



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

March 30, 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, March 30, 2022 from 9:30 AM to 4:05 PM by videoconference.

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

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 16:05 h, le 30 mars.

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

Kelly Dobbin,
Registrar & CEO/
Registrare et PDG



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CMO Council Meetings – Guidelines for Observers

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

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

Strategic Framework

2021–2026



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

Our Strategic Priorities

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

Key Outcomes We Are Expected to Achieve

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

Our Vision

A leader in regulatory excellence, inspiring trust and confidence

Our Mission

Regulating midwifery in the public interest

Our Guiding Principles

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



Accountability

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



Equity

We identify, remove and prevent systemic inequities.



Transparency

We act openly and honestly to enhance accountability.



Integrity

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



Proportionality

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



Innovation

We translate opportunity into tangible benefits for the organization.

COUNCIL AGENDA

Wednesday, March 30, 2022 | 09:30 am to 4:05 pm
College of Midwives of Ontario

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order, Land Acknowledgment	C. Ramlogan Salanga	9:30	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan Salanga	9:37	DISCUSSION	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan Salanga	9:38	MOTION	3.0 Agenda	5
4.	Consent Agenda <ul style="list-style-type: none"> - Draft Minutes of December 8 Council Meeting Q3 Reports for: <ul style="list-style-type: none"> - Inquiries, Complaints and Reports Committee - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee Terms of Reference for: <ul style="list-style-type: none"> - Executive Committee - Inquiries, Complaints and Reports Committee - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee 	C. Ramlogan Salanga	9:40	MOTION	4.0 Draft Minutes 4.1 ICRC Report 4.2 Registration Committee Report 4.3 QAC report 4.4 Discipline Committee Report 4.5 FTP Committee report 4.6 CRC Report 4.7 TOR – Exec 4.8 TOR – ICRC 4.9 TOR – RC 4.10 TOR – QAC 4.11 TOR – DC 4.12 TOR – FTP 4.13 TOR – CRC	7
5.	Chair Report	C. Ramlogan Salanga	9:45	MOTION	5.0 Chair Report	79
6.	Executive Committee Report	C. Ramlogan Salanga	10:00	MOTION	6.0 Executive Committee Report 6.1 Q3 SOP 6.2 Council Evaluation Report 6.3 Chair Stipend	81

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7.	Budget	S. Biscotti	10:15	MOTION	7.0 Briefing Note 7.1 Budget 2022-2023	105
BREAK 11:15						
8.	Registration Regulation	I. Milot	11:35	MOTION	8.0 Briefing Note 8.1 Registration Regulation 8.2 RIA Clinical Currency 8.3 RIA NR Requirements 8.4 RIA Classes of Registration 8.5 RIA Clinical experience – entry to practice 8.6 Registration Regulation Consult Feedback	129
LUNCH 1:35						
9.	Registrar Report	K. Dobbin	2:30	MOTION	9.0 Registrar Report 9.1 Governance Reform HPRO Consult Invite 9.2 Governance Consult Deck 9.3 CMO Response to MOH	202
10.	IN CAMERA	C. Ramlogan Salanga	3:15	MOTION	-	-
11.	Housekeeping	Z. Grant	4:00	INFORMATION	-	-
12.	Adjournment	C. Ramlogan Salanga	4:05	MOTION	-	-
						-
	Next Meetings: June 21-22, 2022 September 27-28, 2022 December 6-7, 2022			INFORMATION		

MINUTES OF COUNCIL MEETING

Held on December 8, 2021 | 9:30 am to 12:45 pm
Videoconference via Zoom

Chair:	Claire Ramlogan-Salanga
Present:	Lilly Martin, RM; Edan Thomas, RM; Claudette Leduc, RM; Isabelle Milot, RM; Marianna Kaminska; Judith Murray; Don Strickland; Pete Aarssen; Karen McKenzie, RM; Oliver Okafor; Hardeep Fervaha, RM; Alexia Singh, RM
Regrets:	None
Staff:	Kelly Dobbin; Stefano Biscotti; Kate Fane; Marina Solakhyan; Michele Pieragostini; Ashleagh Coyne; Johanna Geraci;
Observers:	Sarah Kibaalya (MOH); Deborah Bosner (AOM)
Recorder	Zahra Grant

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

Claire Ramlogan-Salanga Chair, called the meeting to order at 9:31 am and welcomed all present. Kelly Dobbin, Registrar-CEO offered a land acknowledgement.

2. Declaration of Conflict of Interests

No conflicts were declared.

3. Proposed Agenda

MOTION: That the proposed agenda of December 8, 2021 be approved as presented.

MOVED: Pete Aarssen

SECONDED: Edan Thomas

CARRIED

4. Consent Agenda

MOTION: That the consent agenda consisting of:

- Draft Minutes of October 6, 2021 Council Meeting
- Quarter 2 Reports of:
- Inquiries, Complaints and Reports Committee
 - Registration Committee
 - Quality Assurance Committee

- Client Relations Committee
- Discipline Committee
- Fitness to Practise Committee

Moved: Lilly Martin
 Seconded: Karen MacKenzie
 CARRIED

5. Chair Report

Council Chair, Claire Ramlogan-Salanga introduced her report providing general highlights and a summary of governance and stakeholder engagement activities she participated in in the last quarter in her role as Council Chair. An especially important highlight and achievement for Council this past year came from the summary report of the Ministry of Health. The report documents the Ministry's review of the College Performance Measurement Framework of all 26 regulatory health Colleges. The college was recognized in the report in both the Governance and Regulatory Policy domains as leaders in the sector.

The Chair also noted for Council that the feedback and evaluations of October's training day and meeting were reviewed. Both the session on Indigenous midwifery with Claire Dion-Fletcher and the Governance 101 session with Cathi Mietkiewicz were well received and Council and committee members continue to be engaged with the trainings.

The Chair continues to be consistently engaged with stakeholders and attending meetings including co-chairing the CMRC Equity, Diversity and Inclusion committee.

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

Moved: Don. Strickland
 Seconded: Isabelle Milot
 CARRIED

6. Registrar Report

The Registrar, Kelly Dobbin introduced her report providing context and highlights of the last quarter.

A human resource update was provided regarding the departure of former Director of Operations, Carolyn Doornekamp. In the interim, as the College recruits to permanently fill the position, Stefano Biscotti, has joined the team and has transitioned into the role very well and is a great support to the College and staff in maintaining operations. Stefano, who was in attendance was introduced and welcomed by the Council.

An update on Health Profession Regulators of Ontario (HPRO) Anti-Racism Project report was provided to Council. The full report written by Dr. Javeed Sukhera who was

commissioned for the report was included in meeting materials and the findings and recommendations are currently being incorporated into the College's own Equity, Diversity and Inclusion plan. Once a plan has been finalized it will be brought to Council and will give details on initiatives, success measures and activities, including those planned and already in place. With many initiatives also being planned by HPRO it is the hope that the college will be able to reduce costs, ensure consistency of implementation and build a community of practice across the sector. Many members of Council expressed support and enthusiasm for the direction being taken by the sector, particularly noting that the report highlighted that regulators have an important role in addressing equity/anti-racism. This finding represents a potential shift in how regulators traditionally function but also an opportunity to really address the impact of equity and anti-racism on health professionals themselves and the relationship to the provision of client care, public interest and protection.

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

Moved: Judith Murray

Seconded: Donald Strickland

CARRIED

7. Executive Committee Report

Claire Ramlogan-Salanga, Chair introduced the Executive Committee report. Executive has reviewed and approved the Q2 Statement of Operations, a copy of which was included in meeting materials. Stefano Biscotti, Interim Director of Operations walked through the statement for additional clarification but overall, the College is in a good cash flow position with no concerns to report financially.

The committees' summary report of their annual review of the auditor was included for Council's reference and approval. There were no concerns to report with this year's audit and the committee is pleased to recommend that Hilborn be reappointed as the auditor for the 2021-2022 fiscal year.

The committee also reviewed non-Council committee applications and reapplications for committee appointments. Recognition of service and gratitude was expressed for outgoing non-Council member Alexandra Nikitakis-Candea who served six consecutive terms and was not eligible for reappointment. Her contributions to the Registration committee are recognized and appreciated.

The proposed appointments and composition for committees for the upcoming term were included in the materials for Council's review and approval.

MOTIONS:

- I. That the Executive Committee Report be approved as presented.

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

MOTION

Moved: Lilly Martin
Seconded: Isabelle Milot
CARRIED

8. Quality Assurance Committee: Blood Borne Pathogens

Lilly Martin, Chair of the Quality Assurance Committee introduced the Blood Borne Pathogen standard being brought to the Council by the committee for approval. The standard, implemented in 2003 and last revised in January 2014, required updating to incorporate current best practice regarding health care providers and blood borne viruses. The committee is recommending revisions to the current standard to set minimum expectations for midwives to test for and manage their health when infected with a blood borne virus while also fulfilling the requirements of PHAC guidance recommending that regulators have a role in setting standards about blood borne virus among their membership.

The Council had some clarifying questions about the process and how the College would monitor compliance and accountability. The proposed process would require midwives to report on an annual basis that they are compliant with the standard. Disclosure of health status would not be required under the standard and because the annual declaration would be required of all midwives on an annual basis the standard avoids targeting members based on status.

MOTION: That the Blood Borne Viruses Standard be approved and will come into effect on June 1, 2022.

Moved: Isabelle Milot
Seconded: Oliver Okafor
CARRIED

9. Housekeeping

Council was given some reminders on Information Security and a review of expectations around privacy while accessing College and Council information. Council was reminded to do an annual password update to all platforms and applications used to do Council work, reminding Council of the standard regarding the creation of a strong password. Some applications will be updated to 2-factor authentication for an additional layer of security and Council members will be given notice and instruction when this transition occurs.

10. ADJOURNEMENT

MOTION: That the meeting be adjourned at 12:10 pm

Moved: Judith Murray

Seconded: Donald Strickland

CARRIED

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

Q3 REPORT TO COUNCIL

October 2021 – December 2021

Committee Members

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	11	-	32
Number of Committee Meetings Held	0	0	0	-	0
Number of Trainings	0	1*	0	-	1

Notes:

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

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

Q3: 10 panel meetings were held by videoconference, 1 was an email panel

*Orientation training was provided for new committee members

Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	25	16	16	-	N/A	5	4	3	-	N/A
New files	6	5	8	-	19	1	0	0	-	1
Closed files	15	5	12	-	32	2	1	3	-	6
Active files at end of reporting period	16	16	12	-	N/A	4	3	0	-	N/A

Notes:

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

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

Q3: Eight new complaint files were a result of receiving four complaints. Two complaints involved more than one midwife.

Themes of New Matters

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	0	0	0	–	0	0	0	0	–	0
Billing and Fees	0	0	0	–	0	0	0	0	–	0
Communication	4	4	6	–	14	0	0	0	–	0
Competence /Patient Care	2	1	4	–	7	1	0	0	–	1
Fraud	0	0	0	–	0	0	0	0	–	0
Professional Conduct & Behaviour	1	1	1	–	3	0	0	0	–	0
Record Keeping	0	0	0	–	0	0	0	0	–	0
Sexual abuse /Harassment / Boundary Violations	0	0	0	–	0	0	0	0	–	0
Unauthorized Practice	0	0	0	–	0	0	0	0	–	0
Other: Practice Management	1	0	0	–	1	0	0	0	–	0
Other: Masking concerns re COVID	2	0	0	–	2	0	0	0	–	0

Notes:

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

Some complaints involve more than one theme.

Source of New Matters

Source of New Matters	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	6	4	8	–	18	0	0	0	–	0
Family Member	0	1	0	–	1	0	0	0	–	0
Health Care Provider	0	0	0	–	0	0	0	0	–	0
Information received by Mandatory / Self Report	0	0	0	–	0	0	0	0	–	0
Information received from another source	0	0	0	–	0	0	0	0	–	0

Additional Concern arising from an existing investigation	0	0	0	-		1	0	-	-	1
Another Midwife	0	0	0	-	0	0	0	-	-	0

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	-	2	N/A				
Complaints Withdrawn	0	0	0	-	0	N/A				
Frivolous and Vexatious	0	0	0	-	0	N/A				
No Action	8	2	6	-	16	2	0	1	-	3
Advice & Recommendations	4	1	6	-	11	0	1	0	-	1
Specified Continuing Education or Remediation Program (SCERP)	3	0	1	-	4	0	0	0	-	0
Oral Caution	0	0	0	-	0	0	0	1	-	1
SCERP AND Oral Caution	0	0	0	-	0	0	0	1	-	1
Referral to Discipline Committee	1	0	0	-	1	0	0	0	-	0
Referral to Fitness to Practise Committee	0	0	0	-	0	0	0	0	-	0
Acknowledgement & Undertaking	0	0	0	-	0	0	0	0	-	0
Undertaking to Restrict Practise	0	0	0	-	0	0	0	0	-	0
Undertaking to Resign and Never Reapply	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	-	6	0	1	1	-	0
• <i>Managing and following up on lab results</i>	2	1	0	-	3	0	0	-	-	0
• <i>Management of oxytocin</i>	0	0	0	-	0	0	0	1	-	1
• <i>Prescribing error</i>	1	0	0	-	1	0	0	-	-	0
• <i>Management of hyperbilirubinemia</i>	1	0	0	-	1	0	1	-	-	1
• <i>Timely in-person assessment</i>	0	0	1	-	1	0	0	0	-	0
Professional Conduct & Behaviour	1	0	0	-	1	0	0	2	-	2
• <i>Outside scope- providing medical advice to a discharged client</i>	1	0	-	-	1	0	0	-	-	0
• <i>Commitment to self-regulation</i>	0	0	0	-	0	0	0	2	-	2
Record Keeping	3	1	2	-	3	0	1	-	-	1
• <i>Issues with electronic documentation</i>	1	0	-	-	1	0	0	-	-	0
• <i>Documenting informed choice-general</i>	0	1	2	-	1	0	0	-	-	0
• <i>Documenting informed choice-jaundice and testing</i>	2	0	-	-	2	0	1	-	-	1
Communication	0	1	3	-	1	0	0	-	-	0

Notes:

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

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

Timelines

Closed cases	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed <150 days	0	3	0	-	0	0	1	0	-	0
Number of files closed between 150 days and 210 days	5	1	4	-	9	0	0	0	-	0
Number of files closed >210 days	10	1	8	-	18	2	0	3	-	5
Average: (reported in number of days)	273	141	248	-	243	311	87	604	-	420
Median: (reported in number of days)	251	166	258	-	251	311	87	577	-	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	-	N/A
New files referred to ADR	1	2	1	-	4
Closed files with in 60 days	N/A	0	1	-	1
Closed files with in 120 days	N/A	2	1	-	3
Files returned to ICRC due to timeframe	N/A	0	0	-	0
Files returned to ICRC due to unsuccessful mediation	N/A	0	1*	-	1
Files returned to ICRC - Registrar did not ratify the agreement	N/A	0	0	-	0
Open files as at end of reporting period	1	1	0	-	0

Note:

*This matter was returned to the ICRC as the complainant was unresponsive to the mediator and had indicated that they had unrealistic expectations of possible agreements

Other useful information:	Q1	Q2	Q3	Q4	Total
Total Number of Complaints Received	6	5	8	-	19
Number of complaints that were not ADR eligible	3	2	7	-	12
Number of Complaints that were ADR eligible	3	3	1	-	7
Number of Complaints ELIGIBLE that proceeded to ADR upon consent of all parties	1	2	0	-	3
Number of Members who agreed to participate in ADR	2	3	1	-	5

Number of Complainants who agreed to participate in ADR	1	2	0	-	3
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Notes:

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

Appeals

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

Respectfully Submitted,

Susan Lewis

REGISTRATION COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2021 to December 31, 2021

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; Jessican 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	n/a	9
Number of Committee Meetings Held*	1	0	1	n/a	2
Number of Trainings*	0	0	1	n/a	1

* Of the 12 meetings held to date, 12 occurred by videoconference using Microsoft Teams.

In Q3, the Registration Committee addressed the following:

1. REGISTRATION COMMITTEE TERMS OF REFERENCE

The Committee reviewed and discussed the current Registration Committee Terms of Reference and reviewed and approved updated Terms of Reference. This review and update was completed by all College Committees. The updated Terms of Reference have been brought forward to Council for approval.

2. 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.

3. 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.

The Policy authorizes the Registrar to reissue general certificates of registration to members who meet the criteria established by the Registration Committee and who successfully complete the standard requalification program as set out in the Policy.

Overall, staff reported that the new Policy has helped to reduce the administrative processes associated with class changes (inactive to general) and has 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.

No recommendations or changes were brought forward. However, it was noted that consideration should be given to the components of the standard requalification and whether anything new should be added. The Policy will be regularly reviewed.

4. 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.

As we move forward, the role of the 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.

Once program development is underway, some of the policy areas already identified as needing the Committee's input are:

- Review of admission criteria;
- Addressing OFC recommendation for not requiring Canadian experience; and
- Potential changes to Supervised Practice that may be needed to address changes proposed in the new program.

The Registration Committee will be responsible for undertaking the work to bring a new program forward to Council for approval. This is required under the Registration Regulation to enable the College to formally recognize the program.

5. 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.

6. 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 Practice 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.

7. 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.

Further work was completed by staff and legal counsel to finalize the provisions of the draft proposed Registration Regulation and the complete draft underwent a final review by the Registration Committee on March 9, 2022. The current draft has now been brought forward to Council for consideration.

Committee, panel, membership changes and statistics follow:

Members by Class of Registration	#				%
	Q1 (1053)	Q2 (1070)	Q3 (1059)	Q4 (n/a)	Total
General	731	763	747	n/a	71
General with new registrant conditions	72	66	75	n/a	7
Supervised practice	6	10	11	n/a	1
Inactive	244	231	226	n/a	21
Transitional	0	0	0	n/a	0

New Members by Class of Registration	#					%
	Q1 (30)	Q2 (32)	Q3 (12)	Q4 (n/a)	Total (74)	Total
General	0	1	0	n/a	1	1
General with new registrant conditions	25	25	10	n/a	60	81
Supervised practice	5	6	2	n/a	13	18
Inactive	0	0	0	n/a	0	0
Transitional	0	0	0	n/a	0	0

New Members by Route of Entry	#					%
	Q1 (30)	Q2 (32)	Q3 (12)	Q4 (n/a)	Total (74)	Total
Laurentian University graduates	5	11	4	n/a	20	27
McMaster University graduates	10	5	2	n/a	17	23
Ryerson University graduates	11	9	4	n/a	24	32
International Midwifery Pre-registration Program (IMPP) graduates	4	6	1	n/a	11	15
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	0	1	0	n/a	1	1.5
Former members	0	0	1	n/a	1	1.5

Panel Referrals	Q1	Q2	Q3	Q4	Total
Total Number of referrals to a panel of the Registration Committee	5	3	5	n/a	13

Files Reviewed at Panel by Category	Q1 (8)	Q2 (5)	Q3 (5)	Q4 (n/a)	Total (18)
Application for registration ¹	1	0	0	n/a	1
Class change – Inactive to General ²	4	3	4	n/a	11
Active practice requirements shortfall ³	3	0	0	n/a	3
Re-issuance of a Supervised Practice certificate of registration ⁴	0	1	0	n/a	1
Reinstatement within one year following revocation ⁵	0	1	0	n/a	1
Variation of terms, conditions and limitations ⁶	0	0	1	n/a	1

Panel Outcomes by Category					
Panel Outcomes By Application for Registration ¹	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (n/a)	Total (1)
Application approved – Registrar directed to issue certificate of registration	0	0	0	n/a	0

Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	0	n/a	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	1	0	n/a	1
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	0	n/a	0
Application not approved – Registrar directed to refuse to issue certificate	0	0	0	n/a	0
Panel Outcomes By Class change – Inactive to General²	Q1 (1)	Q2 (5)	Q3 (2)	Q4 (n/a)	Total (8)
Requalification program approved – General certificate to be re-issued	0	2	0	n/a	2
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	1	2	0	n/a	3
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	1	2	n/a	3
Panel Outcomes By Active Practice Requirements Shortfall³	Q1 (2)	Q2 (1)	Q3 (0)	Q4 (n/a)	Total (3)
Exception granted – extenuating circumstances demonstrated	0	1	0	n/a	1
Shortfall plan required	1	0	0	n/a	1
Shortfall plan and undertaking imposing terms, conditions and limitations	1	0	0	n/a	1
Panel Outcomes By Re-issuance of a Supervised Practice certificate of registration⁴	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (n/a)	Total (1)
Re-issuance approved – supervised practice extended	0	1	0	n/a	1
Re-issuance not approved	0	0	0	n/a	0
Panel Outcomes By Reinstatement within one year following revocation⁵	Q1 (0)	Q2 (0)	Q3 (1)	Q4 (n/a)	Total (1)
Requalification program approved – no supervised practice required	0	0	0	n/a	0

Requalification program approved – supervised practice required	0	0	1	n/a	1
Panel Outcomes By Variation of terms, conditions and limitations ⁶	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (n/a)	Total (0)
Application refused	0	0	0	n/a	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	0	n/a	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	0	0	0	n/a	0
Timelines: from referral to a panel, to a written decision	Q1 (4)	Q2 (8)	Q3 (3)	Q4 (n/a)	Total (15)
Files closed within 30 days	0	1	1	n/a	2
Files closed within 60 days	0	2	2	n/a	4
Files closed beyond 60 days	4	5	0	n/a	9
Median: (reported in number of days)	179	71	32	n/a	32
Average: (reported in number of days)	164	71	37	n/a	91
<i>Note: Q1 timelines have been corrected due to previously reported error.</i>					
Registration Decisions appealed to the Health Professions Appeal and Review Board (HPARB)	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (n/a)	
Open HPARB appeals as of quarter end	0	0	0	n/a	
New HPARB appeals	0	0	0	n/a	
Completed HPARB appeals	0	0	0	n/a	
Open HPARB appeals at quarter end	0	0	0	n/a	
Of those appeals completed, the number of registration decision appeals that:	Q1 (0)	Q2 (0)	Q3 (0)	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 ⁷	#	%
Q1	5	< 1
Q2	15	1.4
Q3	26	2.5
Q4	n/a	n/a

Respectfully Submitted,

Isabelle Milot, RM

Notes:

- 1. Applications for registration can include first time (initial) applications and applications for re-registration from former members. If the former member resigned within five years prior to the date of re-application, the Registration Regulation requires them to complete a requalification program that has been approved by the Registration Committee.*
- 2. Under the Registration Regulation, members who wish to be re-issued a general certificate of registration and who do not meet one or more of the non-exemptible requirements for a general certificate, with the exception of having to repeat the midwifery education program and the qualifying exam, are required to complete a requalification program that has been approved by a panel of the Registration Committee. Often members will be referred because they do not meet the current clinical experience and active practice requirements for a general certificate.*
- 3. It is a condition on every general certificate of registration that the member shall carry on active practice as outlined in the Registration Regulation. Where a member fails to meet these conditions (i.e. has not attended sufficient births in various settings in a specific timeframe), the member is referred to a panel of the*

Registration Committee to determine if an exception may be granted or if a shortfall plan is required.

- 4. Under the Registration Regulation, a Supervised Practice certificate of registration may only be granted for a period of up to one year. Therefore, if a member has not successfully completed their Plan for Supervised Practice and Evaluation within 12 months of issuance of a supervised practice certificate, the member may request an extension and the certificate may only be re-issued if the Registration Committee approves of it being reissued.*
- 5. Where a former member wishes to be reinstated within one year following revocation, under the Registration Regulation, the former member is required to complete a requalification program that has been approved by the Registration Committee.*
- 6. Under the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professionals Act, 1991, a member may apply to the Registration Committee for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the member's certificate of registration as a result of a registration proceeding.*
- 7. Attrition rate includes the number of midwives who left the profession (e.g. resignation) and former members' certificates that have been suspended/revoked/expired. It does not include inactive members. The rate of attrition is expressed as a percentage.*

QUALITY ASSURANCE COMMITTEE

REPORT TO COUNCIL – Q3

October 1, 2021 to December 31, 2021

Committee Members

Chair: Lilly Martin, RM

Professional: Isabelle Milot, RM

Public: Donald Strickland

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

Activities of the Committee

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

Committee Meeting – November 21, 2021

Items

Professional Standards

Blood Borne Virus Standard

The Committee reviewed the Blood Borne Virus standard post-consultation. Based on the feedback there was one outstanding question brought to the Committee regarding testing frequencies and whether they wanted to revisit this part of the standard. The Committee directed staff to clarify the recommended timeframe for Hepatitis B testing but was otherwise approved as presented and was brought to Council for approval with an implementation date of June 1, 2022.

Record Keeping Standard for Midwives

The Committee discussed the Record Keeping Standard for Midwives. Many questions were generated during the discussion and both the Committee and staff felt the revisions to the standard required a focussed discussion with midwives to understand how to approach revisions to the standard in terms of making it relevant to midwifery practice and a minimum standard achievable by all. A plan was made to meet with midwifery members of the Committee to inform

the next draft of the Record Keeping Standard for Midwives and to bring a revised version of the standard to the next Committee meeting.

Clinical Supervision Standard

The Committee reviewed the draft Clinical Supervision standard along with the feedback from the consultation and discussed how to improve the standard. Direction from the Committee was given to improve some definitions and add some clarifying language to make the standard clear about setting minimum expectations for the supervision of students. The Committee will revisit the standard for approval once revisions have been made.

Second Birth Attendant Standard

The Committee discussed options in terms of how to resolve the issue of midwives unable to meet the requirement of working with second birth attendants who are certified in the Canadian Pediatric Society's Neonatal Resuscitation Program (NRP). This issue affects a small number of practices in rural communities. The College has engaged with some of our external stakeholders to find a solution without success. The Committee strategized and discussed a few options and ways to revise the standard to address the issue. Staff were directed to investigate what options are feasible to ensure midwives are working with second birth attendants who have NRP skills without having to waive them of the requirements of meeting the standard. The standard will return to the Committee at their next meeting.

Practice Environment Survey

The Committee reviewed the responses to the Practice Environment Survey. Because the College is mandated to regulate individual midwives and not the practices, the Committee was not clear what options they have to address potential issues that arise in midwifery practice groups that may affect client care. The Committee directed staff to look at the options for regulatory tools or guidance that can be created to 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 formalizes a process already in place within the program. 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. This process helps to mitigate any undue administrative burden on Committee members and College administrative resources regarding straightforward panel decisions that pose no risk to the public protection mandate or undermine the rigor of the Quality Assurance Program.

Terms of Reference

The Committee approved the Quality Assurance Committee's Terms of Reference. There were some minor language revisions for clarity and uniformity with other Quality Assurance related documents and the by-laws as well as revisions to ensure regular review of the Terms of Reference by the Committee.

Attachments:

Quality Assurance Registrar Authorization Policy
Quality Assurance Committee Terms of Reference (included in consent agenda with the terms of reference of all other statutory committees)

Respectfully Submitted,

Lilly Martin, Chair

Quality Assurance Program Non-Compliance and Exemption Approval and Registrar Authorization Policy

Purpose

1. This policy supports decision-making relating to non-compliance with, and requests for exemptions from, the Professional Development Portfolio.
2. This policy does two things:
 - (a) It allows issuance of a standard decision for a midwife who is non-compliant with the requirements of the Professional Development Portfolio provided their submissions meet specific criteria established and approved by the Quality Assurance Committee (“Committee”); and
 - (b) It allows the granting of an exemption upon application by a member from any of the requirements of the program based on specific criteria established and approved by the Committee.

Scope

This policy applies to all registrants of the College who are required to participate in the Professional Development Program under the Quality Assurance Regulation 669/20 under the Midwifery Act, 1991.

Definitions

“Non-Compliance” is the outcome that occurs when a midwife does not complete or report on their Professional Development Portfolio, as required by the Committee, and has not been granted an exemption.

“Exemption” is the outcome that occurs when the Committee does not require a midwife to complete or report on some or all of their Professional Development Portfolio because of extenuating circumstances such as illness or extended leaves from the profession.

Policy Statement

Registrar Authorization:

The Committee authorizes the Registrar to:

Approved by: Quality Assurance Committee

Approval date:

Implementation Date:

Last reviewed and revised

- take 'no action' for members who have been marked non-compliant for a Professional Development Portfolio reporting cycle and who have met the criteria that have been established and approved by the Committee
- exempt members from any or all of the requirements of their Professional Development Portfolio who have met the criteria established and approved by the Committee.

Policy Review and Orientation

1. This policy is subject to the Committee's ongoing review and approval. The Committee may approve revisions to the policy. New Committee members will receive education on the policy before any annual approval.

References

Quality Assurance Regulation (O. Reg. 669/20) under the Midwifery Act, S.O. 1991, s. 15(4)(b)

Approved by: Quality Assurance Committee
Approval date:
Implementation Date:
Last reviewed and revised

DISCIPLINE COMMITTEE

Q3 REPORT TO COUNCIL

October 2021 – December 2021

Committee Members

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, Oliver Okafor (appointed October 6, 2021)

Non-Council: Susan Lewis

Activities of the Committee

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

Q1: The training is reflective of one Committee Member attending a Discipline Orientation Workshops offered by the Health Profession Regulators of Ontario on April 9, 2021

Q2: A portion of the Committee meeting included a training component.

Q3: The training is reflective of five Committee Members attending Discipline Orientation Workshops offered by the Health Profession Regulators of Ontario on October 1, 2021

Items

Terms of Reference

The Committee approved the Discipline Committee's Terms of Reference. There were some minor language revisions for clarity and uniformity as well as revisions to ensure regular review by the Committee.

Caseload Work

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

Statistics on Closed Cases

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

Findings of Professional Misconduct	Q1	Q2	Q3	Q4	Total
Failed to maintain a standard of practice of the profession	n/a	n/a	n/a	-	-
Practicing the profession while the registrant is in a conflict of interest	n/a	n/a	n/a	-	-
Engaging in conduct that would reasonably be regarded as conduct unbecoming a midwife	n/a	n/a	n/a	-	-
Engaging in conduct relevant to the practice of the profession that would reasonably be regarded by registrants as unprofessional	n/a	n/a	n/a	-	-

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

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

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

Respectfully Submitted,
Judith Murray

FITNESS TO PRACTISE COMMITTEE

Q3 REPORT TO COUNCIL

October 2021 – December 2021

Committee Members

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, Oliver Okafor (appointed October 6, 2021)

Non-Council: Susan Lewis

Activities of the Panel

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

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

Items

Terms of Reference

The Committee approved the Fitness to Practise Committee's Terms of Reference. There were some minor language revisions for clarity and uniformity as well as revisions to ensure regular review by the Committee.

Respectfully Submitted,

Judith Murray

CLIENT RELATIONS COMMITTEE

REPORT TO COUNCIL – Q3

Committee Members

Chair	Pete Aarssen
Professional	Karen McKenzie (until December 2021), Hardeep Fervaha (as of December 2021)
Public	Marianna Kaminska (until December 2021), Oliver Okafor (as of December 2021)
Non-Council	None

Committee Meetings

- November 9, 2021

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

- The Committee approved 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.
- The Committee provided their preliminary input on the structure and content of the website including ease of navigability and access to information. The Committee considered further information that could be included such as the midwifery training process, the midwifery model of care, the role of the College and how decisions are made by committees/panels at the College. The Committee also considered the tone of website content from a communications perspective and further improvements that could be made from an accessibility standpoint. The Committee’s feedback will be considered by the College in further review and changes that will be made to the website.

Attachments:

1. Revised Guide on Compliance with *Personal Health Information Protection Act*

Respectfully Submitted,

Pete Aarssen, Chair



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Guide on Compliance with Personal Health Information Protection Act

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Introduction

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

The purpose of this guide is to assist midwives in understanding their privacy obligations under PHIPA. Midwives are responsible for ensuring that they comply with the legislative requirements that apply to the personal health information of their clients.

If you have questions pertaining to the collection, use and disclosure of personal health information at your place of practice, you may contact the College for practice advice or seek legal advice. This Guide does not set all the requirements of PHIPA.

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

PHIPA sets out rules for the collection, use and disclosure of personal health information. These rules are applicable to all “health information custodians” and their “agents” that operate within the province of Ontario.

“Personal health information” is defined in PHIPA as identifying information about an individual (i.e., a client) in oral or recorded form that includes, but is not limited to, the following:¹

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

A “health information custodian” includes a partnership that operates a midwifery practice, or a sole practitioner. For the purposes of this Guide, “health information custodians” will be referred to as “midwifery practices” and should be interpreted to include a sole practitioner. Health information custodians implement policies and procedures to meet requirements under PHIPA.

Individuals that act for or on behalf of the midwifery practice with respect to personal health information for the purposes of the midwifery practice are considered “agents” under the Act.² All associates and support staff at a midwifery practice would typically be agents. An agent must comply with the requirements and conditions that the custodian imposes on their use of personal health information.

¹ PHIPA, s. 4

² PHIPA, s. 17.

Practice owners in their capacity as individual practitioners are like agents, because they are accountable to the midwifery practice for following privacy policies and procedures while practising midwifery.

A midwife that rents space at the midwifery practice and carries their own caseload that is independent of the practice's caseload would not be an agent as they would not be acting on behalf of the practice.

Midwives that work outside of a traditional midwifery practice, such as at a community health center or a physician's practice, are considered agents.

2. Contact Person & Written Statement About Information Practices

PHIPA requires midwifery practices (but not sole practitioners) to designate a contact person, who is an agent of the midwifery practice and is authorized on behalf of the midwifery practice to perform the following functions:³

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

If the midwifery practice does not designate a contact person, then one of the practice owners must assume the role of a contact person and perform the functions noted above.⁴

A custodian who is a sole practitioner may designate a contact person, but is not required to do so, and may take on the role of a contact person themselves

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

In addition, midwifery practices must make available to the public a written statement that describes the following:⁵

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

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

³ PHIPA, s. 15(3).

⁴ PHIPA, s. 15(4)

⁵ PHIPA, s. 16(1)

3. The Collection, Use & Disclosure of Personal Health Information

Responsibilities of Midwifery Practices & Agents

A midwifery practice is responsible for the personal health information that is in their custody or control and may permit their agents to collect, use and disclose the information on the midwifery practice's behalf if:

- The midwifery practice is permitted or required to collect, use, or disclose the information;
- The collection, use, or disclosure is necessary in the course of the agent's duties and not contrary to PHIPA or another law; and
- Meets any prescribed requirements under the legislation⁶

Agents may collect, use, or disclose personal health information only if:

- It is permitted by the midwifery practice;
- It is necessary for the purpose of carrying out their duties as agent of the midwifery practice;
- Is not contrary to PHIPA or any other legislation;
- Complies with any conditions or restrictions that the midwifery practice may impose; and
- Meets any prescribed requirements under legislation⁷

Consent Requirements

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

Consent may be express or implied.⁸ Express consent may be required in certain instances under the Act. For example, if a midwifery practice or agent wishes to disclose information about a client to a person who is not a health care information custodian, express consent must be obtained.⁹

Implied consent exists where a midwifery practice or agent receives personal health information about a client from the client and collects, uses or discloses that information for the purpose of providing or assisting in providing health care to the client, unless the client has expressly withheld or withdrawn the consent.¹⁰

⁶ PHIPA, s. 17(1).

⁷ PHIPA, s. 17(2).

⁸ PHIPA, s. 18(2).

⁹ PHIPA, s. 18(3)(a).

¹⁰ PHIPA, s. 20(2).

Under PHIPA, consent must meet the following requirements:¹¹

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

Consent is considered to be that of the client if the client understands the information that is relevant to deciding whether to consent to the collection, use or disclosure and can appreciate the reasonably foreseeable consequences of either providing or not providing consent.¹²

Consent is considered to be “knowledgeable” if it is reasonable in the circumstances to believe that the client knows the purposes of the collection, use or disclosure and that the client may give or withhold consent.¹³ For example, under the Act, it is reasonable to believe that a client knows the purposes of the collection, use or disclosure of personal health information about the client if a midwife posts or makes available a notice describing the purpose in the midwifery practice, if that is the place where it is likely to come to the client’s attention.¹⁴

It should be noted that if a client consents either through express or implied consent, to have a midwifery practice or agent collect, use, or disclose their personal health information, the client may withdraw their consent by providing notice to the midwifery practice or agent. However, the withdrawal will not have a retroactive effect.¹⁵ For example, if a midwifery practice provided client records to other health care professionals prior to the client withdrawing their consent, the midwife does not need to request that those records be returned.

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

¹¹ PHIPA, s. 18(1).

¹² PHIPA, s. 21(1).

¹³ PHIPA, s. 18(5).

¹⁴ PHIPA, s. 18(6).

¹⁵ PHIPA, s. 19(1).

4. Disclosure of Personal Health Information

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

- **Disclosures relating to providing health care.** The following conditions must be satisfied:¹⁶
 - The disclosure is reasonably necessary for the provision of health care;
 - It is not reasonably possible to obtain consent in a timely way; and
 - The individual has not instructed the custodian not to make the disclosure
- **Disclosures by facilities that provide health care.** For example, a midwifery practice or birth centre can disclose personal health information, unless a client specifically requests otherwise. In particular, these facilities can:¹⁷
 - Confirm that an individual is a client
 - The client's general health status
 - The location of the client in the practice or birth centreFor example, a midwife can provide the above information to EMS when a client is being transferred to a hospital from a birth centre.
- **Disclosures about a deceased individual.** This is for the purpose of identifying the individual and informing persons that the individual is deceased.¹⁸
- **Disclosures for health or other programs.** For example, PHIPA allows disclosure of personal health information:¹⁹
 - For the purpose of determining or verifying eligibility to receive health care²⁰
 - To a person conducting an audit or reviewing an application for accreditation, if the audit review relates to services provided by a midwife and the auditor does not remove any records of personal health information from the premises.²¹
- **Disclosures to Identify Personal Health Information.** A client's personal health number can be disclosed with the consent of the client for the purpose of accurately identifying the client's records of personal health information, verifying their identity or linking their records of personal health information.²²

¹⁶ PHIPA, s. 38(1)(a).

¹⁷ PHIPA, s. 38(3).

¹⁸ PHIPA, s. 38(4).

¹⁹ PHIPA, s. 39(1)

²⁰ PHIPA, s. 39(1)(a)

²¹ PHIPA, s. 39(1)(b)

²² PHIPA, s. 34(6)

It should be noted that if a midwife is subject to an assessment by the College, the midwifery practice is permitted to disclose personal health information, including client records for the purpose of the assessment. The College's authority to conduct such an assessment is derived from the Regulated Health Professionals Act,²³ Midwifery Act²⁴ and its Regulations and does not contravene PHIPA.

- **Disclosures relating to risk of bodily harm.** Personal health information can be disclosed if there are reasonable grounds to believe that disclosure is necessary to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons.²⁵ Disclosure is warranted if the following conditions are satisfied:
 - The nature of the potential is grievous;
 - The risk of harm is high;
 - There are reasonable grounds to believe that disclosure is necessary to eliminate or reduce the risk of harm; and
 - The risk of harm must relate to the client or another person or persons²⁶

In addition, PHIPA provides protection from liability, such as being sued, when a midwife acts reasonably and in good faith in such circumstances, including when they decide to make a report.²⁷

- **Disclosure for proceedings.** Personal health information for a proceeding can be disclosed in which the midwifery practice or agent of the midwifery practice is a party or witness. Midwifery practices may also disclose to comply with a summons, order or other similar requirement issued in a proceeding.²⁸

It should be noted that the College may appoint an investigator to issue a summons for accessing midwifery records that may contain personal health information of clients, as part of a complaint, report, or registrar's investigation process. Disclosure may also be required as part of a disciplinary proceeding at the College. The College's authority to order such disclosure is derived from the *Regulated Health Professionals Act*,²⁹ *Midwifery Act*³⁰ and its regulations and does not contravene PHIPA.

- **Disclosure related to care or custody.** A midwifery practice may disclose personal health information to the head of a penal or other custodial institution where a client is being held, for the purpose of arranging health care for the client or making other decisions about the client.³¹

²³ 1991, S.O. 1991, c. 18.

²⁴ 1991, S.O. 1991, c. 31.

²⁵ PHIPA, s. 40(1).

²⁶ *Smith v Jones* [1999] S.C.C.

²⁷ PHIPA, s. 71(1).

²⁸ PHIPA, s. 41(1).

²⁹ *Supra* note 23.

³⁰ *Supra* note 24.

³¹ PHIPA, s. 40(2).

- **Disclosure to successor.** A midwifery practice may disclose personal health information to a potential successor of the midwifery practice for the purpose of allowing the potential successor to assess and evaluate the operations of the midwifery practice. However, the potential successor must first enter into an agreement with the midwifery practice to keep the information confidential and secure and not retain any information longer than is necessary for the purpose of the assessment or evaluation.³²
- **Disclosure related to this and other Acts.** Midwifery practices may disclose personal health information if the disclosure is permitted or required by other legislation, such as the *Regulated Health Professionals Act* and the *Child & Family Services Act*, with respect to certain children's aid matters.³³
- **Disclosure for research.** Midwifery practices may disclose personal health information as long as the researcher submits an application, research plan, and a copy of approval of the research plan by a research board.³⁴
- **Disclosure for planning and management of health system.** Midwifery practices may disclose personal health information for purposes relating to the planning and management of the health system to entities that are specified in the regulations of PHIPA. However, before the disclosure is made, the recipient of the information must have in place practices and procedures to protect privacy and maintain confidentiality.³⁵
- **Disclosure for monitoring health care payments.** Upon request of the Ministry of Health and Long-Term Care, a midwifery practice must disclose personal health information for the purpose of monitoring or verifying claims for payment for health care or goods used for health care that are publicly funded.³⁶
- **Disclosure for analysis of health system.** Upon request of the Minister of Health and Long-Term Care, a midwifery practice must disclose personal health information to a health data institute approved by the minister for analysis of the health system. However, the minister has to first submit a proposal to the Commissioner for review or comment.³⁷
- **Disclosure with Commissioner's approval.** A health data institute to which a midwifery practice has disclosed personal health information to must, upon request of the Minister, disclose information to the Minister or another Minister-approved

³² PHIPA, s. 42(1).

³³ PHIPA, s. 43(1). Also see the College's Guide On Mandatory and Permissive Reporting (Nov 2019) for instances where personal health information may have to be disclosed to the College when making a mandatory report. Available Online: <https://www.cmo.on.ca/wp-content/uploads/2019/11/Guide-on-Mandatory-and-Permissive-Reporting-FINAL.pdf>

³⁴ PHIPA, s. 44.

³⁵ PHIPA, s. 45.

³⁶ PHIPA, s. 46(1).

³⁷ PHIPA, s. 47.

person if the Minister is of the opinion that disclosure is in the public interest and the Commissioner approves the disclosure.³⁸

- **Disclosure of health care payments.** A midwifery practice can disclose personal health information to the Minister of Health or other prescribed ministers upon their request for the purpose of determining, providing, monitoring or verifying payment or funding for health care funded wholly or in part by the Ministry.³⁹

³⁸ PHIPA, s. 48.

³⁹ PHIPA, s. 46(1)

5. Access to and Correction of Personal Health Information

A client generally has a right of access to a record of their personal health information that is in the custody or control of a midwifery practice.⁴⁰ A record is defined under PHIPA as “a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise...”⁴¹ The right to access a record of personal health information includes the right to access the record in an electronic format.⁴²

PHIPA lists exceptions to a client’s right of access to a record of their personal health information. Examples include if granting access would result in risk of serious harm to the client or another individual⁴³ or another Act or court order prohibits disclosure to the client of the record or the information in the record.⁴⁴ Other examples include information in the record that might be subject to legal privilege⁴⁵ or if the midwifery practice believes on reasonable grounds that the client’s request to access the record is frivolous, vexatious or made in bad faith.⁴⁶ It is recommended that midwifery practices review the exceptions listed in the Act so they are aware of those instances in which they are justified in refusing a client’s access to a record of their personal health information.⁴⁷

Processing Personal Health Information Access Requests

While there are many considerations that a midwifery practice should be aware of in processing personal health information access requests,⁴⁸ the following are some steps they must take upon receipt of an access request from a client:

- A midwifery practice must first be satisfied of the identity of the client making the request.⁴⁹
- A midwifery practice must respond to the client’s written access request within 30 days. This timeline may be extended if it is not reasonably practical to reply within that time.⁵⁰ In this case, a midwifery practice must notify the client of the delay and the reasons for the delay, within the initial 30 day time period.⁵¹ It should be noted that a midwifery practice can grant a client access to his/her records following a verbal request.⁵²

⁴⁰ PHIPA, s. 52(1).

⁴¹ PHIPA, s. 3(1).

⁴² PHIPA, s. 52(1.1).

⁴³ PHIPA, s. 52(1)(e).

⁴⁴ PHIPA, s. 52(1)(b).

⁴⁵ PHIPA, s. 52(1)(a).

⁴⁶ PHIPA, s. 52(6).

⁴⁷ The PHIPA exceptions are listed in s. 51, 52 and 54(6).

⁴⁸ See PHIPA, s. 52.

⁴⁹ PHIPA, s. 52(9).

⁵⁰ PHIPA, s. 55(3).

⁵¹ PHIPA, s. 55(4)(a).

⁵² PHIPA, s. 52(6).

- In responding to the written request, a midwifery practice must do one of the following:
 - Make the record available to the client for examination and at the request of the client, provide a copy of the record of their personal health information and if reasonably practicable, provide an explanation of any term, code or abbreviation used in the record.⁵³
 - In the event the record cannot be found or does not exist, a midwifery practice must provide written notice to the client of this fact.⁵⁴
 - Provide written notice that the request is being refused,⁵⁵ including the reason for the refusal and inform the client of their right to make a complaint about the refusal to the *Information and Privacy Commissioner*.⁵⁶

Processing Personal Health Information Correction Requests

i) Correction Requests

A client generally has the right to request a midwifery practice to correct a record of their personal information if they believe the record is inaccurate or incomplete.⁵⁷

The time period for a correction request is the same as the 30 day period described in the preceding section.⁵⁸

The client has an obligation to demonstrate to the satisfaction of the midwifery practice, that the record is incomplete or inaccurate for the purposes for which the midwifery practice uses the information and must provide the information necessary that will enable a midwifery practice to make a correction.⁵⁹

ii) Correcting Record of Personal Health Information

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

- Make the requested correction by either striking out the incorrect information in a manner that does not obliterate the record or if that is not possible, labelling the information as incorrect, severing the incorrect information from the record and storing it separately from the record while maintaining a link in the record to enable a person to track the incorrect information⁶⁰

⁵³ PHIPA, s. 54(1)(a).

⁵⁴ PHIPA, s. 54(1)(b).

⁵⁵ See page 11 for instances where refusal is justified.

⁵⁶ PHIPA, s. 54(1)(c) and (d).

⁵⁷ PHIPA, s. 55(1).

⁵⁸ PHIPA, s. 55(3) and (4).

⁵⁹ PHIPA, s. 55(8).

⁶⁰ PHIPA, s. 55(10)(a)(i)

- In the event the above is not possible, the midwifery practice must ensure that there is a practical system in place to inform a person who accesses the record that the information is incorrect and to direct the person to the correct information⁶¹
- In either case noted above, give the client notice about the steps that were taken to correct the information⁶²
- In either case noted above, give written notice of the requested correction, to the extent reasonably possible, to the persons whom the midwifery practice has disclosed the information, except if the correction cannot reasonably be expected to have an effect on the ongoing provision of health care to the client⁶³

iii) Refusing to Correct the Record

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

- The record was not originally created by the midwifery practice and the midwifery practice does not have “sufficient knowledge, expertise and authority to correct the record”⁶⁴
- The record consists of a professional opinion or observation that the midwifery practice has made in good faith about the client⁶⁵
- The midwifery practice believes on reasonable grounds that the request is frivolous, vexatious or made in bad faith.⁶⁶

A midwifery practice that refuses to correct a record of personal health information must give the reasons for the refusal and inform the client that they are entitled to:⁶⁷

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

⁶¹ PHIPA, s. 55(10)(a)(ii).

⁶² PHIPA, s. 55(10)(b).

⁶³ PHIPA, s. 55(10)(c).

⁶⁴ PHIPA, s. 55(9)(a).

⁶⁵ PHIPA, s. 55(9)(b).

⁶⁶ PHIPA s. 55(6).

⁶⁷ PHIPA, s. 55(11).

granted

- Make a complaint about the refusal to the Information and Privacy Commissioner

6. Securing and Safeguarding Personal Health Records

Under PHIPA, a midwifery practice must take steps that are reasonable in the circumstances to ensure that personal health information in the midwifery practice's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal.⁶⁸ In addition, a midwifery practice must take steps that are reasonable in the circumstances to ensure that personal health information is not collected without authority.⁶⁹

Midwifery practices must also ensure that records of personal health information that they have in their custody or control are retained, transferred and disposed of in a secure manner.⁷⁰

Reporting Requirements to Clients & College

In the event personal health information is stolen or lost or if it is used or disclosed without authority, a midwifery practice that has custody or control over that information must notify the client at the first reasonable opportunity and include in the notice that the client is entitled to make a complaint to the Privacy Commissioner.⁷¹

Furthermore, midwifery practices must give notice to the College if a member of the College employed by them, who holds privileges with them, or who is affiliated with them has committed or is suspected of having committed an unauthorized collection, use, disclosure, retention or disposal of personal health information and if, as a result of such unauthorized action, disciplinary action is taken with respect to the member's employment, privileges or affiliation.⁷² This also applies to cases where a member voluntarily relinquishes their privileges or resigns.⁷³

Notice must also be given to the College if a midwife acting as health information custodian (i.e. a practice owner) is a medical officer of health of a board of health and circumstances similar to those described above arise involving a member of the College who is employed to provide health care for the board of health and is an agent of the midwifery practice.⁷⁴

Location of Records

Pursuant to PHIPA, a midwifery practice may keep a record of personal health information about a client in the client's home in any reasonable manner to which the

⁶⁸ PHIPA, s. 12(1).

⁶⁹ PHIPA, s. 11.1

⁷⁰ PHIPA, s. 13(1).

⁷¹ PHIPA, s.12(2).

⁷² PHIPA, s. 17.1.

⁷³ PHIPA, s. 17.1(2.2) and 17.1(5.2)

⁷⁴ PHIPA, s. 17.1(3).

client consents, subject to any restrictions set out in a regulation, by-law or published guideline under the Regulated Health Professionals Act.⁷⁵

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

- The record is kept in a reasonable manner;
- The client consents;
- The midwifery practice is permitted to keep the record in the place in accordance with a regulation, by-law, or published guideline under the *Regulated Health Professionals Act*;
- And the prescribed conditions, if any, are satisfied⁷⁶

Please note that the College has a *Record-Keeping Standard*, which midwifery practices must adhere to.⁷⁷

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

Physical Safeguards

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

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

Administrative Safeguards

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

Examples include:

- Establishing a privacy breach protocol to minimize risk in the event a breach occurs

⁷⁵ PHIPA, s. 14(1).

⁷⁶ PHIPA, s. 14(2).

⁷⁷ (January 11, 2013) Available Online: http://www.cmo.on.ca/wp-content/uploads/2015/07/Record-Keeping-Standard-for-Midwives_JANUARY-2013.pdf

- Using confidentiality agreements with other persons who might come into contact with personal health information, such as independent contractors, bookkeepers, and cleaning staff
- Creating policies regarding who is permitted to have access to personal health information
- Creating policies about circumstances in which personal health information can be removed off-site
- Obtaining permission from clients if they will be communicated with via text or e-mail and explaining the risks associated with these methods of communication

Technical Safeguards

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

Examples include:

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

For more information on protecting the privacy of personal health information in electronic communication, please see the College's webpage: *Midwives and the Use of Electronic Communications*.⁷⁸

Succession Planning

A midwifery practice's obligation to ensure that personal health information in their custody or control is protected against privacy breaches does not end until a legally authorized successor has custody and control of the records. As a result, midwifery practices should create a succession plan to refer to in the event of a change in practice group ownership or dissolution of the midwifery practice, to prevent health records from being abandoned.⁷⁹

In the situation of a change of ownership, a midwifery practice may transfer personal health information of its clients to the new practice owners if the midwifery practice makes reasonable efforts to give notice to the clients before transferring the records, or if that is not reasonably possible, as soon as possible after transferring the records.⁸⁰ The

⁷⁸ Available Online: <http://www.cmo.on.ca/professional-conduct/client-relations/midwives-using-electronic-communications/>

⁷⁹ Please refer to "Succession Planning to Help Prevent Abandoned Records" (April 2019) by the Information and Privacy Commissioner for best practices. Available Online: https://www.ipc.on.ca/wp-content/uploads/2019/04/fs-health-abandoned_rec.pdf

⁸⁰ *PHIPA*, s. 42(2).

processes and responsibilities pertaining to such a circumstance can be detailed in a succession plan.

Midwifery practices can also detail in their succession plan where midwifery records would be stored and how they can be accessed in the event of a dissolution of the midwifery practice, and associated responsibilities pertaining to transferring them and ensuring agent compliance (e.g., compliance of an external storage company) with PHIPA requirements.

7. Notice of Theft or Loss & Report to Commissioner

A midwifery practice must notify an individual if personal health information about them that is in the custody of the midwifery practice is stolen, lost, used or disclosed without authority.⁸¹ The notice must include a statement that the individual is entitled to make a complaint to the Commissioner.⁸² The midwifery practice must also notify the Commissioner of the theft or loss or unauthorized use or disclosure if it meets the circumstances set out in section 6.3 (1) of Regulation 329/04 under PHIPA⁸³

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

- The midwifery practice has reasonable grounds to believe that the personal health information in their custody or control was used or disclosed without authority by a person who knew or ought to have known that they were using or disclosing the information without authority
- The midwifery practice has reasonable grounds to believe that the personal health information in their custody or control was stolen
- The midwifery practice has reasonable grounds to believe that after an initial loss or unauthorized use or disclosure of personal health information in their custody or control, the personal health information was or will be further used or disclosed without authority
- The loss or unauthorized use or disclosure of the personal health information is part of a pattern of similar losses or unauthorized uses or disclosure of personal health information in the custody or control of the midwifery practice
- The midwifery practice is required to give notice to the College of an event described on page 12 of this document,⁸⁴ including those events involving an agent of the midwifery practice that is a member of the College, in relation to a loss or unauthorized use or disclosure of personal health information
- The midwifery practice has determined that the loss or unauthorized use or disclosure of personal health information is significant after considering all relevant circumstances, including:
 - Whether the personal health information is sensitive
 - Whether the loss or unauthorized use or disclosure involved many individuals' personal health information
 - Whether more than one health information custodian or agent was responsible for the loss or unauthorized use or disclosure⁸⁵

Annual Report to Commissioner

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

⁸¹ PHIPA, s. 12(2)(a).

⁸² PHIPA, s. 12(2)(b).

⁸³ PHIPA, s. 12(3).

⁸⁴ Also see PHIPA, s. 17.1 for reporting obligations to College.

⁸⁵ s. 6.3(1) of the General Regulation (O.Reg. 329/04) under PHIPA.

- Personal health information in the midwifery practice's custody or control was stolen
- Personal health information in the midwifery practice's custody or control was lost
- Personal health information in the midwifery practice's custody or control was used without authority
- Personal health information in the midwifery practice's custody or control was disclosed without authority⁸⁶

⁸⁶ *Ibid*, s. 6.4(1). This has been a requirement since 2019.

8. Privacy Breaches

Breaches of obligations under PHIPA can result in prosecution by the Attorney General. On conviction for an offence of contravention of PHIPA, an agent may be liable for a fine of up to \$200,000 and a midwifery practice up to \$1,000,000⁸⁷

In addition, the Commissioner may make an order requiring a midwifery practice or agent to pay an administrative penalty if after conducting a review, the Commissioner is of the view that the midwifery practice or agent has contravened the Act or its regulations.⁸⁸

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

- A midwife becoming the subject of a complaint or report made to the College. Depending on the severity of the breach, a midwife may become the subject of a disciplinary proceeding at the College.
- Discipline by employers
- Review or investigation by a privacy regulatory body, such as the *Information and Privacy Commissioner of Ontario*
- Civil Litigation – a person affected by a privacy breach may sue a midwifery practice or midwife for invasion of privacy⁸⁹
 - Wilful or reckless conduct may include an award of up to \$10,000 for mental anguish⁹⁰

⁸⁷ PHIPA, s. 72(2).

⁸⁸ PHIPA, s. 61(1)(h.1)

⁸⁹ PHIPA, s. 65(1).

⁹⁰ PHIPA, s. 65(3).

Executive Committee – Terms of Reference

MANDATE

The Executive Committee conducts business between Council meetings to ensure the objects of the College are being met and contributes to the development of governance excellence by the Council.

POWERS

Between meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

If the Executive Committee exercises a power of the Council as outlined above, it shall report on its actions to the Council at the Council's next meeting.

RESPONSIBILITIES

Governance

The governance responsibilities of the Executive Committee shall be:

- 1) To ensure that the Council is able to govern the College effectively through development and periodic revision of governance policies and procedures
- 2) To make annual Committee and Committee Chair recommendations to Council
- 3) To establish and administer a process for assessing the effectiveness of the Council, its Committees and each Council member
- 4) To create an annual plan for Council development based on the strategic plan and the annual Council assessment
- 5) To conduct an annual assessment of skills and attributes to determine gaps in the composition of the Committees. Participate in the process for the selection of non-Council members to fill identified gaps.
- 6) To conduct the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation.

Audit and Finance

To assist the Council in fulfilling its fiduciary responsibilities regarding financial reporting, internal control systems, relationships with auditors and ensuring accountability for the use of assets, more specifically:

- 1) To advise Council on the financial affairs of the College and to make recommendations to the Council on financial matters
- 2) To oversee the financial reporting process and monitor the integrity of the financial statements of the College
- 3) To ensure the independence of the external auditor
- 4) To review and evaluate the critical areas of financial risk and exposure as determined by management for the College, including but not limited to insurance protection, environmental risk, political factors, assets/credit and other areas as determined from time-to-time

- 5) To review the appropriateness of the application and membership fee structure and other revenue charges and recommend changes to Council, as required
- 6) To review the budget annually and financial statements quarterly
- 7) To approve and maintain necessary financial policies and procedures to ensure best practice.

Risk Oversight

The risk oversight responsibilities of the Executive Committee shall be:

- 1) To oversee the implementation and maintenance of the College overall risk management framework and its risk appetite to ensure they are in line with emerging trends and best practice
- 2) To review the design and implementation of risk management strategies across the College and the procedures for monitoring the adequacy and effectiveness of those procedures
- 3) To report to the Council on its consideration of the above matters, identifying those areas where improvement is needed and making recommendations as appropriate.

ADMINISTRATIVE DUTIES

The Committee shall:

- 1) Meet at regular intervals, as needed, to ensure the proper functioning of the Committee;
- 2) Maintain minutes of its meetings in which shall be recorded all decisions and actions taken by it;
- 3) Report its actions to Council at each Council meeting or more frequently if needed;
- 4) Submit annually a report of its activities to the Council of the College;
- 5) Submit annually a report of its activities and the initiatives of each Council Committee, including its audited financial statements, to the Minister of Health and Long-Term Care.

PRIVACY

If a privacy challenge cannot be resolved by the College's Information Officer (Director of Operations), the Executive Committee shall act as the Privacy Working Group.

MEMBERSHIP

The Executive Committee shall be comprised of at least five (5) members of the Council, at least two (2) of whom are elected professional members and at least two (2) of whom are publicly appointed members. The Chair of Council, Vice Chair (Professional) and the Vice Chair (Public) of the College must be members of the Executive Committee.

CHAIR OF THE COMMITTEE

The Chair of the Council shall act as chair of the Executive Committee. The Registrar-CEO and the Deputy Registrar shall be designated as *ex-officio* members of the Committee.

COMMITTEE MEMBERS

All Executive Committee members must be elected to the Committee by the Council of the College. Executive Committee members shall have completed a minimum of a one (1) year term on the Council of the College prior to commencing a term on the Executive Committee.

Any committee member may resign upon written notification to the Chair. Committee members who are absent for more than two committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

QUORUM

A simple majority of members of the Executive Committee, that includes at least one (1) member of the committee who is an elected professional member and one (1) member of the committee who is a publicly appointed member, shall constitute a quorum for decision-making.

DECISION MAKING

The Committee will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. When a vote is called, the decision will be made by a simple majority.

CONFIDENTIALITY

Every member of the Committee shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person.

Inquiries, Complaints and Reports Committee – Terms of Reference

MANDATE

The Inquiries, Complaints and Reports Committee (ICRC) is a statutory committee whose role is set out in the Health Professions Procedural Code which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

The ICRC is mandated to ensure protection of the public interest by:

- Establishing policies and procedures to direct the actions of the College or its staff with respect to complaints received about registrants of the College;
- Appointing panels to review Complaints and consider Reports against registrants of the College.

POWERS AND RESPONSIBILITIES

The responsibilities of the ICRC shall be:

- 1) To communicate with registrants of the College and with the public to inform them regarding ICRC policies and procedures;
- 2) By way of panels appointed by the ICRC Chair, investigate complaints, review the submissions from the registrant(s), make reasonable efforts to ensure an adequate investigation has occurred and take appropriate action in accordance with section 26 of the Code;
- 3) Process and dispose of complaints in accordance with timeframes and process described in the RHPA;
- 4) By way of panels appointed by the ICRC Chair, consider Reports submitted by the Registrar, make reasonable efforts to ensure that all relevant information has been obtained and take appropriate action in accordance with section 26 of the Code;
- 5) By way of panels appointed by the ICRC Chair, inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code;
- 6) To consider the need for interim orders and emergency appointments of an investigator where required;
- 7) To issue to the parties a written decision with reasons (with certain exceptions) and the parties with a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board (for complaint matters only);
- 8) To review and update all policies and documents of the College with regard to the process of responding to inquiries, complaints and Reports;
- 9) To maintain a handbook to standardize the process involved in the ICRC process.

ADMINISTRATIVE DUTIES

The ICRC shall:

- 1) Meet at least one (1) time per year to ensure the proper functioning of the committee;

- 2) Maintain minutes of its meetings in which all decisions and actions taken by it shall be recorded;
- 3) Report its actions to Council at each Council meeting or more frequently if needed;
- 4) Submit annually a report of its activities to the Council of the College.

MEMBERSHIP

COMMITTEE

The ICRC shall be comprised of at least three (3) members of the Council of the College of Midwives of Ontario, at least one (1) of whom is an elected professional member and at least one (1) of whom is a publicly appointed member, and one (1) or more members who are not members of Council, if Council so wishes. The Chair of the Council shall be designated as *ex-officio* member of the Committee.

Unless stated otherwise in the by-laws, and subject to the Code and Regulations, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.

PANELS

Panels of the ICRC shall be appointed by the Chair and shall be comprised of at least three (3) members of the ICRC, at least one (1) of whom shall be a public member of the Council. The Chair of ICRC shall, at the time of appointing a Panel, designate one (1) member of the panel as the Chair of the Panel.

CHAIR OF THE COMMITTEE

The Council shall appoint the chair of the ICRC.

QUORUM

A simple majority of members of the ICRC, that includes at least one member of the committee who is an elected professional member and one member of the committee who is a publicly appointed member, shall constitute a quorum for decision-making for meetings.

Three (3) members of an ICRC panel constitutes quorum for panels.

DECISION MAKING

The ICRC will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every member of the ICRC shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person.

EVALUATION

The ICRC terms of reference shall be reviewed biannually and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

Registration Committee – Terms of Reference

MANDATE

The Registration Committee is a statutory committee whose role is set out in the Health Professions Procedural Code (the Code) which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) and the Registration Regulation, which is Ontario Regulation 168/11 under the *Midwifery Act, 1991*.

The Registration Committee is mandated to ensure protection of the public interest by establishing and maintaining a framework for dealing with matters referred to it by the Registrar and providing direction to the College and Council with regards to registration policies and processes in order for the College to effectively provide registration practices that are transparent, objective, impartial and fair.

POWERS AND RESPONSIBILITIES

The Registration Committee shall:

- 1) Review all applications referred to it by the Registrar;
- 2) Review all applications from registrants for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the registrant's certificate of registration as a result of a registration proceeding;
- 3) Review all matters referred to it under the Registration Regulation;
- 4) Make orders directing the Registrar in accordance with sections 18 and 19 of the Code. The Registration Committee may also act in accordance with the Registration Regulation, including but not limited to:
 - a. Setting or approving a jurisprudence course;
 - b. Setting or approving the qualifying examination;
 - c. Specifying further education, examination, training or combination thereof for applicants wishing to undertake a fourth attempt at the qualifying examination;
 - d. Approving requalification programs;
 - e. Granting exceptions or proposing plans and/or terms, conditions and limitations for registrants with active practice shortfalls;
 - f. Reviewing the deficiencies in an applicant's clinical experience to ensure it may be fully remedied by no more than one year spent under supervision;
 - g. Approving supervisors;
 - h. Approving applications for re-issuance of a supervised practice certificate of registration;
- 5) Within 15 days after receiving a notice that an applicant requires a hearing or review, give the Health Professions Appeal and Review Board (HPARB) a copy of the order made with respect to the application, the reasons for it and the documents and things upon which the decision to make the order was based;
- 6) Act on direction from HPARB resulting from a Board hearing into an application for registration with the College;

- 7) Submit registration-related regulations to Council for approval;
- 8) Develop proposed amendments to the Registration Regulation for submission to Council for approval;
- 9) Provide policy direction with respect to the implementation of the registration program.

ADMINISTRATIVE DUTIES

The Registration Committee shall:

- 1) Meet at least one (1) time per year to ensure the proper functioning of the Committee;
- 2) Maintain minutes of its meetings in which shall be recorded all decisions and actions taken by it;
- 3) Report its actions to Council at each Council meeting or more frequently if needed;
- 4) Submit annually a report of its activities to the Council of the College.

MEMBERSHIP COMMITTEE

The Committee shall be comprised of at least three (3) members of the Council, at least one (1) of whom is an elected professional member and at least one (1) of whom is a publicly appointed member.

Unless stated otherwise in the by-laws, and subject to the Code and Regulations, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.

The Council may, at its discretion, appoint members who are not members of the Council and a person who is not a Member to any Committee. The Chair of the Council shall be designated as *ex-officio* member of the Committee.

PANELS

Panels of the Registration Committee shall be appointed by the Chair of the Registration Committee and shall be comprised of at least three (3) members of the Registration Committee and in accordance with the Code, where applicable. The Chair of the Registration Committee shall, at the time of appointing a panel designate one (1) member of the panel as the Panel Chair.

CHAIR OF THE COMMITTEE

Council shall appoint the chair of the Registration Committee.

QUORUM

A simple majority of members of the Registration Committee, that includes at least one (1) member of the Committee who is an elected professional member of Council and one (1) member of the Committee who is a publicly appointed member of Council, shall constitute a quorum for decision-making for a meeting.

Quorum for panels of the Registration Committee is constituted with three members.

DECISION MAKING

The Registration Committee will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every member of the Registration Committee shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person.

EVALUATION

The Registration Committee terms of reference shall be reviewed every two (2) years and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

Quality Assurance Committee – Terms of Reference

MANDATE

The Quality Assurance Committee is a statutory committee whose role is set out in the Health Professions Procedural Code which is *Schedule 2* of the Regulated Health Professions Act, 1991 (RHPA). is mandated to ensure protection of the public interest by:

- 1) developing, establishing and maintaining programs, standards and policies to assure the quality of midwifery practice and continuing competence of College registrants;
- 2) developing, establishing and maintaining standards of the profession for registrants;
- 3) monitoring and overseeing the Quality Assurance Program.

POWERS

The Quality Assurance Committee has the power to:

- 1) enforce registrants' adherence to the Quality Assurance Program;
- 2) require a registrant to provide the College with such information about themselves and their practice as the College requires in order to fulfill its obligations under the RHPA;
- 3) select registrants to undergo peer and practice assessments in order to assess whether the registrants' knowledge, skill and judgment are satisfactory:
 - a) through a process of random selection including by stratified random sampling;
 - b) if a request is made to review the registrants' information, records, forms, assessments or questionnaires and the Committee or an assessor is of the opinion that the registrant has not provided satisfactory documentation in accordance with the request.
- 4) assess the quality of practice of a registrant according to established standards and policies;
- 5) recommend remedial action be undertaken by a registrant when their practice is determined to be below standard or in contravention of established policies;
- 6) appoint assessors for the purpose of a Quality Assurance Program.
- 7) require individual members whose knowledge, skill and judgment have been assessed and found to be below standard to participate in specified continuing education or remediation programs;
- 8) direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a registrant,
 - a. whose knowledge, skill and judgment have been assessed or reassessed under section 82 of the Health Professions Procedural Code and have been found to be below standard, or

- b. who has been directed to participate in specified continuing education or remediation programs as required by the Committee and has not completed those programs successfully;
- 9) direct the Registrar to remove terms, conditions, or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment meet the standards of the profession.
- 10) disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct or may be incompetent or incapacitated.

ADMINISTRATIVE DUTIES

The Committee shall:

- 1) meet at least one (1) time per year to ensure the proper functioning of the Committee;
- 2) maintain minutes of its meetings in which shall be recorded all decisions and actions taken by it;
- 3) report its actions to Council at each Council meeting or more frequently if needed
- 4) submit annually a report of its activities to the Council of the College.

EVALUATION:

The committee terms of reference shall be reviewed biennially and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

MEMBERSHIP

Unless stated otherwise in the by-laws, and subject to the Code and Regulations, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.

The Quality Assurance Committee shall be comprised at least three (3) members of the Council, at least one (1) of whom is an elected professional member and at least one (1) of whom is a publicly appointed member. The Council may, at its discretion, appoint members to the Committee who are not members of the Council. The Chair of the Council shall be designated as *ex-officio* member of the Committee.

CHAIR OF THE COMMITTEE

The Council shall appoint the chair of the committee.

QUORUM

A simple majority of members of the Quality Assurance Committee, that includes at least one member of the committee who is an elected professional member and one

member of the committee who is a publicly appointed member, shall constitute a quorum for decision-making.

DECISION MAKING

The Committee will endeavor to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every member of the Committee shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person. Notwithstanding the duty of confidentiality, the Committee may disclose evidence that a member knowingly gave false information to the QA Committee or to an assessor.

Discipline Committee – Terms of Reference

MANDATE

The Discipline Committee is a statutory committee whose role is set out in the Health Professions Procedural Code (the Code) which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

The Discipline Committee is mandated to ensure protection of the public interest by establishing and maintaining a framework for dealing with matters referred to it by the Inquiries, Complaints and Reports Committee.

Although the Discipline Committee is a committee of the College it is independent of the College. It fairly and impartially holds public hearings between the College and registrants of the College.

POWERS AND RESPONSIBILITIES

The Discipline Committee shall:

- 1) Review and update all policies and documents of the College with regard to the Disciplinary process;
- 2) Conduct hearings, by way of panels, on specified allegations of a registrant's conduct and/or competence referred by the Inquiries, Complaints and Reports Committee;
- 3) Conduct hearings, by way of panels, upon the referral of the Registrar, of a registrant's application for reinstatement of a certificate of registration, if the certificate was suspended or revoked on the grounds of professional misconduct or incompetence;
- 4) Consider applications from persons who are not parties to the hearing to participate in the hearing and to determine the extent of the participation;
- 5) Make orders excluding the public from a hearing or a part of a hearing and/or make orders preventing public disclosure of matters discussed at the hearing in accordance with the circumstances defined in section 45 of the Code;
- 6) Upon request of a witness in a sexual abuse case, to make an order that no person shall publish the identity of the witness;
- 7) Make an order(s) for penalty or costs of the Code, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, in accordance with section 51.53, 53.1 and 54;
- 8) Issue written decisions and reasons and provide a copy to the parties, including any complainant in a complaints matter, and ensure that the findings of the hearing are made public;
- 9) Ensure that documents and things put into evidence at a hearing are released to the person who produced them, on request, within a reasonable time after the matter has been finally determined.

The Chair of the Discipline Committee shall:

- 1) Appoint a pre-hearing conference chair, specific to each pre-hearing conference;
- 2) Appoint a panel, including the appointment of a Chair for each Discipline hearing.

ADMINISTRATIVE DUTIES

The Discipline Committee shall:

- 1) Meet at least one (1) time per year to ensure the proper functioning of the Discipline Committee;
- 2) Maintain minutes of its meetings in which shall be recorded all decisions and actions taken by it;
- 3) Report its actions to Council at each Council meeting or more frequently if needed;
- 4) Submit annually a report of its activities to the Council of the College;
- 5) Maintain a handbook to standardize the disciplinary process.

MEMBERSHIP

COMMITTEE

The Discipline Committee shall be comprised of every member of Council and one (1) or more members who are not members of Council, if Council so wishes. The Chair of the Council shall be designated as *ex-officio* member of the Discipline Committee.

Unless stated otherwise in the by-laws, and subject to the Code and Regulations, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.

PANELS

Panels of the Discipline Committee shall be comprised of at least three (3) members of the Discipline Committee and no more than five (5) members of the Discipline Committee, at least two (2) of whom shall be publicly appointed members of the Council and at least one (1) of whom shall be a professional member of the Council. At the time of appointing a panel, one (1) member of the panel shall be appointed as the Panel Chair.

No member shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing or who has taken part in the matter before the Inquiries, Complaints and Reports relating to the same member who is the subject of the panel's hearing.

If a member of the Discipline Committee is appointed to a panel and the member ceases to be a member of the Discipline Committee after the hearing has commenced, the member shall remain a member of the panel until the final disposition of the hearing.

CHAIR OF THE COMMITTEE

The Council shall appoint the chair of the Discipline Committee.

QUORUM

A simple majority of members of the Discipline Committee, that includes at least one (1) member of the Committee who is an elected professional member of Council and one (1)

member of the Committee who is a publicly appointed member of Council, shall constitute a quorum for decision-making for a meeting.

Quorum for panels of the Discipline Committee is constituted with three (3) members of a panel, at least one (1) of whom must be a publicly appointed member of Council.

DECISION MAKING

The Discipline Committee and panels of the Discipline Committee will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every member of the Discipline Committee shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person.

EVALUATION

The Discipline Committee terms of reference shall be reviewed every two (2) years and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

Fitness to Practise Committee – Terms of Reference

MANDATE

The Fitness to Practise Committee is a statutory committee whose role is set out in the Health Professions Procedural Code which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

The Fitness to Practise Committee is mandated to ensure protection of the public interest by appointing a panel from among the members of the Committee to hear and determine allegations of incapacity against a member of the College referred to the Fitness to Practise Committee by the Inquiries, Complaints and Reports Committee.

Although the Fitness to Practise Committee is a committee of the College it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants of the College.

POWERS AND RESPONSIBILITIES

The Fitness to Practise Committee shall:

- 1) Review and update all policies and documents of the College with regard to the Fitness to Practise process;
- 2) Conduct closed hearings, by way of panels, on specified allegations of a registrant's capacity to practise the profession as referred by the Inquiries, Complaints and Reports Committee;
- 3) Conduct closed hearings, by way of panels, of a registrant's application for variation of a term, condition and/or limitation imposed on a certificate of registration or applications for reinstatement following the revocation or suspension of a certificate of registration if the Certificate was restricted due to incapacity;
- 4) Make an order(s) in accordance with section 69 of the Code, if a panel finds a registrant to be incapacitated;
- 5) Issue written decisions and reasons and provide a copy to applicant and Registrar, and to ensure that findings of a hearing are made public;
- 6) Ensure that documents and things put into evidence at a hearing are released to the person who produced them, on request, within a reasonable time after the matter has been finally determined.

ADMINISTRATIVE DUTIES

The Fitness to Practise Committee shall:

- 1) Meet at least one (1) time per year to ensure the proper functioning of the Fitness to Practise Committee;
- 2) Maintain minutes of its meetings in which shall be recorded all decisions and actions taken by it;
- 3) Report its actions to Council at each Council meeting or more frequently if needed;
- 4) Submit annually a report of its activities to the Council of the College;
- 5) Maintain a handbook to standardize the incapacity process.

MEMBERSHIP

COMMITTEE

The Fitness to Practise Committee shall be comprised of every member of Council and one (1) or more members who are not members of Council if Council so wishes. The Chair of the Council shall be designated as *ex-officio* member of the Committee.

Unless stated otherwise in the by-laws, and subject to the Code and Regulations, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.

PANELS

Panels of the Fitness to Practise Committee shall be appointed by the Chair of the Fitness to Practise Committee and shall be comprised of at least three (3) members of the Fitness to Practise Committee, at least one (1) of whom shall be a publicly appointed member of the Council. The Chair of Fitness to Practise Committee shall, at the time of appointing a panel designate one (1) member of the panel as the Panel Chair.

No member shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing or who has taken part in the matter before the Inquiries, Complaints and Reports relating to the same member who is the subject of the panel's hearing.

If a member of the Fitness to Practise Committee is appointed to a panel and the member ceases to be a member of the Fitness to Practise Committee after the hearing has commenced, the member shall remain a member of the panel until the final disposition of the hearing.

CHAIR OF THE COMMITTEE

Council shall appoint the chair of the Fitness to Practise committee.

QUORUM

A simple majority of members of the Fitness to Practise Committee, that includes at least one (1) member of the Fitness to Practise Committee who is an elected professional member of Council and one (1) member of the Fitness to Practise Committee who is a publicly appointed member, shall constitute a quorum for decision-making for a meeting.

Quorum for panels of the Fitness to Practise Committee is constituted with three (3) members of a panel.

DECISION MAKING

The Fitness to Practise Committee and panel of the Fitness to Practice Committee will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every member of the Fitness to Practise Committee shall preserve confidentiality with respect to all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person.

EVALUATION

The Fitness to Practise Committee terms of reference shall be reviewed every two (2) years and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

Client Relations Committee – Terms of Reference

MANDATE

The Client Relations Committee is mandated to ensure protection of the public interest by developing the policies and procedures of the College to prevent sexual abuse of clients and to define appropriate professional relations between the members of the College and their clients.

POWERS

The Client Relations Committee must include measures for preventing and dealing with sexual abuse of clients and has the power to make recommendations to Council regarding the mandate of the Client Relations Program.

RESPONSIBILITIES

The responsibilities of the Client Relations Committee shall be:

- 1) update and revise the Sexual Abuse Prevention Program material as appropriate;
- 2) to set guidelines for the conduct of members with their clients;
- 3) ensure education in sexual abuse prevention is available to College members by developing, designing or recommending training resources to College staff
- 4) provide information to the public on the prevention of sexual abuse;

ADMINISTRATIVE DUTIES

The Client Relations Committee shall:

- 1) meet at least one (1) time per year to ensure the proper functioning of the Committee;
- 2) maintain minutes of its meetings in which all decisions and actions taken shall be recorded;
- 3) report its actions to Council at each Council meeting or more frequently if needed;
- 4) annually submit a report of its activities to the Council of the College.

MEMBERSHIP

The Council shall appoint members of the Client Relations Committee and may replace or remove members from time to time. The Committee shall be comprised of at least three (3) members of the Council of the College of Midwives of Ontario, at least one (1) of whom is an elected professional member and at least one (1) of whom is a publicly appointed member. The Council may, at its discretion, appoint members who are not members of the Council to the Committee. The Chair of the Council shall be designated as *ex-officio* member of the Committee.

CHAIR OF THE COMMITTEE

The Council shall appoint the chair of the Client Relations Committee.

QUORUM

A simple majority of members of the Client Relations Committee - that includes at least one member of the Client Relations Committee who is an elected professional member and one member of the Client Relations Committee who is a publicly appointed member - shall constitute a quorum for decision-making.

DECISION MAKING

The Client Relations Committee will endeavour to arrive at decisions by consensus and all members may contribute to the consensus-making process. Where a decision cannot be reached by consensus, the decision shall be made by a majority of the votes cast by all members present. The Chair of the Council, as *ex-officio*, does not have voting privileges.

CONFIDENTIALITY

Every person employed, retained or appointed for the purpose of the administration of the Regulated Health Professions Act and every member of a Council or committee of the College shall preserve confidentiality with respect to all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person.

CHAIR'S REPORT

REPORT TO COUNCIL – March 10, 2022

Prepared by: Claire Ramlogan Salanga RM

1. General Highlights

We are approaching the end of another fiscal year and I am pleased to report that the College, despite the instability of the pandemic, has continued to produce quality work that aligns with its mandate to protect the public. Council, committees, and staff have a lot to be proud of; from developing a new Registration Regulation that is contemporary and agile to developing a novel EDI plan to approving the Blood Borne Viruses Standard, to name a few. I look forward to having Council continue to lead the CMO in its strategic priorities in the upcoming year.

2. Governance

The 2022 External Auditor Review Tool has also been initiated at the February Executive Committee meeting. The Executive committee will be conducting an annual review this year and look forward to attending the virtual audit in May 2022.

The annual Registrar/CEO review process has also been launched at the February Executive meeting with the guidance of Sam Goodwin from Goodwin Consulting.

At our December Council training meeting we were joined by Allison Henry, Director of the Health Workforce Regulatory Branch and Stephen Cheng of the Strategic Regulatory Policy Unit to speak on issues related to government legislation and regulation making processes. This training session supported Council's understanding of the perspectives of Ministry with respect to the work that we do.

Council was also joined by John Risk who reviewed our risk-based approach to regulation. During this interactive session, John revisited the motivations for adopting risk-based frameworks, the main benefits and challenges that may arise in implementation, and the evaluation of a risk-based framework. He also discussed some practical considerations for Ontario health colleges that are governed by the Regulated Health Professions Act and profession-specific Acts, such as the Midwifery Act. This presentation reinforced the utility of risk-based regulation that the College has implemented over the past several years.

As always, our Council self-evaluates our meetings for quality improvement. Feedback from the December meeting included an appreciation of the time spent in discussing and exploring items in thoughtful and critical ways. Additionally, there is a continued appreciation of the high quality of the pre-council information packages. Items are explained well and questions anticipated by staff which displays a solid understanding of what stakeholders and partners are thinking about. A suggestion to establish mentorship between Council members was posed and will be trialed for our newest appointee.

I would also like to welcome Jacqueline Morrison as our new Public Council member. Ms. Morrison will receive an orientation to our college on March 24th and will join our March training and Council meetings this month. We look forward to working with her at the Council and committee levels.

Finally, a call for nominations for Council elections will occur on April 1, 2022. There will be three positions open for election, including those currently held by Isabelle Milot and Claudette Leduc. 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. We are grateful to all registrants intending to run in this upcoming cycle.

3. Stakeholder Engagement

1. AOM/CMO meeting: Jan 6, 2022
2. CNAR EDI training sessions: Feb 17, 2022, March 2, 2022
3. Ex-Officio:

Registration Committee meetings: Jan 27, 2022, March 9, 2022

Quality Assurance Committee meeting: Jan 21, 2022, March 11, 2022

Inquiry, Complaints & Reports Committee meeting: March 9, 2022

EXECUTIVE COMMITTEE

REPORT TO COUNCIL - March 2022

Committee Members

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

Committee Meetings

February 16, 2022

Approved on behalf of Council:

- Q3 Statement of Operations
- Chair Stipend Policy
- Council Evaluation Report

Q3 Statement of Operations

The committee reviewed and approved the Q3 Statement of Operations. The College is in good cash flow position with no concerns financially. A copy of the statement is attached.

Chair Stipend Policy

As reported in December 2021, the committee had done an initial review of the Chair Stipend Policy. The policy was updated to be clear about role expectations and was approved by the committee at its last meeting.

Council Evaluation Report

The committee reviewed and approved the final Council Evaluation Report compiled by Sam Goodwin. Actions and priorities in the areas identified by the Council in December 2021 are documented in the final report.

Items:

2022-2023 Budget

The committee reviewed the 2022-2023 annual College budget. No changes were recommended, and budget will be brought forward to Council for approval as an independent agenda item.

Pre-Audit Information with External Auditor

The committee met with Hilborn and associates who reviewed the scope and approach of the upcoming 2021/2022 financial audit. The audit of the College is expected occur the week of May 8-12th and will be conducted remotely again this year. The Executive committee will attend the virtual audit and during that time and will review the audit process as part of the Council's review of the external auditor.

Registrar-CEO Evaluation Report

The committee discussed with Sam Goodwin the criteria and process that will be followed for the 2022-2023 Registrar-CEO evaluation.

Equity, Diversity, and Inclusion

The committee reviewed the College's Equity, Diversity and Inclusion plan prepared by Registrar-CEO, Kelly Dobbin. The committee provided their insight and feedback to the plan which will be presented to staff for additional recommendations and feedback before it is presented to Council.

Committee Terms of Reference

The committee reviewed and approved the Executive Committee Terms of Reference, which was included in the consent agenda for Council's approval.

Motions:

The following motion is proposed to Council:

- I. That the Executive Committee report be approved as presented.

Attachments:

1. Q3 Statement of Operations
2. Chair Stipend Policy
3. Council Evaluation Report.

Respectfully Submitted,

Claire Ramlogan-Salanga, RM

The College of Midwives of Ontario

Q3 Statement of Operations (Fiscal April 1, 2021 - March 31, 2022)

April 1, 2021 -December 2021



	F22 Projected Revenue	F22 Projected Revenue to end of Q3	Q3 Revenue F22	Q3 Revenue F21	Percentage Variance Against Budget
REVENUE					
Membership Fees	\$ 2,502,042	\$ 1,876,532	\$ 1,809,107	\$ 1,812,280	72%
Administration & Other	\$ 62,551	\$ 46,913	\$ 53,673	\$ 46,750	86%
Project Funding - Birth Centres	\$ 65,000	\$ 48,750	\$ 47,729	\$ 50,341	73%
TOTAL REVENUE	\$ 2,629,593	\$ 1,972,195	\$ 1,910,509	\$ 1,909,371	73%

	F22 Budget	F22 Budget to end of Q3	Q3 Spending F22	Q3 Spending F21	Percentage Variance Against Budget
EXPENSES					
Salaries & Benefits	\$ 1,527,370	\$ 1,145,528	\$ 1,062,845	\$ 972,010	70%
Professional Fees	\$ 118,963	\$ 89,222	\$ 54,977	\$ 35,434	46%
Council and Committee	\$ 146,018	\$ 109,514	\$ 105,032	\$ 75,762	72%
Office & General	\$ 143,261	\$ 107,446	\$ 85,149	\$ 95,424	59%
Information Technology, Security & Data	\$ 157,067	\$ 117,800	\$ 71,373	\$ 85,033	45%
Rent & Utilities	\$ 200,086	\$ 150,065	\$ 142,805	\$ 144,083	71%
Conferences, Meeting Attendance & Membership Fees	\$ 72,500	\$ 54,375	\$ 58,136	\$ 60,360	80%
Panel & Programs	\$ 297,053	\$ 222,790	\$ 20,901	\$ 48,855	7%
Birth Centre Assessment & Support	\$ 65,000	\$ 48,750	\$ 43,098	\$ 48,100	66%
Capital Expenditures	\$ 43,689	\$ 32,767	\$ 32,586	\$ 30,815	75%
TOTAL EXPENDITURES	\$ 2,771,007	\$ 2,078,255	\$ 1,676,900	\$ 1,595,878	61%
PROJECTED LOSS	\$ (141,414)				

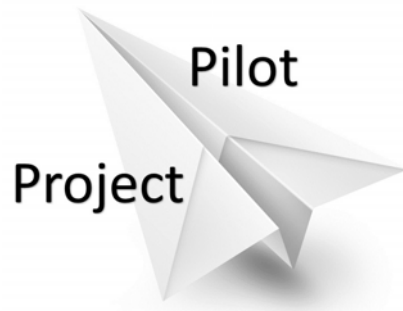
ADDITIONAL NOTES

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

Total Accrual	\$ 146,624
Accrual Budget to end of Q3	\$ 109,968
Accrual Spending to end of Q3	\$ 81,884

Council Self Evaluation Piloting Changes for 2021-22

October 2021



This report describes potential changes to the current CMO approach to Council Evaluation that could be piloted starting this fall.

The changes are a further evolution of CMO's approach, not fundamental change.

“Pilot” means that Council would have an opportunity to test out the new approach for the year, including an evaluation of the approach, before formalizing any policy changes.

At the end of the pilot, Council members and senior staff would have the opportunity to provide input on how it worked, any adjustments, etc.

CMO Commitment to Continuous Improvement

Over the years, CMO has demonstrated a strong commitment to continuing to enhance Council governance.

Refined and streamlined as recently as last year, the current approach has the following components:

1. An Evaluation of each Council meeting, including a report and discussion at the next Council meeting
2. A year-end evaluation of Council that is also reported publicly
3. A Council peer review process
4. Individual Council member self-evaluation that focuses on competencies, personal attributes and skills.

The current Annual evaluation captures three components:

- Council's performance as a whole
- The performance of Committee and Panels/Panel Chairs
- The performance of the Council Chair

The above are administered for Council by the Council & QA Coordinator, with the exception of the peer view process, which is managed directly and confidentially by the Council Chair.

Aligning with the College Performance Management Framework (CPMF)

The CPMF has a number of specific provisions related to Council Evaluation:

- Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.
- Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council.
- Evaluation and assessment results are discussed at a public Council meeting.
- The framework includes a third-party assessment of Council effectiveness at a minimum every three years
- Ongoing training provided to Council has been informed by the outcome of relevant evaluation(s), and/or the needs identified by Council members.

CMO's approach to Council evaluation anticipated the CPMF requirements.

Rather than a review of Council governance every three years and identifying improvements across many different policies all at the same time, Council has approved a “rolling” approach that emphasizes ongoing reflection and continuous improvement, rather than a point-in-time approach.

Goodwin Consulting has been retained to providing ongoing advice to CMO on Governance policies and practices. Each year, a manageable number of policies are identified for third party review and potential enhancements are identified for Council's consideration.

Using this approach, the first two policies that have been reviewed are:

- CEO Performance Evaluation (completed in December 2020 – with the new process being utilized for 2020-21)
- Council Self-Evaluation (the focus of this report)

Opportunities in the current approach to further refine via this pilot

The main opportunities in the current approach are:

- Puts a lot of weight on the annual evaluation as a point-in-time assessment – ***the proposed changes build in more ongoing reflection and improvement throughout the year.***
- There is an opportunity to focus more on consistent Good Governance behaviours for members, whether they are meeting as Council or as Committees – ***the proposed changes emphasize consistent Good Governance behaviours for Council members, regardless of whether they are in Committee or at Council.***
- Doesn't include a consistent way for Executive Committee to have a "line of sight" into the governance performance of Committees – in order to be able to monitor for effectiveness and address issues and opportunities – ***the proposed approach creates new opportunities for Executive Committee to monitor overall performance and effectiveness and stay engaged with Committee Chairs***
- Puts the onus on the Chair to drive parts of the process, identify issues, etc. as well as directly manage the Peer Review process – ***the proposed changes make more use of the Council & QA Coordinator and the external advisor***
- The Peer Review component is a more labour intensive way to identify annual training and development priorities for Council – ***the proposed changes would eliminate the Peer Review and get a useful result in a more efficient way***
- The Panel evaluation might be misplaced given that Council members on Panels are not acting in the role of Governors, but rather as adjudicative/quasi-judicial decision makers – ***the proposed approach would create a separate process to evaluate panel adjudicative effectiveness as separate from governance.***

The Key Recommendations

1. Approach both Council Meetings and Committee Meetings (“business” meetings only – not panels) as governance venues for Council members – use the same evaluation process and look for real time continuous improvement opportunities.

2. Connect the questions asked for the year-end evaluation with the questions for Council/Committee meeting evaluations to ensure alignment and consistency throughout the year.

Use the results of Council and Committee meeting evaluations to build towards and generate insights that feed into the year-end evaluation.

3. Monitor Council and Committee meeting evaluations on an ongoing basis (via the Council & QA Coordinator and the external advisor) – bring forward issues and opportunities in a timely way and give Executive Committee a quarterly line of sight into Committee governance performance.

4. Add a substantive discussion of governance Continuous Improvement priorities for the coming year to the year end evaluation and bring the results to the December Council Training Day to discuss and set priorities.

5. Convert the individual Council member self-assessment into an optional/ voluntary tool that interested Council members can use.

Use the year end evaluation to identify Council training and development priorities (*see #4 at left*).

6. Create a separate process to evaluate Panels and Panel Chairs – one that focuses on their unique (non-governance) role as quasi-judicial adjudicators.

Plus two additional actions to consider

A. Create a separate year end self-evaluation process for Executive Committee that fosters dialogue within Executive about continuous improvement and supports succession planning.

B. Create an opportunity 2 times a year for Executive and Committee Chairs to meet collectively as a leadership and Chairing “check-in” and quality assurance exercise.

Pilot Recommendations

1. Approach both Council Meetings and Committee Meetings (“business” meetings only – not panels) as governance venues for Council members – use the same evaluation process and look for real time continuous improvement opportunities.

- Recognize that Council meetings and Committee meetings are the two most important venues for Council members in their role as Governors, and that the requisite Good Governance behaviours are essentially the same in both.
- Evaluate Committees using the same questions as for Council meetings, with discussion of the results at the next meeting. This would be applied only to Committee business meetings, not panels, i.e. just 2-3 meetings each year per Committee.
- Use the evaluation process for Council and Committee meetings to look for emerging themes, issues, concerns and continuous improvement opportunities.
- Chairs would be evaluated as part of each meeting evaluation rather than via the year end evaluation as at present.

Pilot Recommendations

2. Connect the questions asked for the year-end evaluation with the questions for Council/Committee meeting evaluations to ensure alignment and consistency throughout the year.

Use the results of Council and Committee meeting evaluations to build towards and generate insights that feed into the year-end evaluation.

Appendix A is a set of year end evaluation statements.

Appendix B is a subset of A that would be used to evaluate Council and Committee meetings.

- Use consistent evaluation questions for both Council and Committee meetings that communicate and reinforce Good Governance behaviours.
- Use a subset of the Council year end evaluation questions for Council and Committee meeting evaluations.
- Bring forward any recurring themes from Council and Committee meeting evaluations to inform Council members as they evaluate their annual performance.
- Use the Council and Committee meeting evaluation process throughout the year to keep the Good Governance behaviours front and centre in the minds of Council members – as they think about their own performance and as they prepare to participate in any setting or event where they are acting as Council members.
- Confirm the expectation of 100% participation in the evaluation processes for attending members – use the external advisor to follow up as required.
- 100% participation would include non-Council Committee members – and would reinforce the role that Committees play as a “feeder” group for membership on Council.

Pilot Recommendations

3. Monitor Council and Committee meeting evaluations on an ongoing basis (via the Quality Assurance Coordinator and the external advisor) – bring forward issues and opportunities in a timely way and give Executive Committee a quarterly line of sight into Committee governance performance.

- Meeting evaluation results would be reviewed and reports prepared by the Council & QA Coordinator, with the external advisor.
- Members would have an ongoing opportunity to speak confidentially to the external advisor to raise issues and share insights. The external advisor would also be able to follow up with Council members where significant concerns were expressed or “low” scores given. Where appropriate, issues would be discussed with the Chair and where relevant with the Registrar.
- Meeting reports would be reviewed by the (Committee or Council) Chair – and then:
 - Sent out to the Committee (or Council) members while the meeting is fresh in their minds – by the Council & QA Coordinator – also sent to senior mgt.
 - Also included in the meeting package for the next meeting for discussion as the first agenda item.
- Executive Committee would review the Committee reports on a quarterly basis (materials and analysis prepared by the Council & QA Coordinator and external advisor) and would note that review in their quarterly report to Council.

Pilot Recommendations

4. Add a substantive discussion of governance continuous improvement priorities for the coming year to the year end evaluation and bring the results to the December Council training day to discuss and set those priorities.

- Through the year end evaluation survey, get input from Council members about governance continuous improvement priorities or themes for the coming year.
- Typical priorities or themes could include: a focus on one or more key governance behaviours; specific training and development for Council; greater emphasis within Council on financial or other types of oversight questions, more consideration of diverse perspectives, etc.
- Collect, assess and bring forward the suggestions for review by Executive Committee in November and discussion at the December Council Training Day. Also, incorporate relevant insights from Council and Committee meetings throughout the year and seek senior mgt. input.
- Make decisions about priorities at the December training day and then convert those into an action plan.
- Report publicly on the year end evaluation and continuous improvement priorities at the next Council meeting.
- As part of each Council and Committee meeting evaluation, remind members of the continuous improvement priorities and ask for their views on progress being made.

Pilot Recommendations

5. Convert the individual Council member self-assessment into an optional/voluntary tool that interested Council members can use.

Use the year end evaluation to identify Council training and development priorities.

- Provide the self-assessment tool as an option for interested Council members.
- Ask mentors to encourage new Council members to complete the tool and reflect on the results – and help the new member convert the results into actions.
- Incorporate Council input on training, skills, and other developmental needs into the year end evaluation – focusing on priorities that will strengthen their performance as Governors – and use those results to inform training needs for Council as a whole.
- Eliminate the annual Peer Review process.

Pilot Recommendations

6. Create a separate process to evaluate Panels and Panel Chairs – one that focuses on their unique (non-governance) role as quasi-judicial adjudicators.

- Panels play a very significant role in RHPA colleges – one that can very directly and significantly impact members of the public and registrants.
- However, that Panel role is one of quasi-judicial adjudication, not Governance.
- Given the potential impact that Panels can have, it is very important that Council be assured of things like reasonable and fair decision making, accessible processes, timely access for the public and registrants, etc.
- Being able to separately assess the effectiveness of Panels will become even more important for Councils in the future, when/if the changes to Council Governance as proposed by HPRO are made, i.e. Council members no longer sit on panels – which will require a Council to have a means to be assured of effectiveness.

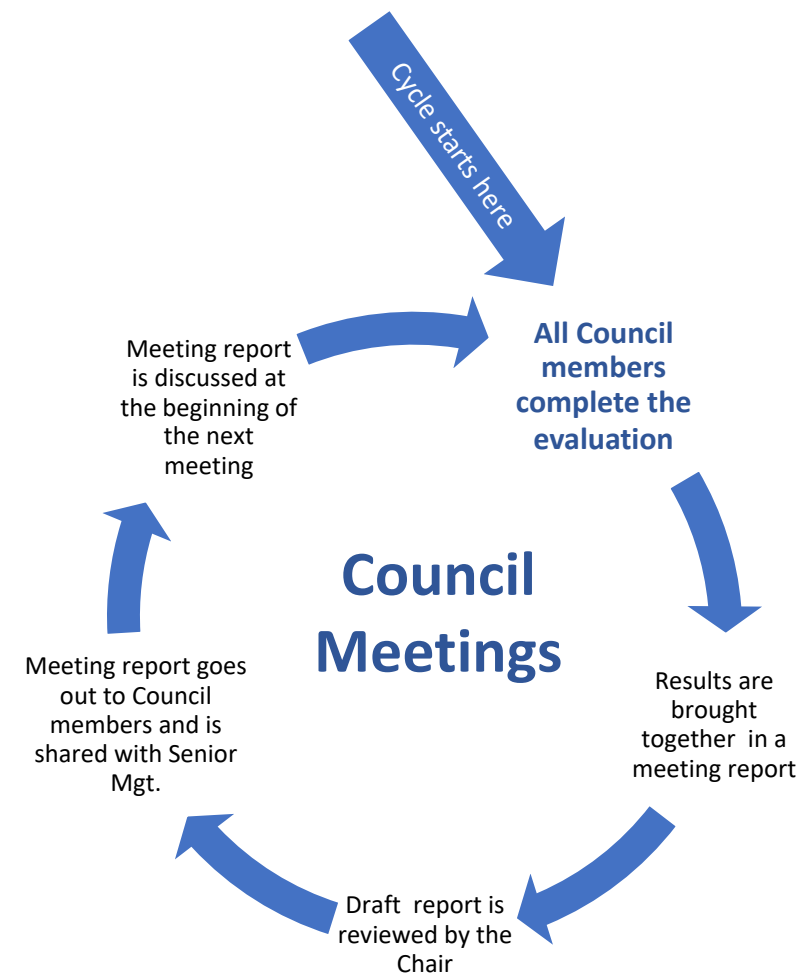
Pilot Recommendations

The process for Council and Committee meetings



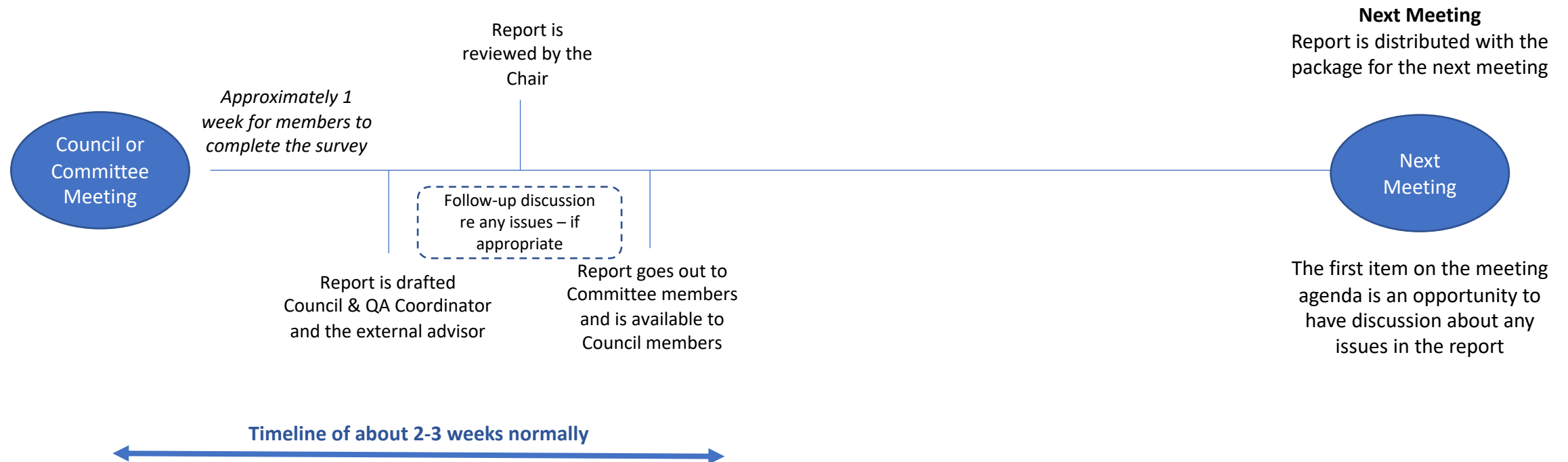
Both processes use the same evaluation criteria focused on Good Governance behaviours

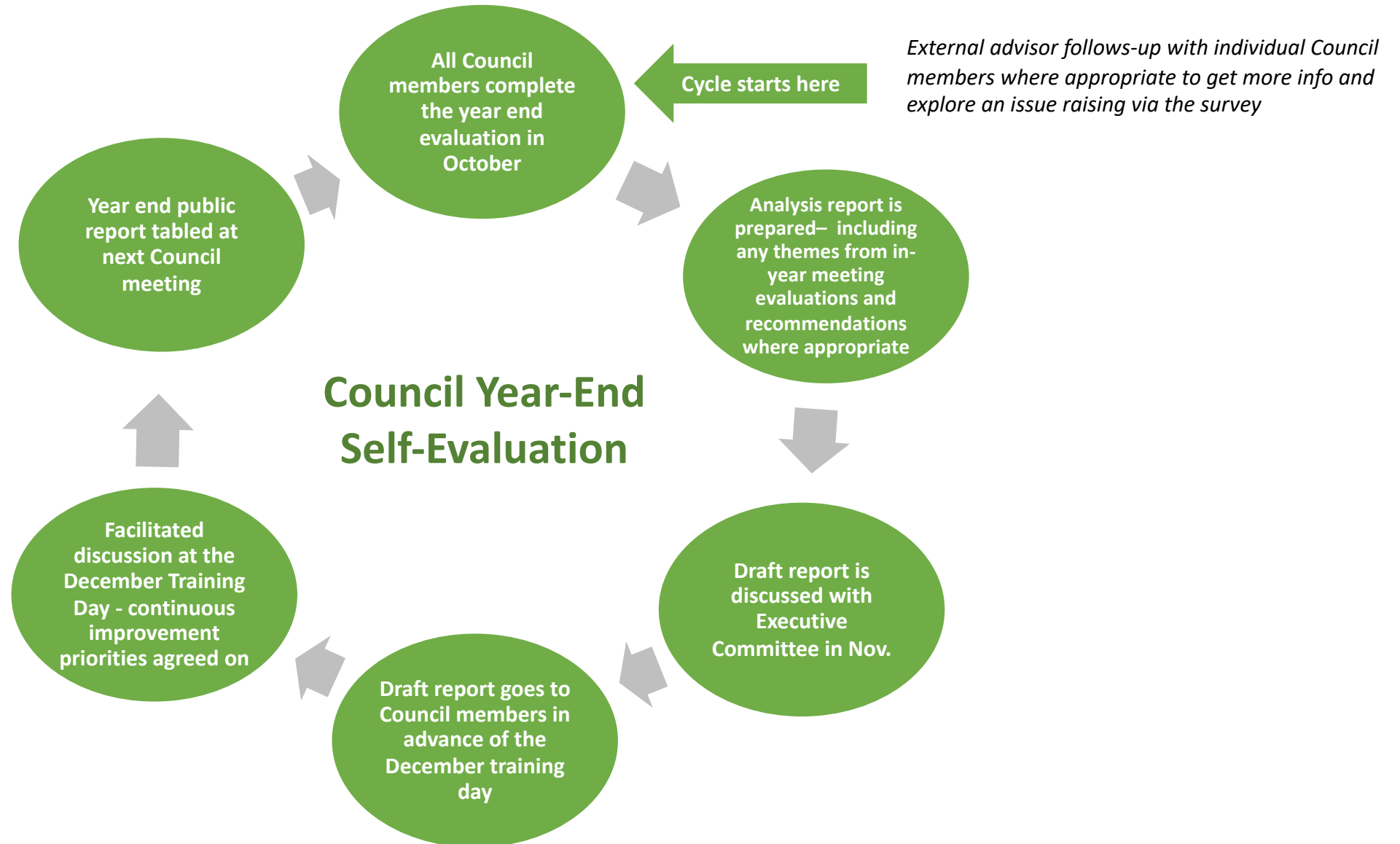
Includes prompts and questions related to progress on Continuous Improvement Priorities



Pilot Recommendations

Typical timeline for meeting reports – preparation and distribution





Pilot – additional options for discussion

A. Create a separate year end self-evaluation process for Executive Committee that fosters dialogue within Executive about continuous improvement and supports succession planning.

- This optional process would take place at the end of the Council year and include:
 - A set of self-evaluation criteria based on Executive Committee's Terms of Reference
 - Conducting the assessment via a group round-table facilitated by the external advisor
 - The external advisor prepares a report for Council that is presented by Executive for discussion at the first Council meeting of the next year. Council is invited to ask questions and provide any additional feedback.
- This option is useful if Council members don't get much insight into what Executive does on an ongoing basis. However, CMO's Executive Committee already provides fulsome reports to Council on a regular basis – which would already give Council a reasonable view into the activities and effectiveness of the Committee. Also, the Council year end evaluation will include asking Council members for their input on Executive Committee performance and effectiveness over the year.
- As such, the value of this option would be more as a reflection opportunity for the Committee itself, and as a developmental discussion that might contribute to succession planning within Executive Committee.

Pilot – additional options for discussion

B. Create an opportunity 2 times a year for Executive and Committee Chairs to meet collectively as a “check-in” and QA exercise.

- The focus would be on continuous improvement – an opportunity to reflect and talk about shared experiences, common issues, themes, tactics and techniques, training needs, etc.
- The process would give Executive Committee further insight into the effectiveness of Committees and their Chairs and help inform succession planning.
- The process would also reinforce the role of Executive Committee members and Committee Chairs as a Council leadership group.
- For example, the timing could be February and June.

What happens to the proposed process if there is no Executive Committee at some point in the future?

HPRO has proposed governance changes that would eliminate Executive Committees from RHPA Councils. If that change is made, the proposed process could be adjusted as follows:

For Council and Committee meeting evaluations

- The evaluation results of each meeting would be reviewed in draft by the Committee Chair, as well as by the Council President and Vice President. Having the latter two Council leaders look at the draft results, along with the Committee Chair, ensures that the effectiveness of both types of meetings are being monitored in real time in way the cuts across the Committees and Council. This means that issues and needs can be identified and that action, where appropriate, can be taken in a timely way.

For the Council year-end self evaluation

- CMO may wish to consider creating a Council Committee whose mandate includes Governance – a common component of most Boards. The Governance Committee would oversee the Council Year-End Self-Evaluation process on behalf of Council (instead of Executive Committee). If there was no Governance Committee, then the process would be overseen by Council as a whole.

CHAIR STIPEND POLICY

Purpose

In order to support the activities of the Chair and Council, the College of Midwives of Ontario will pay an annual stipend to the Chair. The stipend policy will be reviewed at least once every three years by Council.

Scope

The stipend will be paid at the rate of \$30,000 annually, paid bi-weekly and is subject to employment tax and CPP deductions. The stipend assumes the Chair meets the minimum requirements to perform the duties of the role, as described in College Governance Policies and by-laws. The market competitiveness and analysis of the Chair Stipend will be conducted every three years or in response to material changes to the duties and responsibilities.

Policy Statement

Expenses for the Chair will be paid in accordance with the CMO's approved travel and expense policies for the following:

1. Travel and associated expenses for Council members to attend Council and Council committee meetings.
2. Travel and associated expenses for Council members to attend meetings, events or training which they are attending as a representative of the Council.
3. Travel and associated expenses for Council members to attend conferences related to the role of Council.

Any work outside the duties and functions laid out in the Governance Policies and By-laws, including ad-hoc committee work, assigned Council projects and special initiatives will be compensated separately based on council per diem compensation for professional members, at Chair rate, with the prior approval of Council.

References (legislative and other)

[Governance Policies](#)

[College By-laws](#)

*Approved by Council: May 27, 2015
Effective Date: September 30, 2015
Revision Date: October 13, 2016
Rescinded April 1, 2019
Reinstated April 1, 2020
Review of Policy scheduled in December 2021*

Appendix A: Time Commitment Expectations of Council Chair

Function/Activity	Estimated Time Commitment
Council Meetings	<ul style="list-style-type: none"> 8 meeting days per year (4 x year of 1 training day and 1 meeting day). Preparation time and report writing for each Council meeting
Executive Meetings	<ul style="list-style-type: none"> 4 meetings per year, (1 day of meeting and one day preparation each)
Statutory Committee Meetings	<ul style="list-style-type: none"> Approximately 18 Statutory Committee meetings a year. The Chair may choose to attend any Committee meeting as an ex-officio member but is expected to stay abreast of committee work via review of minutes, agendas, etc.
Chair/Registrar Meetings	<ul style="list-style-type: none"> Weekly scheduled meetings with registrar (1 hour each) Council Orientation meetings/calls for Council member onboarding (amount varies per year but approximately 2 hours each call) Ad-hoc calls may be scheduled as needed
Stakeholder Meetings	<ul style="list-style-type: none"> AOM Liaison Meetings Midwifery Education Program (MEP) Meetings Ontario Midwifery Strategy Council Meetings Canadian Midwifery Regulators Council Meetings
Conferences	<ul style="list-style-type: none"> AOM Annual Conference The Canadian Association of Midwives Annual Conference The Canadian Network of Agencies of Regulations
Total Estimated Time Commitment: 69 days per year, based on 8 hours per day (plus travel time, if applicable)	

BRIEFING NOTE FOR COUNCIL

Subject: Budget 2022-23

Summary

As we do each year in preparing the budget, staff projected revenues and expenses for 2022-23 after a detailed analysis of previous years' spending, internal discussions on future costs, and an assessment of net asset projections. This as the College team continues to actively work to balance austerity with operational growth requirements and a cautious approach in project managing out of the pandemic impacted state all sectors have faced.

The College's Management team met early and through the 4th quarter to forecast the upcoming year, mindful to mitigate potential risks to the College. A budget was then prepared for presentation to the Executive Committee.

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

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

Background & Key Considerations

The College again approached budgeting this year aware of the continued influence of the pandemic on both revenue and expenses albeit with a cautiously more optimistic view of loosening restrictions.

Overall, we are pleased to hold our 2022-23 budget in line with our overall five-year planning and while the College will continue to project a deficit this upcoming year, our overall position over the balance of our strategic planning cycle is expected to finish with better than anticipated results by 2025/2026.

You will recall that last year the College approved and operationalized its Internally Restricted and Unrestricted Net Asset Policy as a fiscally responsible measure to help manage the ebbs and flows of unforeseen events or planned deficit years. The College is projected to hold almost a full 6 months of unrestricted net assets (or reserves) at the start of fiscal 2022-2023.

As a result, our planned deficit in 2022-2023 will be offset by the College's existing unrestricted net assets. The College projects several more years of deficit budgets ahead but is expected to hit its breakeven year in 2025-2026 and as a result can comfortably project, using its unrestricted net assets without fully depleting them, its financial sustainability over the that period.

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

Recommendations

The Executive Committee recommends Council to:

Approve the proposed Budget for the 2022-23 fiscal year.

Implementation Date

Budget to be implemented April 1, 2022

Legislative and Other References

None.

Attachments

Budget 2022-23 (College of Midwives of Ontario)

Submitted by:

Staff (Stefano Biscotti, Director of Operations) under the direction of the Executive Committee



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Budget

April 1, 2022 – March 31, 2023

Presented to Council March 30, 2022 for Approval

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Current Position and Financial Sustainability

Like most other organizations, the College eagerly awaits seeing the pandemic in its rear-view mirror, but the effects will again have an impact on our approach to budgeting this year. While everyone was hopeful in anticipating a return to office in the fall last year only to have a new Omicron wave reset plans, what we've collectively learned is that we will be working in a hybrid environment going forward.

As a result, our approach to budgeting this year was done with a clearer awareness of the continued influence of the pandemic on both revenue and expenses and which line items would begin to show signs of resuming more normalized operations under this new normal.

Since the 2021-22 budget was approved by Council in March 2021, continued efforts by staff, some internal and external factors have positively influenced our current financial position.

The College team has actively worked to keep its costs low throughout the year. We are now projecting that the loss anticipated in the budget of approximately (\$141K) will, when the books are closed at the end of the fiscal, be virtually avoided in full.

Although the final quarter is not yet closed, and there are some variable expenses to come (for example the accrual for Expert Resources and Professional Conduct Hearings where we will be overspent) staff are estimating a virtually balanced budget with possibly small gains¹.

As a result, the College will finish fiscal 2021-22 in a stronger financial position than expected. Overall, we are pleased to hold our 2022-23 budget in line with our overall five-year planning and while the College will continue to project a deficit this upcoming year, our overall position over the balance of our strategic planning cycle is expected to finish with better than anticipated results by 2025/2026.

You will recall that last year the College approved and operationalized its Internally Restricted and Unrestricted Net Asset Policy as a fiscally responsible measure to help manage the ebbs and flows of unforeseen events or planned deficit years. The College is projected to hold almost a full 6 months of unrestricted net assets (or reserves) at the start of fiscal 2022-2023.

What this means is our planned deficit in 2022-2023 will be offset by the Colleges existing unrestricted net assets. The College projects several more years of deficit

¹ Important: this is an early estimate, the actual year end could have a loss or gain depending on expenses in the final months of the year, the accrual result, and deferred revenue calculations. The actual result will be reported with our Q4 Statement of Operations.

budgets ahead but is expected to hit its breakeven year in 2025-2026 and as a result can comfortably project, using its unrestricted net assets without fully depleting them, its financial sustainability over the that period.

In accordance with the policy approved last year, the College's current financial position continues to satisfy the Internally Restricted and Unrestricted Net Asset Policy's guidance regarding unrestricted net assets. The expense budget being submitted for 2022-23 is \$3,016,742. The policy states the College should hold 3 to 6 months of unrestricted net assets (in this case \$754,186 - \$1,508,371).

The College is projected to hold about \$1,462,435 in unrestricted net assets at the end of this fiscal year based on Q3 projections, \$16,000 in internally restricted assets for counselling and therapy, and \$300,000 in internally restricted assets for Investigations and Hearings.

The College still projects a few years ahead in which the College will run budget deficits (to be offset by the College's existing net assets). These deficits were expected as the College's revenue climbs to the level of the College's expenses. The College projects its breakeven year to remain 2025-26 but with a better overall position planned.

Based on updated longer term budget projections, deficits and their effect on unrestricted net assets are as follows:

Year	Estimated Loss/Gain at Close of Fiscal	Revised Unrestricted Net Asset Number at Close of Fiscal
2020-21	170,000	\$1,457,023
2021-22	\$5,412.40	\$1,462,435
2022-23	-\$240,991	\$1,221,445
2023-24	-\$165,619	\$1,055,826
2024-25	-\$80,517	\$975,309
2025-26	\$29,560	\$1,004,869
2026-27	\$93,745	\$1,098,613

The budget presented for 2022-23 and the associated long-term projections result in an unrestricted net asset number that does fall within the recommended amount outlined in the policy.

As the College moves toward its break-even year in 2025-2026, our ability to project and consider membership fee holds or reductions will become clearer. Doing so any earlier would result in faster depletion of these unrestricted assets and create vulnerability in the College's ability to sustain major unforeseen events during deficit years.

The College is mindful of the financial burden its membership fees place on midwives and continues to commit to our mandate and work to find cost savings against its

projected budgets ahead of our breakeven year when sustainable changes to membership fees can be contemplated.

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

Internal Areas of Focus in a Time of Industry Transformation

With this clearer financial projection and working towards a new hybrid normal, we have already seen that the competition on talent is accelerating. Organizations resuming full post pandemic operations combined with the workforce having had time to reflect on where their career aspirations will take them, segments of the workforce have been exiting organizations to find these new career paths. This will result in possibly diminishing the strength of pre-existing organizational cultures as hybrid work models become the new normal, and organizations can expect higher turnover trends as the market restabilizes itself post pandemic.

Given the size of our College, it will be important to focus on:

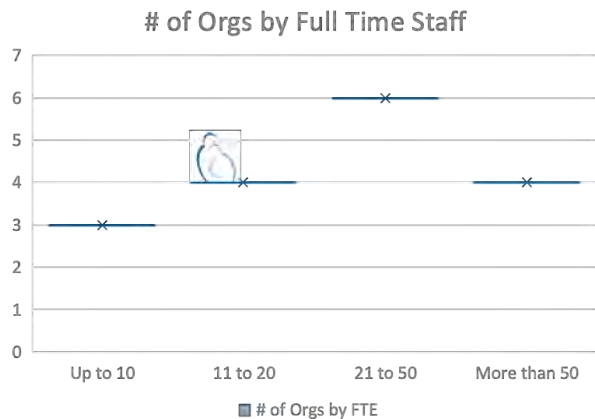
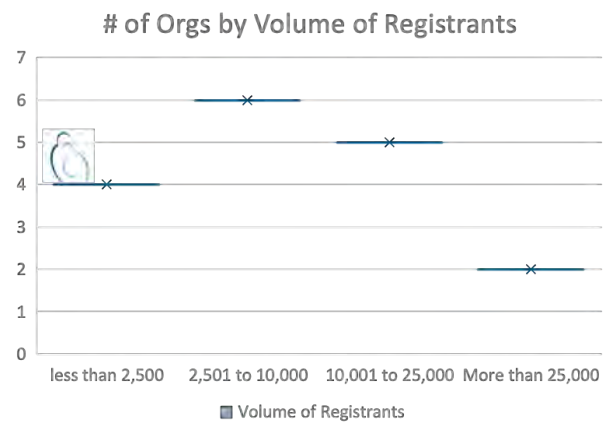
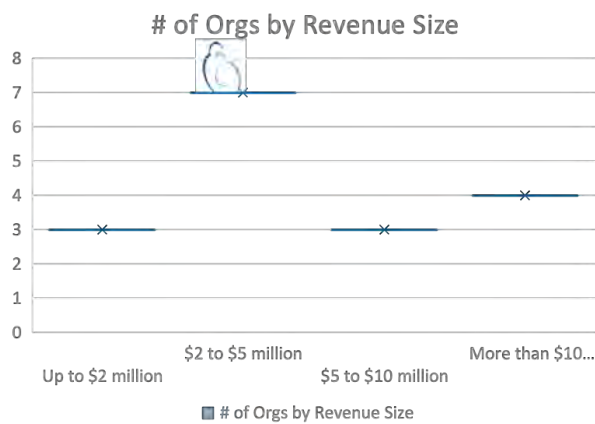
- Talent attraction, engagement, retention;
- Collaboration and renewed energy towards common strategic priorities; and
- Finding ways to accelerate the use of Technology to create a better experience for staff and eliminate administrative pain points that exist or have been created as a result of taking pre-pandemic processes and finding temporary work arounds, while the workforce operated remotely 100%.

As we review our budgets for next fiscal, the College recognizes that its positioning within the Ontario regulatory environment positions it on the smaller percentile quadrant of the market both in terms of membership volume, revenue, and workforce size. Despite these factors, the ability for the College to compete in the competition for talent is paramount.

For example, here's how we compare against a Peer Group of 17 health regulatory Colleges that compete for similar talent.

College of Dental Hygienists of Ontario
 College of Dental Technologists of Ontario
 College of Denturists of Ontario
 College of Kinesiologists of Ontario
 College of Massage Therapists of Ontario
 College of Medical Radiation and Imaging Technologists of Ontario
 College of Midwives of Ontario
 College of Nurses of Ontario
 College of Occupational Therapists of Ontario

College of Opticians of Ontario
 College of Pharmacists of Ontario
 College of Physiotherapists of Ontario
 College of Psychologists of Ontario
 College of Registered Psychotherapists of Ontario
 College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
 Ontario College of Social Workers and Social Services Workers
 Ontario College of Teachers



When we consider the value the College brings and its achievements, it is important to keep perspective on what is achieved given the positioning of our organization against our Peer Group.

Budget Summary

April 1, 2022 – March 31, 2023

	2021-2022	Approved	2022-2023 Budget
REVENUE			
Membership Fees		\$ 2,502,042	\$ 2,632,432
Administration & Other		\$ 62,551	\$ 78,973
Project Funding - Birth Centres		\$ 65,000	\$ 64,347
TOTAL REVENUE		\$ 2,629,593	\$ 2,775,752
EXPENSES	<i>Total per Sub-Category</i>	<i>Total Per Category</i>	<i>Total per Sub-Category</i> <i>Total Per Category</i>
Salaries & Benefits		\$ 1,527,370	\$ 1,631,035
Professional Fees			
Finance	\$ 28,000		\$ 28,420
Legal	\$ 55,963		\$ 56,802
Other (Expert Resources)	\$ 35,000		\$ 174,125
Total		\$ 118,963	\$ 259,347
Council and Committee		\$ 146,018	\$ 148,208
Office & General			
Insurance	\$ 9,643		\$ 9,787
Printing & Postage	\$ 15,000		\$ 15,225
Equipment Rental	\$ 5,000		\$ -
Telecommunications	\$ 22,869		\$ 23,212
Office Supplies & Resources	\$ 40,000		\$ 40,600
Bank & Credit Card Processing Fees	\$ 50,750		\$ 52,273
Total		\$ 143,261	\$ 141,097
Information Technology, Security & Data			
IT & Network Support	\$ 60,000		\$ 60,900
Database Development & Maintenance	\$ 97,067		\$ 98,423
Total		\$ 157,067	\$ 159,323
Rent & Utilities		\$ 200,086	\$ 202,602
Conferences, Meeting Attendance & Membership Fees			
Conferences & Meeting Attendance	\$ 12,500		\$ 22,500
Membership Fees	\$ 60,000		\$ 60,900
Total		\$ 72,500	\$ 83,400
Panel & Programs			
Professional Conduct - Cases & Panels	\$ 175,000		\$ 149,893
Professional Conduct - Hearings	\$ 66,742		\$ 74,517
Unauthorized & Illegal Practice	\$ 2,000		\$ 2,030
Client Relations - Counselling Support	\$ 2,000		\$ 2,030
Quality Assurance - Assessments & Panels	\$ 41,311		\$ 44,420
Registration - Panels	\$ 10,000		\$ 10,150
Total		\$ 297,053	\$ 283,040
Birth Centre Assessment & Support		\$ 65,000	\$ 64,347
Capital Expenditures		\$ 43,689	\$ 44,344
Total Expenditures		\$ 2,771,007	\$ 3,016,742
Net Loss		\$ (141,414)	\$ (240,991)

Revenue and Membership Fee Projections

General Information

The College's revenue is comprised of membership fees, additional administrative fees, and project funding for the College's oversight of the Birth Centre Assessment

Program. The College's low membership numbers and slow year over year growth directly limit the potential revenue available to the College.

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

Our ability to project numbers increases with every year of data/experience we track. Projected numbers are based on membership numbers and change rates from previous years, as indicated in the chart below:

Reference: Membership Numbers by Year

Year	General Members	Inactive Members	Total Members	Increase Over Prior Year	Annual % Change	Note
2027-2028	983	328	1311	42	3.3%	<i>estimate</i>
2026-2027	958	311	1269	42	3.4%	<i>estimate</i>
2025-26	933	294	1227	42	3.5%	<i>estimate</i>
2024-25	908	277	1185	42	3.7%	<i>estimate</i>
2023-24	883	260	1143	42	3.8%	<i>estimate</i>
2022-23	858	243	1101	42	4.0%	<i>estimate</i>
2021-22	833	226	1059	31	3.0%	<i>actuals</i>
2020-21	811	217	1028	36	3.6%	<i>actuals</i>
2019-20	801	191	992	43	4.5%	<i>actuals</i>
2018-19	777	172	949	42	4.6%	<i>actuals</i>
2017-18	748	159	907	51	6.0%	<i>actuals</i>
2016-17	707	149	856	49	6.1%	<i>actuals</i>
2015-16	681	126	807	46	6.0%	<i>actuals</i>
2014-15	655	106	761	60	8.6%	<i>actuals</i>
2013-14	613	88	701	62	9.7%	<i>actuals</i>
2012-13	564	75	639	55	9.4%	<i>actuals</i>
2011-12	513	71	584	55	10.4%	<i>actuals</i>
2010-11	475	54	529	41	8.4%	<i>actuals</i>
2009-10	436	52	488	42	9.4%	<i>actuals</i>
2008-09	405	41	446	35	8.5%	<i>actuals</i>
2007-08	368	43	411	46	12.6%	<i>actuals</i>

A marked % decrease in general members can be observed from 2019-20 to 2020-21 and the College has adjusted future numbers accordingly. We can assume that the COVID-19 pandemic may be affecting this number. As the pandemic restrictions subside, we have taken a trending approach and have begun to slowly project cautious growth which will be updated with new actual experience each year.

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

Administration & Other includes such items as initial application fees, Letters of Professional Conduct, name changes, duplicate documents, incorporation charges, late penalty fees, and bank interest. Based on the 2021-2022 experience and our Q3 Statement of Operations update, the College has estimated a calculation of 3% of the total membership fees as administration and other fees, slightly up from 2.5% in our prior year.

Our funding agreement for Birth Centre Funding from Independent Health Facilities was renewed in July 2021. Our budget reflects the latest annual funding for 2022-2023. In addition, our new funding agreement allows for more flexibility in recovering costs and gives the College access to emergency funding of \$15,000 per year to cover unforeseen assessments.

Membership Fee Increases

As per the College's by-laws membership fees will increase by 2% for October 1, 2022 to account for inflation.

Summary

The College estimates revenue from membership fees and additional administrative fees to be \$2,711,405. Additionally, the College anticipates receiving special project funding for its oversight of the Birth Centre Assessment Program bringing the total revenue estimate to \$2,775,752.

Costed Strategic Initiatives

In March 2021, Council approved a new Strategic Plan for 2021-26. The College had carefully assessed costs associated with the plan to create a costed strategic plan. The strategic budget remains unchanged at \$425,000 over 5 years.

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

A new Pilot for Orientation and Assessments of Internationally trained Midwives (to replace Ryerson's IMPP program which has been paused) is being scoped. The College has engaged an expert consultant to help us apply for time limited funding made available through the Ministry of Labour's Skills Development Fund II to support the pilot initiative which the College will have to fund fully otherwise. A project

management approach to the Pilot is being adopted where we pay as we go and can reassess at any point. Budget for the Pilot has been captured in our Other (Expert Resources).

	Y1	Y2
	2021-22	2022-23
Pilot Project & Funding Application	\$ 43,000.00	\$ 56,400.00

The 2022-23 costs are included in the budget presented, and the future costs are included in our long-term projections. These costs are broken down into budget area (e.g., expert, database etc.) for inclusion in the budget.

Expense Projections by Category

Category: Salaries & Benefits

Objectives

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

Results

- An engaged, agile workforce ready to meet the future of work realities, hybrid work models, new routines, and expectations.
- Meeting the expectations of the public to regulate midwifery in a transparent and effective manner
- Internal capacity to meet regulatory obligations
- Supporting of the membership

Budget

A total Salaries & Benefits cost of \$1,631,035 is projected. This represents the required increase encompassing salary increases, benefit cost increase, professional, and wellness programs ensuring we meet our set objectives.

Narrative

For the fiscal year 2022–23 the College continues to have 14 regular full and part time positions and the budget allows enough flexibility to introduce an additional part-time support person if needed.

The College assesses its salaries externally with the assistance of an expert consultant every few years with a commitment to staff that it be done every 3 to 5 years depending on market condition and changes to ensure its market competitiveness. Late in 2021, we completed the latest review through Mungall Consulting Group. We are pleased to confirm that the systems in place are working as intended and staff salaries remain structurally competitive. In the upcoming year, other reviews such as Leave allowances and career progression frameworks will be conducted.

The College has regularly assessed its human resources needs and optimizes the capacity of individuals and positions, ahead of increasing staff size, when possible. For fiscal 2022–2023, our Policy Analyst has changed status from full-time to part-time and as we realign to a post pandemic operating model, we have included room for one additional part-time support to supplement key priorities as needed.

Our market position with respect to salaries and group benefits remains competitive. We will continue to gauge and review workforce conditions and pressures annually to proactively adjust.

Category: Professional Fees

Objective

- Ensure access to adequate expert consultants to complement staff and Council resources
- Achieve our strategic priorities
- Capitalize on opportunities to fill gaps created by external stakeholders that have a direct impact on our membership and mandate (example: pilot program)

Result

- Strong operations with access to experts when necessary
- Ensuring up to date market expertise is available to support key priorities and/or decisions

Budget

A total Professional Fees cost of \$259,347 is projected where Finance and Legal support has increased by an inflationary amount of less than 2%. Increases to Other expert resources reflect the aforementioned cost of our new pilot project support and planned work on our approved Costed Strategic Priorities.

Narrative

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

- Operational legal counsel related to regulatory responsibilities (excluding Professional Conduct case specific costs and legal costs associated with panels in all program areas- those costs are captured under the Panel & Program area)
- The required year-end financial audit as well as financial consultation throughout the year
- Expert consultants for College program improvements and planned strategic priorities represent the largest increase in Professional Fees for 2022-2023

The College has committed to use expert consultants only when absolutely necessary and specialized expertise is needed on a temporary or ad hoc basis.

Category: Council & Committee

Objectives

- Effective and efficient Council and Committees equipped to meet the needs of the College and make decisions in the public interest
- Adequate succession planning to ensure continued stability and strength on the Council
- An available Chair to lead the College and participate, as is necessary, in stakeholder meetings and engagement projects
- Maximize efficient use of technology in a hybrid environment, to help costs down.

Results

- An engaged and effective Council and committee structure that will have the capacity to achieve the above objectives.
- Performance is measured by reaching milestones set out in the Strategic Plan
- The College receives necessary oversight and advise towards meeting its mandate

Budget

A total Council & Committee cost of \$148,208 is projected representing an inflationary increase amount of less than 2% or \$2,200 year over year.

Narrative

Again this year, work plans have been developed for the College's committees and working groups for this fiscal year. The pandemic made it necessary to conduct meetings online for Council and Committees. This new budget and future projections, assume there will be only one Council meeting onsite a year.

This change allows us to create room to allocated funds for new working groups to respond to emergent needs and provide corresponding training and/or support to Council members

In 2021, we reviewed, and Council confirmed that the per diem rates for Council and Committees remain effective and appropriate and we would hold existing rates for a few more years and the Chair's stipend was also confirmed at current rates with no changes required.

As a reminder, CPP deductions do apply for any professional Council members with billings over \$3500. The College must match these deductions.

Category: Office & General

Objective

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

Result

- Strong and effective operations to support the College's work
- Increase sustainable approaches to work by reducing the reliance on paper and printing which creates additional record retention and storage costs.

Budget

A total Office & General cost of \$141,097 is projected. Last fiscal we had reduced this baseline by \$12,503 and our budget for 2022–2023 amount represents another decrease of approximately \$2,200 over last year’s budget.

Narrative

This budget is based on 12 months of general operations. Where possible we continue to include expense abatements after careful examination of the expense lines in this category. Continued reduction of some office costs have been noted as a result of the College operating a fully remote office during the pandemic, and while we assume the introduction of a hybrid working model, our focus will continue to be on helping sustainability initiatives to reduce reliance on physical or paper output.

Category: Information Technology, Security & Data

Objectives

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

Results

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

Budget

A total Information Technology, Security & Data cost of \$159,323 is projected. This represents a small inflationary increase of approximately \$2,300 over last year’s budget.

Narrative

This budget is based on the cost of 12 months of information technology, security, data expenses, and support of our approved/costed strategic priorities for the year. This includes the contracting of outside expertise to support the College and ensure its privacy and security. The College has increased requirements in this area and has

increased its Cybersecurity awareness and audited processes in 2021 as it continues to operate remotely office during the pandemic.

Category: Rent & Utilities

Objective

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

Results

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

Budget

A total Rent & Utilities cost of \$202,602 is projected representing an increase of \$2,500 year over year.

Narrative

The College's lease for premises was set to expire August 31st, 2022. Following fruitful negotiations, we have successfully extended our existing lease for an additional year to allow the College to assess the impacts of a hybrid working model and possibly revisiting its overall requirements for next fiscal 2023-2024 and beyond before making a long-term commitment to a new lease.

This budget is based on the cost of 12 months Utilities costs under and final lease extension negotiations. Our new lease extension expires August 31st, 2023.

Category: Conferences, Meeting Attendance & Membership Fees

Objectives

- Active participation in organizations that benefit the College through access to the resources and expertise in the sector
- Continued work on inter-professional collaboration initiatives
- Partnership with other organizations on joint information-sharing, education, and mutual interest initiatives

- Optimize the economies of scope and scale in work required in response to legislative changes
- Having a voice at the table of important decisions that affect the safe practice of midwifery

Results

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

Budget

A total Conferences, Meeting Attendance & Membership Fees cost of \$83,400 is projected. In anticipation of pandemic restrictions being lifted, we are returning to our 2020–2021 budget baseline to accommodate a resumption of in person conferences and meetings. This represents readjusting this budget line by \$10,900. We will continue to monitor the impacts of the pandemic on this line item and only approve what is needed.

Narrative

Despite the impact of the pandemic, the College continuously seeks to improve, build capacity, and find efficiencies. Involvement in professional regulatory associations allows the College to access important resources across the country. We have seen an increase in collaboration between colleges this past year on a number of initiatives including discussions on future of work or post-pandemic operational approaches.

For example, discussion groups on building space requirements, technology adoption, and return to office policies have all started.

In order to stay on top of key priorities, changes and demands, participating in educational initiatives enables the College to ensure that it has access to current knowledge and best practices. Internal controls are in place to ensure that only relevant events are attended, and the knowledge gained at these events is disseminated to staff and Council.

As result, the College continues to maintain membership in several key organizations. Detailed below are the organizations to which the majority of the membership fees are paid:

Health Profession Regulators of Ontario (HPRO)

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

Projected HPRO Membership Costs – \$8,500

Canadian Midwifery Regulators Council (CMRC)

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

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

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

Projected CMRC Membership Costs – \$49,000

Conferences

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

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

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

As noted, during 2022-23, the College anticipates the resumption of in person attendance at conferences and has adjusted to allow for some flexibility.

Category: Panel & Programs

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

PROFESSIONAL CONDUCT

Objectives

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

Results

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

Budget

As we prepare for 2022-2023 activity and anticipate volumes, a total Professional Conduct cost of \$224,410 is planned, representing a decrease of \$17,332 compared to budget 2021-2022.

Narrative

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

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

In 2020, the Council approved an internal restriction to cover unforeseen expenses such as investigations, discipline hearings, and fitness and practise hearings. Also, in 2019, the College launched an Alternative Dispute Resolution program. Both have resulted for better projection and management which is why there's an overall decrease of \$14,000 to this budget line.

With the implementation of our Restricted and Unrestricted Net asset policy, the College has access to its \$300,000 in internally restricted net asset envelope for

Investigations and Hearings if our budgeting is too conservative against what will be the actual experience next year.

UNAUTHORIZED AND ILLEGAL PRACTICE

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

CLIENT RELATIONS – COUNSELLING SUPPORT

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

QUALITY ASSURANCE

Objectives

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

Results

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

Budget

A total Quality Assurance – Assessments & Panels cost of \$44,420 is estimated. This represents a \$3100 inflationary increase of costs over the 2021-22 budget.

Narrative

In 2022-23, the College will incur costs in four main areas namely committee ordered peer and practice assessments, panel costs and their associated legal costs, random peer and practice assessments and assessor training.

The College anticipates it will resume the full Quality Assurance assessment program in 2022-2023 whether in person or fully remotely.

REGISTRATION

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

Category: Capital Expenditures

Objectives

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

Results

- Continued successful evergreening program
- Technology remains current and effective

Budget

A total Capital Purchases cost of \$44,344 is projected. This represents a small inflationary increase of less than 2% over the previous year's budget.

Narrative

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

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

Leasehold improvements are amortized over the duration of the lease.

Category: Birth Centre Assessment & Support

The College normally receives special project funding from Independent Health Facilities Branch for its involvement in the oversight of the Birth Centres in Ottawa and Toronto. Oversight of the Birth Centres is not mandated by the Regulated Health Professions Act, 1991 (RHPA) and the College has received funding so that it can ensure membership fees are not used for its involvement in this separate program. This funding covers costs associated with a regular facility assessment program, and with the work required to maintain preparedness for emergent assessments. The College has a new five-year funding package for this work which came into effect July 2021.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

BRIEFING NOTE FOR COUNCIL

Subject: Registration Regulation: Proposed Draft

Background

The College has had a [Registration Regulation](#) in effect since proclamation in 1993. The Registration Regulation outlines the requirements for obtaining and maintaining registration with the College and addresses:

- Acceptable routes of entry
- Non-exemptible and exemptible entry to practice requirements
- Classes of registration and each class' specific registration requirements and conditions
- First year of practise requirements
- Initial and continuing competency requirements
- Active practice requirements (APR) as a measure of currency
- Labour mobility requirements
- Requalification, reinstatement, suspension, and revocation

In 2012, the Registration Regulation was revised to meet the government's priorities with respect to labour mobility and compliance with the Agreement on Internal Trade, which in 2017 was replaced with a new trade agreement, the Canadian Free Trade Agreement (CFTA). This added legally required provisions related to labour mobility to enable registered midwives from elsewhere in Canada to transfer to Ontario with full recognition of their qualifications. The amendments ensured that the College's Registration Regulation conformed to the labour mobility provisions of the Health Professions Procedural Code ("the Code"). This revision also included key changes to:

- Require a mandatory entry to practice examination, currently the Canadian Midwifery Registration Examination (CMRE)
- Create two new classes of registration (Inactive and Transitional)
- Addition of a new registration requirement (Jurisprudence Course)

Work to review and revise the Registration Regulation has been underway since 2020. Given the complexity of the regulation, the Registration Committee chose a staged approach, whereby key policy recommendations had been made and consulted on before the proposed regulation was drafted.

The following steps have been completed so far:

- Clinical currency requirements were brought forward to Council for review and approval (in principle) in December 2020.
- Final recommendations for new registrant conditions and classes of registration were brought forward to Council for approval in principle in March 2021. The new registrant conditions were informed by a survey ([Transition to Independent Practice Survey for New Registrants and those in the Supervised Practice Class](#)) conducted in October 2020. The survey was open to all midwives or resigned midwives who have practised in Ontario for 5 years or less and sought information to understand how the College could support them to develop confidence and competence as a primary care provider as they transition to independent practice.
- The College sought preliminary feedback from key stakeholders: the Ontario Midwifery Program, Ontario's Midwifery Education Programs, the International Midwifery Pre-Registration Program, and the Association of Ontario Midwives in spring-summer 2021.
- First public consultation with midwives and the public was conducted in the summer of 2021 and final policy recommendations were made by the committee in the fall of 2021.
- Based on committee recommendations, the regulation was drafted and then reviewed in its entirety by the committee twice, at its January and March 2022 meetings.

Key Considerations

1. A section-by-section review of the regulation is required by Council before it is approved for a public consultation. The draft regulation is attached to this briefing note.
2. All policy recommendations included in the proposed draft were finalized after conducting a regulatory impact assessment. Regulatory impact assessment (RIA) is a systemic approach to critically assessing the positive and negative effects of proposed and existing regulations and non-regulatory alternatives. As employed by the College, it encompasses a range of methods and is an important element of the College's risk-based evidence-based approach to policy making. The following is attached for Council's review:
 - Regulatory Impact Assessment Statement – Clinical Currency Requirements for Practising Midwives

- Regulatory Impact Assessment Statement – New Registrant Conditions
 - Regulatory Impact Assessment Statement – Classes of Registration
 - Regulatory Impact Assessment Statement – Clinical Experience Requirements at Entry to Practice
3. As noted above, the first public consultation was conducted in the summer of 2021. The results are attached to this briefing note.
4. If approved, the College will conduct a 60-day consultation (proposed to take place in May-July 2022). Given the nature of the regulation, targeted consultations with midwives, the public as well as College partner organizations, including the Ministry of Health, Office of the Fairness Commissioner and midwifery stakeholders will be required. After the consultation period, the feedback will be analyzed and brought forward to the committee for further consideration. The committee will bring the final proposed draft of the regulation to Council in September 2022 for approval for formal submission to the Ministry.

Recommendations

The following motion is submitted for approval:

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

Implementation Date

All regulatory submissions by health regulators in Ontario are made to the Ministry of Health and are passed by Order-in-Council. They do not need the approval of the provincial legislature. Depending on the nature of a regulation, it may take years for the regulation to come into effect.

Legislative and Other References

Registration Regulation under the *Midwifery Act, 1991*

Attachments

1. Draft regulation
2. Regulatory Impact Assessment Statement – Clinical Currency Requirements for Practising Midwives
3. Regulatory Impact Assessment Statement – New Registrant Conditions
4. Regulatory Impact Assessment Statement – Classes of Registration

5. Regulatory Impact Assessment Statement – Clinical Experience Requirements at Entry to Practice
6. Consultation results (clinical currency and new registrant conditions)

Submitted by: Registration Committee

Midwifery Act, 1991

ONTARIO REGULATION 168/11 (DRAFT)

REGISTRATION

Consolidation Period: From October 19, 2012 to the [e-Laws currency date](#).

Last amendment: O. Reg. 320/12.

This is the English version of a bilingual regulation.

CONTENTS

GENERAL

Definitions

1. In this Regulation,

"continuity of care" means midwifery care provided in accordance with the standards of practice and policies of the College

"course of care" means midwifery care within the scope of practice in section 3 of the Act that a member provides during pregnancy, labour and delivery, and the post-partum period, and includes care of the newborn baby eight weeks after birth.

"out-of-hospital" means at a residence or remote clinic or birth centre.

"Supervisor" means a member who has,

(a) been approved by the College to supervise a member who holds a supervised certificate of registration, and

(b) who has given an undertaking to the College in a form satisfactory to the Registrar with respect to the supervision;

"primary midwife" means a midwife who assumes sole responsibility for the care of a client in the intrapartum period, or, working with another midwife or a small group of midwives, assumes primary responsibility for the care of a client in the intrapartum period.

Classes of certificates

2. The following are prescribed as classes of certificates of registration:

1. General.

2. Supervised.
3. Emergency.
4. Non-practising.

Application for certificate of registration

3. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any applicable fees required under the by-laws and any supporting documentation requested by the Registrar.

(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with their application, and any certificate of registration issued to such an applicant may be revoked by the Registrar.

Requirements for issuance of certificate of registration, any class

[Note: This section applies to all applicants seeking registration in any class]

4. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:
 - i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant made by a body that governs a profession in any jurisdiction.
 - ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the applicant by a body that governs a profession in any jurisdiction.
 - iii. A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction.
 - iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.

- v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - vi. Information about a coroner's inquest proceeding or verdict relating to the applicant's conduct.
 - vii. A finding of guilt for any offence.
 - viii. A current proceeding in respect of any offence in any jurisdiction.
 - ix. Information about any finding, decision, or restriction relating to the applicant that would be required to be included on the public register if the applicant was a member.
 - x. Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner.
2. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant will practise midwifery with decency, honesty and integrity and in accordance with the law.
 3. The applicant must not have a physical or mental condition or disorder that affects their ability to practise midwifery in a safe manner.
 4. The applicant must be able to speak, read and write in English or in French with reasonable fluency.
 5. The applicant must, at the time of the application, provide the Registrar with the results of a police record check.
 6. The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.

Terms, conditions and limitations on every certificate

[This section applies to all classes of registration, including general, supervised, emergency, and non-practising]

5. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the applicant within 10 calendar days of its occurrence:
 - i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the member made by a body that governs a profession in any jurisdiction.
 - ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding against the member by a body that governs a profession in any jurisdiction.
 - iii. A refusal to register the member to practise as a midwife or another profession in any jurisdiction.
 - iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.
 - vi. Information about a coroner's inquest proceeding or verdict relating to the member's conduct.
 - vii. A finding of guilt for any offence.
 - viii. A current proceeding in respect of any offence in any jurisdiction.
 - ix. Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner.
2. At the request of the Registrar, the member must provide the Registrar with the results of a police record check.
3. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.
4. The member shall not make a false or misleading representation or declaration to the College.
5. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws.

6. The member shall provide the College with written details within two days of the member becoming aware that they do not have the professional liability insurance that they are required to have under the by-laws.

General class, registration requirements

[Section 6 sets out education and clinical experience requirements for graduates of Canadian universities, internationally educated midwife applicants, and former midwives.]

6. (1) The following are registration requirements for a General certificate of registration:

1. The applicant must have at least one of the following,
 - i. A baccalaureate degree in health sciences (midwifery) awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose.
 - ii. Qualifications that are substantially equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council.
2. The applicant must,
 - i. Demonstrate evidence of clinical experience as a midwife within two years immediately before the date on which the applicant submitted her application, and
 - ii. have attended at least 60 births, of which at least,
 - A. 40 were attended as primary midwife,
 - B. 30 were attended as part of the care provided in accordance with the principles of continuity of care,
 - C. 10 were attended in hospital, of which at least five were attended as primary midwife, and
 - D. 10 were attended out-of-hospital, of which at least five were attended as primary midwife.
3. The applicant must have successfully completed the qualifying examination that was set or approved by the Registration Committee at the time the applicant took the examination.

4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.
5. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.
6. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.
7. The applicant must provide satisfactory evidence of competency in emergency skills.

(2) An applicant who holds a qualification referred to in subparagraph 1 ii of subsection (1) is considered to have met the requirements of subparagraph 2 ii of subsection (1) if,

- (a) the applicant has attended at least 40 births as primary midwife, of which at least,
 - (i) 10 were attended as part of the care provided in accordance with the principles of continuity of care,
 - (ii) 10 were attended in hospital, and
 - (iii) Five were attended out-of-hospital; and

- (b) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement.

(3) An applicant who is a former member and who had previously resigned from the College is not required to meet the requirements of subsection (1) if,

- (a) The applicant reapplies for a general certificate of registration within 4 years of having resigned and had met their new registrant conditions;
- (b) the applicant successfully completes upgrading activities that has been approved by the Registration Committee for that purpose; and
- (c) the applicant meets all other registration requirements for the general certificate of registration.

(4) The requirements in paragraphs 1, 2, 3, and 4 of subsection (1) are non-exemptible.

Terms, etc., General class

[Note: this section sets out new registrant conditions and clinical currency requirements for practising midwives (after they have met their new registrant conditions). It also sets out the procedures that apply in situations where midwives are not able to demonstrate clinical currency]

7. (1) Every General certificate of registration is subject to the following terms, conditions and limitations:

1. A member must practise midwifery under the mentorship of a holder of a general certificate of registration until such time as they have completed the minimum number of courses of care specified in policy approved by Council.
2. During every two-year period a member must practise midwifery for the minimum number of hours specified by Council, with the first two-year period beginning on the day the member is issued a General certificate of registration, and each subsequent two-year period beginning on the first anniversary of the commencement of the previous period.

(2) For the purpose of paragraph 1 of subsection (1), the minimum number of courses of care is the number specified in the policy approved by Council which is in effect on the date the member begins practising midwifery under mentorship as required by paragraph 1.

(3) A member providing mentorship under paragraph 1 of subsection (1) must meet the criteria and have the qualifications set out in policy approved by Council.

(4) For the purpose of paragraph 2 of subsection (1), the minimum number of hours are the number of hours specified and approved by Council as of the first day of each two-year period in paragraph 2.

(5) If the member fails to meet the condition described in paragraph 2 of subsection (1), the member must undertake, obtain or undergo any training, experience, examinations and assessments that may be specified by a panel of the Registration Committee unless the member,

- (a) qualifies for and has successfully completed standard upgrading activities approved by the Registration Committee;
- (a) has given the College a written undertaking to complete upgrading activities that is acceptable to the Registrar and with which the member is in compliance; or
- (b) has resigned their general certificate of registration and applied for and received an Inactive certificate of registration.

Labour mobility, General class

[Note: this section only applies to applicants who are registered to practise in another Canadian jurisdiction and who hold a General/Active/Practising certificate].

8. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a general certificate of registration, the applicant is deemed to have met the requirements of paragraphs 1, 2 and 3 of subsection 6 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.

(3) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a general certificate of registration at any time in the preceding two years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by the Registration Committee

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of section 4 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Supervised class

[Note: this sections applies in situations where an applicant cannot meet the clinical experience at entry to practice or in situations where a midwife who moves from the Non-practising class to the General class needs to complete upgrading activities]

9. It is a non-exemptible registration requirement for a Supervised certificate of registration that the applicant,

- (a) must have met all the requirements for the issuance of a General certificate of registration except for those requirements set out in paragraph 2 of subsection 6 (1); or

- (b) is required to undergo supervised practice as part of upgrading activities under subparagraph 18 4 ii.

Supervised class, conditions, etc. of certificate

10. It is an additional term, condition and limitation of every Supervised certificate of registration that the member,

- (a) must at all times practise midwifery under the supervision of a supervisor approved by the College;
- (b) be actively pursuing the requirements set out in clause 9 (a) or (b), unless the Registrar has provided the member with permission in writing to interrupt the pursuit of either of those requirements due to exceptional circumstances; and
- (c) must file any agreements and undertakings required by the College in connection with supervised practice.

Supervised class, expiry

11. (1) Subject to subsection (2), a Supervised certificate of registration expires on the earlier of the following:

- 1. The day that is two years after the certificate was issued.
- 2. The day on which the member is issued a General certificate of registration.
- 3. The day on which the member fails to meet the condition in clause 10 (b), unless the Registrar has provided the member with the permission mentioned in that section.

(2) The Registrar may extend a Supervised certificate of registration, subject to the member complying with any conditions set by the Registrar at the time of making the extension, if the Registrar is of the opinion that exceptional circumstances exist that warrant the extension.

Moving from Supervised to General certificate

12. (1) A holder of a Supervised certificate of registration shall be issued a General certificate of registration upon completion of the requirements set out in paragraph 2 of subsection 6 (1).

(2) Subsection (1) does not apply to a member who is required to undergo supervised practice as part of upgrading activities under subparagraph 18 4 ii.

Labour mobility, Supervised class

[Note: this section only applies to applicants who are registered as a midwife in another Canadian jurisdiction and hold a similar certificate of registration].

13. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Supervised certificate of registration, the applicant is deemed to have met the requirements of clause 9 (a).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or the Registration Committee establishing that the applicant is of good character and in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate.

(3) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by a Supervised certificate of registration at any time in the preceding two years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 5 of section 4 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Registration requirements, Emergency class

[Note: the below sections apply to applicants who may seek College registration in an emergency situation. This is a new class of registration – it does not exist in the current Registration Regulation.]

14. (1) The following are registration requirements for an Emergency certificate of registration:

1. There is a government declaration of emergency that applies to the Province of Ontario or there is a similar emergency situation as determined by Council.
2. Council has determined it is in the public interest to register midwives in the Emergency class.
3. The applicant must have successfully completed a midwifery program that met, at the time the applicant completed the program, the requirements of paragraph 6 (1) 1.

4. The applicant must satisfy the Registrar that they practised midwifery within two years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.

Additional terms, etc., Emergency class

15. (1) the following are terms, conditions and limitations on every Emergency certificate of registration:

1. The member must at all times practise midwifery under the supervision of a supervisor approved by the College.
2. The member shall at all times when practising midwifery identify themselves as a member in the Emergency class.

(2) An Emergency certificate of registration is automatically revoked on the occurrence of one of the following events:

1. The expiry of 90 days from the date the certificate was issued, unless the Registrar extends the certificate for one or more extensions under subsection (3).
2. The date the Registrar extended the certificate under subsection (3).
3. The date that the Registrar revokes the certificate.

(3) The Registrar may extend an Emergency certificate of registration for one or more periods, each of which is not to exceed 90 days, if, in the opinion of the Registrar, it is advisable or necessary to do so.

Non-Practising class

[The below sections apply to midwives who want to be issued a Non-practising certificate of registration or those who currently hold a certificate of registration in the Non-practising class and wish to move to the General class]

16. The following are non-exemptible registration requirements for the issuance of a Non-Practising certificate of registration:

1. The applicant must be a member holding a General certificate of registration.
2. The applicant must provide an undertaking to the College in a form satisfactory to the Registrar in which the applicant undertakes to comply with the terms, conditions and limitations in section 1.
3. The applicant must not be in default of any fee owing to the College under the by-laws.

4. The applicant must have provided the College with any information that it has required of the applicant.

Non-Practising class, conditions, etc., of certificate

17. The following are additional terms, conditions and limitations of every Non-Practising certificate of registration:

1. The member must not provide midwifery care, and
2. The member must not supervise midwifery care.

Moving from Non-Practising to General certificate

18. The Registrar may issue to a member who is the holder of a Non-Practising certificate of registration the General certificate of registration that they previously held if the member meets the following requirements:

1. the member applies in writing to the Registrar;
2. The member pays any fees owing to the College under the by-laws;
3. The member provides the College with any information that it has required of the member;
4. The member;
 - i. demonstrates current knowledge, skill and judgment relating to the practice of midwifery that would be expected of a member holding a General certificate of registration, as determined by the Registration Committee, or
 - ii. successfully completes upgrading activities approved by a panel of the Registration Committee for that purpose.
5. The member will be in compliance as of the anticipated date of moving from the Non-Practising to General class with any outstanding requirements of the College's Quality Assurance Committee and Inquiries, Complaints and Reports Committee or any outstanding orders of the Council, Executive Committee, Discipline Committee and Fitness to Practise Committee.

Labour mobility, Non-Practising

[Note: this section only applies to applicants who are registered as a midwife in another Canadian jurisdiction and hold a non-practising certificate of registration].

19. (1) Where an applicant holds a certificate of registration or other licensure or similar status that is equivalent to an inactive certificate of registration and which was issued by the regulatory body for midwifery in another province or territory of Canada, the applicant shall be deemed to have met the requirements of paragraph 1 of section 16 if,

- (a) the applicant provides one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a midwife in every jurisdiction where the applicant holds an out-of-province certificate;
- (b) the applicant satisfies the Registrar or a panel of the Registration Committee that the applicant practised the profession of midwifery to the extent that would be permitted by either a general or a supervised practice certificate of registration at any time in the three years immediately before the date of application; and
- (c) the applicant meets the requirement in paragraph 4 of subsection 6 (1).

(2) Without in any way limiting the generality of clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that,

- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
- (b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.

Resignation

20. (1) A member may resign their membership by giving written notice to that effect to the Registrar in a form acceptable to the Registrar.

Failure to provide information

21. (1) If a member fails to provide the College with information about the member as required under the by-laws and within the time period set by the College,

- (a) the Registrar may give the member notice of intention to suspend the member’s certificate of registration; and
- (b) the Registrar may suspend the member’s certificate of registration if the member fails to provide the information within 30 days after the notice is given.

(2) If the Registrar suspends a member’s certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the former member,

- (a) has given the required information to the College;

- (b) has paid any fees required under the by-laws for lifting the suspension;
- (c) has paid any fee, penalty or other amount owed to the College;
- (d) has professional liability insurance coverage in the amount and in the form as required under the by-laws; and
- (e) will be in compliance as of the anticipated date of the lifting of the suspension with any outstanding requirements of the College's Quality Assurance Committee and Inquiries, Complaints and Reports Committee or any outstanding orders of the Council, Executive Committee, Discipline Committee and Fitness to Practise Committee.

Suspension, lack of insurance

22. (1) If the Registrar becomes aware that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the former member,

- (a) has professional liability insurance coverage in the amount and in the form as required under the by-laws;
- (b) has provided any information requested by the College;
- (c) has paid any fees required under the by-laws for lifting the suspension;
- (d) has paid any fee, penalty or other amount owed to the College; and
- (e) will be in compliance as of the anticipated date of the lifting of the suspension with any outstanding requirements of the College's Quality Assurance Committee and Inquiries, Complaints and Reports Committee or any outstanding orders of the Council, Executive Committee, Discipline Committee and Fitness to Practise Committee.

Lifting of suspension for failure to pay fees, etc.

23. If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code for failing to pay a fee or penalty, the Registrar shall lift the suspension upon being satisfied that the former member,

- (a) has paid the fee or penalty in question;

- (b) has provided any information requested by the College;
- (c) has paid any fees required under the by-laws;
- (d) will be in compliance as of the anticipated date of the lifting of the suspension with any outstanding requirements of the College's Quality Assurance Committee and Inquiries, Complaints and Reports Committee or any outstanding orders of the Council, Executive Committee, Discipline Committee and Fitness to Practise Committee; and
- (e) has professional liability insurance coverage in the amount and in the form as required under the by-laws.

Automatic revocation

24. If the Registrar suspends a member's certificate of registration under section 21 or 22 of this Regulation or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is two years after the day it was suspended.

Regulatory Impact Assessment Statement

Title of the Initiative: Clinical Currency Requirements for Practising Midwives

Context and Problem Definition

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

Background

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

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

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

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

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

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

Challenges with the current approach to clinical currency

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

Definitions of terms used below:

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

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

Concerns with the current approach include the following:

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

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

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

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

2. Is the problem about risk of harm?

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

It is our view the lack of clarity about what constitutes actively practising the profession and how the College should address active practice shortfalls pose a risk of harm to our public protection mandate. In particular, the College must be able to assure the public that:

- midwives possess and maintain knowledge, skills and behaviours relevant to their professional practice, and exercise clinical and professional judgment to provide safe and effective care
- midwives demonstrate accountability by complying with legislative and regulatory requirements
- the College of Midwives of Ontario regulates in the public interest

3. If yes, explain the risks.

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

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

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

Options

4. Are the risks you have identified currently managed?

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

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

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

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

6. What regulatory option are you recommending?

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

Recommendations made regarding clinical currency for practising midwives will be used to propose recommendations for non-practising midwives moving back into practice and former members returning to practice.

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

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

Clinical currency requirements for practising midwives		
#	Provisions in the regulation	Details to be included in policy/other tools (these will be finalized and approved after the regulation had been submitted to the Ministry)
1	Midwives holding a certificate of registration in the general class will be required to demonstrate clinical currency every two years.	<p>Policy to define what “demonstrate clinical currency every 2 years” means. It is recommended that</p> <ul style="list-style-type: none"> - midwives be required to practise for a MINIMUM number of hours over every 2-year period. Please refer to pp. 9-11 to see how we will determine the minimum number of hours. - the hours that midwives will be allowed to count towards clinical currency requirements will be those in which they either provided clinical care to clients (including care that does not include direct client care, such as lab work, consults, etc.), or acted as a supervisor, mentor, or a preceptor. - practice hours will reflect the midwifery scope of practice set out in the Midwifery Act, 1991 but midwives will not be required to practise to full scope.
2	Midwives will be required, as a condition of their general certificate of registration, to only practise in the areas of midwifery in which they are competent.	<p>Policy to define what it means to “only practise in the areas of midwifery in which they are competent”.</p> <ul style="list-style-type: none"> - Areas of practice will be tied to the legislative scope as set out in the <i>Midwifery Act</i> - this requirement will be imposed as a condition on midwives’ certificates of registration <p><i>Note: under the Professional Conduct regulation it is an act of professional misconduct for a midwife to contravene a term, condition, or limitation on their certificate of registration.</i></p> <ul style="list-style-type: none"> - A self-assessment tool will be developed to support midwives to reflect on core competencies for each area of midwifery practice to identify strengths and learning needs (if any).
3	Midwives who do not meet clinical currency requirements in the 2-year period will be required to complete an	This requires development and implementation of a competency-based assessment program. This has been identified as a strategic priority in the College’s 2021-2016 Strategic Plan.

	assessment program approved by the Registration Committee.	Policy to set out procedures as follows: <ul style="list-style-type: none"> - any shortfall will trigger an assessment a referral to a panel of the Registration Committee. - depending on how the assessment is structured, successful completion of the assessment may result in no action.
4	Midwives whose knowledge, skill and judgment have been assessed and have been found to be unsatisfactory, will be required to complete a requalification/retraining program.	Policy to set out procedures.
Refer to s. 7 of the proposed draft (except for s.7(1)1 that applies to new registrants only)		

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

Benefits:

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

Costs

- Midwives who will be required to complete an assessment program will incur all costs associated with the assessment and any training program they may be required to complete. This is in line with the current Fees and Remuneration Bylaw under which the College *may charge a member a fee in connection with decisions or activities that the College or a College committee are required or*

authorized to make or do in respect to a member (s. 8.1). This includes any monitoring, assessment and requalification program ordered by the Registration Committee.

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

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

The burden imposed by regulation will not be greater than the benefits of regulation. As noted above, the College is the only organization with a legislative mandate to regulate the midwifery profession to ensure that midwives are qualified, skilled, and competent in the areas in which they practise. The College must be able to assure the public that midwives possess and maintain knowledge, skills, and behaviours relevant to their professional practice, and exercise clinical and professional judgment to provide safe and effective care.

9. What information and data are already available?

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

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

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

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

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

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

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

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

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

4. Skills fade research

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

- There is substantial evidence that time out of practice does impact on skills retention.
- Skills have been shown to decline over periods ranging from 6 to 24 months, according to a curve, with a steeper decline at the outset and a more gradual decline as time passes.
- Skills fade depends on the following factors:
 - Organizational: Skills fade may be mitigated by staying in touch with peers and staying aware of recent developments
 - Job or task
 - Particular skills fade at different rates
 - Skills fade faster than knowledge
 - Fine motor skills fade more than other tasks
 - Fade is quicker in first 6 months then tapers off
 - Training or assessment: Skills fade more if there is no opportunity to practise them between trainings (e.g., CPR, NRP)

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

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

6. The two-year threshold

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

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

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

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

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

In accordance with the funding agreement (negotiated by the Association of Ontario Midwives on behalf of the profession) "course of care" involves, on average, 48 hours of midwifery services per client. In addition, the agreement says that a midwife practising full time who works in a course of care model provides 40 courses of care annually. Based

on staff's discussions with College stakeholders, 48 hours of midwifery services and 40 courses of care are not necessarily accurate and should not be used to for the purposes of clinical currency.

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

What we know:

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

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

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

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

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

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

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

None at this stage.

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

- After the Registration Committee's preliminary recommendations on clinical currency (and new registrant conditions) had been reviewed and approved by Council (March 2021), a survey was conducted with midwives, stakeholders, and the public to seek their feedback on the proposed changes. The College also sought information from midwives regarding their current midwifery practice, including practice outside of the midwifery practice group model. The findings from this section of the survey are not included in the below analysis. The consultation was open from July 27 to August 31, 2021. The survey was sent to 1803 individuals, and we received 248 responses, including from 230 midwives. The Summary of Consultation Responses is included in the Council package.
- The College sought preliminary feedback from key stakeholders: the Ontario Midwifery Program, Office of the Fairness Commissioner, Ontario's Midwifery Education Programs, the International Midwifery Pre-Registration Program, and the Association of Ontario Midwives in spring-summer 2021.
- Once the draft regulation is reviewed and approved by Council at its March meeting, the College will conduct a public consultation (proposed to take place in May-July 2022).

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

None at this stage.

Implementation

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

This section will be completed when the recommendations are finalized.

Attachments: None

Submitted by: Nadjia Gale, Manager, Registration & Marina Solakhyan, Director,
Regulatory Affairs

Regulatory Impact Assessment Statement

Title of the Initiative: New Registrant Requirements

Context and Problem Definition

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

Background

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

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

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

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

Challenges with the current approach to new registrants

- New registrant conditions only regulate one aspect of midwifery care: birth attendance. While attending births helps with the consolidation of skills related to intrapartum care, it does not assist in the consolidation of skills related to all other aspects of midwifery care.
- The required birth numbers are arbitrary and prescriptive
- Birth numbers are not an objective measurement of clinical currency
- New registrant conditions do not provide the necessary support that newly registered midwives need to smoothly transition from midwifery student to

registered midwife. This transition can be challenging as newly registered midwives are coming to grips with the realities of professional practice and autonomy.

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

2. Is the problem about risk of harm?

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

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

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

3. If yes, explain the risks

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

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

Options

4. Are the risks you have identified currently managed?

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

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

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

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

6. What regulatory option are you recommending?

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

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

New Registrant Requirements			
#	Registration Regulation	Policy	Comments
1	The member must practise midwifery under the mentorship of a member holding a General certificate of registration until such time that he or she completed at least thirty courses of care. "course of care" will be defined in the regulation	Develop a policy that will set out requirements that must be met in more detail. The policy will clarify the minimum number of prenatal and postpartum visits that must be attended to meet requirements and will clarify other issues, e.g., transfers of care.	Research shows that new practitioners should have repeated exposures rather than minimum exposures to things. This means that setting a minimum number of births (like in our current regulation) without the requirement that there is a range of birth experiences is not good consolidation. The course of care

		<p>A mentorship program will be developed before the regulation comes into effect. This program will be specifically designed to promote the transition of newly registered midwives to independent practice (by providing a formal framework of clinical practice support, mentoring reflection) and to encourage the growth of professional confidence within the first year of practice. The framework will be designed by an expert advisory committee and will be approved by the Registration Committee.</p>	<p>requirement will ensure that new midwives provide care across the midwifery scope of practice, i.e., all elements of care.</p> <p>This recommendation is based on evidence from literature review and experiences of midwives, including the findings from transition from practice survey conducted in October 2020.</p>
2	N/A	<p>Midwives who move into the non-practising class before completing their new registrant year) will be required to start over.</p> <p>In situations where a new registrant moves into the non-practising class towards the end of the new registrant year, counting clinical experience prior to switching into the non-practising class can be considered.</p>	<p>This recommendation is based on evidence that shows that new practitioners need to be proficient and have good skills before they are allowed to leave and re-enter practice.</p>
Refer to s. 7(1)1 of the proposed draft			

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

The new approach to new registrant requirements will ensure that:

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

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

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

9. What information and data are already available?

i. Research findings

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

- New practitioners generally lack professional confidence, so a new registrant year is important for consolidating clinical skills, developing autonomous decision making and building confidence and competence in practice.
- One-on-one mentorship based on learning goals improve confidence of new practitioners.
- The belief that attending a specific number of births can imply or maintain competence is not substantiated. However, there is evidence to suggest that new practitioners benefit from high volume of births at the beginning of their careers.
- New practitioners must be exposed to a range of experiences when they first enter the profession.

- New practitioners should have repeated exposures rather than minimum exposures to things, especially difficult tasks or high-risk situations. This means that setting a minimum number of births without the requirement that there is a range of birth experiences is not good consolidation. For example, if new registrants are trying to complete their new registrant year and called into births at the last minute just for the “catch”, this is not a focus on consolidation but on numbers.
- Practitioners need to be proficient and have good skills before they are allowed to leave and re-enter practice.
- Transition to practice programs or some form of structured support for all newly graduated midwives is essential.

ii. Jurisdictional scan

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

iii. Results from Transition to Practice survey

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

The survey ran for three weeks closing in November 2020.

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

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

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

We received 121 responses in total.

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

Current Registration	General 65 (67%)	General w/ conditions 18 (18%)	Supervised 1 (1%)	Inactive 9 (9%)	Resigned 3 (3%)
Years of Experience	Less than 1	3-5 42 (42%)			

	14 (14%)				
Practice Location	Urban 78 (78%)	Rural 16 (16%)	Rural & remote 3 (3%)		
Practice size	More than 20 14 (14%)	5-14 71 (71%)	4 or less 11 (11%)		

Quantitative responses

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

Qualitative responses

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

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

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

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

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

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

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

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

Supportive factors for a healthy transition to practice:

- Exposure to a wide range of experiences (high volume births, multiparas and primiparas, full scope, intrapartum emergencies)
- Repetition and volume – lots of clinic, full caseload
- Allow independence but with support – don't treat like a student
- Don't have big lag time until births happen – need to start working shortly after graduating and go into practice and not wait 4 months for births.
- Pay – getting paid during your time, get paid for a training period, on call day one at practice with no orientation, Payment plan for CMO fees.
- Orientation and training to practice and hospital, orientation to community standards and guidelines
- Opportunity for regular care reviews
- Better interprofessional relationships (you walk into whatever relationships exist between the hospital and your practice so if the relationships are poor then it is hard to change this)

- not to be treated like a student but like a NR
- a checklist of skills and experiences
- Understanding how funding and pay work, how practices are funded, when to start applying for GR jobs

Factors that undermine a healthy transition to practice:

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

Findings

It is clear from the responses that the experiences of new registrants and supervised midwives are dependent on the relationships they have with the mentor, the practice and the hospital and that the practices are really responsible for the experience of the new midwife. The way this first year of practice is implemented is inconsistent between practices and therefore new midwives have various types of supervision, experience and support. It seems to be simple luck if the new midwife ends up in a good practice where she is able to consolidate her skills and gain confidence. For those in poor practices where they may receive no supervision, do the work of other midwives and even be bullied, there seems to be no way but to push through and complete the year. If this period of time as a new registrant is a requirement then there must be minimum standards about what is expected and ways to address this when the practice (and mentor) or new registrant fall below these standards.

Judging by the responses, it may be more likely that the practices are not doing a good job rather than the other way around. The College needs to oversee it or set stricter criteria. There also needs to be one assigned mentor who is trained and responsible and

accountable to the College. As recommended, a formal mentorship program will help address these issues.

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

iv. New registrants: caseload and compensation

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

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

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

All new registrants who join a practice have billable courses of care (that practices apply for) available to them. Practices generally receive funding for 40 billable courses of care for new registrants. A new registrant can expect to be assigned 30 (low estimate) to 40 (high estimate) clients, which means 30-40 courses of care (a course of care does not mean that care is provided to the same client).

Practices generally take clients into care before a new midwife starts at the practice. Doing so means that the new midwife has clients at term soon after their start date and will be able to start working (and billing). It also means that other midwives at the practice need to provide prenatal care to these clients before the new midwife starts. This is important to note because if someone else provided care prenatally to the client(s) before a new registrant started, the new registrant will likely be expected to do the same for another midwife. This means that one way or another the new registrant will end up providing 30-40 courses of care towards the end of their new registrant year. Some practice groups may not have enough clients to offer 30-40 courses of care in a

year, which means that it will take new registrants more than one year to complete the College's new registrant year. This means that new registrant conditions may not be lifted after a year. This will not affect the new registrant's status of registration; under the proposed regulation they will be allowed to practise until the conditions are met.

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

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

No further information is required at this stage.

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

None at this stage.

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

None at this stage.

Implementation

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

This section will be completed when the final recommendations are made.

Attachments:

None

Submitted by: Nadja Gale, Manager, Registration & Marina Solakhyan, Director, Regulatory Affairs

Regulatory Impact Assessment Statement

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

Context and Problem Definition

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

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

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

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

GENERAL

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

Issuance of a certificate in the General class

To be issued a general certificate, an applicant must:

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

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

Conditions of a General certificate of registration

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

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

SUPERVISED PRACTICE

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

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

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

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

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

INACTIVE

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

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

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

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

TRANSITIONAL

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

- The member is issued a General certificate of registration

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

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

Problems/Challenges

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

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

GENERAL

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

Requirements for issuance

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

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

Ongoing requirements for the General class

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

SUPERVISED PRACTICE

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

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

INACTIVE

An inactive class of registration is not always one of the classes explicitly outlined in registration regulations of other Ontario health professions. For example, the College of Physicians and Surgeons does not have such a class, neither does the Royal College of Dental Surgeons of Ontario. This class tends to work well for midwives and the College. However, the condition on inactive certificates that “the member shall not engage in the practice of midwifery” has implications for members in the inactive class preventing them from engaging in certain midwifery related activities even those that fall outside of the authorized acts but are a part of the midwifery scope of practice under the *Midwifery Act, 1991*. While not necessarily problematic for the College, this is a contentious issue as many midwives in the Inactive class do not understand the College’s overly restrictive approach.

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

TRANSITIONAL

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

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

The following are current challenges related to this class:

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

2. Is the problem about risk of harm?

As a risk-based regulator, the College must ensure that any regulatory action is based on

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

3. If yes, explain the risks.

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

External:

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

Member practice risks:

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

Organizational risks:

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

Options

4. Are the risks you have identified currently managed?

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

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

There are no alternatives to regulation that will mitigate the identified risks. The College is the only organization with a legislative mandate to regulate the eligibility of applicants and

members to practise the profession by issuance of certificates based on classes of registration. It can make regulations (under its profession-specific statute, i.e., the *Midwifery Act*) prescribing classes of certificates of registration and setting any requirements for issuance and imposing any terms and conditions on the certificates of registration.

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

6. What regulatory option are you recommending introducing?

The changes are proposed to the Registration Regulation under the *Midwifery Act, 1991*. Please refer to the draft regulation for proposed wording.

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

The proposed changes will:

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

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

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

The burden imposed by regulation will not be greater than the benefits of regulation. As noted above, the College is the only organization with a legislative mandate to regulate the midwifery profession to ensure that midwives are qualified, skilled and competent in the areas in which they practise. The College must be able to assure the public that applicants and midwives possess and maintain knowledge, skills and behaviours relevant to their professional practice, and exercise clinical and professional judgment to provide

safe and effective care.

9. What information and data are already available?

The following provides additional information/rationale for some of the new provisions included in the regulation.

i. Accepting applicants from other Canadian jurisdictions

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

1. A baccalaureate degree in health sciences (midwifery) from a university in Ontario: The majority of College applicants meet graduate from one of the three midwifery education programs in (McMaster, Laurentian and Ryerson Ontario).
2. Qualifications that are equivalent to a baccalaureate degree in health sciences (midwifery), as determined by the Council or by a body or bodies designated by the Council: Currently the only program approved by Council is the International Midwifery Pre-Registration Program, a bridging program for internationally educated midwives.

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

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

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

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

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

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

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

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

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

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

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

Controlled acts are set out in the *Regulated Health Professions Act, 1991* (RHPA) and are procedures, tests, and treatments that are considered to pose a risk of harm when performed by someone who is not qualified to perform them. Because there is implicit risk of harm in the performance of controlled acts, they can be performed only by the regulated

health professionals who are authorized by their profession-specific Acts (e.g., the *Midwifery Act, 1991*) to perform them. There are 14 controlled acts listed in the RHPA. Some professions do not have any controlled acts. Other professions, like midwifery, are authorized to perform many controlled acts. No profession is authorized to perform all controlled acts. For example, the controlled act of managing labour and conduct spontaneous normal vaginal deliveries is authorized to midwives under the *Midwifery Act, 1991*.

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

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

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

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

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

The committee’s rationale for keeping this condition

1. The point of having the inactive/non-practising class is to allow someone who is not going to practise to stay registered so that they can return to the practice without having to go through a new application process (which for someone who was initially grandparented might mean taking the registration exam). But allowing inactive certificate holders to provide clinical care will be inviting midwives to practise but not having any of the burdens of full registration, including meeting ongoing registration and quality assurance requirements as well as holding liability insurance.
2. There is going to be increased liability because there will be confusion on the part of the client. For example, if an inactive midwife is allowed to work as a doula, clients are going to think that they have two midwives at their birth and will not understand the difference between an inactive midwife and a midwife.
3. Other Ontario regulators who have a similar class of registration are very strict with inactive registrants, and they take the view that they cannot do anything that is within the scope of practice of the profession while holding inactive certificates. For example, the College of Nurses does not allow non-practising nurses to practise nursing (including the activities that are in the public domain).
4. If the College decides to allow inactive midwives to provide clinical care, then they will have to be insured. Clients who suffer harm while under the care of an inactive midwife will no doubt wish to sue – and will not understand the difference between active and inactive classes of registration if the regulator allowed someone in the latter class to do things within the scope of practice of midwifery.

iii. Rationale for proposed changes to the Transitional class

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

An emergency class would give the College flexibility to address scenarios recently encountered with the COVID-19 pandemic. This class would help to provide access to the profession while clarifying that it is only temporary until the necessary entry to practice requirements are met.

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

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

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

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

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

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

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

Not additional information needs to be gathered.

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

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

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

None at this stage

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

None at this stage.

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

This section will be completed when the final recommendations are made.

Attachments: None

Submitted by: Nadja Gale, Manager, Registration & Marina Solakhyan, Director,
Regulatory Affairs

Regulatory Impact Assessment Statement

Title of the Initiative: Clinical Experience Requirements at Entry to Practice

Context and Problem Definition

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

Background

Under the Registration Regulation made under the *Midwifery Act, 1991*, applicants who apply for a certificate of registration to be able to practise midwifery in Ontario must meet certain requirements and have their application approved by the College. These requirements are in place to ensure that only those who are suitably trained and qualified to practise in a competent and ethical manner are allowed to practise midwifery in Ontario.

Under s. 8(1)2 of the Registration Regulation, an applicant seeking a certificate of registration, (except for midwives registered in other Canadian jurisdictions) must demonstrate that they:

- I. have current clinical experience consisting of active practice for at least two years out of the four years immediately before the date of the application, and
- II. have attended at least 60 births, of which at least,
 - a. 40 were attended as primary midwife,
 - b. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,
 - c. 10 were attended in hospital, of which at least five were attended as primary midwife, and
 - d. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.

An applicant who is not able to meet the clinical experience requirements, is eligible to become registered in the Supervised Practice class if all other requirements for the General certificate of registration are met.

An applicant who is a former midwife and who had previously resigned from the College is not required to meet the clinical experience (and educational) requirements if

- (a) the applicant reapplies for a general certificate of registration within five years of having resigned;
- (b) the applicant had held a general certificate of registration for at least one year and, while holding that certificate, had provided midwifery care to at least 20

women, 10 of whom the member attended as primary midwife with at least five births occurring in a hospital and at least five in a residence, remote clinic, or remote birth centre;

- (c) the applicant successfully completes a requalification program that has been approved by the Registration Committee for that purpose; and
- (d) the applicant meets good character requirements and other requirements set out in s. 7 of the regulation.

As the regulator of the midwifery profession, the College must ensure that applicants can demonstrate a variety of supervised midwifery clinical experiences conducted in environments that effectively provided them with suitable opportunities and conditions to attain the Canadian Competencies for Midwives. The requirements set out in the current regulation has not been reviewed since 2012.

2. Is the problem about risk of harm?

Yes – the problem is about risk of harm.

3. If yes, explain the risks

Determining clinical experience requirements for applicants and former midwives who wish to enter or re-enter practice will help mitigate the risk that *that the College grants eligibility to enter or re-enter practice to an individual who does not have the knowledge & skills to practise safely, ethically and competently.*

Options

1. Are the risks you have identified currently managed?

As noted above, the current clinical experience requirements under the Registration Regulation must be reviewed to ensure that they reflect current evidence.

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

There are no alternatives to regulation that will mitigate identified risks and challenges with the current approach. The College is the only organization with a legislative mandate to regulate the practice of the midwifery profession to ensure that members of the profession are qualified, skilled, and competent in the areas in which they practise. Under s. 95 of the Health Professions Procedural Code being Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA) the College is authorized to:

- (a) prescribe classes of certificates of registration and impose terms, conditions, and limitations on the certificates of registration of a class
- (b) prescribe standards and qualifications for the issue of certificates of registration
- prescribe certain registration requirements as non-exemptible registration requirements.

1. What regulatory option are you recommending?

The following framework is brought forward for the committee's review:

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

As noted above, minor changes are proposed to the clinical experience requirements. The addition of complex care will ensure that midwifery students have adequate exposure to a range of experiences before they are allowed to enter the profession.

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

No. As noted above, the College is the only organization with a legislative mandate to regulate the midwifery profession to ensure that midwives are qualified, skilled, and competent in the areas in which they practise. The College must be able to assure the public that midwives possess and maintain knowledge, skills, and behaviours relevant to their professional practice, and exercise clinical and professional judgment to provide safe and effective care. Allowing direct entry to the profession (as opposed to a pathway via supervised practice class) means that non-Canadian work experience that is often cited as the number one barrier Canadian immigrants face in obtaining a job in Canada, will be recognized.

4. What information and data are already available?

Research findings

The literature supports the following to ensure that students are able to attain the national competencies for midwives at entry to practice.

- It is essential that students have sufficient practice experience to work across a variety of midwifery settings
- Continuity of care is an intrinsic component of midwifery-led care, and there is generally agreement that continuity of care must form a part of the students' clinical experience. Rather than specified numbers, the focus should be on active and direct participation and engagement, leading to the ability to deliver safe, competent midwifery care upon registration. A key component of midwifery practice is decision-making, and this needs to be reflected in both simulation and clinical practice.
- Clinical experience requirements must have a focus on active and direct participation and engagement leading to clinical competence in birthing as the aim of midwifery practice experience.
- Midwifery students require significant midwifery practice experience to be able to provide safe and effective midwifery care and to work to full midwifery scope of practice. To this end, midwifery students must be provided with education that includes exposure to a range of midwifery practice experiences which enable them to demonstrate they are able to link theory to practice.

- There needs to be an active commitment to developing innovative placement models to enable students to grow their experiences in managing normal birth within the current context of increasing rates of medical intervention and lower protection of normality.

It has been the College's long-held position that the current requirements for clinical experience are prescriptive and arbitrary, with more focus on numbers, than on the quality of either the experience or the care delivered. However, until quality is defined and embedded in midwifery education programs or the national accreditation program for midwifery education (which is currently not the case), there arguably remains a need to maintain agreed minimum clinical experience requirements in the regulation.

The Midwife Accreditation Standards by the Australian Nursing and Midwifery Accreditation Council

The Midwife Accreditation Standards developed by the Australian Nursing and Midwifery Accreditation Council (ANMAC) were closely reviewed and considered at the research phase of this project due to their comprehensive nature and the process undertaken by the organization in developing the standards. While the Australian Nursing and Midwifery Accreditation Council is not a regulatory agency, we share common goals when it comes to entry to practice: ensure that midwives are appropriately trained, educated and qualified to provide safe and effective care and to meet the challenges of health care delivery in the current environment.

Accreditation of Baccalaureate Degree Programs in Midwifery in Canada by the Canadian Association of Midwifery Education

The Canadian Association of Midwifery Education (CAMEd), a national association of midwifery educators, has established an accrediting process for baccalaureate degree programs in Canadian universities aiming to ensure that graduates attain the essential competencies to qualify for registration in Canadian provinces and territories. Under the accreditation program, the midwifery education programs, including the two programs in Ontario, must demonstrate that the curriculum acknowledges the central importance of clinical competence and provides a minimum of 50% of the program content with clinical courses/settings.

While these accreditation standards are not currently as detailed as the Australian Nursing and Midwifery Accreditation Council's standards, the Ontario Midwifery Education programs work the Canadian competencies into all clinical courses and placements and have more specific requirements with respect to obtaining and demonstrating clinical experience.

Nevertheless, as the accreditation standards and the MEPs still rely to a certain extent on the provincial regulatory framework for establishing requirements and competencies, we need to determine how this affects what must be maintained in regulation or if there is another mechanism that can be relied upon for minimum clinical experience at entry to practice.

Jurisdictional scan

The below table contains information about clinical experience requirements established by other Canadian jurisdictions. The requirements are consistent across all jurisdictions, with some minor differences, likely because the Ontario requirements informed the ones set by other jurisdictions.

Table 1: Clinical Experience Requirements – Canadian jurisdictions, including Ontario:

Jurisdiction	Clinical experience at entry	Recency of practice	Definition of continuity of care
Ontario	Total #of births: 60 As a primary midwife: 40 Births attended with continuity of care: 30 Out of hospital: 10 including 5 as primary Hospital: 10 including 5 as primary	2 of the last 4 years, including provision of care to at least 40 women, at least 20 of whom the member attended as primary midwife with at least 10 births occurring in a hospital and at least 10 in a residence, remote clinic, or remote birth centre. Or must apply for registration within two years of having satisfied the educational requirements as outlined in the Registration Regulation.	“continuity of care” means midwifery care provided in accordance with the standards of practice of the College.
BC	Total #: 60 In primary role: 40 (5 hospital/5 out-of-hospital Births attended with Continuity of care: 30	Last 5 years	The provision of midwifery services during the antepartum, intrapartum, and postpartum periods, to a client by a registrant or small group of registrants known to the client and includes twenty-four hour on-call availability of care from a

			midwife known to the woman.
Alberta	Total #: 60 In primary role: 40 (10 hospital/10 out-of-hospital) Births attended with Continuity of care: 30	All of the above experience must have been in the last 5 years, and 10 births as primary and 10 births with continuity of care must have been in the last two years.	
Saskatchewan	Total # of births: 60 In primary role: 30 (location of births not regulated) Births attended with continuity of care: 10 75 antenatal, 50 postpartum, and 50 newborn exams	N/A	
Manitoba	Total # of births: 60 In primary role: 40 (location of births not regulated) Births attended with continuity of care: 3 75 antenatal and 75 postpartum exams; 15 newborn exams and 50 newborn visits.	Last 2 years / an applicant may be able to register after that (in the conditional category but it is not guaranteed.	means providing care to the same woman through at least four prenatal visits, labour and delivery, the newborn examination and at least three postnatal visits.
Quebec	Total # of births: 60 As a primary midwife (location of births not regulated): 40 Births attended with continuity of care: 10	No specific requirements	N/A
Nova Scotia	Total: 40 (or 1125 hours) in last 5 years OR 12 (or 450 hours) in last 1 year as a primary midwife. Additionally, experience in the following areas is required: Provision of the complete course of antenatal, intrapartum, postpartum, and newborn care as a primary midwife AND primary responsibility for the		

	management of labour and birth in both hospital and out-of-hospital settings		
New Brunswick	Total # of births: 60 As a primary midwife: 40 (10 hospital/10 out-of-hospital) Births attended with continuity of care: 30	Last 5 years Must register within two years of graduation.	Continuity of care is midwifery care provided in accordance with the standards of practice of the Council and available during all trimesters of pregnancy, labour, birth, and the postpartum period, on a 24-hour on-call basis, by a midwife known to the woman.
Nunavut	Total # of births: 40 No other specific requirements	At least 10 of the births attended as a primary midwife should have occurred in the last 2 years prior to application.	

Survey with the midwifery education program faculty and sessional instructors

In August 2021, the College surveyed the Ontario Midwifery Education Program faculty members and sessional instructors about the current clinical experience requirements at entry to practice. As the experts in midwifery education, they were asked to comment if in their opinion the current requirements are collectively appropriate to ensure that midwifery applicants possess the necessary knowledge and skills to practise to the full scope of midwifery practice in a safe and effective manner and if there are any other areas of care/clinical experience that should be required at entry to practice.

The survey contained 10 questions. Four questions were quantitative where responses were measured using a 3-point scale. The rest of the questions were an open text box for respondents to elaborate with a descriptive response and discuss any additional issues they wanted to include.

The survey was distributed by the midwifery education program directors and so we do not know the total number of people who received the invitation to participate. Only three respondents completed the survey. Due to a low response rate (that may indicate the potential for bias in the results) and the fact that the respondents provided very few qualitative responses, this feedback was considered but did not inform our recommendations.

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

The College will arrange a meeting with the Office of the Fairness Commissioner as part of its public consultation to discuss the proposed changes to entry to practice requirements, including the clinical experience requirements. The feedback by the Fairness Commissioner whose mandate is to assess the registration practices of regulated professions in the province to make sure they are transparent, objective, impartial and fair for anyone applying to practise their profession in Ontario, will be crucial and will inform our final recommendations.

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

Once the draft regulation is presented to and approved by Council in March 2022, a formal 60-day public consultation will be launched. It will inform our final recommendations.

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

None at this stage

Implementation

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

This section will be completed when the final recommendations are made.

Attachments:

Submitted by: Nadja Gale, Manager, Registration & Marina Solakhyan, Director, Regulatory Affairs

Summary of Consultation Responses

After the Registration Committee's preliminary recommendations on new registrant conditions and clinical currency had been reviewed and approved by Council (March 2021), a survey was conducted with midwives, stakeholders, and the public to seek their feedback on the proposed changes. The College also sought information from midwives regarding their current midwifery practice, including practice outside of the midwifery practice group model. The findings from this section of the survey are not included in the below analysis.

The consultation was open from July 27 to August 31, 2021. The survey was sent to 1803 individuals, and we received 248 responses, including from 230 midwives.

The below sections set out the general themes of the responses to the areas of the consultation, as well as any general comments provided by those who responded. The data presented here are descriptive statistics that came out of the survey.

What respondents told us

Recommendation 1: New registrants will be required to complete at least 30 courses of care after receiving their initial general certificate of registration. *“Course of care” means primary care within the midwifery scope of practice that a midwife provides to a client during pregnancy, labour and delivery, and the postpartum period, and includes care of the newborn baby.*

Question 1: Do you agree with Recommendation 1?

ANSWER CHOICES	RESPONSES
Strongly agree	31.71% 78
Agree	50.81% 125
Disagree	4.07% 10
Strongly disagree	1.22% 3
Undecided	12.20% 30
TOTAL	246

Feedback indicated that almost 83% of respondents strongly agreed or agreed with our recommendation that new registrants be required to complete the specified minimum number of courses of care after receiving their initial certificate of registration. Approximately 12% of respondents said that they were undecided on this issue with approximately 5% of respondents disagreeing or strongly disagreeing with the recommendation.

The qualitative responses (63 in total) were mostly in relation to the definition of “course of care” proposed by the College. The word “primary care within the

midwifery scope of practice” was interpreted by many to mean that new registrants will be required to only work in a primary care model vs a shared care model.

- This does not take into account shared care. This would mean all NRs would need to do 'primary care midwifery' vs. be in a shared care model. This would affect not only the NR but many, many practices. While I think the regulation should change, this is not the one I would support.

The intent of this recommendation was to ensure that new registrants provide all aspects of midwifery care. The word “primary” in the proposed definition was in relation to midwives being primary care providers and did not intend to require that new registrants only practise in a primary care model. The definition in the proposed regulation will need to change to clarify the intent.

Many respondents noted that greater clarity was required to enable them to understand how this proposal would work in practice.

Quotes:

- Somehow you will still need to provide concrete markers – like how long does a "course of care" have to last? Can a late to care client at 38wks count? What if a client doesn't remain in care for the full 6 weeks postpartum? How about new registrants that work in shared care? Are they done early because they are caring for extra clients?
- I agree, however, it must be clear under which conditions midwife can count a course of care. I would hesitate to include antenatal transfers of care where RM provides supportive care. However, I would absolutely support including courses of care where there is a transfer of care during delivery or of the newborn after birth. This must be considered and defined.”

Recommendation 2: New registrants will be required to practise under the mentorship of a general registrant.

Question 2: Do you agree with Recommendation 2

ANSWER CHOICES	RESPONSES	
Strongly agree	52.65%	129
Agree	39.59%	97
Disagree	1.22%	3
Strongly disagree	0.82%	2
Undecided	5.71%	14
TOTAL		245

Feedback indicated an overwhelming agreement with our recommendation with approximately 92% of respondents strongly agreeing or agreeing with the proposal that new registrants must be required to practise under the mentorship of a general registrant. Approximately 6% of respondents said that they were undecided on this issue with approximately 2% of respondents disagreeing or strongly disagreeing with the recommendation.

Qualitative responses (55 in total) reinforced our findings from the [previous survey](#) conducted with new registrants and those in supervised practice that a formal structure to the mentorship with clearly articulated roles and responsibilities is essential to ensure proper mentorship of new registrants who are entering independent practice.

Quotes:

- Many new registrants are lost when they need to consult with another RM, they would benefit from a specific mentor they know they can ask for assistance.
- A strong and consistent mentoring plan is key to success in establishing one's practice as an NR.
- In my NR year I was very well supported by 2 designated mentors in my practice, and it made a world of difference!
- This is an exciting addition. I felt a little lost as a NR even with a designated mentor bc there weren't clear expectations for me or the mentor. I expect there to be funding for these mentors.

There were numerous comments made about making sure that midwives who take on the role of a mentor are properly compensated for their work. This would include revisiting mentorship compensation that exists under the current caseload variable system.

Quotes:

- Absolutely! However, there must also be collaborative efforts with the AOM to ensure that the GRs that mentor them receive compensation. The current funding model allows the partners of the practice to bill CV's and keep them for themselves.
- I do agree but where is the compensation? The CV's available barely cover mentoring as it is. I resent the idea that overburdened midwives will be asked to take on more work without adequate compensation and I do not think the CMO has a mandate to ask for more CV's per NR.

A few respondents pointed out that adding a more formalized mentor role with clearly defined expectations may deter people from providing mentoring. A residency-type program was mentioned as a better alternative to a college-administered program.

Quotes:

- ...much of the responsibility for mentoring could come from sources outside the midwifery practice group where the new registrant is working. Having the mentoring come from outside the practice group could help to avoid some of the harmful power dynamics that can limit the utility of mentoring relationships in some cases. Whatever the solution, it will be important to ensure that whoever takes on the work associated with mentoring is compensated for doing that work.

Recommendation 3: To demonstrate active practice/ clinical currency, midwives will be required to practise midwifery for the minimum number of hours specified by the College during every two-year period. Please, note that the minimum number of hours will NOT be included in the regulation and will be dealt with through policy that will be developed after the regulation has been submitted to the Ministry of Health. The number of hours will be set in close consultation with midwives.

Question 3: Do you agree with Recommendation 3?

ANSWER CHOICES	RESPONSES	
Strongly agree	21.34%	51
Agree	37.66%	90
Disagree	9.62%	23
Strongly disagree	4.60%	11
Undecided	26.78%	64
TOTAL		239

Feedback indicated more than half of respondents (59%) strongly agreed and agreed with the recommendation. A big percentage of respondents (approximately 27%) said there were undecided on this issue, likely because we did not provide more clarity on how many hours of practice will be required to satisfy active practice/clinical currency requirements. Approximately 14% of midwives disagreed or strongly disagreed with the recommendation.

Qualitative responses (71 in total)

The main themes from the qualitative responses are presented below:

The change will lead to deterioration of essential midwifery skills:

Most of the concerns expressed by midwives were related to the perception that this change will lead to the deterioration of essential midwifery skills, such as intrapartum skills.

- ... unless you specify how many hours need to be done in each role/phase of care/ type of care you are not solving the problem of making sure that the midwife

gets well rounded experience. She may [do] all her hours in IUD placement or postnatal visits or genetic screening counselling for instance.

- If a midwife is not practicing in full scope, i.e., not attending births, then how can they be considered completely competent per the competency guidelines which include having the skills to manage labour and delivery? If midwives are meeting the hour requirement over a 2 yr period, but all of those hours are postpartum and newborn care for example with no deliveries attended, I'm not sure that it is accurate to say that midwife is currently competent to manage a labour. I think it is wonderful that midwives are able to practice in different ways, that is amazing, but as practice models expand, maybe the classifications of registration need to expand as well. I like the birth number requirement. If you are attending births, you are also doing clinic and home visits. And if there are midwives doing only births with limited clinic and visits, then I think we need a policy for the clinics to better distribute the workload across the midwives in that situation at those clinics.

As discussed at previous committee meetings, under the current regulation midwives are not required to practise to full midwifery scope. In fact, the College has no mechanisms, in the context of active practice, to assess the knowledge, skills and judgement of practising midwives as they relate to prenatal, postpartum, and newborn care because the current requirements are solely based on birth attendance.

Tracking hours:

Many midwives expressed a concern about tracking their practice hours, which has the potential to be a huge administrative burden, because midwives have never been required to calculate the number of hours they practise.

- I'm undecided because I don't want to keep track of my hours. I do agree that birth numbers do not give the whole picture.
- Tracking hours seems very onerous and not a good reflection of level of skill/knowledge. Also, way too easy to fudge the numbers
- There needs to be a way to calculate hours without causing a lot more unpaid admin work for midwives

As the Committee knows, the specified number of hours will not be included in the proposed regulation and will be dealt with through policy. We are confident that an easy solution can be found to address these concerns. For example, if the College sets that one course of care equals 48 hours, then midwives who work in a course of care model (and are compensated based on the number of courses of care they provide) will be able to easily calculate the number of hours they practise. Midwives have been tracking and reporting on the number of courses of care since regulation.

The 2-year threshold:

Very few comments were made about the proposed 2-year reporting period (note: midwives are currently required to report every 5 years after their first 2-year reporting) with some respondents suggesting that depending on how experienced a midwife is, it should be extended to 3–5 years.

- Two years is a short time period for midwives needing to take breaks for a variety of reasons – further education, taking on non-clinical and leadership roles, family and personal needs, etc. A five-year window may be better. I agree with the research for newer practitioners but wonder if studies have addressed the difference between newer practitioners and very experienced practitioners returning to active or more active practice. The very experienced practitioners may have acceptable baseline competency despite a decline in skills with longer absence. Currency may also be impacted by involvement in midwifery in research, teaching and leadership roles, and perhaps this should be considered, not just hands on provision of care.

Only practising midwives are subject to clinical currency requirements. If a midwife, at any point during the 2-year reporting period was registered in the non-practising class, this midwife's due date will be adjusted to account for the amount of time the midwife was registered in the non-practising class and not subject to clinical currency requirements. This approach is similar to what we have in place now.

Recommendation 4: The College will not regulate hospital and out-of-hospital births as a measure of clinical currency. This means that midwives will not be required to attend the minimum number of hospital and out-of-hospital births as specified by the College. Instead, clinical currency will be based on the provision of midwifery care (the minimum number of hours as indicated above).

Question 4: Do you agree with Recommendation 4?

ANSWER CHOICES	RESPONSES	
Strongly agree	44.35%	106
Agree	33.47%	80
Disagree	10.04%	24
Strongly disagree	5.44%	13
Undecided	6.69%	16
TOTAL		239

Feedback indicated that almost 78% of respondents strongly agreed or agreed with the recommendation that the College should not regulate hospital and out-of-hospital births. Approximately 15% of respondents disagreed or strongly disagreed with the recommendation with almost 7% of respondents being undecided on this issue.

Qualitative responses (59 in total)

There was strong agreement with our recommendations, including that a midwife's ability to meet clinical currency requirements should not depend on a choice made by their clients.

- In some communities it is harder to maintain out of hospital birth numbers due to client's choices. I feel very competent in an out of hospital setting however I'm always stressing out about not having the "right numbers"
- I very strongly agree with this! It is unreasonable that our active practice requirements be based on something as personal for each client as their choice of birthplace.
- Working in a community that had a low home birth rate makes it difficult to meet the current standards. However, it does not mean the midwife is not able to work in a home setting. The current policy discriminates against those midwives who work in a community that have a great relationship with their hospital and low home birth rates.

Many midwives who left a comment expressed a concern that not requiring midwives to attend home births, as a condition of registration, will erode midwives' competency in home births. A few midwives noted that even under the current framework many midwives do not offer or support clients' choices regarding out of hospital births and that there would be no accountability if this provision were removed.

- Many midwives struggle to complete the required out of hospital birth numbers depending on their community and population. I still think there should be a minimum requirement for births attended, and while it is important to attend out of hospital births to maintain those skills, I think this can be supplemented with skills drills reviewing differences between managing labours at home vs in hospital. No matter how infrequent, a competent midwife should be able to manage a labour at home when it happens. For midwives not attending births at all, I think they need a different set of competencies to meet rather than give all full scope midwives more slack and more vague guidelines. I think a new registration class needs to be introduced for midwives not attending births. Personally, I would not be comfortable with a midwife backing me if they had not attended a delivery in 2 years. Attending and managing labours are part of our scope and all full scope midwives should be exercising this skill on a regular basis to maintain status. HOWEVER, we do not get to choose where our clients choose for birthplace (or when there are transfers in for clinical indications, etc.) so allowing for birth numbers to be met regardless of where they take place is a reasonable change.
- We already see midwives bully their clients out of home birth with little foundation in clinical care. The idea that a midwife can provide informed choice about their own scope of care when they routinely attend no homebirths is absurd. Totally unacceptable change. I would rather see an alternative care agreement set for those who are choosing to only attend hospital births and

amend their license to "hospital only" vs having midwives say they are competent and capable in any location when they are not.

As discussed previously, it is a standard of practice of the profession that midwives must offer a choice of birthplace and must provide care during labour and birth in the setting chosen by the client (Professional Standards for Midwives). All midwives must maintain the standards of the profession at all times – including it as a requirement in the regulation, in addition to a minimum standard, will neither make it more important in the hierarchy of standards nor will it make it easier for the College to enforce.

In addition, under the current regulation midwives can be granted an exemption from meeting active practice requirements under extenuating circumstances. In accordance with the College's current procedures, practising in a low home birth rate community constitutes an extenuating circumstance for the purpose of meeting active practice requirements. In other words, under the current framework, a midwife with an active practice shortfall who can demonstrate that they were unable to meet the requirements because their clients did not want an out of hospital birth (i.e., circumstances that are beyond the midwife's control) are generally exempt from their active practice requirements. Rather than exempting midwives from the requirements through an administratively burdensome process (midwives who have an active practice shortfall are referred to a panel of the registration committee), we can eliminate current rules based on arbitrary numbers and hold midwives to minimum achievable standards that apply to all midwives all the time (via professional standards that midwives must offer and provide a choice of birthplace).

Recommendation 5: Midwives who do not meet the clinical currency requirements in the 2-year period will be required to complete an assessment to evaluate their knowledge, skill, and judgment. Successful completion of the assessment will result in no action. Midwives whose knowledge, skill and judgment have been assessed and have been found to be unsatisfactory, will be required to complete upgrading activities.

Question 5: Do you agree with recommendation 5?

ANSWER CHOICES	RESPONSES	
Strongly agree	24.05%	57
Agree	46.41%	110
Disagree	6.33%	15
Strongly disagree	3.38%	8
Undecided	19.83%	47
TOTAL		237

Feedback indicated that almost 70% of respondents strongly agreed or agreed with the recommendation that midwives who do not meet the clinical currency requirements in

the 2-year period be required to complete an assessment to evaluate their knowledge, skill, and judgment. Approximately 20% of respondents were undecided on this issue with approximately 10% of respondents disagreeing or strongly disagreeing with the recommendation.

Qualitative responses (41 in total)

Many respondents agreed with our recommendations in principle but said they were unable to comment on the proposed changes without knowing what such an assessment would entail. A few respondents said that testing midwives who did not meet their currency requirements is not an adequate way of assessing a practitioner's knowledge, skills, and professional judgement with some respondents noting that in addition to a competency-based assessment program, a self-assessment tool should be developed to help midwives determine their knowledge, skill and judgment needed in their unique practice environments.

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – March 30, 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

2021 College Performance Measurement Framework (CPMF)

As Council will recall, the Ministry introduced the College Performance Measurement Framework (CPMF) approximately one year ago. The CPMF was developed by the Ministry in collaboration with health regulatory colleges, members of the public and subject matter experts. The CPMF sets standards against which all colleges are measured. Reports are submitted to the Ministry by March 31st each year. We are in the final stages of drafting the report and will have no difficulty in meeting the deadline. The final report will be posted to our website for public viewing.

Governance Reform

The Ministry of Health recently 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" (see attached MOH Memo Governance Reform Consultation Invitation).

The attached consultation briefing deck (see MOH Governance Reform Consultation Deck) provides an overview of the reforms under consideration and some guiding questions for some of the areas on which they sought feedback. The Health Profession Regulators of Ontario (HPRO) had an opportunity to meet with the Ministry for one hour on February 8th to discuss the proposed changes. They requested written feedback by February 23, 2022 (see attached CMO Response to Governance Reform February 23, 2022).

The Ministry acknowledged that the College of Nurses of Ontario's *Vision 2020* was the basis for many of the proposed governance-related changes, and they are to be expected. These changes, if approved, will affect our Council size, will see 50-50 representation on Council between professional members and public appointees, will replace elections of professional members with appointments, will separate Council from Committee membership (in that there will be no overlap), will remove the existence of an Executive Committee, among other changes. While there is no

opposition to the changes in general (many of you will recall the CNO's presentation to Council and your support for the proposed changes) they do pose challenges for implementation, recruitment, and retainment of eligible Council and Committee members, and additional work for Council members with regard to nominations and appointments. In addition, depending on how members will be compensated, there could be financial impacts as well.

The briefing deck also provides an overview of other changes they are considering, including making Colleges subject to the *French Language Services Act* and to the jurisdiction of the Auditor General of Ontario, as well as allowing for the Patient Ombudsman to review complaints and discipline decision making processes (not individual cases, as those would still be under HPARB jurisdiction). These proposed changes could have significant impact on our operations and finances. We do not know the extent to which our services (including documents, website, processes, panels, etc.) would need to be delivered in French. We also don't yet have a sense of how often and how involved an audit from the Auditor General would be, however we do know that any Auditor General audits would be in addition to the financial audits Colleges currently undergo and make public.

They are also contemplating significant changes to the registration of health professionals by removing Canadian experience requirements for internationally trained applicants, setting time limitations for registration decisions, standardizing requirements for language proficiency, and expediting registration in emergencies (not just proclaimed emergencies such as the pandemic). There could be unintended consequences in these areas (for example, setting language proficiency lower than what should be required of a primary care provider, and changing our practice for internationally educated midwife applicants to gain Ontario experience in a bridging program prior to being eligible for registration) as well as increased reporting obligations.

Should these legislative changes be approved, we expect there will be a period before the changes are enacted to allow Colleges to make the necessary adjustments to our systems. However, we do not have a good sense of how long that period will be. It is our plan to work collaboratively with HPRO Colleges to share ideas and resources to ensure smooth transitions take place.

2. Development and Achievement of Goals

Each year, Council approves an annual operational plan that sets out planned initiatives to meet the desired outcomes of the strategic plan. The following sections provide a narrative of our progress in carrying out the planned initiatives approved by Council in March 2021. Due to Covid pressures and other workload challenges, we have postponed our staff meeting to plan our 2022/23 initiatives. That plan will be presented to Council in June.

National Collaboration on a Competency-Based Assessment Program

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

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

To save costs and prioritize consistency across the country, the College proposed to collaborate with other Canadian midwifery regulators on this project. All regulators are interested in supporting the initiative, many are agreeing to partner with us, and some have contributed financially. We are on track to complete our Y1 initiative and are presenting the draft request for proposal (RFP) to the next Canadian Midwifery Regulators Council Board meeting on March 22, 2022. At that meeting we plan to seek agreement of all those participating and begin the process of selecting experts to help us develop and implement the program between now and the end of our strategic plan.

Records Retention and Disposition Policy Review

Under Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks, the College committed to creating data management strategies and systems including digitization of all appropriate records to ensure that data resources are easily accessible and effectively structured and managed, and that we retain and dispose of data assets in a sustainable and appropriate manner. Our commitment in Y1 of this strategy was to review our Records Retention and Disposition Policy. We have engaged legal counsel to advise us of the legal requirements and best practices related to records retention in the sector. To save legal costs and align with other Colleges, we have also reached out to our colleagues in the sector to compare various Colleges' retention and disposition schedules to inform our work. Once these are shared with legal counsel, we expect our policy to be finalized.

Data Strategy

Under Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks, and under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, the College has committed to developing a data strategy framework and analytics strategy to identify the types of non-College generated data we intend to collect over the coming years and how that data will be analyzed and used by the College to improve our regulatory effectiveness. While the first draft will be complete by March 31, it is still under review and will be finalized prior to launching our next phase of data related initiatives.

Communications Project Plan

Under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, the College committed to developing a communication project plan to meet our goals. The plan which includes activities, goals and success measurements has been developed. Several identified activities have been initiated, including engaging with a third party to evaluate our current website and propose changes for improvement, as well as hosting an interactive webinar to assist midwives in understanding their mandatory reporting requirements.

Student Engagement Plan

Under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, the College committed to developing a student engagement plan (in line with our stakeholder engagement strategy). While the plan has been drafted, it has not yet been finalized. Work will continue throughout Y2 to bring the plan to completion and implementation.

Internal Review of College Performance

Under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, the College committed to conducting internal reviews and reporting publicly on our regulatory performance on an annual basis. The College engaged in this review in May 2021 and reported to Council in June. The public report can be found on our website under Resources.

3. Reputation and Relationship Management

Designated Drugs Regulation

College staff recently met with the Ministry to discuss moving forward with proposed changes to the Designated Drugs Regulation. As a reminder, in 2019, the College received a letter from the Health Minister Christine Elliott requesting that the College amend its Designated Drugs Regulation under the *Midwifery Act* to include categories of drugs. The Minister said that this change was part of the Ministry's commitment to enable "health professions to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals." The Ministry requested that the College propose categories using the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification.

The AHFS is a system of organizing drugs developed and maintained by the American Society of Health-System Pharmacists (ASHP) and has been used for organizing drugs in institutional, governmental, and other settings since 1959. The classification system is based on a hierarchical numeric structure and the drugs are classified together with other drugs with similar pharmacologic, therapeutic, and/or chemical characteristics in a 4-tier hierarchy.

After meeting with the Ministry in November and again in February, the Ministry let us know that they were aiming to bring a revised regulation forward for approval in March 2022. As is common practice, however, after a College submits a regulation to the Ministry, there is usually some negotiation and requests for change after Ministry policy analysts, legal counsel, and legislative drafters review the proposed changes. The Ministry came back to the College requesting significant details to be added to Council's proposed regulation, including indications and restrictions, dosages, and routes of entry (topical, oral, injection, etc.) for all categories. The College maintained Council's position that specific details in a regulation could lead to harm as best practices in drug prescribing and administration will inevitably change, and a regulation with such specificity will hold midwives to a lower standard than what is best practice.

After discussion with the Executive committee, it was believed that the Ministry's requests were substantially different from the proposed regulation that Council first approved, and if we were to move forward with a revision as per their request, it would require the College to conduct a 60-day consultation with the public and registrants. Therefore, the College was unable to meet the

Ministry's goal of approving the regulation in March. The College will take some time to assess next steps and report back to Council on recommended plans.

New Laboratory Regulation

The Ministry of Health approved a new regulation, Regulation (Reg.) 45/22 – General, made under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA). This new regulation replaces Reg. 682, which governed laboratories, and Reg. 683, which governed specimen collection centres (SCC). The new regulation comes into effect on July 1, 2022, except for the reporting requirement related to the Ontario Laboratories Information System (OLIS), which will come into effect on January 1, 2023.

The College had an opportunity to provide feedback to the proposed changes last year and reiterated Council's position that Appendix B of the Laboratories Regulation 682 (which limits and specifically lists the tests that a midwife may order from an Ontario laboratory) be rescinded and to permit midwives to order tests in accordance with the midwifery scope of practice. This change was again not considered, and the existing list remains unchanged and appears as Schedule 2 under the new regulation.

Positive changes have been made however, as Indigenous midwives practising under the exemption to the *Midwifery Act* (midwives using the title Aboriginal Midwife) will now be able to collect specimens and access laboratory tests for their clients in the same manner as midwives registered with the College. The College participated in consultation meetings regarding this change and fully supported this necessary amendment to allow for seamless access to necessary tests for Indigenous clients under the care of Aboriginal Midwives.

4. Financial Accountability and Management

Statement of Operations

A Q3 Statement of Operations was approved by the Executive Committee at its last meeting and is presented under the Executive Committee's report to Council for your information. There are no concerns or surprises, and the College continues to be in a stable financial position.

2022-2023 Budget

The 2022/2023 proposed budget was presented to the Executive Committee in February. In preparing for the budget, revenues and expenses were projected after detailed analysis of previous years' spending, internal discussions on future operating costs, and an assessment of existing and forecasted net assets (within the context of the Internally Restricted and Unrestricted Net Asset Policy), and planned initiatives to meet the desired outcomes of the strategic plan. The one-year proposed budget was reviewed in detail by the Executive Committee and analyzed within the context of the College's current needs and its long-term financial position. The Executive Committee is presenting the proposed budget to Council for approval at this time. Please refer to the briefing note and proposed 2022-2023 budget in your Council materials under agenda item 7.

5. People and Organizational Leadership

Organizational Effectiveness Survey

Just as Council evaluates its effectiveness, the College staff conduct an annual Organizational Effectiveness evaluation in December. The survey is staff-led and identifies areas of success and areas for improvement and allows the College to continually work on its organizational culture. This year Sam Goodwin of Goodwin Consulting administered the survey and met with the staff HR Committee to analyze the results. Members of the staff HR committee then presented the results to all staff and discussions regarding areas targeted for improvement took place. A summary of the results and recommendations will be presented to Council in camera at the March meeting.

6. Council Governance and Engagement

Council Elections

A call for nominations for Council elections will take place on April 1, 2022. There will be three professional member positions open for election, including those currently held by Isabelle Milot and Claudette Leduc. 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. The online election will take place throughout the month of June with results being reported to registrants in early July. The call for nominations will encourage all registrants who are eligible and have successfully completed the Governance Education Modules, to consider running in the election, and specifically those midwives who are Indigenous, French-speaking, and/or working in rural or remote practices to help strengthen the diversity of Council. As was done last year, Council Chair will host online webinars (including a separate safe-space webinar for racialized midwives) for those curious or interested in serving on Council so that we can help answer any questions they may have.

Committee Terms of Reference

Throughout the past several months, all statutory committees have reviewed, revised, and approved their respective Terms of Reference (TOR). They are submitted to Council to be formally approved under the consent agenda.

Submitted by

Kelly Dobbin
Registrar & CEO

Attachments

1. MOH Memo Governance Reform Consultation Invitation
2. MOH Governance Reform Consultation Deck
3. CMO Response to Governance Reform February 23, 2022
4. MOH Memo regarding new Laboratory Regulation

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10^e étage
Toronto ON M7A 2A5



January 26, 2022

Health Profession Regulatory Colleges
c/o
Beth Ann Kenny
Executive Coordinator
Health Profession Regulators of Ontario

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Court".

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

Governance Reform and Regulatory Modernization

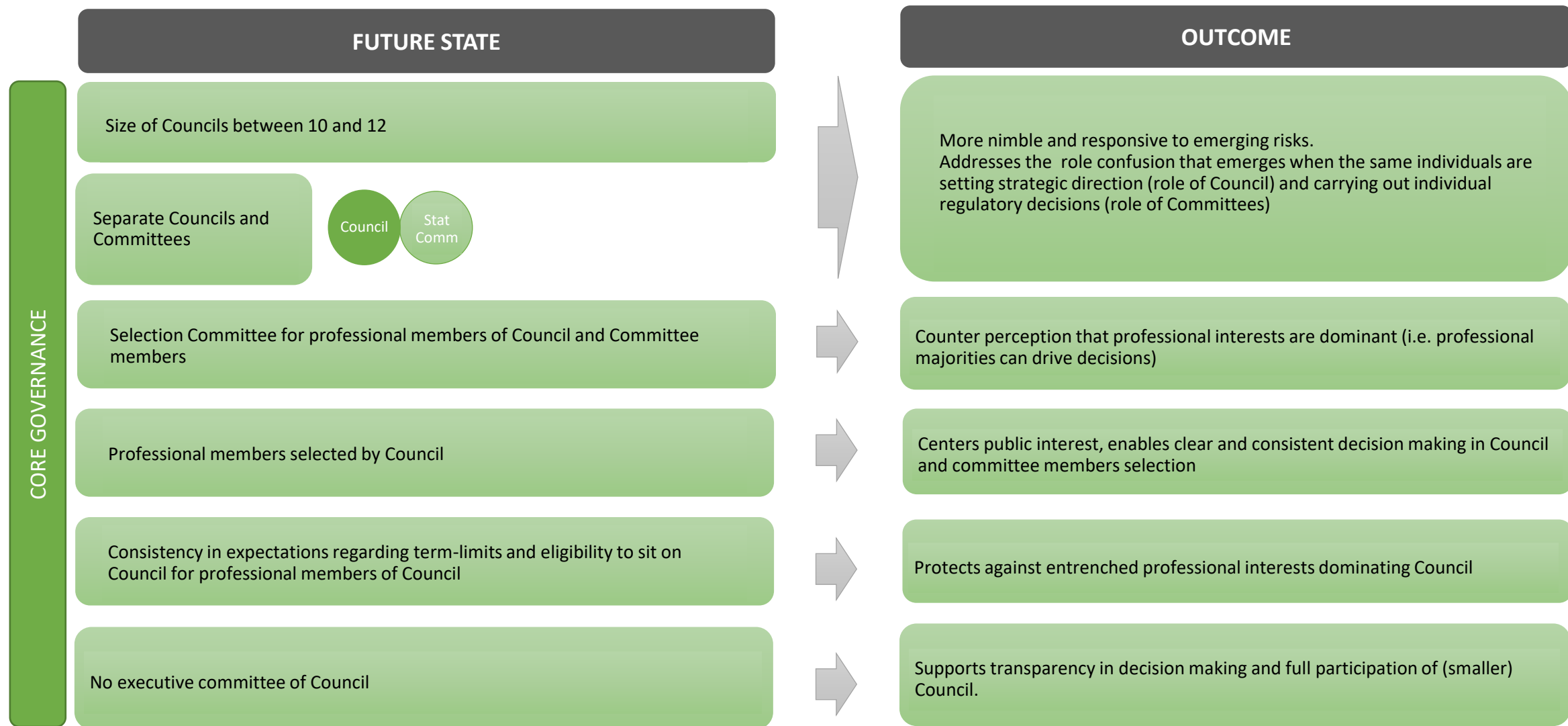
Consultation Deck

Purpose

The Ministry of Health (ministry) is seeking feedback on a policy proposal for health regulatory college governance modernization.

The feedback provided during consultations will be used to inform legislative development.

Proposed Core Governance Reforms



Core Governance Considerations

CORE GOVERNANCE

Proposed Change	Implementation Considerations
Smaller councils between 10-12 Members	<ul style="list-style-type: none">Ensuring that transitioning to smaller councils does not disrupt the operation of Council or committeesEnsuring/Maintaining continuity of services by Colleges <p>Questions:</p> <ul style="list-style-type: none">Should the transition occur by (or on) a certain date? What are the implications of doing this?Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not?What transition provisions/mechanisms do you think you will need in place in order to continue operations?
Council and Committee Separation	<ul style="list-style-type: none">Separating council and committees may potentially reduce the capacity for committees to carry out their duties in the short term. <p>Questions:</p> <ul style="list-style-type: none">Should councils' transition occur by (or on) a certain date? What are the implications of doing this?Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made?Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure?Are there any other considerations / implementation issues that require addressing?

Core Governance Considerations

CORE GOVERNANCE

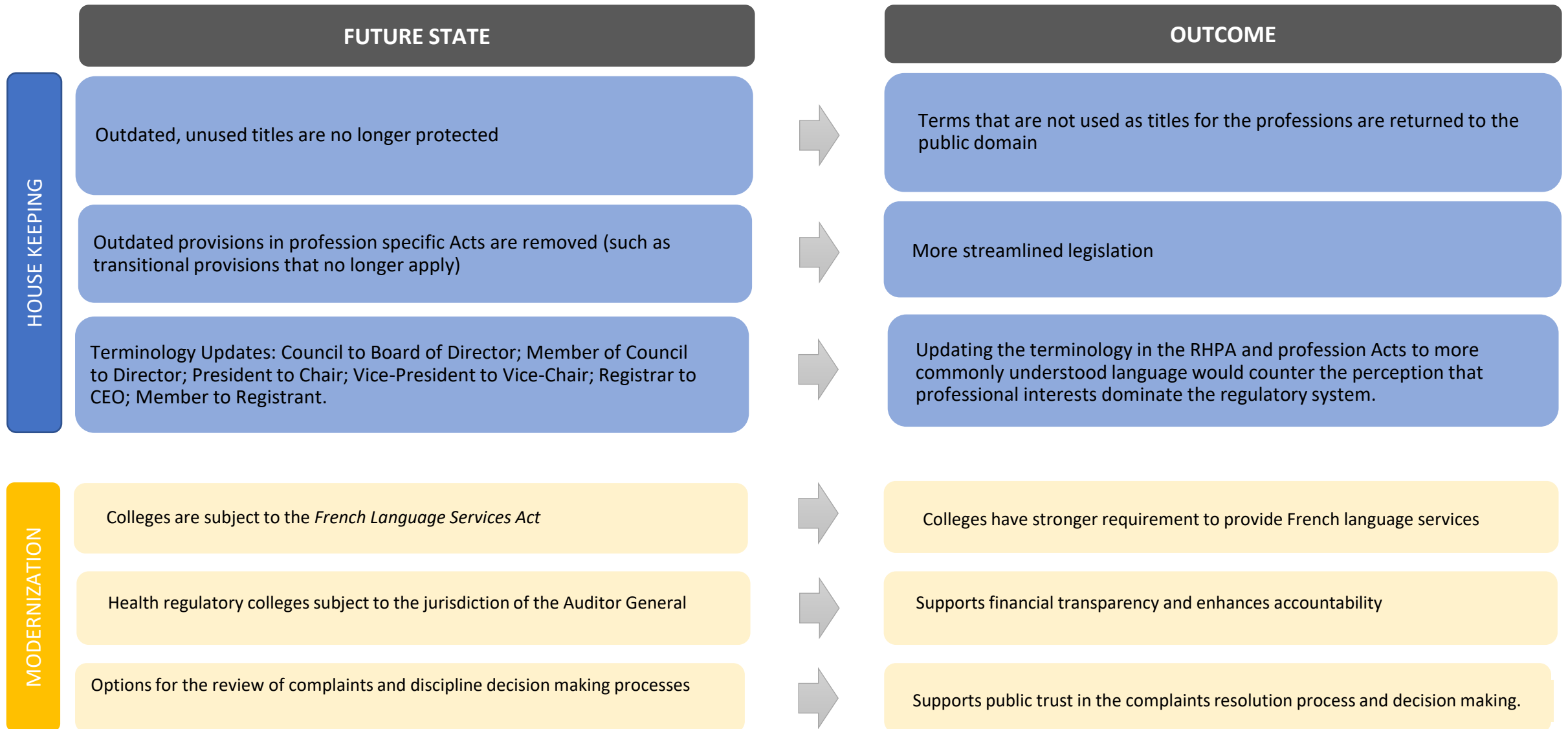
Proposed Change	Implementation Considerations:
Enable equal public and professional representation	<ul style="list-style-type: none">Competencies for the selection of professional members of Council need to be in place to ensure that Councils are comprised of individuals who have the appropriate knowledge and experience <p>Questions:</p> <ul style="list-style-type: none">Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council?What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?
Professional members selection	<ul style="list-style-type: none">Colleges will need to develop separate competencies for serving on council and each of the statutory committeesEstablish a 'Nomination and Selection Committee' to oversee the selection of professional members of Council and the selection of committee members. <p>Questions:</p> <ul style="list-style-type: none">How do you envision this new committee being established? Is it a statutory committee in your view?Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?

Core Governance Considerations

CORE GOVERNANCE

Proposed Change	Implementation Considerations:
Regulation regarding term limits/eligibility for Council	<ul style="list-style-type: none">Introducing new term limits for professional members of Council may impact current members of Council. <p>Questions:</p> <ul style="list-style-type: none">Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis?Do you foresee any challenges in imposing term limits?
Eliminate Executive Committee	<ul style="list-style-type: none">Smaller councils and the expanded use of technology may mean that Executive Committees will no longer be necessary <p>Questions:</p> <ul style="list-style-type: none">Is there any public interest reason as to why the Executive Committee should remain in place?What considerations should the Ministry be aware of in eliminating the Executive Committee?

Proposed Housekeeping and Modernization Reforms



Modernization Considerations

Proposed Change	Implementation Considerations
Colleges included under FLSA through legislative amendments designating colleges as public service agencies	<ul style="list-style-type: none">• Implementation will likely need to be gradual to reduce costs and are likely to be dependent on the French language services currently being offered by each college and what additional services are required to bridge the gap to the first implementation target. <p>Questions:</p> <ul style="list-style-type: none">• Should colleges focus on translating only new pages and materials on college websites?• Should content on college websites be retroactively translated based on the importance of information?• Should content be ranked in order of importance? (for example, registration information could be ranked as high priority for translation, while older reports can be translated at a later time)• Are there efficiencies to be gained with colleges pooling resources to hire a dedicated staff person for French translation?• What supports will you need to support implementation, financial or otherwise?• Do you foresee any implementation challenges with the current proposal?
Allow the Office of the Auditor General of Ontario (OAGO) to conduct financial audits of colleges.	<ul style="list-style-type: none">• The Auditor General (AG) would be enabled to review the financial information of each college.• Anticipated costs to the colleges would likely vary depending on the capacity and size of each college. <p>Questions:</p> <ul style="list-style-type: none">• Do you foresee any challenges with providing the AG with this information?• What supports will you need to support implementation, financial or otherwise?• Do health regulatory colleges use public service accounting standards?

Modernization Considerations Cont.

Proposed Change	Implementation Considerations
Legislative and/or regulatory amendments to enable the Patient Ombudsman, or another body, to review complaints and discipline decision making processes	<ul style="list-style-type: none">• Similar to how the Fairness Commissioner reviews registration processes, the ministry would like to consider options for the oversight and review of complaints and discipline processes. <p>Questions:</p> <ul style="list-style-type: none">• What challenges do you foresee with enabling external review of decision-making processes?• Would enabling external to review these processes increase public trust in regulatory oversight?• In reviewing decision-making processes, what should the Patient Ombudsman's (or other body's) powers be? For example, should they be able to order changes or process improvements, or should it be a recommendation?

Reducing Barriers to Registration

REGISTRATION

Proposed Change	Consultation Questions
Removal of Canadian experience requirements for internationally trained applicants	Questions: <ul style="list-style-type: none">• Do you support the removal of Canadian experience requirements for internationally trained health professions?• Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals?• What aspects of the registration processes or requirements necessitate an applicant to be in Canada?• What challenges would be faced in eliminating Canadian experience requirements?• What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?
Time limits for registration decisions	Questions: <ul style="list-style-type: none">• Do you support prescribed time limits for registration decisions?• Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not?• Are there unintended consequences to setting time-limits on registration decisions?• What challenges do you foresee with meeting prescribed time limits?• In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?
Standardized requirements for demonstrating language proficiency	Questions: <ul style="list-style-type: none">• Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges?• Are there unintended consequences to standardizing these requirements?• What challenges do you foresee in setting standardizing requirements?
Expediting registration in emergencies	Questions: <ul style="list-style-type: none">• Do you support enabling expedited registration in emergencies?• What barriers exist to expediting registration in an emergency?• Are there unintended consequences to enabling expedited registration?• What measures should be put in place for the transition of registrants when the emergency is resolved?

Integrating Oversight Systems and New Professions

	Consultation Questions
Establishing the Authority and the regulation of personal support workers	<p>The <i>Health and Supportive Care Providers Oversight Authority Act, 2021</i> establishes a new regulatory framework to provide oversight to health and supportive care providers, beginning with personal support workers.</p> <p>Questions:</p> <ul style="list-style-type: none">• How do you think information will be shared between the Authority and your college?• Are there existing communication channels/ round tables among colleges that can include the Authority?• Are there any governance best practices or lessons learned that would benefit the Authority?• What factors should be considered when determining which professions should be overseen by the Authority?

Next Steps

- Feedback on the proposed reforms is requested by **February 23, 2022**
- Should legislation be introduced and approved, the ministry would work with stakeholders on implementation including the development of enabling regulations

February 23, 2022

Sean Court, Assistant Deputy Minister (ADM)
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Ave, 10th Floor
Toronto ON, M7A 2A5
sean.court@ontario.ca

Re: Governance Reform and Regulatory Modernization Consultation

Dear ADM Court,

On behalf of the College of Midwives of Ontario, I would like to thank you for the opportunity to provide feedback on the ministry's proposal on governance reform and regulatory modernization. Our letter addresses selected sections presented in the ministry's slide deck.

Governance Reform

As previously communicated to the ministry, our College supports governance reform recommendations in general. We recognize that these changes are in keeping with best practices in governance within the regulatory sector.

Smaller Councils

Our College has a small Council of 5-7 public appointees and 7-8 professional members. We see no issues with reducing the size of our Council and expect to transition seamlessly if there is sufficient time to prepare. We would prefer a transition date to be specified well in advance (6-12 months) so that we can devise and implement a fair and transparent plan.

Separating Council and Committees

We support this recommendation, however we emphasize that the separation occur only for statutory committees, as we will require Council members to sit on finance, governance, and ad hoc committees to conduct Council business.

We recognize that for some Colleges with smaller numbers of registrants, including ours, it will be challenging to find sufficient numbers of professionals, who meet our competency requirements, wanting to serve on either Council or committees as opposed



to both. Even more challenging will be to find public members who are not appointed by the Lieutenant Governor willing to serve on committees. We have appointed public non-Council committee members for several years now, and the pool of interested members is small, and mostly drawn from previously appointed Council members. In addition, we request that payments to appointed public Council members be fair and competitive. Otherwise, Colleges may experience frequent resignations from public Council members in favour of serving on committees that provide fair compensation.

We urge you to consider legislation that does not prohibit all Colleges from working together to set competency criteria, as well as recruit, train, and appoint both professional and public members to our committees. In addition, there should be consideration given to allow for public committee members to serve on committees at various Colleges. This will reduce competition between Colleges and allow for Colleges to set standardized compensation rates. Without a standard rate of compensation for public committee members, smaller Colleges will regularly invest in training only to see their members resign and apply to Colleges that can afford to pay significantly higher rates.

Elimination of the Executive Committee

We have no concerns with this recommendation, however, as mentioned above, it is important to ensure that Council members can remain serving on non-statutory committees to conduct the business of Council. It should also be noted that under s. 74 of the Code the Executive Committee has the power to reinstate a certificate of registration without a hearing. That authority will have to be removed.

Modernization Reforms

While there has been sufficient time to consider the benefits and unintended consequences of governance related reforms, we are concerned that there has not been sufficient time to consider those related to the modernization reforms presented.

The addition of three new oversight bodies will significantly challenge Colleges' abilities to effectively regulate their professions. These proposed changes are misaligned with the ministry's support for right-touch regulation, in that Colleges will be less able to strategically focus on the right things (i.e., engage in activities designed to address areas of high risk of harm), and instead focus on reporting and/or reacting to (possibly inconsistent or conflicting) recommendations.

At best, the proposed changes will come at significant cost to individual Colleges and, therefore, the registrants they regulate. If the ministry believes that increased oversight is necessary, then we urge you to consider a single authority that incorporates best practices in regulation and is proportionate to the risk you are attempting to address.



Housekeeping

We support the terminology updates as proposed. Our College has made many of these changes already and we welcome consistency across Colleges. Regarding the Registrar title, we recommend that the Registrar title remain and add CEO to it.

Reducing Barriers to Registration

Time Limits for Registration Decisions

We support benchmarking of registration decisions and welcome transparent reporting on those benchmarks as part of the CPMF. We recommend that any time limits begin after the applicant has provided all required information and completed all the requirements recognizing that the length of time to complete those steps are beyond the control of the Colleges.

Standardized Language Requirements

We support increased harmonization across professions yet recognize that the risk of harm from a miscommunication is greater in some professions than for others. We welcome the opportunity to work with the ministry in identifying where harmonization is achievable in the interest of the public.

Thank you again for the opportunity to comment on the proposed changes. Again, we urge the ministry reconsider introducing the addition of three new oversight bodies and work collaboratively with the Colleges to examine other ways to improve oversight.

We look forward to further consultation as needed.

Sincerely,

Kelly Dobbin
Registrar-CEO

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

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,

Claire Ramlogan-Salanga

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)

Claire Ramlogan-Salanga

Name (please print)

CRS

Signature

Sept 25/20

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,

Marianna Kaminska

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)

Marianna Kaminska

Name (please print)

Marianna K.

Signature

Oct 2, 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)

Claudette Leduc

Name (please print)

Claudette Leduc

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,

Don Strickland

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

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

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

Don Strickland

Name (please print)

Don Strickland

Signature

09/22/2020

Date

*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)

Edan Thomas



September 23 2020

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)

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,

Judith Murray

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

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

☐ DO have a conflict of interest (please explain)

Judith Murray J Murray 20-11-20
Name (please print) Signature Date

*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)

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,

Lilly Martin

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

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

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

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

*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,

Pete Aarssen

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

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

☐ DO have a conflict of interest (please explain)

Pete Aarssen

Name (please print)



Signature

September 23, 2020

Date

*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)

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,

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)

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,

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)

Hardeep Fervaha



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.⁹