Committee, in consultation with the Registrar-CEO may establish weighting of the criteria to reflect areas of priority.

4. The Registrar-CEO will prepare a year-end summary report that describes and reflects on progress and accomplishments against the annual performance criteria. This is a confidential document, for Council members only, and specifically for the purposes of informing their evaluation of the Registrar-CEO. The report is vetted for accuracy and completeness by Executive Committee before it is shared with Council.
5. The inputs to the evaluation will consist of:
  - a) All Council members will complete an evaluation survey.
  - b) A subset of Council members will be interviewed by the external advisor to explore emerging themes and issues.
  - c) External stakeholder input will be obtained through one or a combination of the following: a) a survey; b) the results of an external stakeholder engagement survey.
  - d) Input from staff will be obtained through: a) the results of the annual Organizational Effectiveness Survey and b) confidential interviews of the Directors conducted by the external advisor.
6. The inputs will be collected and analyzed by the external advisor and the results will be presented in a report to Executive Committee. No member of Council or staff member will see or have access to individual survey responses, interview notes, or other identifying information.
7. Executive Committee will meet in camera, supported by the external advisor, to discuss the results and reach agreement on the evaluation, including decisions related compensation.
8. Executive Committee will meet with the Registrar-CEO to review the report with a view to reaching a consensus on the results. The evaluation report will be shared with the Registrar-CEO prior to prior to this meeting and they will have an opportunity to be briefed by the external advisor. The results of the evaluation will be confirmed to the Registrar-CEO in a letter from the Chair.
9. At its next meeting, Council will be briefed on the results of the evaluation.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Interaction with Staff</b>
<b>Reference:</b>	<b>RE1</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

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With respect to interaction with staff, the Registrar shall treat staff in a fair, respectful and ethical manner.

For the purposes of this policy, the following definition will apply: “Staff” is defined broadly to include employees, consultants, contract workers and volunteers.

Accordingly, the Registrar shall:

1. Comply with employment standards legislation as set by the Governments of Ontario and Canada.
2. Acquaint staff with the characteristics of their job responsibilities and obligations to the College, including but not necessarily limited to position descriptions, reporting relationships, security and confidentiality.
3. Objectively evaluate staff annually on their performance based on their job responsibilities and agreed upon performance measures.
4. Establish human resource policies, acceptable to Council, that govern staff and their working conditions.
  - a. Establish policies that provide for effective handling of staff complaints, and protect against wrongful conditions such as nepotism and inappropriately preferential treatment
5. Provide an environment for staff to express ethical dissent without discrimination.
6. Take adequate measures to prevent sexual harassment or workplace violence and investigate any internal complaints promptly.
7. Provide a mechanism for staff to present concerns to Council through the Chair when
  - a. staff complaint resolution procedures have been exhausted; and
  - b. the employee alleges that either Council policy has been violated or Council policy does not adequately protect their human rights.
8. Establish compensation and benefits packages for staff that reflect the market value for the skills employed.
9. Acquaint staff with their rights and obligations under this policy.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Financial Planning and Budgeting</b>
<b>Reference:</b>	<b>RE2</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

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Financial planning for any fiscal year or the remaining part of any fiscal year shall be derived from a multi-year financial plan and in accordance with the budget.

Accordingly, the Registrar will prepare financial plans and budgets that:

1. Are based on an annual operating plan that specifies the operational priorities for the year.
2. Contain adequate information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow and disclosure of planning assumptions.
3. Provide adequate cash flow to support operations throughout the year.
4. Plan for no more than an equal expenditure of funds to that which is projected to be received in that fiscal period, unless directed by Council.
5. Allocate sufficient resources, both human and financial, to satisfy Council's intended outcomes.
6. Appropriately balance resources, both human and financial, between the budget and Council's intended outcomes.
7. Provide sufficient resources to support Council's ability to perform its governance role including the Cost of Governance (GP11) and all Council and committee meetings.
8. Meet financial obligations to government bodies.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Financial Condition and Activities</b>
<b>Reference:</b>	<b>RE3</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

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With respect to the actual, ongoing financial condition and activities, the Registrar shall operate within the approved budget.

Accordingly, the Registrar shall:

1. Obtain Council approval for any College debt in an amount greater than can be repaid by unencumbered (i.e. uncommitted) revenues within 60 days.
2. Obtain Council approval for the use of any reserve funds or any restricted assets.
3. Settle all accounts payable in a timely manner.
4. File tax payments or other government-ordered payments in an accurate and timely manner.
5. Obtain the signature of the Chair or Vice Chair on any payment instrument (i.e. cheques, notes, drafts, or orders for payment of money) where the instrument is in payment to the Registrar.
6. Monitor and report on the financial condition of the College to Council on a quarterly basis.
7. Pursue receivables within a reasonable grace period.
8. Obtain Council or Executive Committee approval to exceed budgeted amounts by more than 25% in any one subcategory (e.g. Professional Fees which includes Legal, Finance, and Expert).
9. Obtain Council or Executive Committee approval prior to making any financial or service commitment greater than 5 years.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Asset Protection</b>
<b>Reference:</b>	<b>RE4</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

The Registrar will ensure the assets of the College are protected and adequately maintained.

Accordingly, the Registrar shall:

1. Operate adequate Director's and Officer's Liability Insurance for Council.
2. Insure against theft and casualty losses to adequate replacement value and against liability losses to Council members, Non-Council members of Council Committees, staff, and the College itself.
3. Maintain an appropriate risk management insurance policy and general liability insurance policy for the College.
4. Take reasonable measures to limit exposure to the College, its Council, or staff to claims of liability.
5. Provide sufficient maintenance to the equipment of the College and to the office in accordance with the lease agreement.
6. Make purchases:
  - a. Whereby normally prudent protection has been given against conflict of interest; and
  - b. According to College procurement policies that require comparative prices and quality for purchases of services of \$10,000 or more with a new supplier.
7. Protect intellectual property and information from inappropriate access, loss or significant damage.
8. Receive, process and disburse funds under controls that meet generally accepted Canadian audit standards.
9. Take reasonable measures to protect the College against the misuse or theft of funds.
10. Secure the investment of College funds that are not immediately required in securities or debt instruments that are issued or are guaranteed by any or more of the following:
  - a. The Government of Canada
  - b. The Government of any province of Canada; or
  - c. Securities and bank instruments guaranteed by a schedule 1 bank under the Bank Act (Canada) or other such financial institution approved by Council

11. Obtain prior approval of Council to purchase, mortgage or dispose of real estate.
12. Obtain prior approval of Council to borrow money on the credit of the College.
13. Maintain an Investment Policy, which is approved by the Council.
14. Obtain approval of Council to restrict any assets of the College.
15. Inform Council of the state of all assets of the College.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Administration of Statutory Committees and Panels</b>
<b>Reference:</b>	<b>RE5</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

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Council has direct authority for:

- The proper constitution of the Statutory Committees; and
- The approval of its annual work plan agendas and budgets.

Statutory Committees and Panels retain direct authority for:

- Making recommendations to Council with respect to Regulations, policies and other regulatory tools as well as report to Council on their annual work plans;
- Anything within their legislated mandate.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Emergency Registrar-CEO Replacement</b>
<b>Reference:</b>	<b>RE6</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

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In order to protect Council from sudden loss of Registrar services, the Registrar must have a designated Deputy Registrar.

Accordingly:

1. The Registrar shall keep business and other records in an organized, orderly and accessible manner.
2. The designated Deputy Registrar may act in the absence of the Registrar until the Registrar returns, is permanently replaced or an interim Registrar is appointed.
3. The designated Deputy Registrar will not be expected to act in the absence of the Registrar for a period of longer than three months.
4. Alternatively, Council may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.
5. An interim Registrar may be expected to act in the absence of the Registrar for a period longer than three months.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Compensation Administration</b>
<b>Reference:</b>	<b>RE7</b>
<b>Date approved:</b>	<b>June 24, 2020; May 27, 2015; November 21, 2014</b>

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Salary compensation for College staff will be based on fair market value in relation to the employee's assigned tasks and level of responsibility, and on demonstrated performance. Compensation strategies are designed to both attract and retain competent staff.

Accordingly, the Registrar shall administer employee compensation that:

1. Is supported by a written job description including identified performance standards.
2. Is supported by external resources to review market conditions, as needed.
3. Identifies a salary range, with minimum and market median points identified within the range. The median will represent the market competitive job rate for each position.
4. Places new employees within this range based on the skills and experience they bring to their role at the College.
5. Establishes clear procedures for the application of economic and market adjustments to salary ranges and communicates these procedures to all staff. Furthermore, clear procedures must be established and communicated for performance bonuses.
6. Establishes a process for a minimum of an annual review of individual performance based on previously established performance objectives.

<b>Policy Type:</b>	<b>Registrar-CEO Expectations</b>
<b>Policy Title:</b>	<b>Communication and Support to Council</b>
<b>Reference:</b>	<b>RE8</b>
<b>Date approved:</b>	<b>June 24, 2020; June 22, 2016; May 27, 2015; November 21, 2014</b>

The Registrar will ensure that Council is informed and supported in its work.

Accordingly, in a timely manner, the Registrar shall:

1. Supervise and administer the Election of Council and the Executive Committee as set out by the College By-laws.
2. Notify Council members in advance of the expiration of their terms of office
3. Provide administrative services to Council as may be required such as correspondence, keeping of records, distribution of notice of meetings and other administrative details as may be required.
4. Provide a mechanism for official Council, Officer or Committee communications in a timely manner.
5. Communicate with the Chair of Council on a regular basis.
6. Submit monitoring data required by Council in accordance with CRL~~4~~<sup>5</sup> (Monitoring Registrar Performance) in a timely, accurate and understandable manner, directly addressing provisions of Council policies being monitored.
7. Make Council aware of relevant trends, anticipated media coverage, material internal and external changes, and particularly changes in the assumptions upon which Council policy has previously been established.
8. Advise Council if, in the Registrar's opinion, Council is not in compliance with its own policies on Governance Process and Council Registrar-CEO Linkage, particularly in the case of Council behavior that is detrimental to the working relationship between Council and the Registrar.
9. Collect for Council as many staff and external points of view, issues and opinions as needed for fully informed Council choices.
10. Work with Council as a whole except when
  - a. Fulfilling appropriate individual requests for information or
  - b. Responding to Committees that are exercising their statutory obligations or
  - c. Responding to Officers or Committees duly charged by Council.
11. Report in a timely manner an actual or anticipated non-compliance with any Council policy and provide an explanation for such non-compliance.
12. Obtain the approval of the Chair for the amount and purpose of the Registrar's business expenses that fall outside the approved annual budget.

13. Ensure payment of the Honoraria and expenses due to elected Council members and Non-Council members of Committees in accordance with the College's By-laws in a timely manner.
14. Coordinate with Health Board Secretariat to support administration of financial claims by public Council members in a timely manner.



College of  
**Midwives**  
of Ontario

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

## Glossary of Terms:

**Anti-Oppression:** Recognizes the asymmetric distribution of power in our society, systems and institutions that are historically informed and continue to be perpetuated where certain groups are privileged and have a dominant access to power over others based on identities such as race, gender, and sexuality. It consists of strategies, actions and practices that actively seek to challenge and mitigate the impact of systemic biases that devalue and marginalize difference.

**Structural Racism:** Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic, and political systems in which we all exist.

**Systemic Racism:** Organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.

**Diversity:** The range of visible and invisible qualities, experiences, identities, and characteristics in the lived experiences of individuals that result in each person's unique perspectives.

**Equity:** Unlike the notion of equality, equity is not the effort toward sameness. It recognizes, acknowledges and values difference and strives for fairness, objectiveness, and justice by addressing historical and contemporary barriers and biases that create unfair systems and practices.

**Inclusion:** Recognizes, welcomes, and makes space for diversity of thought, experiences, skills, and talents by actively creating and intentionally fostering an environment where everyone feels welcome, respected, and has an opportunity to participate.

\*Some of the definitions included have been referenced from [Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework](#)

# REGISTRAR-CEO QUARTERLY REPORT

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REPORT TO COUNCIL – June 22, 2022.

Submitted by: Kelly Dobbin

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

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

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

## 1. Strategic Leadership and Direction Setting

### Bill 106, the *Pandemic and Emergency Preparedness Act*, 2022

Schedule 6 of Bill 106 proposes amendments to the *Regulated Health Professions Act, 1991* to add new requirements to the Health Professions Procedural Code and to add new regulation-making powers. Proposed changes will:

- make Colleges comply with English or French language proficiency requirements that are accepted by Immigration, Refugees and Citizenship Canada (IRCC);
- prohibit Colleges from imposing Canadian experience as a qualification for registration for internationally educated applicants (unless otherwise exempt in regulations);
- make College Councils establish emergency classes of registration, and;
- comply with time limits for certain decisions related to registration of applicants.

How these changes will be implemented at the College is currently being considered by staff and the Registration Committee. As you will recall, the Council has already proposed an emergency class in the proposed Registration Regulation. In addition, the Registration Committee has reviewed a new Orientation and Assessment Program (brought forward to Council for approval under agenda item 8) which no longer includes a Canadian experience requirement. As well, the Registration Committee will establish a new language proficiency policy in the coming year. Despite not having proposed language for the changes available for review, the Ministry requested feedback from stakeholders on the changes. Since the impacts will be similar across all health regulators, it was decided that the Health Profession Regulators of Ontario (HPRO) provide a formal response on behalf of the sector. Please see the attached letter to the Ministry immediately following this report.

### Governance Reform

As reported in March, the Ministry of Health held consultations with Ontario's health regulatory Colleges on proposed governance reforms that would "improve decision making, bolster

transparency and further support high-quality health care for Ontarians”. Unlike the registration-related changes proposed in Bill 106, governance-related changes were not formally introduced prior to the provincial election in June.

## 2. Development and Achievement of Goals

Each year, Council approves an annual operational plan that proposes planned initiatives to meet the desired outcomes of the strategic plan. In March 2021, Council approved a 5-year costed strategic plan that listed all planned strategic initiatives with a cost estimate and a proposed schedule to when those initiatives would take place. Staff had an opportunity to meet in May to plan out our 2022-2023 strategic initiatives and, in acknowledgment of recent staffing changes and needing additional time to adjust to our current workload, we have proposed some modifications to our previous expectations.

At this time, Council is presented with a progress report that visually represents both the narrative that was provided to Council in March 2022 and outlines our planned activities for 2022-2023 and beyond. Please refer to the attached document immediately following this report.

## 3. Reputation and Relationship Management

### Internationally Educated Midwives

The College has been actively working with an expert to develop a new Orientation and Assessment pilot program for internationally educated midwives (IEM) who seek registration in Ontario. As Council is aware, the College previously relied on the International Midwifery Pre-registration Program (IMPP) to provide assessment and bridging for these individuals. When the IMPP suspended its program in August 2021, the College needed to quickly find a way to assess IEM’s qualifications to determine equivalency for entry-to-practise in Ontario.

The Registration Committee recently met to review the program’s components and to determine eligibility criteria for entrance into the assessment program. Council is asked to approve Registration Committee’s recommendation under agenda item 8. If approved, the pilot program will accept applicants this summer and launch assessments in the fall. The College is poised to reach out to all those who have contacted us about the program over the past months to share the news about launching the program. Successful participants will be eligible to write the Canadian Midwifery Registration Exam in May 2023 and apply for registration with the College thereafter.

### Communications with Registrants and the Public

Regular communications with registrants and the public continue to take place via email, social media, and our published newsletter. Our [Spring edition of On Call](#) highlighted Council’s decision to approve the 2022-2023 budget and shared learnings from Council’s training sessions in March. In addition, reminders of the June 1<sup>st</sup> implementation of the Blood Borne Virus standard and the resumption of pre-pandemic policies related to continuing competency requirements were also shared.

The College conducted two consultations in April and May to seek feedback on proposed changes to the Second Birth Attendant and Clinical Education and Student Supervision standards. In addition to feedback received from the Association of Ontario Midwives and the Midwifery Education Programs, a total of 61 (54 identifying as midwives and 7 identifying as members of the public)

individuals provided feedback during the consultation. The Quality Assurance Committee reviewed the consultation feedback and is bringing two standards to Council for approval under agenda item 9.

#### 4. Financial Accountability and Management

##### 2021-2022 Financial Statements

The College has undergone its annual financial audit which was executed virtually in May and continued into June. The Executive Committee met with the auditors by videoconference to ask questions and to provide oversight during the audit process on May 11<sup>th</sup>. The Executive Committee subsequently met on June 15<sup>th</sup> to review the draft Financial Statements with the auditors and are bringing them forward to Council for approval under agenda item 6.

##### Statement of Operations

A Q4 Statement of Operations was first presented to the Executive Committee in May for information only as it was expected that the audit would result in minor adjustments. A post-audit Q4 Statement of Operations was approved by the Executive Committee on June 15<sup>th</sup> and is presented under the Executive Committee's report to Council for your information.

We are pleased to report that, once again, the College managed its finances very well throughout the past year and has reported a gain of nearly \$100,000 from a planned deficit of \$140,000.

#### 5. People and Organizational Leadership

##### Remote College Operations

The College continues to operate remotely. However, staff attended an in-person operational planning day event in May, which represented the first time we gathered as a group at the office since we moved to our respective homes over two years ago.

Staff have been offered the opportunity to return to the office on a voluntary basis throughout the summer months. After Labour Day in September, we will launch a more formal hybrid work model where expectations for in-person meetings and events will be articulated in a policy.

In recognition that the College may require a reduced footprint in the future, we have begun to reach out to other Colleges to explore different possibilities, including space-sharing. As staff continue to work mostly from home, we continue to support staff in making improvements to their workspaces so that they are more comfortable and ergonomic. Virtual ergonomic assessments are provided to those who request it.

The College is pleased to have welcomed two new staff members to the Registration Department, Chantel Credo, and Pamela Aedo. Both have been onboarded remotely to their roles as Registration Coordinators and are actively contributing to the department's work plans.

##### Operational Planning and Equity, Diversity, and Inclusion Workshop

As mentioned above, the staff participated in an in-person operational planning day where teams mapped out their strategic and operational work plans for the year. The morning activities centred around equity, diversity, and inclusion (EDI). Council Chair, Claire Ramlogan-Salanga, facilitated a

workshop for the staff that included thought-provoking small group discussions. A follow up report on the day's activities is forthcoming.

## 6. Council Governance and Engagement

### Council Elections

Council elections are currently underway and will close on June 30<sup>th</sup>. Elections are held by electronic ballot and all eligible voters have been sent emails with voting instructions. There are three professional member positions open for election. Our long-serving Council member, Lilly Martin, is currently in her final term of three consecutive terms, thus making her ineligible to run in this upcoming election. Results will be reported to registrants in early July. The candidates currently running for election, presented in alphabetical order, are:

- Robyn Berman
- Claudette Leduc
- Isabelle Milot
- Jyothy Nair
- Maryam Rahimi-Chatrri
- Maureen Silverman

The call for nominations encouraged all eligible registrants to consider running in the election, and specifically, those midwives who are Indigenous, Black, racialized, French-speaking, and/or working in rural or remote practices to help strengthen the diversity of Council or practising in expanded, collaborative and/or community health team models. As was done last year, Council Chair, Claire Ramlogan-Salanga and Council Coordinator, Zahra Grant hosted online webinars (including a separate safe-space webinar for racialized midwives) for those curious or interested in serving on Council so that we could help answer any questions they had.

Within the first two weeks of the election, approximately 16% of eligible voters had cast their ballot. Typical elections for the College range from 20-30% of registrants voting throughout the month and we expect that the percentage will increase once reminders are sent out.

### Submitted by

Kelly Dobbin  
Registrar & CEO

### Attachments

1. HPRO Submission on Bill 106 Regulation Consultation
2. HPRO 2021-2022 Highlights
3. Operational Plan Progress Report June 2022



**Health Profession Regulators of Ontario (HPRO)**  
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0  
email: bakenny@regulatedhealthprofessions.on.ca  
web: www.regulatedhealthprofessions.on.ca  
Phone: 416-493-4076/Fax: 1-866-814-6456

June 9, 2022

Sean Court, Assistant Deputy Minister (ADM)  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
438 University Ave, 10<sup>th</sup> Floor  
Toronto ON M7A 1N3

Transmitted by email: Sean.Court@ontario.ca

Dear ADM Court:

**Re: HPRO Submission on Bill 106 Regulation Consultation**

HPRO has submitted the following through the Ontario's Regulatory Registry's online comment process on "*Regulations under the Regulated Health Professions Act, 1991 (RHPA) - Registration Barriers for Regulated Health Professionals*", proposal [22-HLTC021](#), related to Schedule 6 of Bill 106, *Pandemic and Emergency Preparedness Act, 2022*. We appreciate you letting us know about this consultation, and we wanted to ensure that you were aware of the contents of our submission which has been provided through the emailed comment options within Ontario's Regulatory Registry.

**CANADIAN EXPERIENCE**

It is recognized that exemptions to the regulation will be permitted for those Colleges who would continue to require Canadian experience in the public interest.

**LANGUAGE PROFICIENCY**

This portion of the proposed regulation could create additional burdens for those applicants whose regulator does not currently request a language test. If a college requires a test or demonstrations of proficiency not used by IRCC, we would recommend that a similar provision be made to that under Canadian Experience, i.e., "Exemptions would be granted through a regulation made under the *RHPA*."

**TIMELY REGISTRATION DECISIONS**

While Colleges strive to provide timely decisions, the need for panels of the Registration Committee to make decisions within 10 business days "of the deadline for receiving an applicant's submission" could be difficult to achieve in the current regulatory structure. Meetings of panels include members of the profession and public members appointed by the government whose schedules may not allow for the restricted number of days to be met.

Additionally, while the proposal does signify the receipt of a "complete application", many aspects of that process are outside of the control of the College. Carefully defining

“complete application” will be important to ensure Colleges are able to adhere to any provisions in regulations.

Implications for the Health Professions Appeal and Review Board (HPARB) should also be considered, including potential increases in applicant appeals due to speedy decisions and any need to impose time restrictions on HPARB decisions to be consistent with those being imposed on regulators.

#### **EMERGENCY CLASS OF CERTIFICATES OF REGISTRATION**

Some Colleges have this mechanism in place, and it would be recommended to allow Colleges to continue to use their current processes to meet this objective. Some will continue to ask for Government’s assistance in defining “emergency”, recognizing this can vary greatly across professions and the country.

#### **IN CLOSING**

In the analysis of the regulatory impact, it should be noted that significant costs will be incurred for Colleges to comply with changes as proposed, including, but not limited to, legal reviews and expenses and time related consultations as mandated for those processes.

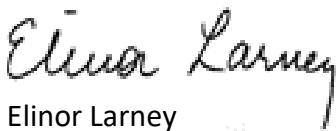
Additionally, unintended consequences for regulators across Canada, as they adhere to the principles of the Canadian Free Trade Agreement (CFTA), must be acknowledged.

Be assured that HPRO’s member Colleges are committed to preventing any barriers to registration for healthcare professionals, recognizing the paramount need for regulators to fulfill their mandate to protect the public.

Please feel free to contact me through our Executive Director, Beth Ann Kenny, at [bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca) or by phone at 416-493-4076, for any clarification or for additional information. Thank you for the opportunity to respond.

ADM Court, thank you, again, for keeping HPRO’s member apprised. We look forward to working with you and your team as governance modernization efforts continue.

Sincerely,



Elinor Larney  
Chair

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH  
Stephen Cheng, Manager  
HPRO Board of Directors

## HEALTH PROFESSION REGULATORS OF ONTARIO

### CONTENTS:

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## COVID-19 PANDEMIC

*Again during the 2021-2022 corporate year, HPRO held no face-to-face meetings. As the pandemic appears to wane, or Ontarians are becoming acclimatized to new ways of doing things, the heroic efforts of the Province’s healthcare professionals and leaders in government and the regulatory sector will not be forgotten.*



**Management  
Committee Members:**

Kevin Taylor, President  
(until his passing on  
August 6, 2021)

Elinor Larney, Vice-  
President

Judy Rigby, Treasurer

Kelly Dobbin, Member

Dan Faulkner, Member

Linda Gough, Past  
President

**PRESIDENT & MANAGEMENT COMMITTEE REPORT**

*This report covers HPRO's corporate year from the June 7, 2021, Annual Meeting, reporting to the June 1, 2022, Annual Meeting.*

**RECOGNIZING THE PASSING OF HPRO PRESIDENT KEVIN TAYLOR**

Kevin Taylor passed away on August 6, 2021, after a brief illness. Kevin's ability to bring people together, to be a calming force in times of adversity, and to find ways to shine with grace and levity when needed will not be forgotten. Sincere condolences were shared with Kevin's wife, Jackie, his four children, and his parents and sister, along with Carole Hamp and his team at CRTO, by HPRO and its members. In memory of Kevin, readers are invited to go to a website dedicated to Kevin by his family and friends ([kevinmtaylor.ca](https://kevinmtaylor.ca)) and to watch an HPRO video created in Kevin's memory, where Kevin's personal words of wisdom and reflection are found (<https://youtu.be/3qNmHz5ZXQ4>).



Tremendous thanks are extended to Elinor Larney, HPRO's Vice-President, who led HPRO in Kevin's absence, i.e., since his illness began in April 2021. With the hard work and support of Elinor and the Management Committee, along with the HPRO Board and many volunteers who are recognized later in the 2021-2022 Highlights document, HPRO was able to accomplish much and press on during difficult times.

**CONTINUED FOCUS ON PRIORITIES**

While the COVID-19 pandemic continued to necessitate HPRO's attention, the long-term priorities were in focus, consistent with the previous years: governance modernization, the Ministry of Health's College Performance Measurement Framework (CPMF) and the Anti-BIPOC Racism Project.

**GOVERNANCE MODERNIZATION**

Observing trends across Canada and among international regulators, HPRO kept abreast of those trends and outcomes from modernization efforts. A number of meetings and presentations occurred during the year (*see details on page 3*). HPRO also responded to some Ministry initiatives, and, at the close of HPRO's corporate year, the Ontario Government had opened a consultation on changes from Bill 106 which relate to Colleges' registration practices.

## PRESIDENT & EXECUTIVE COMMITTEE REPORT (CONT.)

### COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The second submission of Colleges' CPMF reports were made publicly available by each College as of March 31, 2021. The reports help the public understand how well regulatory Colleges are doing their job and to help continually improve accountability, transparency, and oversight. With commendable practices identified in the first reports, the mechanism is beginning to help demonstrate how well Ontario's regulatory health Colleges are protecting the public interest. A network of HPRO members meets regularly to share information about their CPMF reports, weekly from October 15 to March of 2022.

### ANTI-BIPOC RACISM PROJECT

The Anti-BIPOC Racism Project, led by Judy Rigby, progressed over the year, working to provide resources for Colleges related to diversity, equity, and inclusion. It was recognized that change is necessary to eliminate existing racial inequities for Colleges to best serve and protect the public. A multi-pronged approach includes the development of a toolkit for regulators and foundational education and training for College Boards/Councils, committee members and other volunteers, and staff. Key presentations were also provided:

- Anti-BIPOC Racism Project Town Hall with Dr. Javeed Sukhera, reviewing his report and recommendations for HPRO
- HPRO and the Office of the Fairness Commissioner (OFC) Webinar - Collecting Race-Based and Other Populations-Based Data: A Vital Starting Point

### MEETINGS WITH STAKEHOLDERS AND PRESENTATIONS TO THE HPRO BOARD OF DIRECTORS DURING 2021-2022 YEAR:

- Multiple meetings with Assistant Deputy Minister Sean Court, Director Allison Henry, Manager Stephen Cheng and others on issues including COVID-19, the CPMF, governance modernization, and other government priorities
- Craig Roxborough, Director, Policy, at CPSO, presentation on its patient engagement integration success
- Jason Maurier, Manager, and Sarah Kibaalya, Senior Policy Analyst, Regulatory Oversight and Performance Unit, Ministry of Health on CPMF
- Workshop on Information-Sharing/Section 36 Policy Development
- Anne Coghlan, Executive Director & CEO of the College of Nurses of Ontario presentation on her "Top 10 Registrar Reflections" prior to her retirement
- Melanie Woodbeck, Registrar & Executive Director, College of Dietitians of Ontario, presentation "Advancing Equity at the College of Dietitians of Ontario"
- Presentation by the Ontario College of Teachers re. its Governance Transition

### GOVERNANCE TRAINING FOR RHPA COLLEGES

This webinar for College Staff, Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. Sessions were held on the morning of October 22 & 29, 2021, (20 registered from 8 Colleges) and April 1 & 7, 2022 (45 registered from 12 Colleges).

### Anti-BIPOC Racism

#### Working Group:

Judy Rigby (CDTO), Chair

Deborah Adams (CDHO)

Zahra Grant replacing  
Kelly Dobbin (CMO)

Naakai Garnett (CMTO)

Linda Gough (to  
September 22, 2021)  
(CMRITO)

Brian Fehst replacing  
Lara Thacker and  
Danielle Lawrence (CKO)

Tim Mbugua (COTO)

Kevin McCarthy (CNO)

Brian O'Riordan  
(CASLPO)

Margot White (CONO)

## INVESTIGATIONS AND HEARINGS NETWORK

- The Investigations and Hearings Network, open to all HPRO-member staff involved in that core area of College work, provides opportunities for information-sharing through a well-used list-serve system and meetings.
- Nanci Harris of RCDSO led a meeting of the I&H Network on March 29, 2022, where hybrid work models and other key issues were discussed. Representing 20 Colleges, 38 attended.

## HPRO MEMBER STAFF KEY AREA NETWORKS

Staff have access to Networks of College areas of activity, including:

- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

## EDUCATIONAL OPPORTUNITIES

HPRO's members' Boards/Councils, committees, and staff are provided with resources for orientation, education, and training, including:

- Governance Training led by Richard Steinecke (*see page 3*)
- Discipline Orientation Workshops with faculty Luisa Ritacca and Richard Steinecke (*see page 6*)
- Education for Health Professional Regulators of Ontario (EHPRO) (all aspects of the *RHPA* available online for members)
- Training Videos about Patient Sexual Abuse (available online for members)
- Communicators' Day Conference and first Lunch'n'Learn (*see page 5*)

## HPRO'S ONLINE RESOURCES



- **Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario**
- **Consent and Capacity Resources**
- **Positions available at HPRO Member Colleges**
- **Information on College Board of Directors/Council Meeting dates**

## COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Ryan Pestana, continues to focus on encouraging public use of [www.ontariohealthregulators.on.ca](http://www.ontariohealthregulators.on.ca) (OHR), the public-facing website that provides links to Colleges, specifically their public registers, information about complaints, and public consultations. This initiative, which is promoted through Google ads, Zoomer media, and Facebook posts, is consistent with Colleges' duty to promote and enhance relations between Colleges and the public.

To further support HPRO members, the annual Communicators' Day Conference, with a Planning Subcommittee Chaired by Mark Sampson, was held on November 24, 2021. Sessions included "Social Media Misinformation/Disinformation (esp. during COVID 19)", an EDI-focused presentation by Angela Mashford-Pringle, "Accountability for Cultural Safety in Healthcare", and the annual "Steal This!" session where members share their interesting innovations and promising practices. There was participation by 43 from 23 Colleges.

Also, Lisa Pretty organized the first Lunch'n'Learn, held on April 26, 2022. A presentation on "Communicating Change: Tips for Health Regulators" was provided by Andrea Montgomery, Vice President of Redbrick Communications. The session had 40 attendees from 17 Colleges.

*The OHR website provides the public with a centralized location for links to all RHPA Colleges and includes featured stories, public consultation information, and more.*



## NOMINATIONS COMMITTEE

In anticipation of HPRO's amended by-laws being approved at the 2022 Annual Meeting, the Nominations Committee facilitated the call for nominations for HPRO's officers and Management Committee Members as well as HPRO's Committee membership appointments for the 2022-2023 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

### Communications Committee Members:

- Ryan Pestana, Chair (CMTO)
- Dave Bourne (OCP)
- Lisa Gibson (CASLPO)
- Margaret Goulding (to February 2022) (CMLTO)
- Kristi Green (CNO)
- Kate Fane (to March 2022) replacing Victoria Marshall and Nila Halycia (CMO)
- Ryan Pestana (CKO)
- Lisa Pretty (College of Physiotherapists of Ontario)
- Mark Sampson (CPSO)
- Nancy Stevenson (COTO)

### Communicators' Day Planning Subcommittee Members:

- Mark Sampson (CPSO), Chair
- Maria Feldman (to October 1, 2021) (CMTO)
- Yvonne Leung (COTO)

### List of Committee Members:

Linda Gough (CMRITO), Chair  
 Carole Hamp (CRTO)  
 Ann Zeng (CTCMPAO)

## DISCIPLINE ORIENTATION COMMITTEE

### Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO)

### Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Richard Steinecke (Steinecke Maciura LeBlanc)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. With virtual training options now available, HPRO is able to offer more opportunities for these training sessions.

### 2021 Workshops: 63 registrants from 16 Colleges

October 1 – Basic Program 44 registrants (16 Colleges represented)  
October 7 – Advanced Program 33 registrants (11 Colleges represented)

### 2022 Workshops:

April 8 – Basic Program: 30 registrants (11 Colleges represented)  
May 13 – Advanced Program: 14 registrants (9 Colleges represented)

### Upcoming in 2022:

October 14 – Basic Session / November 4 – Advanced Session

## REASONS WRITING WORKSHOP—NEW IN 2021

HPRO launched an interactive workshop based on feedback from the Discipline Orientation sessions to enhance attendees' abilities to write reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Sessions were held on October 15 (42 registrants from 12 Colleges) and December 3 (21 registrants from 8 Colleges), 2021.

The next workshop is planned for June 30, 2022

## INFORMATION-SHARING POLICY WORKING GROUP

### List of Working Group Members

The Working Group drafted a document for discussion that would enhance consistency of Colleges' approaches to proactive and reactive disclosure of information under the RHPA, s36. The project is ongoing.

- Rod Hamilton, Initial Chair, and Anita Ashton, Chair (College of Physiotherapists of Ontario)
- Angela Bates (OCP)
- Suzanna Bilyk (CMTO)
- Eric Bruce (CDHO)
- Sean Cassman (CTCMPAO)
- Leanne Cheng (CDTO)
- Aoife Coghlan (COTO)
- Carolyn Gora (CNO)
- Carole Hamp and Shaf Rahman (CRTO)
- Tina Langlois (CMRITO)
- Kevin McCarthy (CNO)
- Michele Pieragostini (CMO)
- Wendy Waterhouse (RCDSO)

## TRANSITIONS

### HPRO MEMBERS:

- **College of Dental Hygienists of Ontario:** **Glenn Pettifer** was appointed Registrar/CEO, effective January 4, 2022. **Lisa Taylor** had left the role on September 30, 2020, and **Jane Keir** was appointed Acting Registrar until the appointment of **Deborah Adams**, effective February 17, 2021, who served until **Deborah** assumed the role as Registrar & CEO at the College of Registered Psychotherapists of Ontario, announced July 27, 2021.
- **College of Denturists of Ontario:** **Roderick Tom-Ying** was appointed Acting Registrar as **Glenn Pettifer** left the role of Registrar, effective January 3, 2022.
- **College of Dietitians of Ontario:** **Melanie Woodbeck** was appointed Registrar & Executive Director, effective October 25, 2021. **Laura Sheehan** had served as Interim Registrar and Executive Director from April 30, 2021, to October 24, 2021, replacing **Melisse Willems**.
- **College of Kinesiologists of Ontario:** **Nancy Leris** continued to serve as the Acting Registrar while **Brenda Kritzer** was absent from her role as Registrar of CKO from October 1, 2020, until **Brenda's** retirement on April 21, 2021, and **Nancy** was appointed Registrar on June 30, 2021.
- **College of Massage Therapists of Ontario:** **Maureen Boon** was appointed Registrar & CEO, effective November 22, 2021, replacing **Corinne Flitton** who retired at that time.
- **College of Medical Laboratory Technologists of Ontario:** **John Tzountzouris** was appointed Registrar & CEO effective October 1, 2021 upon **Kathy Wilkie's** retirement on September 30, 2021.
- **College of Nurses of Ontario:** **Carol Timmings** was appointed Acting Executive Director and CEO, effective April 1, 2022, following **Anne Coghlan's** retirement on March 31, 2022.
- **College of Registered Psychotherapists of Ontario:** **Deborah Adams** left her role as Registrar on February 15, 2021. **Mark Pioro** was appointed Acting Registrar at that time. **Deborah** was appointed as Registrar & CEO again, announced July 27, 2021.
- **College of Respiratory Therapists of Ontario:** **Carole Hamp** was appointed Acting Registrar on April 14, 2021, and was named Registrar, effective December 6, 2021, replacing **Kevin Taylor** who passed away on August 6, having left the role for medical leave of absence on April 14, 2021.
- **Ontario College of Pharmacists:** **Shenda Tanchak** was appointed Registrar & CEO, effective May 30, 2022; **Susan James** served as Acting Registrar from October 15, 2021, to May 30, 2022, replacing **Nancy Lum-Wilson**.



## Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)

College of Chiropodists of Ontario (COCOO)

College of Chiropractors of Ontario (CCO)

College of Dental Hygienists of Ontario (CDHO)

College of Dental Technologists of Ontario (CDTO)

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario (CHO)

College of Kinesiologists of Ontario (CKO)

College of Massage Therapists of Ontario (CMTO)

College of Medical Laboratory Technologists of Ontario (CMLTO)

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)

College of Midwives of Ontario (CMO)

College of Naturopaths of Ontario (CONO)

College of Nurses of Ontario (CNO)

College of Occupational Therapists of Ontario (COTO)

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario (CPSO)

College of Physiotherapists of Ontario

College of Psychologists of Ontario

College of Registered Psychotherapists Therapists of Ontario (CRPO)

College of Respiratory Therapists of Ontario (CRTO)

College of Traditional Chinese Medicine Practitioners and

Acupuncturists of Ontario (CTCMPAO)

Ontario College of Pharmacists (OCP)

Royal College of Dental Surgeons of Ontario (RCDSO)

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College of  
**Midwives**  
of Ontario

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



# Operational Plan Progress Report

## June 2022

## 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.

### 1.1 Competency-Based Assessment Program






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.

### 1.2 Educational Intervention Programs

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.

## STRATEGIC PRIORITY 1

# Regulation that enables the midwifery profession to evolve

	2021	2022	2023	2024	2025
<b>1.1 Assessment Program</b>					
• Develop a project plan, including work schedule and identifying the necessary resources					
• Develop a competency-based assessment program					
• Pilot and implement the competency-based assessment program					
<b>1.2 Educational Intervention Programs</b>					
• Conduct needs assessment and jurisdictional scan					
• Develop and implement a comprehensive tool identifying programs to address knowledge and skills gaps in midwives					



Complete



Ongoing/Planned



At Risk



Not Started

## 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.

### 2.1 Understand/Address Client Needs

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.

### 2.2 Data-Driven Regulatory Activities

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 the most value in supporting good practice and act upon critical issues that present a risk of harm to clients.

### 2.3 Collaborative Data Sharing

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 collaborate to support each other's goals.

## 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.

#### 2.4 Publish Insights

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.

#### 2.5 Data Management Strategies and Systems

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.

## STRATEGIC PRIORITY 2

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

	2021	2022	2023	2024	2025
<b>2.1 Understand/Address Client Needs</b>					
• Develop a data strategy framework and analytics strategy	Ongoing/Planned				
• Develop and conduct surveys with midwifery clients			Not Started		
• Analyze the results. Using the findings develop a program of action				Not Started	
• Execute the program of action					Not Started
<b>2.2 Data-Driven Regulatory Activities</b>					
• Develop a data strategy framework and analytics strategy	Ongoing/Planned				
• Prepare the data for analysis			Not Started		
• Analyze the results. Using the findings to develop a program of action				Not Started	
• Execute the program of action					Not Started



Complete



Ongoing/Planned



At Risk



Not Started

## STRATEGIC PRIORITY 2

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

	2021	2022	2023	2024	2025
<b>2.3 Collaborative Data Sharing</b>					
• Conduct needs assessment and jurisdictional scan			Not Started		
• Work with partner organizations to explore ways to share the data we collect				Not Started	
• Formalize data sharing agreements					Not Started
<b>2.4 Publish Insights</b>					
• Publish data and insights drawn from surveys conducted with midwifery clients and midwives					Not Started
<b>2.5 Data Management Strategies and Systems</b>					
• Revise Records Retention and Disposition Policy	Ongoing/Planned				
• Create and implement data management strategy and systems		Ongoing/Planned			



Complete



Ongoing/Planned



At Risk



Not Started

## 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.

### 3.1 Promote Understanding of the College's Role

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.

### 3.2 Greater Transparency of Regulatory Processes

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.

### 3.3 Introduce Orientation Workshops

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.

### 3.4 Professional Regulation Workshops

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.

## 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.

#### **3.5 Collect Feedback on Public Perception**





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.

#### **3.6 Report on Regulatory Performance**

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

## STRATEGIC PRIORITY 3

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

	2021	2022	2023	2024	2025
<b>3.1 Promote Understanding of the College's Role</b>					
• Develop a project plan, including work schedule and identifying the necessary resources					
• 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					
• 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)					
• 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					



Complete



Ongoing/Planned








At Risk



Not Started

## STRATEGIC PRIORITY 3

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

	2021	2022	2023	2024	2025
<b>3.2 Greater Transparency of Regulatory Processes</b>					
• Develop a project plan, including work schedule and identifying the necessary resources					
• Develop a repository of practice advisories and decision-making tools and flowcharts to improve the transparency of our decision-making and to manage expectations appropriately					
• Rebuild the content of the website as it relates to consultations and surveys and presenting the information to midwives					
• Develop an online portal to provide midwives who are subject to a College proceeding with access to key information about the process and to the status of their specific case at each step					
<b>3.3 Introduce Orientation Workshops</b>					
• Develop content for orientation workshops					



Complete



Ongoing/Planned



At Risk



Not Started

## STRATEGIC PRIORITY 3

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

	2021	2022	2023	2024	2025
<b>3.4 Report on Regulatory Performance</b>					
• Develop student engagement plan (in line with our stakeholder engagement strategy)	Ongoing/Planned				
• Develop content for workshops				Not Started	
• Survey final year students to track attitude or perception changes (a baseline survey was conducted in 2020)					Not Started
<b>3.5 Collect Feedback on Public Perception</b>					
• Develop a data strategy framework and analytics strategy	Ongoing/Planned				
• Develop and conduct surveys. Analyze the results and develop a program of action			Not Started		
• Execute the program of action				Not Started	
• Survey the public and midwives to track attitude or perception changes					Not Started
<b>3.6 Report on Regulatory Performance</b>					
• 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)	Complete			Not Started	



Complete



Ongoing/Planned



At Risk



Not Started

# BRIEFING NOTE FOR COUNCIL

**Subject:** Establishing equivalency under the Registration Regulation

## Background

For issuance of a certificate of registration under the Registration Regulation, in addition to the other requirements, an applicant must have met one of the following non-exemptible education requirements:

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

1. The applicant must have at least one of the following,
  - i. A baccalaureate degree in health sciences (midwifery) from a university in Ontario.
  - ii. A degree, diploma or certificate from a program listed in Schedule 1.
  - iii. Qualifications that are equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council.

An applicant who is an internationally educated midwife (IEM) will not have a degree from a university in Ontario, nor a degree, diploma or certificate from a program listed in Schedule 1, the Midwifery Pre-registration Program of the Michener Institute of Applied Health Sciences, which no longer exists. The applicant, however, can have qualifications that are equivalent to the degree referred to above as determined by Council and as outlined in section 8(1)1.iii of the Registration Regulation.

Until more recently, the International Midwifery Pre-registration Program (IMPP) was the body designated by Council to determine this equivalency for the purpose of meeting this requirement for entry to practice under the Registration Regulation. IEMs would apply to the IMPP and if they met certain criteria and were successful in the assessment phases, were then able to complete the bridging program. With the IMPP not currently being offered, the College acted quickly to ensure a route of entry for IEMs wishing to become registered to practise in Ontario.

Having retained the former Director and Founder of the IMPP as an expert in midwifery bridging and competency assessment, the College is well into the process of developing a new orientation and assessment process for IEMs.

The new orientation and assessment program is being designed so that applicants who otherwise do not meet the non-exemptible education requirements for a certificate of registration may be given fair opportunity to demonstrate equivalency to the qualifications outlined in the Registration Regulation (i.e. a baccalaureate degree in health sciences (midwifery) from a university in Ontario). This will involve orientation

to the practise of midwifery in Ontario and the assessment of the presence of the Canadian Competencies for Midwives for entry to practice. In addition, the orientation and assessment program assists applicants in meeting other non-exemptible requirements for issuance of a certificate of registration.

### Orientation and Assessment Program Overview

There are three proposed phases to the program:

#### **Phase one**

1. Applicants review information on College website about the program, Ontario midwifery and the registration requirements
2. Applicants self-assess to determine ability to move forward with application and program
3. Applicant submits application and supporting documentation to the College to determine that minimum requirements are met and to enable access to phase two.

#### **Phase Two**

1. Applicants sequentially work through self-directed online modules related to prenatal, intrapartum and postpartum midwifery care. Modules will cover key knowledge and concepts needed for orientation, entry to practice competence and equivalency. The modules will include practice scenarios and tests. Applicants must successfully complete each module before moving onto the next module.
2. Having successfully completed the above, the applicant will then undertake additional modules related to orientation including cultural safety and jurisprudence, as well as clinical competencies related to fetal surveillance, obstetric emergency management, and neonatal resuscitation

#### **Phase Three**

Applicants who successfully complete phase two move on to complete a two week in-person intensive which allows for skills practise and formal assessment of competencies including written exams and Objectively Structured Clinical Examinations (OSCE).

Based on an objective assessment of knowledge and competencies, a report will be issued noting whether or not the applicant has successfully demonstrated the competencies required for entry-to-practise and establishment of qualifications equivalent to the degree required under the Registration Regulation.

Following successful completion of the orientation and assessment program, applicants will be eligible to write the national qualifying examination (Canadian Midwifery Registration Examination) and complete their application for registration, where all other requirements under the Registration Regulation must be met. These applicants are likely to be registered in the Supervised Practice class.

In the development of the process consideration will be given to what flexibility for review/reconsideration can be built into the program, where an applicant is unsuccessful in demonstration of the necessary competencies. Where a non-exemptible registration requirement is not met, the application for registration with the College will be referred to a panel of the Registration Committee for consideration, following the normal process as outlined in the *Regulated Health Professions Act, 1991 (RHPA)*. Decisions of panels of the Registration Committee are appealable to the Health Professions Review and Appeal Board (HPRB).

The Council is asked to approve the new orientation and assessment program pilot for the purpose of determining qualifications that are equivalent to the degree referred to in the Registration Regulation in accordance with section 8.(1)1.iii, enabling a possible route of entry for IEMs.

### Key Considerations

1. Midwives in Ontario are primary care providers that act on their own authority and are authorized to perform numerous controlled acts within the scope of practice. Midwives in Ontario provide care throughout pregnancy, labour, birth, and the postpartum period in hospital and out of hospital settings, as well as care to the newborn. Graduates with baccalaureate degrees from an Ontario university are trained to obtain the knowledge and skill to be able to work across the scope upon graduation and registration.

As the regulator, we need an orientation and assessment program that fairly and effectively assesses the knowledge and skill of the applicant to determine equivalency to the education qualifications outlined in the Registration Regulation. This helps to ensure that those who become registered are able to practise safely in Ontario.

2. The College must have a route of entry into the profession for IEMs.
3. The new orientation and assessment program is based on the same principles of best practice in competency assessment and orientation as the IMPP, which operated successfully for 19 years. Our College consultant is experienced and a subject matter expert in this area. They are developing the new program to pilot an orientation and assessment program that is rigorous, inclusive, accessible (with the majority of the program being offered virtually) and based on the principles of the Office of the Fairness Commissioner's fair registration practices of objectivity, impartiality, transparency and fairness.
4. The Registration Committee is overseeing policy decisions related to the new program. At its most recent meetings, the Registration Committee considered eligibility criteria and rationales for candidates wishing to enter into the orientation and assessment program. The proposed criteria are based on evidence from 19 years of data from the IMPP, fair access principles, and an inclusion and anti-racism perspective. They are similar to what were used by the

IMPP and are correlated to success in entry to practice. The Registration Committee will also be involved in the development of future Plans for Supervised Practice and Evaluation.

5. It is proposed that this new orientation and assessment program be launched as a pilot and be approved by Council for one cycle. The pilot will be evaluated and a final report provided. From there the College and Council can determine how to proceed.
6. As we look to implement this new orientation and assessment program and route of entry for establishing equivalency, the proposed Ontario Government changes to the *Regulated Health Professions Act, 1991* will need to be taken into consideration. The proposed changes relate to the prohibition of Canadian experience, language proficiency requirements, timely registration decisions and emergency classes of registration. College staff will be consulting with the OFC to review any implications. This has also been considered by the Registration Committee in consideration of the eligibility criteria.
7. The College is looking to launch the pilot program in the summer and to start to accept applications leading into the Fall at which time candidates could begin phase two of the program.

#### Recommendations

The following motion is submitted for approval:

- That Council approves the pilot of the new College orientation and assessment program for internationally educated midwives for the purpose of determining qualifications that are equivalent to the degree referred to in the Registration Regulation in accordance with section 8.(1)1.iii of O. Reg. 168/11 Registration Regulation, under the *Midwifery Act, 1991*.

#### Implementation Date

Effective immediately.

#### Legislative and Other References

Registration Regulation under the *Midwifery Act, 1991*

#### Attachments

None

Submitted by: Registration Committee

## Regulatory Impact Assessment Statement

Title of the Initiative: Revisions to the Second Birth Attendant Standard

Context and Problem Definition

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

### The Problem

The College is annually providing waivers to a small number of midwives for working below the Second Birth Attendant Standard. Waivers are for extenuating circumstances and cannot be a permanent solution for midwives to continue working below a standard.

### Background

On June 1st, 2018, the College of Midwives of Ontario (College) replaced its requirement that all births be attended by two midwives with the requirement that all births be attended by a midwife and a second attendant. This was done because there is no evidence to show that all births need two primary care providers and it is not a standard of care for other maternity care providers in the province (i.e., most births are attended by a physician and a nurse). However, there is also no standard of care about who should attend births and very little research that specifically evaluates the safety of birth based on the number or type of care provider in attendance. In the absence of such guidance, Council chose to articulate the expectations of the second birth attendant role in its [Second Birth Attendant](#) Standard by requiring all second birth attendants obtain certificates of completion in neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR) and obstetric emergency skills (ES). The rationale for requiring certification was to ensure that second birth attendants had successfully completed objective training and evaluation programs that would give them skills to assist midwives in emergencies where two skilled individuals are necessary.

The Second Birth Attendant Standard sets out the minimum skill set required for a second birth attendant however it is not known what should be required. This presents a problem because while all second birth attendants are required to certify in NRP, not all midwives work with a second attendant who is able to do so. According to the Canadian Paediatric Society (CPS), the Canadian organization responsible for delivering this program, only licensed or regulated health professionals who would be expected to participate in neonatal resuscitation as a part of their professional role, or a student of a licensed or regulated health profession, are [eligible to enroll in NRP](#).

Midwives from a small number of rural practices cannot meet this standard because they cannot reliably find second birth attendants who are eligible to enroll in NRP. As a result, the College has been waiving these midwives from the second birth attendant NRP requirement using our waiver policy. The waiver policy permits midwives who, because of exceptional

circumstances, cannot meet a minimum standard (e.g., cannot meet the requirements of the Second Birth Attendant Standard). On October 1, 2018, 14 midwives (2% of the general membership and approximately 25% of rural and remote practices) were granted waivers to work below the Second Birth Attendant Standard. Only midwives practising in rural and remote locations have applied for waivers, suggesting that there are differences between midwifery practices in urban and rural and remote locations, and that clients receiving care in these rural and remote locations can expect their midwives to be working below a minimum standard of the profession. The waivers continue and in October 2021, waivers were granted to midwives from five practices who were unable to meet the standard because of the NRP requirement.

The College does not consider waivers a permanent solution to the problem midwives in these rural and remote practices are facing and so needs to understand if second birth attendants should be required to certify in NRP specifically and, more broadly, what skills are required to do this work.

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

Yes

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

The rationale for setting a minimum skill requirement for second attendants was to ensure that a second birth attendant has the knowledge and skills required to assist a midwife during an obstetrical or neonatal emergency where a lack of skills could result in maternal or neonatal morbidity or mortality.

## **Options**

### **1. Are the risks you have identified currently managed?**

No

The College's Second Birth Attendant Standard requiring all second birth attendants attending home births to be certified in NRP, CPR and NRP is not managing the risks because waivers are routinely provided to work below this standard. Granting a waiver is not risk mitigation.

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

No

The College has met with stakeholders to propose alternatives to regulation but has been unsuccessful in garnering support for these proposed alternatives. Between 2018 and 2021 the College engaged with the Association of Ontario Midwives (AOM) and the Ontario Midwifery Program (OMP) expressing concern that midwives were working below the Second Birth Attendant Standard. We asked for alternative solutions to be found so midwives who have been funded to work in rural and remote areas of the province are able to meet the standards

of the profession and ensure our public protection mandate is met. We provided both organizations with recommendations for change that included a revised funding structure, a guideline about the necessary skills and training for health care providers working in the role of a second birth attendant, or a training program to prepare individuals to work as second birth attendants.

The College's recommendations were not accepted by our stakeholders. As a result, we believe the College must play a role.

### Initial Assessment of Impacts

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

There are no costs to the option being considered. The benefit is that a revised Second Birth Attendant Standard will be achievable by all midwives and not only midwives who practice in areas of the province without health human resource shortages. This means that clients will have midwives who can offer the option of home and hospital birth as a standard of the profession.

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

No

There is no additional burden in revising the current standard.

### Evidence Base, Planning of Further Work and Implementation

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

The Quality Assurance Committee (Committee) is recommending revisions to the Second Birth Attendant Standard by removing the requirement for certification in NRP.

**History of this option**

At the Committee meeting in December 2021, the Committee directed staff to find a solution that permitted midwives working in communities with health human resource shortages to meet the standards of the profession.

At the March Committee meeting, the Committee was asked to consider one of the following options:

- Revise the Second Birth Attendant Standard and replace **certification** in NRP (or NRP, ES, and CPR) with **competence** in NRP (ES, CPR)
- Rescind the Second Birth Attendant Standard and develop a guiding document on working with unregulated care providers

The Committee chose to keep the Second Birth Attendant Standard and replace certification in NRP with competence in NRP.

## 2. What information and data are already available?

The information used to make the decision to revise the Second Birth Attendant Standard was based on the literature about birth attendants, rural maternity care and NRP certification and is included below.

### i. Best practice for birth attendance

There is no evidence about best practice for birth attendance but in non-midwifery attended hospital births in Ontario the standard of care is a physician as the primary care provider and a nurse as the second care provider. We looked for research to show the skills that are required at a birth but were unable to find any data to describe this, so we looked at the literature to help us understand the following questions

- 1) Does a second birth attendant need to be competent to provide NRP?
  - 2) Does being certified in NRP mean an individual is competent in NRP or can a second birth attendant be competent and not certified?
- The American Academy of Pediatrics (2016) suggests that every birth be attended by at least one qualified individual skilled in the initial steps of newborn care and positive-pressure ventilation (PPV), whose only responsibility is management of the newborn baby. Studies have demonstrated that NRP training improves the correct sequencing and timing of the resuscitative steps and procedures by health care providers, provider knowledge and comfort in performing neonatal resuscitation, and five-minute Apgar scores.
  - UpToDate, an evidence-based database, states the following:

*In all instances, at least one health care provider is assigned primary responsibility for the newborn infant [1]. This person should have the necessary skills to evaluate the infant, and, if required, to initiate resuscitation procedures, such as positive pressure ventilation and chest compressions. In addition, either this person or another who is immediately available should have the requisite knowledge and skills to carry out a*

*complete neonatal resuscitation, including endotracheal intubation and administration of medications.*

- The Textbook of Neonatal Resuscitation Program (NRP) states *Every birth should be attended by at least one qualified individual skilled in the initial steps of newborn care and positive-pressure ventilation (PPV), whose only responsibility is management of the newly born baby. When a birth is attended by only 1 qualified individual, the likelihood of resuscitation should be low.*
- The literature about rural maternity care and NRP and found the Joint Position Statement on Rural Maternity Care (2010) recommends that practitioners skilled in neonatal resuscitation and newborn care should be regarded as essential to rural maternity care but did not define what *skilled* means.
- The Canadian Paediatric Society, that delivers and endorses NRP, states that NRP certification “does not imply that an individual has the competence to perform neonatal resuscitation in the clinical setting” (p. x111). And when looking at their research, the findings show that it is not necessarily a lack of NRP skills that lead to poor outcomes but that “poor teamwork and communication were the most common root causes for potentially preventable infant deaths in the delivery room” (page 9).

It is clear from the research and recommendations that one person must be competent in NRP for all births but there are not clear recommendations that two individuals must be.

It is also clear from the research that certification in NRP does not equate to competence in NRP.

Second birth attendants often work in home settings, so we looked at the research to understand if the recommendations for NRP or birth attendant were any different for home births.

- There is no research about who should be attending home births and whether it is necessary that two people with NRP must be in attendance
- A synthesis of home birth research reveals no literature about who should attend births and that what literature does exist is not consistent throughout the world.
- The national Joint Policy Statement on Normal Birth does not include any guidance about who should attend births or what their skills should be.
- The research that supports home birth is about midwife attended births but does not mention if births require one or two professionally trained care providers.
- International studies on home births in low-risk pregnancies are safest when numerous factors are present including providers who are well qualified and have the knowledge and training to manage first-line complications.

There is, however, no definition of what it means to be a provider who is “well qualified and has the knowledge and training to manage first-line complications” and whether one or more providers is required.

## **ii. Jurisdictional scan of Second birth attendants in other Canadian jurisdictions**

British Columbia, Saskatchewan, Nova Scotia, New Brunswick, and Alberta list the eligibility criteria for working as a second birth attendant which includes being a regulated health care professional, such as a physician, nurse, paramedic, or respiratory therapist and non-practising midwives and midwifery education graduates not yet registered and senior midwifery students. Manitoba states that in most circumstances a second attendant will be a regulated health professional such as another midwife, a nurse, or a physician. The Northwest Territories and Newfoundland and Labrador state the second birth attendant must be qualified but the qualifications required are not immediately apparent in their documents. Requirements for Nunavut and Quebec were not available.

## **iii. College Data**

We looked at complaints data for the past 10 years (2012–2021) to compare practices with 4 or fewer midwives. We looked at how many complaints led to recommendations, advice and recommendations, Alternative Dispute Resolution (ADR), Specified Continuing Education and Remediation Program (SCERP) and referrals to discipline. In total there were 130 cases that fell into this category of which 11 occurred in practices with 4 or fewer midwives (the category of those using second birth attendants). This means approximately 8% occurred among practices with 4 or less midwives. This was compared to the number of practices that currently have 4 or fewer midwives of which there are 18. This means 22% of practices have 4 or fewer midwives but our data show only 8% had complaints that required action. This suggests these small practices are not at greater risk however the data must be viewed cautiously.

## **iv. Interviews with midwives with waivers for the NRP requirement**

Midwives with waivers for working with second birth attendants who are not certified in NRP were asked for interviews. Five midwives agreed to speak with us and made it clear that the issue of working with second birth attendants who cannot certify in NRP is part of a bigger policy problem of understaffing and inadequate compensation for rural/remote midwifery practice groups. Rural and remote practices do not have access to sufficient health human resources for there to be two trained and regulated health care providers at a birth, in keeping with the standard of care in Ontario. There are not enough midwives in these communities to provide all the second birth attendant care and there is often a lack of nurses and other regulated professionals to provide this care. When there are regulated professionals, the funding for second birth attendants is

insufficient to recruit and retain them and they may not have the necessary skills to provide birth care. In addition, the caseload will never be enough for midwives to provide all the care as second birth attendants so increasing the number of midwives will not address the issue. This policy problem costs rural/remote practices time and money to recruit and train their second birth attendants. It also means rural/remote midwives are unable to meet a standard that all urban practices can meet.

In General – The midwives we interviewed enjoy working with their second birth attendants and are confident their second birth attendants have all the skills necessary to attend births safely and competently in that role. None of the interviewees expressed any concerns about working with their second birth attendants in a clinical capacity. The home birth rate in these rural practices is high, up to 45%, and this means the second birth attendants gain considerable birth experience. Some participants said they felt their second birth attendants might be more skilled at a home birth than an urban midwife who attends few home births.

The College has also heard from participants that taking away home births in their communities puts clients at risk by creating a situation where clients would choose unattended home births. In other situations, clients would have unattended births on their way into hospital owing to the distances required to travel.

This puts both the newborn and the mother at risk during labour and birth.

### **Training Second Birth Attendants**

Interviewees said they are especially committed to making sure the second birth attendants are competent because they do not want to be at a birth with anyone (i.e., a non-midwife) who does not have the required skills to act in this role. In fact, interviewees stated that because they cannot rely on their second being a midwife, they make extra certain their second birth attendants can assist in the ways necessary to provide a safe birth environment.

Training is routinely conducted by the midwives because there is no specific training for second birth attendants. Some practices do planned trainings every month focussed on a different skill. Some practices have skills checklists with the required knowledge and skills, from proper handwashing to helping set up intravenous lines. The second birth attendants tick off what they have completed and any gaps in their skills are addressed in a review and training session. Training provides the necessary skills and builds the confidence of second birth attendants

### **Why the current Second Birth Attendant Standard does not work for the practices with the waiver**

- In general, the NRP certificate makes people feel better. To say an RN can do it but nobody else can doesn't really make sense. A doula can learn things the way others can learn but simply cannot use NRP to the same extent. This is still safe
- Basically, the difference between a second birth attendant who holds an NRP certificate and a second birth attendant who does not is only the card
- The need for a waiver from this College standard is an administrative burden and is not the solution to the problem of a lack of midwives
- This is a huge example of a difficult policy to meet in a rural area that urban midwives don't have
- The problem with nurses as second birth attendants is their availability and the financial compensation for the work. The wage does not attract full time nurses and practices always need more than 1 second birth attendant. So, the standard is not realistic in requiring regulated professionals in rural areas to be second birth attendants.
- There is an underlying problem of lack of health human resources in rural areas which includes staffing of nurses. So, when nurses are employed, they cannot be on call for midwives because they already have a commitment to the hospital. This means it is mostly retired nurses who are able to work as second birth attendants and they are not eligible for NRP
- Just because a health care provider is eligible for NRP based on the CPS requirements doesn't mean they have any experience with birth or obstetrics. You may end up with an RN certified in NRP who has never been at a birth before. This is arguably less safe than a doula who has been to many births and has midwifery training in NRP
- Urban practices with many midwives might also be using second birth attendants but they are able to work with ones that can be certified in NRP because the pool of potential applicants is so much larger. And urban practices may be using second birth attendants, so the midwives don't have to attend births out of choice rather than out of necessity. This means rural practices are being disadvantaged by this standard where urban practices are not.

#### **v. Findings from College's 30-day public consultation**

At the March 2022 Committee meeting, the Second Birth Attendant Standard was approved for a 30-day consultation. An invitation to participate in the consultation was sent to 1,808 midwives and midwifery stakeholders on April 11 and a reminder was sent out on April 28. The consultation was also promoted on the College's social media channels Twitter and Facebook. The consultation closed on May 11, 2022. In total there were 37 respondents, 36 were posted publicly and one was a formal letter sent to the registrar from the AOM.

Most respondents were supportive of the changes to the standard with the rationale that the changes allow small rural practices to meet the College's standards of choice of birthplace and addresses shortages of health human resources in rural and remote communities by offering another choice of care provider. Respondents said second birth attendants are *key* to offering choice and are *invaluable* to practice. One respondent said,

*I'm not confident that our practice would be able to continue providing safe, accessible care to our clients without second birth attendants.*

Respondents also expressed confidence in the skills of the second birth attendants they work with describing regular training sessions with them and highlighting the component in the AOM's Emergency Skills Workshop focussed on NRP. Another respondent said *being a member of a regulated health profession does not make a person more proficient at NRP. Practice, training and experience are the keys to proficiency.*

While most of the responses were positive, there were a few respondents (2) who disagreed with the proposed changes stating that they believed second birth attendants should be certified in NRP.

## **vi. Rural Maternity Care**

There are issues of access to birth care in rural/remote Ontario and there are national recommendations to address these issues of access. While the College's mandate is not access to care, the ministry has funded these practices and so the College must do what it can to ensure that our standards are achievable by all midwives. The [SOGC Policy Statement](#) *Returning Birth to Aboriginal, Rural, and Remote Communities* (2015) provides national guidance regarding rural/remote births. The SOGC encourages the establishment and facilitation of programs that will return birth to rural and remote communities with the following recommendations as essential to the success of these initiatives.

- Providing women with the knowledge they need to understand the risks and benefits of giving birth in the community so they can make an informed choice.
- Respecting women's right to choose where they give birth.
- Ensuring the support of community leaders and elders and ensuring that women are part of the planning and implementation of birth plans.
- Creating policies and procedures to facilitate optimal communication, planning, trust-building, and overall collaboration between caregivers within the community and in the supporting referral centres.
- Developing protocols for clinical care for the community birth initiative and the referral centre and in collaboration with all health care providers.
- Ensuring that continuous monitoring and evaluation of risk during pregnancy and labour are understood to be critical and are in place at all times.

In addition to the SOGC's policy statement that reflects rural maternity care, there is a Joint Position Paper on Rural Maternity Care<sup>1</sup> (2012) with the following recommendations that are relevant to this issue:

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<sup>1</sup> This joint position paper has been prepared by the Joint Position Paper Working Group and approved by the Councils and/or Executives of the Canadian Association of Midwives, the Canadian Association of Perinatal

- Women who reside in rural and remote communities in Canada should receive high quality maternity care as close to home as possible
- Rural maternity care services would be supported through active policies aligned with these recommendations
- Innovative interprofessional models should be implemented as part of the solution for high quality, collaborative and integrated care for rural and remote women
- Practitioners skilled in neonatal resuscitation and newborn care should be regarded as essential to rural maternity care

In 2015, the AOM produced a Ministry of Health funded paper, [Rural and Remote Maternity Care in Ontario: Analysis and Recommendations](#). This paper acknowledged that second birth attendants play a crucial role in supporting rural and remote midwifery and stated that they must be able to access funded training programs near their community of residence to provide them with the necessary skills associated with their position.

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

None

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

The College has remained engaged with the practices who are affected by this policy and has notified them that this standard is going to Council in June 2022.

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

None identified

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

- Registrants will be advised of the changes to the standard and notified once it is approved.
- The findings from the public consultation will be posted

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

The revised Second Birth Attendant will be implemented on September 1,

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and Women's Health Nurses, the College of Family Physicians of Canada, the Society of Obstetricians and Gynaecologists of Canada and the Society of Rural Physicians of Canada

2022. The standard will be reviewed in 4 years in accordance with our policy review process unless there is an indication to review the standard prior to that time. The revised standard will be posted to the College's website on September 1, 2022.

Attachments: Revised Second Birth Attendant Standard

Submitted by: Johanna Geraci, Manager of Quality Assurance

# SECOND BIRTH ATTENDANT STANDARD

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## Purpose

The purpose of this Standard is to set out the College's requirements for midwives working with a second birth attendant.

## Definitions

**Second Birth Attendant** means an individual, other than a midwife registered with the College of Midwives of Ontario, who works with a midwife to provide care during labour, birth and the immediate postpartum, not in a subsequent postpartum visit. A second birth attendant may be a care provider who is regulated as a member of a health regulatory College in Ontario or who is an unregulated care provider.

**Unregulated care provider** means a care provider who is neither registered nor licensed by a regulatory body and who has no legally defined scope of practice.

## Standard

1. A midwife working with a second birth attendant must be registered in the general class without new registrant conditions.
2. A midwife must be confident that the second birth attendant they are working with has the knowledge, skill, and judgment to provide competent, respectful, and ethical care.
3. A midwife is accountable for the care provided by a second birth attendant who is unregulated<sup>1</sup> and is responsible for ensuring that a second birth attendant provides care in accordance with relevant practice standards, community standards and clinical practice guidelines.
4. A Midwife working with a second birth attendant must:
  - a) be in attendance during the provision of care by the second birth attendant
  - b) ensure the second birth attendant documents in the client record in accordance with the College's standards of practice

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<sup>1</sup> Second birth attendants who are regulated with another health regulatory college, such as the College of Nurses of Ontario, are accountable to their college for the care they provide within their scope of practice.

- c) delegate controlled acts in accordance with the College's standards of practice
  - d) ensure the client understands the role of the second birth attendant during the client's care
  - e) ensure the second birth attendant is competent to assist in the provision of care during neonatal resuscitation
5. When working with a second birth attendant who is not practicing in their capacity as an employee or privileged staff of a hospital or birthing centre, a midwife must:
- a) ensure the second birth attendant has attended and successfully completed a college approved course or program in obstetrical emergency skills in the past 24 months (every 2 years); and cardiopulmonary resuscitation (CPR) in the past 24 months (every 2 years).
  - b) ensure the midwife's professional liability insurance extends to cover the care provided by the second birth attendant
  - c) obtain informed consent from the client to the participation of a second birth attendant

## References (legislative and other)

*Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

Professional Standards for Midwives (June 2021)

Record Keeping Standard for Midwives (January 2013)

Approved by: College of Midwives of Ontario Council

Approval Date: June 22, 2022

Implementation Date: October 1, 2022

Last reviewed and revised: September 12, 2018; March 21, 2018

## Regulatory Impact Assessment Statement

Title of the Initiative: Revisions to the Clinical Education and Student Supervision Standard

### Context and Problem Definition

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

#### The Problem

A standard is required for setting out the expectations for midwives who supervise midwifery students, as well as students of other health care disciplines such as nursing and medicine. The Clinical Education and Student Supervision standard is what the College currently has in place to do this. The standard, implemented in 2014 and revised in 2017, requires review and updating to ensure it is doing what it is intended to do.

2. Is the problem about risk of harm?

Yes

3. If yes, explain the risks.

Clinical supervision is a key component of a student's education and training to become an independent primary care provider. Clinical supervision is critical for midwifery students to develop their professional values as well as acquire and consolidate their knowledge of essential midwifery skills such as clinical decision-making, clinical procedures and communicating with clients and health care providers. In addition, midwifery students must become increasingly independent as their education advances and be left to be more autonomous with clients. Inadequate supervision can make it difficult for students to acquire and consolidate their midwifery skills and gain independence which can result in a risk to the public both during a student's education and once they enter midwifery practice. For example, inadequate supervision may lead to client harm during student care but may also led to care that is delivered below a minimum standard once the student graduates and has entered the profession. As the regulator, the College has a responsibility to mitigate potential harms to the public through inadequate supervision of students.

### Options

1. Are the risks you have identified currently managed?

No

The College's Clinical Education and Student Supervision standard does not set minimum standards for midwives who are supervising students. Most of the standard focuses on

students by setting out what midwifery students can do independently. This puts clients at risk when a student is not ready for providing care independently despite working in accordance with the current standard. This means the current standard does not manage the risks posed to the clients by inadequate supervision.

The current standard also does not address students of other health care disciplines (which midwives participate in) which means there are no expectations regarding this supervisory role for midwives.

The Professional Standards for Midwives' Standard 47 sets the following requirements for midwives:

- Appropriately supervise students and peers whom you have a duty to supervise by:
  - Role modelling integrity and leadership
  - Facilitating their learning and providing opportunities for consolidating knowledge
  - Providing honest and objective assessments of their competence

While standard 47 provides some minimum expectations, it does not sufficiently address all the responsibilities of a midwife to ensure the College's public protection mandate is met.

The College has no other minimum requirements for midwives who are supervising students.

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

No

There are no alternatives to regulation because of the potential harms to the public, both immediate and future, of students who are inadequately supervised during the provision of midwifery care. Because of this impact on client care, regulation is required to mitigate the risks.

## **Initial Assessment of Impacts**

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

The benefits to the option of revising the standard is providing midwives, clients and students with a document detailing the minimum expectations for midwives in a

supervisory role based on the context of midwifery practice, legal requirements, and best practices. Benefits will also be gained by moving away from the details about what students can do by adopting standards that will support student learning while they consolidate their skills and develop autonomy.

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

No

There is no additional burden in revising the current Clinical Education and Student Supervision standard.

**Evidence Base, Planning of Further Work, and Implementation**

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

The Quality Assurance Committee (Committee) is recommending extensive revisions to the Clinical Education and Student Supervision standard such that it be replaced by what is essentially a new standard called Professional Responsibilities When Supervising Students.

**2. What information and data are already available?**

The information used to make the revisions to the Clinical Education and student Supervision Standard included:

- i. Research
- ii. Current approaches
- iii. College complaints data
- iv. Public consultation

**i. Research**

Research points to the importance of the learning environment in the education of students in the health care field. Positive learning environments include numerous factors such as social support for the student, autonomy that is appropriate to the student's knowledge and skills, objective evaluations of the student's performance and a manageable workload. Research also suggests that when adequate supervision is provided, with attention paid to the trainee's competence, that patient outcomes may be improved.

**ii. Current approaches**

Mention of students in the RHPA occurs in section 29 (1) which permits the performance of a controlled act by an individual providing that individual is *fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession*. The RHPA provides no interpretation of what supervision or direction means and it is up to RHPA colleges to interpret what they mean by supervision and direction. To understand how other Colleges interpret this we reviewed the approach of several regulatory Colleges.

Through a review of the policies, standards, and guidelines of other Colleges we found these documents generally refer to broader principles in setting out the role of student supervisors and are prescriptive when articulating core requirements and expectations (e.g., a supervisor must be in the general class of registration, a supervisor cannot enter into a relationship with a student). They also do not prescribe specific student responsibilities based on courses that the students are enrolled in. Rather, there are references to a student participating in care in a manner that is proportionate to their training.

### iii. College complains data

The College has information gathered from its ICRC trends analysis which details misunderstandings on the part of clients regarding student involvement. These data have generally reflected that some midwives are falling short of informing clients about the degree to which students may be involved in a client's care. These data suggest that midwives require a minimum standard requiring them to provide information to clients about the involvement of clients in their care. It also suggests that client consent to student involvement should be written into the standard.

### iv. Findings from College's public consultations

In 2021, the standard was revised by the Quality Assurance Committee and went out for a 30-day consultation in October. In November 2021, the Committee reviewed the standard post-consultation and provided significant feedback, recommending a new approach to the standard. The new approach aimed to tie all standards to the public interest. Changes included renaming the title of the standard, replacing the term "preceptor" with "supervisor, adding a preamble to the standard and categorizing the standard into the following three broad domains:

- Clinical supervision and involvement in client care
- Learning environment
- Professional conduct and boundaries

At the March 2022 Committee meeting, the standard, renamed Professional Responsibilities When Supervising Students was reviewed by the committee for a second time with changes significant enough to warrant a second 30-day consultation.

The Committee approved the standard for a second consultation and an invitation to participate was sent to 1,808 midwives and midwifery stakeholders on April 11 and a reminder was sent out on April 28. The consultation was also promoted on the College's social media channels Twitter and Facebook. The consultation closed on May 11, 2022.

In total there were 28 responses, 27 responses were submitted and posted publicly on the College's website and 1 response was sent to the College on behalf of midwifery students enrolled in the McMaster Midwifery Education Programme (MEP). College staff also met with faculty from the MEP and feedback from this meeting has also informed revisions to the standard

Most of the respondents supported the changes to the standard. Responses included *I find the new standard clear and concise* and *...overall the document is clear, and sets a reasonable standard for midwives who supervise students*

As well as the generally supportive comments there were numerous comments and suggestions for revisions to the standard. For example, several respondents were concerned about using specific terms such as *safe*, and *professional*. Other respondents raised concerns about bullying and discrimination and believed the standard needed to explicitly address these behaviours.

Additional changes to the standard were made based on the consultation. Most of the changes made after the second round of consultation were edits that improved the language of the standard but did not significantly change the content of the standard. Two important additions were made however, with the addition of standards 13 and 14, about discrimination and disruptive behaviour, in response to the comments about the need to explicitly address discrimination and bullying.

Another point worth mentioning is standard number 4 requiring consent for involvement. This requirement was removed after the first consultation based on concerns that consent would be difficult to achieve in some circumstances. This requirement was added back into the standard prior to the second consultation based on legal advice that it is a requirement for student involvement in care.

QAC reviewed and agreed with revisions to the standard at their June 2022 meeting and made the decision to bring it to Council for approval.

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

No further information needs to be gathered.

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

The College has engaged with the membership and all other stakeholders through two public consultations and met with the Midwifery Education Programs on two

separate occasions to discuss revisions to the standard. Future engagement will be to communicate with all registered midwives about the new standard as well as specifically engage the Midwifery Education Programs about the implementation of this standard.

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

No areas of uncertainty have been identified

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

- Registrants will be advised of the changes to the standard and notified once it is approved.
- The findings from the public consultation will be posted publicly on the College's website.

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

If approved by Council, Professional Responsibilities When Supervising Students will be implemented on September 1, 2022. The standard will be reviewed in 4 years in accordance with the College's policy review process unless there is an indication to review the standard prior to that time. The new standard will be posted to the College's website on September 1, 2022.

**Attachments:**

1. Clinical Education and Student Supervision standard (Current)
2. Professional Responsibilities When Supervising Students

Submitted by: Johanna Geraci, Manager of Quality Assurance and Shivani Sharma, Policy Analyst

# PROFESSIONAL RESPONSIBILITIES WHEN SUPERVISING STUDENTS

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## Preamble

Appropriate clinical supervision enables students to learn and achieve professional competence, confidence, and autonomy, ultimately ensuring safe and appropriate client care. The student's ability to develop the appropriate professional values, knowledge, skills, and behaviours is largely influenced by their supervisors and the learning environment in which they are supervised and mentored. Similarly, client safety that is at the core of quality midwifery care, is inseparable from a good learning environment and culture that values and supports students. Midwives supervising students are accountable and responsible for clients in their care and for their professional decisions and actions.<sup>1</sup>

## Purpose

The purpose of this standard is to define the professional responsibilities of midwives who supervise students.

## Definitions

**Supervisor** means a midwife who supervises a student in a clinical environment. This can include:

- a midwife who is the preceptor and is responsible for overseeing a specific student's clinical work through a placement in a clinical environment. They lead the evaluation and assessment of the student's practice throughout a placement and contribute to the report on whether the student should progress to the next stage of their training.
- a midwife who is the most responsible provider and holds overall responsibility for leading and coordinating the delivery and organization of a client's care and supervises a student at a specific moment in time.

**Student** means a person enrolled in an education or bridging program to become a regulated health professional.

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<sup>1</sup> The term *professional* encompasses the role and duties of a midwife as set out in the Professional Standards for Midwives.

**Conflict of interest** means a situation where a supervisor's personal relationship with a student improperly influences the supervisor's judgment, which may compromise the quality of the student's learning or client care and safety.

## Standard

### Clinical supervision and involvement in client care

1. Supervisors must ensure appropriate supervision when a student is involved in client care by:
  - a) Ensuring that a student's supervision is proportionate to the student's abilities, performance, confidence, and clinical experience and reflects their learning needs and stage of learning.
  - b) Determining and adjusting the level of supervision as needed, including determining when a student has the knowledge and skills to provide client care without the supervisor being physically present or to independently attend a birth as the second midwife.
  - c) Being immediately available to the student when not physically present during the clinical encounter or if unavailable, ensuring that an appropriate alternative supervisor is immediately available and has agreed to provide supervision.
2. Supervisors must ensure that a midwifery student only works within the boundaries of the midwifery scope of practice and the controlled acts authorized to midwives and adheres to the standards of the profession and other relevant standards. When supervising a non-midwifery student, all controlled acts must be delegated in accordance with the midwifery standards of practice.
3. Supervisors must have current knowledge and experience in the area in which they are providing supervision and feedback to a student.
4. Supervisors must ensure that a discussion occurs regarding the role of the student and consent is obtained for their involvement.
5. Supervisors must continuously monitor and identify concerns about a student's performance or conduct that may affect client safety. Once identified, concerns affecting the safety of clients must be addressed immediately and effectively.

### Learning environment

6. Supervisors must have the capacity and resources to provide appropriate clinical supervision and practical experiences for a student.
7. Supervisors must ensure that a student receives sufficient orientation and clear guidance about the placement before they get involved in direct client care.

8. Supervisors must create and foster a learning environment that:
  - a) Provides learning opportunities for consolidating skills and developing the professional knowledge, skills and behaviours required of midwives practising in Ontario.
  - b) Supports compliance with relevant legislation, regulations, policies, and standards governing the practice of midwifery.
  - c) Ensures students have an appropriate workload that minimizes the adverse effects of fatigue on the provision of client care.

### **Professional conduct and boundaries**

9. Supervisors must model integrity and leadership and act when a student is subjected to, or subjects others to, behaviours that undermine their professional confidence, performance, or self-esteem.
10. Supervisors must take reasonable steps to avoid supervising a student while in a conflict of interest, which includes supervising a relative or a person with whom they have a close or intimate relationship.<sup>2</sup>
11. Supervisors must provide honest and objective assessments of student performance and competence.
12. Supervisors must not engage in inappropriate sexual conduct or sexually abuse a student while mentoring, teaching, supervising, or evaluating the student.<sup>3</sup>
13. Supervisors must not engage in discrimination (e.g., racism, sexism, transphobia, violence, or harassment (including intimidation) against students.
14. Supervisors must assist and provide direction to students encountering disruptive behaviour (including discrimination, violence, and harassment) in the learning environment.<sup>4</sup>

### **References (legislative and other)**

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<sup>2</sup> It may not be possible in certain practice settings to avoid supervising a student with whom a midwife has a personal relationship, but it must never put a student at risk of harm.

<sup>3</sup> Sexual abuse and inappropriate sexual conduct include a sexual physical relationship with a student, touching a student in a sexual manner, or behaviour or remarks of a sexual nature by the midwife towards the student.

<sup>4</sup> Assistance and direction include, but are not limited to, taking action as required in accordance with applicable institutional policies, policies, and codes of conduct.

Professional Standards for Midwives (June 2021)  
Regulated Health Professions Act, 1991

Approved by College of Midwives of Ontario Council  
Approval Date: June 22, 2022  
Implementation Date: September 1, 2022  
Last reviewed and revised:

Draft

# 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,

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)

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Pete Aarssen

Name (please print)



Signature

September 23, 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,

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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)

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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)

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Lilly Martin      [Signature]      29 Sept 20  
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,

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)

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KAREN MCKENZIE

Name (please print)

K McKenzie

Signature

2020-09-29

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)

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Judith Murray      J Murray      20-11-20  
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,

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)

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I. Milot  
Name (please print)

[Signature]  
Signature

Sept 23-24  
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,

**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)

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Edan Thomas



September 23 2020

\_\_\_\_\_  
Name (please print)

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Signature

\_\_\_\_\_  
Date

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### Disclosure of Conflict of Interest

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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)

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<p>_____</p>		
<p>Name (please print)</p>	<p><i>CRS</i> Signature</p>	<p>Date</p>

\*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)

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Don Strickland

Name (please print)

Don Strickland

Signature

09/22/2020

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,

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)

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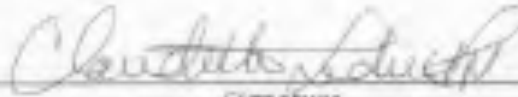
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Claudette Leduc

Name (please print)



Signature

Sep 23 20

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,

Dr. Oliver Okafor

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)

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Dr. OLIVER OKAFOR

Name (please print)



Signature

June 21, 2021

Date

\*Please note your signed conflict of interest form may be appended to publicly available Council packages, as required in accordance to Ministry direction.

## 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,

Hardeep Fervaha

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)

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Hardeep Fervaha

Hando

September 20, 2021

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (please print)

\*Please note your signed conflict of interest form may be appended to publicly available Council packages, as required in accordance to Ministry direction.<sup>9</sup>

### 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,

ALEXIA SINGH

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)

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Alexia Singh  
Name (please print)

  
Signature

July 8/2021  
Date

\*Please note your signed conflict of interest form may be appended to publicly available Council packages, as required in accordance to Ministry direction.

### 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,

JACQUELINE MORRISON

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)

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JACQUELINE MORRISON [Signature] FEBRUARY 8<sup>th</sup>, 2022  
Name (please print) Signature Date

\*Please note your signed conflict of interest form may be appended to publicly available Council packages, as required in accordance to Ministry direction.