



College of  
**Midwives**  
of Ontario

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

# Council Meeting

April 26, 2023



## NOTICE OF MEETING OF COUNCIL

### AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, April 26, 2023 from 9:30 AM to 11:30 AM by videoconference.

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

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 09 h 30 à 11 h 30, le 26 avril.

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

Kelly Dobbin,  
Registrar & CEO/ Registratrice et PDG



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## CMO Council Meetings – Guidelines for Observers

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

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

# Strategic Framework

## 2021–2026



College of  
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The 2021–2026 Strategic Framework is a high-level statement of the College's vision, mission, outcomes and key priorities over the next five years. It paves the way forward for the organization, builds a stronger sense of common purpose and direction and a shared understanding of why we exist, what guides our work, and what we want to achieve as an organization.

### Our Strategic Priorities

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

### Key Outcomes We Are Expected to Achieve

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

### Our Vision

A leader in regulatory excellence, inspiring trust and confidence

### Our Mission

Regulating midwifery in the public interest

### Our Guiding Principles

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



#### Accountability

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



#### Equity

We identify, remove and prevent systemic inequities.



#### Transparency

We act openly and honestly to enhance accountability.



#### Integrity

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



#### Proportionality

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



#### Innovation

We translate opportunity into tangible benefits for the organization.

# COUNCIL AGENDA

Wednesday, April 26, 2023 | 9:30 am to 11:30 am

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	9:35		-	
3.	Review and Approval of Proposed Agenda	C. Ramlogan Salanga	9:37	APPROVAL	3.0 Agenda	5
4.	Draft Minutes of March 22, 2023 Council Meeting	C. Ramlogan Salanga	9:38	APPROVAL	4.0 Draft Minutes of March 22, 2023	6
5.	Language Proficiency Policy	I. Milot	9:40	APPROVAL	5.0 Briefing Note 5.1 Language Proficiency Policy Current 5.2 Language Proficiency Policy Revised	11
6.	Registration Regulation	I. Milot	10:00	APPROVAL	6.0 Briefing Note 6.1 Appendix A: Consultation Guide 6.2 Appendix B: Consolidated Feedback 6.3 Draft Registration Regulation	20
7.	IN CAMERA	C. Ramlogan Salanga	10:45	MOTION	-	-
8.	Adjournment	C. Ramlogan Salanga	11:30	MOTION	-	-

# MINUTES OF COUNCIL MEETING

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Held on March 22, 2023 | 11:00 am to 4:00 pm

Chair:	Claire Ramlogan-Salanga, RM
Present:	Edan Thomas, RM; Donald Strickland; Isabelle Milot, RM; Marianna Kaminska; Karen McKenzie, RM; Alexia Singh, RM; Jacqueline Morrison; Robyn Berman, RM; Jyothy Nair, RM; Hardeep Fervaha, RM
Regrets:	Oliver Okafor; Judith Murray
Staff:	Kelly Dobbin; Nadja Gale; Johanna Geraci; Victoria Marshall, Michele Pieragostini
Observers:	Deborah Bonser (AOM); Jason Maurier (Ministry)
Recorder	Zahra Grant

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 11:00 and welcomed all present. Karen McKenzie provided a land acknowledgement.

## 2. Declaration of Conflict of Interests

No declaration of conflicts were declared.

## 3. Proposed Agenda

The proposed agenda was approved as presented.

MOTION:

That the proposed agenda be approved as presented.

Moved: Isabelle Milot  
Seconded: Hardeep Fervaha  
CARRIED

## 4. Consent Agenda

Council approved the contents of the consent agenda.

MOTION: That the consent agenda consisting of:

- Draft Minutes of the December 7, 2022 Council Meeting
- Q3 Reports of:
  - Inquiries, Complaints and Reports Committee
  - Registration Committee
  - Discipline Committee
  - Fitness to Practise Committee
  - Client Relations Committee
  - Quality Assurance Committee

be approved as presented

Moved: Robyn Berman  
 Seconded: Alexia Singh  
 CARRIED

## 5. Chair Report

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

Notice of elections and call for nominations is expected to go out from the College by April 1 and there are three professional member vacancies. The College will continue to host election information sessions for midwives who would like to learn more about being on Council. There will be two sessions offered, one for Indigenous, Black and racialized midwives and the second open to any and all midwives.

In response to the Council evaluation included under the Executive Committee report, starting from June Council, the Chair report will be written to align with the continuous improvement priorities of Council, to provide updates on progress and remain accountable.

An update on stakeholder engagement was also provided. In particular, the Ontario Midwifery Strategy Council (OMSC) – originally joint risk management group, will be piloting a new structure that recognizes that members of the Council have shared goals despite different mandates and recognizes that our points of divergence are a strength, allowing issues to be addressed collaboratively from various perspectives with a clear focus and recognition of roles.

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

Moved: Marianna Kaminska  
 Seconded: Edan Thomas  
 CARRIED

## 6. Registrar's Report

Kelly Dobbin, Registrar-CEO, introduced the Registrar's report and provided Council with highlights.

The Health Professional Regulators of Ontario is progressing on a comprehensive project that will provide Colleges with a consistent approach to advance, embed, and sustain equity, diversity, and inclusion (EDI) in our regulatory functions. College staff, Governance Officer, Zahra Grant sits on the steering committee of the project who has been working with the consultants on the development of documents, tools and other deliverables. Tools are expected to be piloted in the coming days and the College will be one of the Colleges that will be part of that process.

The College Performance Measurement Framework reporting deadline is approaching on March 31 and the College is finalizing our submission and once final will be posted to the website. Have not yet received summary of last year but did meet with the Ministry in the fall to talk about previous report and year ahead.

The Council discussed the briefing note outlining proposed changes to Ontario Regulation 45/22 made under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*, expanding midwives' authority to order additional laboratory tests in schedule 2 and to perform certain point-of-care tests, by expanding the list of tests.

Other highlights of completed, ongoing or anticipated projects and work of the College was shared with Council and Council approved the report as presented.

### MOTION:

That the Registrar's Report be accepted as presented, including Council's decision to cooperate with the Ministry to amend Schedule 2 of the General Regulation 45/22 made under *Laboratory and Specimen Collection Centre Licensing Act, 1990* to add tests that may be ordered by midwives and permitting midwives to perform certain point of care tests in the interest of midwifery clients.

Moved: Marianna Kaminska

Seconded: Hardeep Fervaha

CARRIED

## 7. Executive Committee Report

Claire Ramlogan-Salanga introduced the Executive Committee report and provided highlights. Of note, is that a special meeting of the Executive Committee was called at the end of January to approve changes on behalf of Council to the registration regulation to be in compliance with the legislative requirements of the RHPA that came into effect January



1, 2023. The Committee approved the changes for a 60-day consultation and Council will meet for a special meeting to approve the draft regulation at the end of April.

The 3<sup>rd</sup> quarter statement of operations was reviewed and approved by the Committee and the draft 2023/24 budget was also reviewed in detail. Council will be reviewing the budget with a motion for approval later on in the agenda.

The Committee met with Hilborn and associates to review the scope and approach for the annual financial audit. The audit will occur the week of May 8<sup>th</sup>-12<sup>th</sup>.

The final draft of the Council Evaluation report was included for review and Council approved along with the rest of the Executive Committee report.

#### MOTIONS:

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

II. That the 2021-2022 Council Evaluation Report be approved as presented.

Moved: Edan Thomas  
Seconded: Marianna Kaminska  
CARRIED

#### 8. Language Proficiency Policy

Isabelle Milot, Chair of the Registration Committee, introduced the Language Proficiency Policy being brought forward by the Committee for Council Approval. The policy sets out the requirements for determining language proficiency in English and French. The policy breaks down three options for demonstrating proficiency. Council reviewed the policy and approved for implementation April 1.

#### MOTION:

That the Language Proficiency Policy be approved with an implementation date of April 1, 2023.

Moved: Karen McKenzie  
Seconded: Robyn Berman  
CARRIED

#### 9. Budget

Kelly Dobbin, Registrar, walked Council through the proposed budget, providing an overview and description of the projected revenues and expenses for 2023-2024. The

budget for approval is for one-year based on the context of anticipated revenues and expenses over a 5-year period.

Of significant note, is the attrition rate of membership. The annual increase of members for 2022-23 was five members, a significant departure from the usual annual rate of increase which would usually fall between 30-60 members per year. College staff will continue to monitor.

The Council approved the proposed budget.

MOTION:

That the proposed Budget for the 2023-24 fiscal year be approved.

Moved: Edan Thomas  
Seconded: Marianna Kaminska  
CARRIED

10. Housekeeping

The June Council meeting is currently scheduled on the 21<sup>st</sup> which is also National Indigenous Peoples Day. Council discussed the possibility of moving the date to accommodate those observing the day. A doodle poll will be distributed post-council to determine options and availability.

11. IN CAMERA

Council moved in camera at 2:57 pm. The in camera portion of meeting ended at 4:33 pm.

12. ADJOURNEMENT

The meeting adjourned at 4:35 pm.

# BRIEFING NOTE FOR COUNCIL

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Subject: Language Proficiency Policy

## Background

On April 14, 2022, Bill 106 (*Pandemic and Emergency Preparedness Act, 2022*), received Royal Assent. As part of this bill, the *Regulated Health Profession Act* (RHPA) was amended (along with the filing of *Ontario Regulation 508/22*) requiring health professions to recognize the language proficiency tests approved under the *Immigration and Refugee Protection Act* (IRPA). In addition to any tests already accepted for registration purposes, health professions are now required to recognize these new tests to meet the language proficiency requirement.

As of April 2023, the language proficiency tests currently approved under the IRPA are:

### English:

- Canadian English Language Proficiency Index Program (CELPIP)
- International English Language Testing Program – General training (IELTS – General)

### French

- *Test d'évaluation de français* (TEF Canada)
- *Test de connaissance du français* (TCF Canada)

At their March 22, 2023 meeting, Council approved a Language Proficiency Policy, which was due to be implemented on April 1, 2023. The policy sets out how an applicant can meet the requirements for language fluency under subsection 7(2) of the Registration regulation (*Ontario Regulation 168/11*). The policy also included the accepted tests along with minimum acceptable scores. However, the TCF Canada was inadvertently omitted from the list.

The College is bringing forward a *revised* Language Proficiency Policy for Council's approval. This version differs from the original policy in that it no longer lists the accepted tests and the minimum scores.

## Key Considerations & Public Interest Rationale

At their March 2022 meeting, Council agreed to the general principle behind the language proficiency policy. The revised policy is not intended for the Registration Committee to deviate from the approved process. Should the Registration Committee wish to propose a substantive change to the policy, it will seek Council's approval (e.g., determining who can be exempted from the language proficiency requirement).

The language tests and scores form part of an overall larger Language Proficiency Policy. The main rationale for omitting this information from the policy is to allow the Registration Committee flexibility to make the necessary changes to the tests and minimum scores to adapt quickly as required:

1. *Maintaining currency under the law:* the list of accepted language proficiency tests accepted under the IRPA is not static. The federal government may opt to add or delete language tests at any given time without notice.

It would be unrealistic to convene a special Council meeting simply to approve a language test each time a test is added by the federal government. Further, the College may be non-compliant with the law if it were to wait for a regular Council meeting before making the appropriate changes to its language proficiency policy.

Instead, it is recommended that when an update is required, the Registration Committee promptly reviews and approves the language proficiency tests and scores. Communication materials can then quickly be changed to reflect an updated list.

2. *Further research to potentially come:* Through Bill 106, all health professional regulators, are required to recognize these tests. Some professions may eventually plan to develop extensive assessment of these tests to ensure that their registrants can adequately communicate and carry out the functions of their professions.

The College will be monitoring and report any new findings to the Registration Committee for their consideration.

Finally, registration information should be easily accessible for all applicants. While College policies are fundamental as they provide backgrounds and rationale behind registration requirements, these documents are not the most effective and direct way to communicate important registration information to applicants.

Information about registration requirements should be housed in strategic locations for applicants to find. The College's website and registrant's handbook are the two main sources used by individuals as they prepare their applications to the College. As a result, acceptable tests and minimum scores should be updated in those locations to ensure that applicants have the latest information on requirements.

Key considerations provide the facts, arguments, opinions, options analysis and discussion of implementation matters, as required, to show that the recommendation (a motion) is a sound response to the issue and has a public interest rationale. May also include current status and relevance to strategic priorities.

#### Recommendations

The following recommendation is submitted for approval:

THAT Council approve the revised draft Language Proficiency policy.

#### Implementation Date

April 26, 2023

#### Legislative and Other References

##### [Regulated Health Professions Act, 1991](#)

Subsection 43(1): Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations,  
(...)

(k.1) establishing and governing English or French language proficiency requirements with which Colleges are required to comply, including prescribing what constitutes an English or French language proficiency testing requirement for the purposes of these requirements; (...)

##### [Ontario Regulation 508/22](#)

Section 3:

(1) An applicant for registration satisfies a College's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under

the *Immigration and Refugee Protection Act (Canada)* for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

[Immigration and Refugee Protection Act](#)  
[Ontario Regulation 168/11](#)

#### Attachments

1. Language Proficiency Policy, as approved by Council on March 22, 2023
2. Revised Language Proficiency Policy and appendix (acceptable language proficiency tests and minimum test scores, as of April 20, 2023.)

Submitted by: Isabelle Milot on behalf of the Registration Committee

# LANGUAGE PROFICIENCY

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## Purpose

This policy sets out how an applicant demonstrates language proficiency in English or French.

## Definitions

Language Proficiency is the ability to listen, write, read, and speak effectively in English or French.

## Policy Statement

Language Proficiency is required for providing safe and effective care to clients, working with other health care providers and for fulfilling the requirements for a regulated professional in Ontario. In accordance with the Registration Regulation, O. Reg. 168/11 under *the Midwifery Act*, S.O. 1991, c. 31, applicants for the General and Supervised Practice classes of registration must demonstrate their ability to communicate with reasonable fluency in either English or French. All applicants are deemed to have met the requirements for language fluency by demonstrating language proficiency in one of the following ways:

- i. Graduation from a recognized program of midwifery education in English or French in any jurisdiction in Canada;
- ii. Registration as a midwife in a Canadian jurisdiction;
- iii. Successful results on an English or French language proficiency test acceptable to the College.

Successful results of an English or French language proficiency tests require the following:

- The minimum acceptable score in the four domains of the test (reading, writing, speaking, listening) must have been met
- Test scores must have been achieved in the 24 months prior to the application for registration
- When test scores are combined from more than one sitting, the scores must be from the same test completed at least 30 days apart

### Accepted tests and minimum scores:

International English Language Testing System (IELTS) - Academic Format			
Reading – 7	Writing – 7	Listening – 7	Speaking – 7
International English Language Testing System (IELTS) - General Format			
Reading – 7	Writing – 7	Listening – 7	Speaking – 7
Canadian English Language Proficiency Index Program (CELPIP)			
Reading – 9	Writing – 9	Listening – 8	Speaking – 9
Test d'Evaluation de Français (TEF)			
Reading – 248-262	Writing – 371-392	Listening – 280-297	Speaking – 371-392

The College reviews all applications for demonstrated language proficiency. Applicants relying on test results must submit their language proficiency test results (original or a copy of) to the College. When there are questions about whether an applicant has demonstrated language proficiency in English or French, the application, and any additional supporting evidence from the applicant, will be referred to the Registration Committee for review and a final decision.

### References (legislative and other)

Ontario Regulation 168/11

Approved by: Council

Approval date: March 22, 2023

Implementation Date: April 1, 2023

Last reviewed and revised:



# LANGUAGE PROFICIENCY POLICY

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## Purpose

This policy sets out how an applicant demonstrates language proficiency in English or French.

## Definitions

Language Proficiency is the ability to listen, write, read, and speak effectively in English or French.

## Policy Statement

Language Proficiency is required for providing safe and effective care to clients, working with other health care providers and for fulfilling the requirements for a regulated professional in Ontario. In accordance with the Registration Regulation, *O. Reg. 168/11* under the *Midwifery Act*, S.O. 1991, c. 31, applicants for the General and Supervised Practice classes of registration must demonstrate their ability to communicate with reasonable fluency in either English or French. All applicants are deemed to have met the requirements for language fluency by demonstrating language proficiency in one of the following ways:

- i. Graduation from a recognized program of midwifery education in English or French in any jurisdiction in Canada;
- ii. Registration as a midwife in a Canadian jurisdiction;
- iii. Successful results on an English or French language proficiency test acceptable to the College.

### Successful results of an English or French language proficiency tests require the following:

- The minimum acceptable score in the four domains of the test (reading, writing, speaking, listening) must have been met;
- Test scores must have been achieved in the 24 months prior to the application for registration; and
- When test scores are combined from more than one sitting, the scores must be from the same test completed at least 30 days apart.

### Accepted tests and minimum scores:

In addition to the International English Language Testing System (IELTS) – Academic Format, the College will also accept any test that is approved under the *Immigration and Refugee Protection Act, Canada* (IRPA) at the time of the application.

The College reviews all applications for demonstrated language proficiency. Applicants relying on test results must submit their language proficiency test results (original or a copy of) to the College. When there are questions about whether an applicant has demonstrated language proficiency in English or French, the application, and any additional supporting evidence from the applicant, will be referred to the Registration Committee for review and a final decision. Minimum scores will be established by the Registration Committee and reviewed annually or as required by law.

The College will maintain the list of accepted tests and minimum test scores in their communication materials, which are directly accessible to registrants. The most updated list will complement this policy as an appendix.

## References (legislative and other)

[Regulated Health Professions Act, 1991](#)

[Ontario Regulation 508/22](#)

[Immigration and Refugee Protection Act](#)

[Ontario Regulation 168/11](#)

Approved by: Council

Approval date: April 26, 2023

Implementation Date: April 26, 2023

Last reviewed and revised

## Appendix

### Acceptable Language Proficiency Policy and minimum scores

International English Language Testing System (IELTS) – Academic Format			
Reading – 7	Writing – 7	Listening – 7	Speaking – 7
International English Language Testing System (IELTS) – General Format*			
Reading – 7	Writing – 7	Listening – 7	Speaking – 7
Canadian English Language Proficiency Index Program (CELPIP)*			
Reading – 9	Writing – 9	Listening – 8	Speaking – 9
Test d'Evaluation de Français (TEF)*			
Reading – 248-262	Writing – 371-392	Listening – 280-297	Speaking – 371-392
Test de connaissance du français (TCF Canada)*			
Reading 524-548	Writing – 14-15	Listening – 503-522	Speaking – 14-15

\* test is currently accepted under the *Immigration and Refugee Protection Act* (Canada)

Updated April 2023  
For review: April 2024

# BRIEFING NOTE FOR COUNCIL

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Subject: Proposed Registration Regulation

## Background

Work to review and propose amendments to *Ontario Regulation 168/11*, made under the *Midwifery Act*, 1991, has been underway since 2020. At its March 2022 meeting, Council approved a proposed Registration Regulation, and a public consultation was planned to take place in the summer of 2022. In part because of new developments in the registration landscape with the passage of Bill 106, additional amendments have been made to the proposed Registration Regulation. These changes include amendments to the new Emergency class of registration, the requirements applicable to new registrants, and currency requirements (Appendix A).

### *Government introduces Bill 106*

Before the College launched its expected 2022 public consultation, the Government introduced Bill 106 (*Pandemic and Emergency Preparedness Act*, 2022), which was aimed at reducing registration barriers faced by applicants to the regulated health professions. This resulted in amendments to the *Regulated Health Professions Act*, 1991 (RHPA) and the filing of *Ontario Regulation 508/22*, which came into force on January 1, 2023. As a result, all Ontario health colleges are required to make specific changes to their registration requirements to create an emergency class of registration. The amendments must be submitted to the Ministry of Health by May 1, 2023, and are expected to come into force on August 31, 2023.

All proposed regulations, including the amendments required by Bill 106, must be circulated to members and other stakeholders for at least 60 days before it is approved by Council pursuant to the requirements in the Health Professions Procedural Code, which is Schedule 2 to the RHPA. The Ministry's request to make regulatory amendments is timely: the College intends to submit the new emergency class requirements under the proposed Registration Regulation to the Ministry by the May 1, 2023, deadline.

Consequently, the Executive Committee met in January 2023 to approve, in principle, and direct for circulation a new section required by Bill 106 which waives certain registration requirements for an Emergency class registrant (or former registrants of the Emergency class) who apply to the General class of registration. In addition, the Executive Committee approved minor amendments

to the proposed regulation to align with modernized language that had already been approved by the Ministry in other registration regulations of other health professions.

#### *Formal 60-day consultation*

On February 3, 2023, the College launched its mandatory 60-day consultation. The consultation closed on April 3, 2023. The Ministry launched its consultation on the Ontario Regulatory Registry concurrently. The Registration Committee met on April 19, 2023, to consider the feedback received by stakeholders, members, and the public.

The feedback and recommended revisions to the proposed Registration Regulation are set out in Appendix B.

#### Key Considerations & Public Interest Rationale

The changes proposed in Appendix B directly address the feedback received from the College's and the Ministry's public consultation. The College's primary mandate to protect the public, along with its overall goal to remove barriers to registration in the profession were the driving factors behind the Registration Committee's proposed amendments.

#### Recommendations

The following motion is submitted for approval:

THAT Council approve the Proposed Registration Regulation, as amended, to replace Ontario Regulation 168/11, made under the *Midwifery Act*, 1991, for submission to the Ministry of Health by May 1, 2023

#### Legislative and Other References

[Ontario regulation 168/11](#), made under the *Midwifery Act*, 1991 – Registration Regulation

[Regulated Health Professions Act](#)

[Ontario regulation 508/22](#), made under the RHPA – Registration Requirements Regulation

Attachments

Appendix A: Proposed Registration Regulation Consultation Guide

Appendix B: Registration Consolidated Consultation Feedback

Submitted by: Isabelle Milot on behalf of the Registration Committee

# Proposed Registration Regulation Consultation Guide

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Definitions</b></p> <p>1. In this Regulation,</p> <p>“continuity of care” means midwifery care provided in accordance with the standards of practice and policies of the College.</p> <p>“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.</p> <p>“out of hospital” means at a residence or remote clinic or birth centre.</p> <p>“Supervisor” means a member who has,</p> <p>(a) been approved by the College to supervise a member who holds a supervised and emergency certificate of registration, and</p> <p>(b) who has given an undertaking to the College in a form satisfactory to the Registrar with respect to the supervision;</p>	<p><b>Definitions</b></p> <p>1. In this Regulation,</p> <p>“active practice” means the provision of midwifery care to a woman throughout pregnancy, labour, birth and the postpartum period in accordance with section 12.</p> <p>“clinical preceptor” means a practising member who teaches a midwifery student as part of the student’s practice in a clinical setting.</p> <p>“clinical teacher” means a member who is on the faculty of a midwifery program that meets the description set out in subparagraph 1 i or ii of subsection 8(1)</p> <p>“continuity of care” means midwifery care provided in accordance with the standards of practice of the College.</p> <p>“primary midwife” means a midwife who assumes sole responsibility for the care of a woman in the intrapartum period, or, working with</p>	<ul style="list-style-type: none"><li>The definitions have been updated to reflect contemporary midwifery practice, College regulatory processes, and gender inclusive language</li></ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"><li>The proposed changes foster a better understanding of elements of midwifery care</li></ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"><li>The proposed changes foster a better understanding of the registration requirements as articulated in the regulation</li></ul>

<p>“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.</p>	<p>another midwife or a small group of midwives, assumes primary responsibility for the care of a woman in the intrapartum period, and, subject to meeting those requirements, may include a midwife who attends a birth as a supervisor approved by the College, a member registered with a certificate of registration in the supervised practice class when acting under a plan of supervised practice and evaluation that has been accepted by the College, and a clinical preceptor.</p> <p>“remote birth centre” means a birth centre located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using a method of transportation ordinarily used for health care purposes in the area;</p> <p>“supervisor” means a member who has been approved by the College to mentor and monitor a member who holds a supervised practice certificate of registration.</p>		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The proposed definitions are sufficiently clear for midwives and applicants.
- The proposed definitions are sufficiently clear for clients and the public.
- The proposed definitions accurately reflect contemporary midwifery practice.



Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Classes of Certificates</b></p> <p>2. The following are prescribed as classes of certificates of registration:</p> <ol style="list-style-type: none"> <li>1. General</li> <li>2. Supervised</li> <li>3. Emergency</li> <li>4. Non-practising</li> </ol>	<p><b>Classes of Certificates</b></p> <p>2. The following are prescribed as classes of certificates of registration:</p> <ol style="list-style-type: none"> <li>1. General</li> <li>2. Supervised practice</li> <li>3. Inactive</li> <li>4. Transitional</li> </ol>	<ul style="list-style-type: none"> <li>• The transitional class has been eliminated as:</li> <li>• it enables an applicant to become registered without receiving results of the qualifying examination, which is not in the public interest</li> <li>• this class of registration is not necessary to expedite access to the profession as applicants can act as a second birth attendant until registered and applicants were still required to have taken the qualifying examination prior to registration in this class</li> <li>• it is administratively burdensome as holders have to agree to practise under supervision and have an approved supervisor</li> <li>• The qualifying examination is now administered online, and the results are generally released within 4–6 weeks of the examination taking place enabling registration in general or supervised class immediately</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• The emergency class will facilitate the availability of midwives to assist with the provision of health care during exceptional times (e.g., a pandemic). This increases access to health care for the public during those exceptional times</li> <li>• The non-practising class title is less confusing for the public and clarifies the ability of the midwife to provide midwifery care</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• Applicants can apply to be in the emergency class when rare circumstances make it difficult for applicants to meet all entry to practice requirements and an expedited registration process may be needed</li> </ul>

		<p>upon release of the results and where all requirements for registration are met</p> <ul style="list-style-type: none"><li>• The emergency class has been introduced to enable entry to practice for eligible midwifery students/ other applicants in specific emergency situations only (e.g., pandemic) that would be in the public interest</li><li>• since the emergency class was originally proposed, the Ministry has made an emergency class mandatory</li><li>• Under the <i>Regulated Health Professions Act</i> (RHPA), health regulatory Colleges are required to develop regulations creating an emergency class of registration<sup>1</sup>. Features of this class must include:<ol style="list-style-type: none"><li>1. The specific emergency circumstances that will cause the class to be open for registration.</li><li>2. A time period of no more than a year duration, but renewable for the same period of time with no limit on the number of times they may be renewed as long as the emergency circumstance persists.</li><li>3. Circumstances in which a</li></ol></li></ul>	
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		<p>member of the emergency class must become eligible for registration in another registration class and be exempt from at least some registration requirements that would ordinarily apply to that other class of registration.</p> <ul style="list-style-type: none"><li>• The “inactive” class is renamed to “non-practising” which is more transparent for the public to understand the midwife’s inability to provide midwifery care if in this class</li></ul>	
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The titles of the four classes of registration (General, Supervised, Emergency and Non-Practising) are sufficiently clear.
- The elimination of the transitional class is in the public interest.
- The addition of the emergency class is in the public interest and helps to serve Ontarians.
- Renaming the “inactive” class to “non-practising” is a more transparent title to reflect that midwifery care cannot be provided by those registered in this class.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Application for certificate of registration</b></p> <p>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.</p> <p>(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.</p>	<p><b>Application</b></p> <p>3. A person may apply for a certificate of registration by submitting a completed application to the Registrar together with the application fee.</p>	<ul style="list-style-type: none"> <li>This section has been updated to be clearer regarding fees, supporting documentation, and declarations associated with registration applications</li> </ul>	<p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>The proposed changes facilitate a clearer understanding of the registration application process</li> </ul>

The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The revised application requirements are sufficiently clear for applicants.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: This section applies to all applicants seeking registration in any class.]</p> <p><b>Requirements for issuance of certificate of registration, any class</b></p> <p>4. An applicant must satisfy the following requirement for the issuance of a certificate of registration of any class:</p> <p>1. The applicant must, at the time of the 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:</p> <p>i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding</p>	<p><b>Issuance</b></p> <p>3. A certificate of registration shall be issued if the member,</p> <p>(a) pays the administrative fee</p> <p>(b) pays the annual fee</p> <p>(c) satisfies the registration requirements for a certificate of the applicable class</p>	<ul style="list-style-type: none"> <li>Articulating standard requirements for issuing a certificate for all classes of registration sets a minimum standard of professionalism and safety in the practise of midwifery</li> <li>Corresponding fees are already covered by section 3 of the proposed regulation so are not repeated here</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>The proposed changes enable the College to gain a clearer picture into the applicant’s suitability to practice and can therefore make decisions in the public’s interest.</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Applicants will need to be aware of all requirements when applying for registration</li> </ul>

<div><div>ii.</div><div>iii.</div><div>iv.</div><div>v.</div></div> <div><p>against the applicant made by a body that governs a profession in any jurisdiction.</p><p>A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation, inquiry or proceeding against the applicant by a body that governs a profession in any jurisdiction.</p><p>A refusal to register the applicant to practise as a midwife or another profession in any jurisdiction.</p><p>The termination or suspension of the applicant’s registration, licensure or similar status by a body that governs a profession in any jurisdiction.</p><p>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.</p></div>			
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<div><div><div>vi.</div><div>Information about a coroner’s inquest proceeding or verdict relating to the applicant’s conduct.</div></div><div><div>vii.</div><div>A finding of guilt for any of the following:<div><div>A. A criminal offence</div><div>B. An offence resulting in either imprisonment or a fine greater than \$1,000.</div></div></div></div><div><div>viii.</div><div>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.</div></div><div><div>ix.</div><div>Any other event that would provide reasonable grounds for the belief that the applicant will not practise midwifery in a safe and professional manner.</div></div><div><div><div>• The applicant’s past and present conduct must afford reasonable grounds for the belief that the applicant,</div><div><div>i.</div><div>will practise midwifery with decency, honesty</div></div></div></div></div> <td data-bbox="720 97 1344 1421"></td> <td data-bbox="1344 97 1967 1421"></td> <td data-bbox="1967 97 2591 1421"></td>			
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<div><div><div>ii.</div><div>and integrity and in accordance with the law, is mentally competent and physically able to practice in a safe manner,</div></div><div><div>iii.</div><div>has sufficient knowledge, skill and judgment to competently engage in the practice of midwifery authorized by the certificate of registration, and</div></div><div><div>iv.</div><div>will display an appropriate professional attitude.</div></div></div> <div><div><div>•</div><div>The applicant must be able to speak, read and write in English or in French with reasonable fluency.</div></div><div><div>•</div><div>The applicant must, at the time of the application, provide the Registrar with the results of a police record check.</div></div><div><div>•</div><div>The applicant must provide proof of professional liability insurance coverage in the amount and in the form required under the by-laws.</div></div></div>			
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The reporting requirements for applicants applying to any class of registration are sufficiently clear.
- The application requirements allow the College to gain a clearer picture into the applicant’s suitability to practice and accordingly make decisions in the public’s interest.



Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: This section applies to all classes of registration.]</p> <p><b>Terms, conditions, and limitations on every certificate</b></p> <p>5. Every certificate of registration is subject to the following terms, conditions and limitations:</p> <ol style="list-style-type: none"> <li>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: <ol style="list-style-type: none"> <li>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.</li> <li>ii) A current investigation, inquiry or proceeding for professional misconduct,</li> </ol> </li> </ol>	<p><b>Conditions of every certificate</b></p> <p>10. The following are conditions of every certificate of registration of every class:</p> <ol style="list-style-type: none"> <li>1. The member shall disclose the following events to the Registrar within 30 days of the event occurring, whether the event occurs in Ontario or in any other jurisdiction: <ol style="list-style-type: none"> <li>i) A finding against the member of professional misconduct, incompetence or incapacity or any like finding made by a regulatory body or where there is no regulatory body, by a professional association.</li> <li>ii) The initiation of a proceeding against the member that is in relation to professional misconduct, incompetence or incapacity or any like finding made by a regulatory body or, where there is no regulatory body, by professional association.</li> <li>iii) A denial of registration, licensure or similar status by a</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>The wording of this section (found in s. 10 and s. 11 of the current regulation) has been broadened to include other circumstances that relate to the professional conduct of a midwife and require a midwife to notify the College</li> <li>Reference to outdated College processes (e.g., midwives having to display registration cards upon request) have been removed</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>It is in the public's interest for the terms, conditions, and limitations on midwives' certificates to be broadened to ensure that midwives remain suitable to practise</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Midwives will have to be aware of the new circumstances that require them to report to the College</li> </ul>

	incompetence or incapacity or any similar investigation, or proceeding against the member by a body that governs a profession in any jurisdiction.		regulatory body or, where there is no regulatory body, by a professional association.		
iii)	A refusal to register the member to practice 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 regulatory body or, where there is no regulatory body, by a professional association.		
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 regulatory body or, where there is no regulatory body, by a professional association.		
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)	The member's conduct becomes or is the subject of a coroner's inquest proceeding or verdict.		
		vii)	A finding of guilt either for a criminal offence or for any other offence.		
vi)	Information about a coroner's inquest proceeding or verdict	viii)	The settlement by the member of an action with respect to the member's professional activities, whether actual or potential, or the member's becoming subject to a judgment in any action in respect of such activities.		

<p>relating to the member's conduct.</p> <p>vii) A finding of guilt for any offence.</p> <p>viii) Any other event that would provide reasonable grounds for the belief that the member will not practise midwifery in a safe and professional manner.</p> <p>2. At the request of the Registrar, the member must provide the Registrar with the results of a police record check.</p> <p>3. The member shall practise only in the areas of midwifery in which the member has the necessary knowledge, skill and judgment.</p> <p>4. The member shall not make a false or misleading representation or declaration to the College.</p> <p>5. The member shall maintain professional liability insurance in the amount</p>	<ul style="list-style-type: none"><li>• The member shall not make a false or misleading representation or declaration to the College.</li><li>• The member shall,<ul style="list-style-type: none"><li>i. Clearly display his or her certificate of registration as issued by the College at his or her principal place of practice, and</li><li>ii. On request, make available for inspection his or her current registration card as issued by the College.</li></ul></li><li>• The member shall continue to be a Canadian citizen or a permanent resident of Canada or authorized under the <i>Immigration and Refugee Protection Act</i> (Canada) to engage in employment in Canada.</li></ul> <p><b>Condition re insurance</b></p> <p>11. It is a condition of every general, supervised practice and transitional certificate of practice that the member shall have and continue to have personal protection against professional liability in accordance with the by-laws of the College.</p>		
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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.			

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The reporting requirements are sufficiently clear for midwives.
- The broadened terms, conditions, and limitations sufficiently cover all circumstances that pertain to the professional conduct of a midwife that the College would need to know about for determining the midwife’s suitability to practice.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: This section sets out education and clinical experience requirements for graduates of Canadian universities, internationally educated midwife applicants, and former midwives.]</p> <p><b>General class, registration requirements</b>  6. (1) The following are registration requirements for a general certificate of registration:</p> <p>1. The applicant must have at least one of the following:</p> <p>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 or bodies approved by Council for that purpose.</p> <p>ii. Qualifications that are substantially equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or</p>	<p><b>Issuance – general class</b></p> <p>8. (1) Subject to subsections (2) to (5) and to subsection 15(4), the following are non-exemptible registration requirements for a certificate of registration of the general class:</p> <p>1. The applicant must have at least one of the following,</p> <p>i) A baccalaureate degree in health science (midwifery) from a university in Ontario.</p> <p>ii) A degree, diploma or certificate from a program listed in Schedule 1.</p> <p>iii) Qualifications that are equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council.</p> <p>2. The applicant must,</p> <p>i. Have current clinical experience consisting of active practice for at least two years</p>	<ul style="list-style-type: none"> <li>Canada-wide degrees in health sciences (midwifery) are now recognized as opposed to being limited to the province of Ontario, which allows for applicants who completed a recognized midwifery education program outside the province of Ontario, to apply directly for registration in Ontario without having to first be registered in another jurisdiction.</li> <li>The conditions of a general certificate that were previously found under section 8 of the Registration Regulation and non-exemptible registration requirements previously found in section 7 of the Registration Regulation are now included in this section</li> <li>A midwife who has resigned is not required to meet some registration requirements if they re-apply within four years of having resigned (previously five years) because they would have previously met some of those entry to practice requirements and with respect to clinical currency,</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Have a clearer understanding of requirements for midwives to become registered in the General Class</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Applicants now have direct entry to the College even if they have completed their midwifery education elsewhere in Canada</li> </ul>

<p>bodies designated by the Council.</p> <p>2. The applicant must,</p> <p>i. Demonstrate evidence of clinical experience as a midwife within two years immediately before the date on which the applicant submitted their application, and</p> <p>ii. Have attended at least 60 births, of which at least,</p> <p>A. 40 were attended as primary midwife,</p> <p>B. 30 were attended as part of the care provided in accordance with the principles of continuity of care,</p> <p>C. 10 were attended in hospital, of which at least five were attended as primary midwife, and</p> <p>D. 10 were attended out-of-hospital, of which at least five were attended as primary midwife.</p>	<p>out of the four years immediately before the date of the application, and</p> <p>ii. Have attended at least 60 births, of which at least,</p> <p>A. 40 were attended as primary midwife</p> <p>B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care</p> <p>C. 10 were attended in hospital, of which at least five were attended as primary midwife, and</p> <p>D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife</p> <p>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</p>	<p>based on skills fade research a two year timeframe would be too short and not necessarily require upgrading activities while the five year timeframe may require additional upgrading/registration requirements.</p> <ul style="list-style-type: none"><li>• The number of attempts permitted for passing the qualifying examination is no longer mentioned in the regulation as this will be regulated by the body administering the examination, currently the Canadian Midwifery Regulators Council, who establish eligibility and retake policies.</li><li>• Reference to completing a “requalification program” for an applicant that has previously resigned has changed to “upgrading activities” to better reflect language that is consistent with what may be required of the applicant in terms of an individualized set of activities to address identified gaps in knowledge, skill and judgment as specified by the Registration Committee for a return to practice, as opposed to a “requalification program” that does not exist.</li></ul>	
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<p>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.</p> <p>4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.</p> <p>5. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.</p> <p>6. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.</p> <p>7. The applicant must provide satisfactory evidence of competency in emergency skills.</p> <p>(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,</p> <p>(a) the applicant has attended at least 40 births as primary midwife, of which at least,</p> <p>(i) 10 were attended as part of the care provided to a client in accordance with the principles of continuity of care,</p>	<p>(1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant</p> <p>(a) successfully completed the qualifying examination within the applicant's first three attempts, or</p> <p>(b) successfully completed the qualifying examination on the applicant's fourth or any subsequent attempt after having first successfully completed the further education or training or combination of education and training, if any, that may have been specified by a panel of the Registration Committee</p> <p>(2) Subparagraph 2 i of subsection (1) does not apply to an applicant who, within the two years immediately preceding the date of application, satisfied the educational requirements in paragraph 1 of subsection (1) or successfully completed a supervised practice approved by a panel of the Registration Committee.</p> <p>(3) An applicant who holds a qualification referred to in subparagraph 1 i of subsection (1) is not considered to have met the requirements set out in subparagraph 2 ii of subsection (1) unless</p>		
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<p>(ii) 10 were attended in hospital, and</p> <p>(iii) Five were attended out-of-hospital; and</p> <p>(b) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement.</p> <p>(3) An applicant who is former member and who had previously resigned from the College is not required to meet the requirements of subsection (1) if,</p> <p>(a) The applicant reapplies for a general certificate of registration within 4 years of having resigned and had met their new registrant conditions.</p> <p>(b) the applicant successfully completes upgrading activities that has been approved by the Registration Committee for that purpose; and</p> <p>(c) the applicant meets all other registration requirements for the general certificate of registration.</p> <p>(4) The requirements in paragraph 1, 2, 3, and 4 of subsection (1) are non-exemptible.</p>	<p>those requirements were met while the applicant was under the supervision of a clinical teacher or clinical preceptor.</p> <p>(4) An applicant who holds a qualification referred to in subparagraph 1 iii of subsection (1) is considered to have met the requirements of subparagraph 2 ii of subsection (1) if,</p> <p>(a) the applicant has attended at least 40 births as primary midwife, of which at least</p> <p>(i) 10 were attended as part of the care provided to a woman in accordance with the principles of continuity of care</p> <p>(ii) 10 were attended in hospital, and</p> <p>(iii) one was attended in a residence, a remote birth clinic, or a remote birth centre;</p> <p>(b) the applicant has attended at least one birth other than the one required under subclause (a) (iii) at a place referred to in that subclause, whether or not as primary midwife; and</p> <p>(c) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement</p>		
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	<p>(5) 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,</p> <p>(a) the applicant reapplies for a general certificate of registration within five years of having resigned;</p> <p>(b) the applicant had held a general certificate of registration for at least one year and, while holding that certificate, had provided midwifery care in accordance with clause 12(2)(a);</p> <p>(c) the applicant successfully completes a requalification program that has been approved by the Registration Committee for that purpose; and (d) the applicant meets all the requirements in sections 6 and 7</p>		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The requirements applicants must meet to be registered in the general class of registration at the College are sufficiently clear.
- Recognizing Canada-wide degrees in this section reduces barriers for applicants to register with the College.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[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.]</p> <p><b>Terms, etc., General class</b>  7. (1) Every general certificate of registration is subject to the following limitations:</p> <ol style="list-style-type: none"> <li>1. A member must practice 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.</li> <li>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</li> </ol>	<p><b>Conditions, general certificate</b>  12. (1) The following are conditions of general certificate of registration:</p> <ol style="list-style-type: none"> <li>1. The member shall carry on an active practice in accordance with this section, and shall correct any deficiencies in accordance with subsection (5), unless a panel of the Registration Committee grants an exception under extenuating circumstances.</li> <li>2. The member shall, in every year, provide evidence satisfactory to the College of continuing competency in neonatal resuscitation.</li> <li>3. The member shall, every two years, provide evidence satisfactory to the College of continuing competency in emergency skills and cardiopulmonary resuscitation.</li> <li>4. Unless the member qualified for a certificate of registration under section 9, the member, in his or her first year of practice after</li> </ol>	<ul style="list-style-type: none"> <li>• The new regulation proposes having new registrants practise under the guidance of a mentor until such time that they have completed specified minimum courses of care <ul style="list-style-type: none"> <li>• This enables the College to establish a mentorship program to support new registrants and facilitates skill consolidation across the scope of practice. This is in keeping with feedback received relating to new registrant conditions</li> </ul> </li> <li>• The new regulation proposes governing clinical currency requirements through policy and based on a specified minimum number of hours during every 2 year period given that: <ul style="list-style-type: none"> <li>• policies can be more detailed in setting out what constitutes clinical currency, how the College determines ongoing currency, and what action will be taken if a midwife cannot demonstrate ongoing currency</li> </ul> </li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• Can be assured that the new requirements will contribute toward the objective of ensuring 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</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• Will face fewer barriers to meeting clinical currency requirements that are out of their control (e.g., community limitations or a client's choice of place of birthplace)</li> <li>• The proposed changes 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</li> </ul>

<p>general certificate of registration, and each subsequent two-year period beginning on the first anniversary of the commencement of the previous period.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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 the Registration Committee unless the member,</p>	<p>receiving his or her initial certificate of registration,</p> <ol style="list-style-type: none"> <li>i. must only work within an established practice, and</li> <li>ii. 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.</li> </ol> <p>(2) A member satisfies the requirement for active practice if the member provides midwifery care,</p> <ol style="list-style-type: none"> <li>(a) over a one-year period, 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; or</li> <li>(b) over a two-year period, 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.</li> </ol>	<ul style="list-style-type: none"> <li>• policies can be updated more easily than the regulation and will continue to reflect current midwifery practice and evidence regarding clinical currency</li> <li>• the policy will be evidence-based, including data from practice surveys to determine appropriate hours or courses of care to set clinical currency requirements</li> <li>• The current regulation requires birth numbers in specific locations/settings and roles. That is problematic in that: <ul style="list-style-type: none"> <li>• the former approach is arbitrary and prescriptive</li> <li>• the former approach includes numbers that are not an evidenced-based or objective measurement of clinical currency relating to all aspects of midwifery care</li> <li>• the former approach does is not achievable for all midwives in modern midwifery practise. Some midwives will not be able to meet requirements such as out of hospital births, depending on the community</li> </ul> </li> </ul>	
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<p>(a) qualifies for and has successfully completed standard upgrading activities approved by the Registration Committee;</p> <p>(b) 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</p> <p>(c) has resigned their general certificate of registration and applied for and received a non-practising certificate of registration.</p>	<p>(3) A member who complies with subsection (2) in the first two consecutive years after registration in Ontario may elect to satisfy the requirement for active practice by, in any subsequent five-year period, providing midwifery care to at least 100 women, at least 50 of whom the member attended as primary midwife with at least 25 births occurring in a hospital and at least 25 in residence, remote clinic or remote birth centre</p> <p>(4) Despite subsection (3), a member may satisfy the requirement for active practice over any five-year period after registration in accordance with subsection (3) if the member,</p> <p>(a) practised as a midwife in a jurisdiction outside of Ontario before being issued a certificate of registration under the Act; and</p> <p>(b) would, if the member had been registered as a midwife in Ontario, have been in compliance with clause 2 (a) or (b) in two of the four years immediately preceding the member's registration as a midwife with a general</p>	<p>they practise in or because they do not attend births, or only attend births in a certain setting</p> <ul style="list-style-type: none"><li>• Attending births as a primary provider does not assist in the maintenance of skills related to aspects of midwifery care outside of labour and intrapartum care so it is not a good measure of overall clinical currency</li></ul>	
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	<p>certificate of registration in Ontario.</p> <p>(5) A member who receives notice from the Registrar of having failed to satisfy the active practice requirements in subsections (2) to (4) shall not engage in the practice of midwifery unless,</p> <p>(a) within 30 days of the notice being sent, the member agrees to comply with a plan proposed by a panel of the Registration Committee that is designed to enable the member to meet the active practice requirements; and</p> <p>(b) the member gives an undertaking to the Registration Committee that he or she will comply with any term, condition or limitation imposed on his or her certificate of registration that is in relation to the plan mentioned in clause (a).</p>		
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The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The proposed regulation reflects the evolving practise of midwifery and sufficiently ensures midwives maintain clinical competency in the areas in which they practise.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: This section only applies to applicants who are registered to practise in another Canadian jurisdiction and who hold a General/Active/Practising certificate.]</p> <p><b>Labour mobility, general class</b></p> <p>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).</p> <p>(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.</p> <p>(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</p>	<p><b>When applicant holds out-of-province certificate</b></p> <p>9. (1) Subject to subsection (2), where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of paragraphs 3, 4, and 5 of section 7 and of paragraphs 1, 2, and 3 of subsection 8 (1).</p> <p>(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 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.</p> <p>(3) Without in any way limiting the generality of subsection (2), being in “good standing” with respect to a jurisdiction shall include the fact that,</p> <p>(a) the applicant is not the subject of any discipline or</p>	<ul style="list-style-type: none"> <li>Continues to facilitate labour mobility in accordance with Chapter 7 of the Canadian Free Trade Agreement</li> <li>The reference to completing upgrading activities is now applicable to those who do not meet requirements for a general certificate of registration in the preceding two years instead of three years before an application is made to be consistent with the clinical currency requirements as established in other sections of the regulation</li> <li>In general, out of province certificate holders will satisfy the practice requirement based on holding an active certificate in another jurisdiction</li> <li>Applicants must demonstrate good standing and good character</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Will be able to receive care from midwives who hold a similar certificate of registration in another Canadian jurisdiction following registration in Ontario</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>From another Canadian jurisdiction who hold a General/Active/Practising certificate may be registered in the general class Ontario in accordance with these labour mobility provisions</li> <li>Will have to be aware of the requirements regarding the registration application process when holding an out of province certificate</li> </ul>

<p>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</p> <p>(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.</p> <p>(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.</p>	<p>fitness to practise order of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p> <p>(4) Where an applicant to whom subsection (1) applies is unable to satisfy 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 a general certificate of registration at any time in the preceding three years immediately before the date of the 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 a panel of the Registration Committee.</p>		
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	<p>(5) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 7 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.</p> <p>(6) 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.</p>		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The requirements that out of province certificate holders must meet to be registered in the general class of registration are sufficiently clear.
- These provisions facilitate labour mobility and serve the public interest.



Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: These sections apply 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 including supervised practice.]</p> <p><b>Supervised class</b></p> <p>9. It is a non-exemptible registration requirement for a Supervised certificate of registration that the applicant,</p> <p>(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) (clinical experience); or</p> <p>(b) is required to undergo supervised practice as part of upgrading activities under subparagraph 4 ii of subsection 19 (1). (where a midwife moving from the non-practising to the general class does not demonstrate current knowledge, skill and judgment and the Registration Committee</p>	<p><b>Supervised Practice Certificate of Registration</b></p> <p><b>Registration requirements</b></p> <p>13. (1) Subject to subsection (2), a person may obtain a supervised practice of certificate of registration if the person,</p> <p>(a) has applied for a general certificate of registration and meets all the registration requirements for the general certificate of registration with the exception of those requirements set out in paragraph 2 of subsection 8(1); or</p> <p>(b) is required to undergo supervised practice as part of a requalification program under this Regulation.</p> <p>13 (2) A supervised practice certificate may only be granted if the following apply, as applicable:</p> <p>1. In the case of an applicant who qualifies for a supervised practice certificate of registration under clause (1)(a), if a panel of the Registration Committee has determined that the deficiencies in the applicant’s clinical experience may be fully remedied by a</p>	<ul style="list-style-type: none"> <li>Qualifies these requirements to be non-exemptible requirements so it is clearer what is required to be met for this certificate of registration</li> <li>Removes the requirement for a panel of the Registration Committee to determine that the deficiencies in clinical experience can be fully remedied in no more than 12 months under supervision but maintains all other requirements for a general certificate to be met, and still provides a route of entry for an applicant who does not meet the clinical currency requirements for a general certificate</li> <li>Removes the requirement for the supervisor to be approved by a panel of the Registration Committee.</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Using the phrase “non-exemptible” makes it clear to the public that these requirements must be met</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Promotes a better understanding of the requirements for registration in the supervised class</li> <li>Provides clarity as to what is expected with respect to meeting clinical experience requirements under supervision</li> </ul>

has determined that they require upgrading activities including supervised practise in order to prepare for reissuance of a general certificate).	<p>period of no more than one year spent under the supervision of a member holding a general certificate of registration who is an approved supervisor</p> <p>2. In all cases, if the applicant has agreed to abide by a plan for supervised practice and evaluation that,</p> <ul style="list-style-type: none"><li>i. satisfactorily addresses the deficiencies in the applicant's clinical experience,</li><li>ii. has been agreed to by a supervisor who has been approved by a panel of the Registration Committee, and</li><li>iii. is acceptable to the College</li></ul>		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The requirements for registration in the supervised class are sufficiently clear for midwives and applicants.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Supervised class, conditions, etc. of certificate</b></p> <p><b>10.</b> It is an additional term, condition and limitation of every supervised certificate of registration that the member,</p> <p>(a) must at all times practice midwifery under the supervision of a Supervisor approved by the College;</p> <p>(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</p> <p>(c) must file any agreements and undertakings required by the College in connection with supervised practice.</p>	<p>s. 13 (7) The following are the conditions of a supervised practice certificate of registration:</p> <ol style="list-style-type: none"> <li>1. The member shall only practice midwifery in accordance with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2).</li> <li>2. The member shall only practice midwifery while under the supervision of a supervisor who has been approved by a panel of the Registration Committee.</li> <li>3. The member must file any agreements and undertakings required by the College in connection with the plan for supervised practice and evaluation referred to in paragraph 2 of subsection (2) within the time periods specified by the College.</li> </ol>	<ul style="list-style-type: none"> <li>Supervisors are now being approved by the College versus a panel of the Registration Committee because this makes it less administratively burdensome for the College and more streamlined for the applicant/midwife. College criteria for approval of supervisors can still be established in coordination with the Registration Committee</li> <li>The Registrar is able to exempt a supervised certificate holder from actively pursuing the supervised requirements in exceptional circumstances such as the midwife needing to take a medical or parental leave but not being eligible to move to the non-practising class</li> <li>Any supervised requirements will continue to be outlined in agreements and undertakings</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Provides clarity that supervisors are expected to be approved by the College and that midwives are expected to be actively pursuing their supervised requirements at all times while registered in this class</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>To practice in this class, the midwife must have a supervisor that has been approved by the College</li> <li>At all times while holding a supervised certificate the midwife must be actively pursuing the requirements of any agreements or undertakings but would have the ability to request permission to interrupt their pursuit in exceptional circumstances. This provides flexibility that was not previously available</li> </ul>

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The proposed terms and conditions on supervised certificates are sufficiently clear.
- The requirements to have an approved supervisor and to be actively pursuing meeting the supervised requirements serve the public interest while providing some flexibility for midwives.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Supervised class, expiry</b></p> <p><b>11.</b> (1) Subject to subsection (2), a supervised certificate of registration expires on the earliest of the date on which any of the following events occur:</p> <ol style="list-style-type: none"> <li>1. The day that is two years after the certificate was issued.</li> <li>2. The day on which the member is issued a general certificate of registration.</li> <li>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.</li> </ol> <p>(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.</p>	<p>13(3) A supervised practice certificate of registration may be granted for a period of up to one year.</p> <p>(4) If a supervised practice certificate of registration is granted for a period of less than a year, the certificate may be reissued so long as the reissuance will not result in the total period of supervised practice being longer than one year.</p> <p>(5) A supervised practice certificate of registration may not be reissued after the member has undertaken one year of supervised practice unless the Registration Committee approves of it being reissued.</p>	<ul style="list-style-type: none"> <li>• Timeline for expiry after issuance has changed from one year to two years because flexibility where a midwife is actively pursuing the supervised requirements but due to circumstances beyond their control, such as availability of births and supervisors, may need more than 12 months to complete the requirements. In addition, this provides flexibility should the midwife in exceptional circumstances need to take a leave while supervised</li> <li>• Ability to extend the term of a supervised certificate now lies with the Registrar instead of the Registration committee as it is less administratively burdensome and speeds up granting an extension when appropriate</li> <li>• It is also clear that the Supervised certificate expires when the midwife is issued a general certificate or if the midwife fails to actively pursue the requirements. For example, if a midwife's position is terminated and they do not secure another supervisor and</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• Are aware that the supervised certificate expires after two years unless extended by the Registrar, which may include conditions and the other circumstances under which the certificate would expire</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• May hold a supervised certificate for up to two years without requiring a review by the Registration Committee</li> <li>• Must actively be pursuing the supervision requirements or their certificate will expire unless they have been granted permission by the Registrar to pause</li> </ul>

		place of practice to continue to meet the supervision requirements the certificate will expire. This was not previously clearly outlined	
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The timeframes for holding a supervised certificate of registration and extensions are sufficiently clear.
- The proposed expiry provisions serve the public interest.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Moving from supervised to general certificate</b></p> <p><b>12.</b> (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).</p> <p>(2) Subsection (1) does not apply to a member who is required to undergo a supervised practice as part of upgrading activities under subparagraph 4 ii of subsection 19 (1).</p>	<p>s. 13(6) A member holding a supervised practice certificate of registration may only apply for a general certificate of registration if the member submits to the College a report from his or her supervisor indicating successful completion of the period of supervision.</p>	<ul style="list-style-type: none"> <li>Provides further clarification that the requirements for midwives moving from the supervised class to general class are different than those of the midwives moving from the non-practising class to the general class who require supervised practice as part of their upgrading activities</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Can be assured that midwives meet a requisite level of knowledge/skills/practice experience before providing care as part of the general class, depending on their circumstances, which enables the provision of safe care for clients</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Are expected to have met the minimum clinical experience requirements for a general certificate and if these are not met then those births will be required under supervision, while maintaining a customized upgrading approach for those who are returning to the general class from the non-practising class</li> </ul>

The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The requirements for moving from a supervised to a general certificate of registration are sufficiently clear and reasonable for midwives.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: This section only applies to applicants who are registered as a midwife in another Canadian jurisdiction and hold a similar certificate of registration.]</p> <p><b>Labour mobility, supervised class</b></p> <p><b>13.</b> (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 requirement of clause 9 (a).</p> <p>(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.</p> <p>(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</p>	<p>14. (1) Subject to subsection (2), where section 22.18 of the Health Professions Procedural Code applies to an applicant for a supervised practice certificate, the applicant is deemed to have met the requirements of paragraph 3, 4 and 5 of section 7 and of subsections 13(1) and (2).</p> <p>(2) It is 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 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.</p> <p>(3) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 7 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.</p> <p>(4) Without in any way limiting the generality of subsection (2), being in</p>	<ul style="list-style-type: none"> <li>• This section has been updated to reference good character requirements, which is consistent with it being mentioned in other sections of the regulation pertaining to application requirements for labour mobility</li> <li>• Undergoing further training or assessments is now required for those who cannot satisfy the Registrar or Registration Committee that they practised the profession of midwifery to the extent that would be permitted by the Supervised certificate of registration at any time in the preceding 2 years, rather than the preceding 3 years before the date of their application because this aligns with the clinical currency requirements outlined in the other sections of the regulation</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• Will be able to receive care from midwives who hold a similar certificate of registration in another Canadian jurisdiction following registration in Ontario</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• From another Canadian jurisdiction who hold a similar certificate of registration may be registered in the supervised class in Ontario in accordance with these labour mobility provisions</li> <li>• Will have to be aware of the requirements regarding the registration application process when holding an out of province certificate</li> </ul>



<p>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.</p> <p>(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.</p> <p>(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.</p>	<p>"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.</p> <p>(5) Where an applicant to whom subsection (1) applies is unable to satisfy 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 a supervised practice certificate of registration at any time in the preceding three years immediately before the date of that applicant's application the applicant must meet any further requirements to undertake, obtain or undergo material additional training, experience, examinations or assessments, if any, that may be specified by a panel of the Registration Committee.</p> <p>(6) Despite subsection (1), an applicant is not deemed to comply with a requirement where that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.</p>		
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	(7) In respect of an applicant to whom subsection (1) applies, the reference in subsection 13(7) to a plan for supervised practice and evaluation shall be read as a reference to the equivalent of such a plan as has been approved by the individual or body that granted the applicant the out-of-province certificate that is equivalent to a supervised practice certificate of registration.		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The labour mobility requirements for out of province supervised or equivalent certificate holders are sufficiently clear for midwives and applicants.
- These provisions facilitate labour mobility and serve the public interest.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: These sections apply to applicants who may seek registration in an emergency situation. This class is required by the Registration Requirements Regulation made under the <i>Regulated Health Professions Act</i>.]</p> <p><b>Registration requirements, Emergency class</b></p> <p><b>14.</b> (1) The following are registration requirements for an emergency certificate of registration:</p> <p>1.The Government of Ontario requests or Council determines it is in the public interest to register midwives in the Emergency class to address emergency circumstances.</p> <p>2. The applicant must have successfully completed a midwifery program that met, at the time the applicant completed the program, the requirements of paragraph 1 of subsection 6(1) or the applicant is registered or licensed to practise independently in a jurisdiction approved by Council or the Registration Committee.</p>	<p>N/A</p> <p>This is a new class of registration.</p>	<ul style="list-style-type: none"> <li>The introduction of the emergency class provides flexibility in emergency situations to enable former midwives, new applicants, and individuals from other jurisdictions to obtain a certificate of registration when there are compelling reasons to trigger this class and when certain requirements are met to ensure minimum qualifications and currency</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>The emergency class will facilitate the availability of midwives (including students) to assist with the provision of health care during exceptional times (e.g., a pandemic), which assists in increasing accessibility to health care for the public during those times</li> <li>The class is only temporary until the necessary entry to practice requirements are met so it still upholds requirements for entering the profession to ensure clients/the public receive care from qualified midwives</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Can apply to be in the emergency class when rare circumstances make it difficult to meet all entry to practice requirements and/or an expedited process for registration is warranted</li> </ul>

<p>3. The applicant must satisfy the Registrar that they practised midwifery within four years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.</p> <p>4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.</p> <p>(2) The requirements of paragraphs 1, 2, 3 and 4 of subsection (1) are non-exemptible.</p>			
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The new emergency class serves the people of Ontario in the public interest.
- The registration requirements for the emergency class are sufficiently clear for midwives and applicants.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Additional terms, etc., Emergency class</b></p> <p>15. (1) the following are terms, conditions and limitations on every Emergency certificate of registration:</p> <p>1. The member must at all times practise midwifery under the supervision of a Supervisor approved by the College.</p> <p>2. The member shall at all times when practising midwifery identify themselves as a member in the Emergency class.</p>	<p>N/A</p> <p>This is a new class of registration.</p>	<ul style="list-style-type: none"><li>As emergency class certificate holders do not have to meet all entry to practise requirements, midwives in the emergency class must practise under the supervision of a Supervisor approved by the College to help ensure public safety</li><li>Midwives must identify themselves as belonging to this class so there is transparency associated with the nature of the care they can provide and their qualifications</li></ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"><li>Will only receive care from midwives in this class who are under the supervision of an approved Supervisor</li><li>Will be aware of the midwife's registration given their obligation to identify themselves as belonging to the emergency class</li></ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"><li>Must be aware of the new conditions associated with being registered in this class, including supervision requirements, and identifying themselves as a member of the emergency class</li></ul>

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The terms, conditions, and limitations on an emergency class certificate of registration are sufficiently clear.
- It is in the interest of clients and the public to have midwives practise under supervision while registered in the emergency class.
- It is in the interest of clients and the public to have midwives identify that they belong to the emergency class.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Emergency class, expiry</b>  15. (2) An emergency certificate of registration is revoked on the earliest of the date on which any of the following events occur:</p> <ol style="list-style-type: none"> <li>1. The expiry of one year from the date the certificate was issued, unless the Registrar extends the certificate for one or more extensions under subsection (3).</li> <li>2. The date to which the Registrar extended the certificate under subsection (3).</li> <li>3. The date on which the Registrar revokes the certificate under subsection (4).</li> <li>4. 90 days after receipt of notice of Council's determination that the emergency circumstances have ended.</li> </ol> <p>(3) The Registrar may extend an emergency certificate of registration for one or more periods, each of which is not to exceed one year, if, in the opinion of the Registrar, it is advisable or necessary to do so, provided Council has not</p>	<p>N/A  This is a new class of registration.</p>	<ul style="list-style-type: none"> <li>• The terms and conditions reflect the shorter-term nature of issuing an emergency class certificate as it is only meant to apply in exceptional circumstances, for a limited period of time</li> <li>• The Registrar is permitted to implement an extension only if necessary and as long as Council has not determined that the emergency circumstances have ended.</li> <li>• The certificate of registration may be revoked by the Registrar when it is in the public interest to do so</li> <li>• The certificate of registration expires 90 days after Council has determined that the emergency circumstances have ended</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• Will only receive care from midwives in this class for a limited time to reflect exceptional circumstances</li> <li>• Will be able to receive ongoing care where warranted, through an extension of the term of the certificate</li> <li>• Be provided continuity of care even if the emergency circumstances have ended due to certificates only expiring 90 days after notice of Council's determination that the emergency circumstances have ended.</li> <li>• Will be protected as the Registrar may revoke an emergency certificate of registration where they or the Registration Committee are of the opinion that it is in the public interest to do so, for example if it has been determined that a midwife is no longer suitable to practise</li> </ul> <p><b>Midwives &amp; Applicants</b></p>

determined that the emergency circumstances have ended.  (4) The Registrar may revoke an Emergency certificate of registration if, in the opinion of the Registrar or the Registration Committee, it is in the public interest to do so.			<ul style="list-style-type: none"><li>• Must be aware of the terms and conditions associated with being registered in this class, including time period limitations and possible extensions</li><li>• Will be provided with a transition period of 90 days to coordinate care following the announcement of the ending of the emergency circumstances and prior to the revocation of the certificate</li></ul>
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The time periods associated with the expiry/revocation of an emergency class certificate of registration and possible extension are sufficiently clear.
- The circumstances associated with the expiry/revocation of an emergency class certificate of registration serve the public interest of the people of Ontario.
- The 90 days provided prior to the expiry/revocation of an emergency class certificate of registration following notice from Council that the emergency circumstances have ended serves the public interest by providing sufficient time to coordinate and transition care.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Moving from Emergency to General certificate</b></p> <p>16. (1) The requirements in paragraphs 1 and 4 of subsection 6 (1) do not apply to an applicant if the applicant held an emergency certificate of registration within two years before submitting their application for a general certificate of registration.</p> <p>(2) The births which the applicant attended while holding an emergency certificate of registration can be counted toward the requirement under subparagraph 2 ii of subsection 6 (1).</p>	<p>N/A This is a new class of registration.</p>	<ul style="list-style-type: none"> <li>Applicants applying for a general certificate of registration who held or hold an emergency certificate of registration within the two years prior to applying are exempted from having to complete the education requirement and jurisprudence course for a general certificate, having already done so for the emergency class</li> <li>In addition, the births and clinical experience obtained while holding an emergency certificate of registration are counted towards the clinical experience requirements for a general certificate</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Can continue to receive care from midwives who were in the emergency class if the applicant/midwife applies and meets the requirements for a general or supervised certificate of registration because the regulation outlines the ability to move from emergency to the general class while still maintaining the qualifications for public protection</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>May apply for a general certificate within two years of having held an emergency certificate and be exempted from certain requirements as well as have their births attended while holding an emergency certificate count towards meeting the clinical currency requirements for a general certificate</li> </ul>

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The requirements to move from an emergency certificate to a general certificate are sufficiently clear.
- Recognizing the requirements for entry into the emergency class and the births attended while in the emergency class serve to help the people of Ontario in the public interest.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[Note: These 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.]</p> <p><b>Non-practising Class</b>  <b>17.</b> The following are non-exemptible registration requirements for the issuance of a non-practising certificate of registration:</p> <ol style="list-style-type: none"> <li>1. The applicant must be a member holding a general certificate of registration.</li> <li>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 18.</li> <li>3. The applicant must not be in default of any fee owing to the College under the by-laws.</li> <li>4. The applicant must have provided the College with any information that it has required of the applicant.</li> </ol>	<p><b>Inactive Certificate of Registration</b>  <b>Registration Requirements</b>  <b>15.</b> (1) The following are non-exemptible registration requirements for an inactive certificate of registration:</p> <ol style="list-style-type: none"> <li>1. The applicant must be a member holding a general certificate of registration</li> <li>2. The member must not be in default of any fee, penalty or other amount owing to the College.</li> <li>3. The member must have provided the College with any information that it has required of the member.</li> </ol> <p>(2) The Registrar shall issue an inactive certificate of registration to any member who meets the requirements in subsection (1) upon application of that member.</p>	<ul style="list-style-type: none"> <li>• “Inactive” has been changed to “non-practising” to be clearer about what this class of registration means</li> <li>• Fees have been qualified to be those indicated by the by-laws to be more transparent</li> <li>• The class is retained to allow someone who is not practising to maintain their registration so they can return to practise without having to start a new application process</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• Benefit from less confusion about the ability of a registered midwife to provide care due to the more transparent class title “non-practising”</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• Must be aware of the change in class title</li> </ul>

The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The registration requirements for issuing a non-practising certificate of registration are sufficiently clear.



Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Non-practising class, conditions, etc., of certificate</b></p> <p><b>18.</b> The following are additional terms, conditions and limitations of every non-practising certificate of registration:</p> <p>1. The member must not provide midwifery care; and</p> <p>2. The member must not supervise midwifery care.</p>	<p>s. 15 (3) It is a condition of an inactive certificate of registration that the member shall not engage in the practice of midwifery.</p>	<ul style="list-style-type: none"><li>• Clarifying language of the condition that midwives registered in this class are not permitted to provide midwifery care</li><li>• It is also now clearer that those registered in this class cannot supervise midwifery care, as they would not have the ability to do so while not practising</li></ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"><li>• Benefit from greater clarity that those in this class are not able to provide midwifery care or supervise it</li></ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"><li>• Need to be aware of activities they cannot conduct while under this class of registration</li></ul>

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The terms, conditions, and limitations on a non-practising certificate of registration are sufficiently clear to midwives.
- The terms, conditions, and limitations are sufficiently clear to members of the public.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Moving from non-practising to general certificate</b></p> <p><b>19. (1)</b> 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:</p> <ol style="list-style-type: none"> <li>1. the member applies in writing to the Registrar;</li> <li>2. The member pays any fees owing to the College under the by-laws;</li> <li>3. The member provides the College with any information that it has required of the member;</li> <li>4. The member; <ol style="list-style-type: none"> <li>i. demonstrates current knowledge, skill and judgement 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</li> </ol> </li> </ol>	<p>15 (4) A member who holds an inactive certificate of registration may be reissued a general certificate of registration if he or she continues to meet the requirements in paragraphs 2 and 3 of subsection (1) and the member,</p> <ol style="list-style-type: none"> <li>(a) meets all of the registration requirements for the general certificate of registration except for those in paragraphs 1 and 3 of subsection 8(1); or</li> <li>(b) successfully completes a requalification program that has approved by a panel of the Registration Committee for that purpose.</li> </ol>	<ul style="list-style-type: none"> <li>• This section has been updated to be more comprehensive of the requirements that a midwife would need to meet to move from the non-practising class to the general class, including meeting any outstanding requirements required by any committee at the College</li> <li>• Updated language to reflect the requirements to demonstrate current knowledge, skill and judgment relating the practice of midwifery that would be expected of a midwife holding a general certificate providing flexibility in how this requirement can be met (for example, through a competency based assessment) and it relates to all knowledge and skills required for care across the scope of practice. Previously the clinical experience requirements were very focused on births</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• The proposed change ensures that there are strong requirements in place for midwives to be qualified before moving back into practice</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• Will have to be aware of the new requirements</li> <li>• Upgrading activities can still be customized in accordance with any identified gaps in the midwife's knowledge, skill or judgment</li> </ul>

<p>ii. successfully completes upgrading activities approved by a panel of the Registration Committee for that purpose.</p> <p>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.</p>			
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The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The requirements to move from the non-practising to the general class are sufficiently clear for midwives.
- The requirements for midwives to demonstrate current knowledge, skill and judgment relating to the practice of midwifery in order to move back to the general class help to ensure suitability to practise and serve the public interest.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p>[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.]</p> <p><b>Labour mobility – non-practising</b>  <b>20.</b> (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,</p> <p>(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;</p> <p>(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</p>	<p><b>When applicant holds out-of-province certificate</b>  <b>16.</b> (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 subsection 15 (1) if,</p> <p>(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;</p> <p>(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 supervision</p> <p>(c) the applicant meets the requirement in paragraph 7 of section 7.</p>	<ul style="list-style-type: none"> <li>This section is largely unchanged in content</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>This section continues to uphold a strong standard of professional conduct irrespective of which province a midwife is applying from</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Applicants applying for the non-practising class when holding an out of province certificate need to be aware of the requirements in this section</li> </ul>

<p>by either a general or a supervised practice certificate of registration at any time in the three years immediately before the date of the application; and</p> <p>(c) the applicant meets the requirements in paragraph 4 of subsection 6(1).</p> <p>(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,</p> <p>(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</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p>	<p>(2) Without in any way limiting the generality of the clause (1) (a), being in “good standing” with respect to a jurisdiction shall include the fact that,</p> <p>(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</p> <p>(b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction.</p>		
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The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The labour mobility requirements for out of province non-practising certificate holders are sufficiently clear for midwives and applicants.
- These provisions facilitate labour mobility and serve the public interest.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<b>Resignation</b> <b>21.</b> (1) A member may resign their membership by giving written notice to that effect to the Registrar in a form acceptable to the Registrar.	N/A	<ul style="list-style-type: none"><li>• While there are references to resignation in the current regulation, there is no clear section pertaining to it</li><li>• This new section will provide a clear process to be followed for registrants who wish to resign from the College</li></ul>	<b>Midwives &amp; Applicants</b> <ul style="list-style-type: none"><li>• Promotes a clear understanding of how to resign from the College</li></ul>

The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The resignation process is sufficiently clear for midwives.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Failure to provide information</b>  <b>22.</b>(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,</p> <p>(b) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and</p> <p>(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.</p> <p>(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,</p> <p>(a) has given the required information to the College;</p> <p>(b) has paid any fees required under the by-laws for lifting the suspension;</p>	N/A	<ul style="list-style-type: none"> <li>There isn't a provision in the current regulation that addresses this yet ability to obtain information from midwives as required under the by-laws and within a stated time period is important to serve the public interest</li> <li>This section enables the Registrar to act on failures to provide information while maintaining due process</li> <li>This provision is consistent with s. 24 of the Health Professions Procedural Code, under the <i>Regulated Health Professions Act</i>, S.O. 1991, c. 18</li> <li>Additional details pertaining to lifting a suspension for failure to provide information is included to clearly set out the process for midwives</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Midwives who do not provide required information to the College will be held accountable through a notice of intention to suspend and/or suspension</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Will have to be aware of the consequences of failing to provide information as required by the by-laws</li> <li>Have a clearer understanding regarding the process for lifting a suspension in relation to a failure to provide required information to the College</li> </ul>

<p>(c) has paid any fee, penalty or other amount owed to the College;</p> <p>(d) has professional liability insurance coverage in the amount and in the form as required under the by-laws; and</p> <p>(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.</p>			
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The consequences for failing to provide information as required under the by-laws are sufficiently clear.
- Notice of an intention to suspend or suspension adequately reflects the level of risk involved to clients and the public when midwives do not provide required information.
- The process for a suspension being lifted in relation to failing to provide required information is sufficiently clear.



Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Suspension, lack of insurance</b>  <b>23.</b> (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.</p> <p>(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,</p> <ul style="list-style-type: none"> <li>(a) has professional liability insurance coverage in the amount and in the form as required under the by-laws;</li> <li>(b) has provided any information requested by the College;</li> <li>(c) has paid any fees required under the by-laws for lifting the suspension;</li> <li>(d) has paid any fee, penalty or other amount owed to the College; and</li> </ul>	<p><b>Revocation, reinstatement, etc.,</b>  <b>19</b> (2) The Registrar shall revoke the certificate of registration,</p> <p>(b) of a member holding a certificate in the general, supervised practice or transitional class who fails to comply with the condition set out in section 11</p> <p>(4) A former member who held a certificate of registration in the general or supervised practice classes and whose certificate of registration was revoked under clause 2 (a) or (b) may be reinstated within one year of the revocation if the former member,</p> <ul style="list-style-type: none"> <li>(a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8(1);</li> <li>(b) provides evidence satisfactory to the Registration Committee that the former member will, immediately upon reinstatement, be in compliance with the condition or conditions he or she had previously not been in compliance with, resulting in the revocation; and</li> </ul>	<ul style="list-style-type: none"> <li>• Under the current regulation, a registrant can be immediately revoked for failing to maintain professional liability insurance. To enable protection of the public and due process for the registrant a suspension is a more appropriate course of action for something that can be rectified easily.</li> <li>• Suspension as a penalty is more consistent with the practice of other Colleges.</li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>• The requirement to maintain professional liability insurance protects clients as it can provide compensation for clients who have experienced harm as a result of malpractice or negligence by a midwife. Suspension until a midwife obtains this continues to protect the client's interests in this regard</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>• Must be aware of the conditions associated with their certificate of registration, including maintaining professional liability insurance if practising and failure to meet this condition can result in suspension</li> <li>• The requirements for lifting that suspension are clearly outlined in the regulation</li> </ul>

(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.	(c) pays the reinstatement fee		
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The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The consequences of failing to maintain professional liability insurance are sufficiently clear to midwives.
- The process for a suspension being lifted once professional liability insurance has been obtained is sufficiently clear.
- This section sufficiently protects clients seeking compensation as a result of malpractice or negligence.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Lifting suspension for failure to pay fees, etc.</b>  <b>24.</b> 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,</p> <p>(a) has paid the fee or penalty in question;</p> <p>(b) has provided any information requested by the College;</p> <p>(c) has paid any fees required under the by-laws;</p> <p>(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</p> <p>(e) has professional liability insurance coverage in the amount and in the form as required under the by-laws.</p>	<p><b>Lifting of suspension</b>  <b>20.</b> (1) If the Registrar suspends a member’s certificate of registration for failure to pay a prescribed fee, the Registrar may, within one year of the dates of the suspension, lift the suspension on payment of,</p> <p>(a) the fee the member failed to pay</p> <p>(b) the penalty for late payment of the fee; and</p> <p>(c) the reinstatement fee</p>	<ul style="list-style-type: none"> <li>The circumstances under which a suspension for failing to pay a fee can be lifted now also include: <ul style="list-style-type: none"> <li>Compliance with any requirements ordered by a College committee</li> <li>Obtaining professional liability insurance to ensure a midwife is in good standing and in compliance with registration requirements before continuing to practice</li> </ul> </li> </ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"> <li>Will receive care from midwives that meet College requirements and are in good standing</li> </ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"> <li>Will have to be aware of the requirements that must be met for the College to lift a suspension relating to the payment of fees</li> </ul>

The following statement may be used as a prompt for your feedback. Do you agree or disagree? Why or why not?

- The requirements for a suspension being lifted once a fee or penalty has been paid are sufficiently clear.

Proposed Regulation	Current Registration Regulation	Rationale	Impact
<p><b>Automatic Revocation</b></p> <p>25. If the Registrar suspends a member’s certificate of registration under section 22 or 23 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.</p>	<p>s. 20 (2) If the Registrar does not lift the suspension of a certificate of registration that was suspended for failure to pay a prescribed fee under subsection (1), the certificate is revoked one year after the day of the suspension.</p> <p>(3) A former member whose certificate of registration was revoked under subsection (2) may be reinstated within one year of the revocation if, during that year, the former member successfully completes a requalification program satisfactory to the Registration Committee.</p>	<ul style="list-style-type: none"><li>• There is a change to the timeframe for an automatic revocation of a suspended certificate of to occur two years after the day a certificate was suspended instead of one year after the day it was suspended to reduce the administrative burden and to align with the two-year clinical currency timeframe used in the other sections of the regulation</li><li>• This is in the public interest as midwives are not permitted to practise the profession while their certificate of registration is suspended. However, applying the two-year timeframe for reinstatement aligns with the clinical currency requirements outlined in other sections of the regulation</li></ul>	<p><b>Clients &amp; the Public</b></p> <ul style="list-style-type: none"><li>• Will receive care from midwives that are not suspended, meet College requirements and are in good standing</li></ul> <p><b>Midwives &amp; Applicants</b></p> <ul style="list-style-type: none"><li>• Whose certificate has been suspended have two years to correct the issue to lift the suspension without having to complete a requalification program. Once revoked a former member would need to apply for registration and could not be reinstated through this provision</li></ul>

The following statements may be used as prompts for your feedback. Do you agree or disagree? Why or why not?

- The requirements for automatic revocation are sufficiently clear.
- The two-year timeframe provides sufficient time to correct the suspension and serves to protect the public.



## Proposed Registration Regulation Consultation outcomes

### Summary

#### 1. Number of respondents:

- 12 public
- Association of Midwives of Ontario (AOM)
- Canadian Midwifery Regulators Council (CMRC)
- Midwifery Education Program provider
- Competition Bureau, Government of Canada

#### 2. How responses were received

- Open call for comments on the College's website
- Three email broadcasts about the consultation. Two to our entire list including the public and stakeholders and one just to midwives. Also advertised through Twitter, LinkedIn, and Facebook.
- Proposed regulation posted to the Regulatory Registry for 45-day consultation – no comments were received.
- Meetings with the AOM (written feedback also provided) and CMRC (written feedback also provided by New Brunswick).
- Midwifery Education Programs invited to meet. McMaster noted that they had reviewed the proposed changes and had no concerns. Toronto Metropolitan University written comments provided by the Director.
- Proposed regulation sent to the Office of the Ontario Fairness Commissioner for feedback (not able to provide feedback).
- Proposed regulation sent to the Ministry of Health – no response received.
- No response received on the provincial regulatory registry.

#### 3. Emerging themes from responses:

- General support for changes proposed to use hours rather than birth numbers to meet clinical experience and currency requirements for registrants.
- Support of an Emergency Class to the regulations to enable the profession to respond to situations such as the COVID19 Pandemic.
- Request to consider the evolving nature of the profession and consequently, recommendation to adopt a flexible approach: rely on the regulation for the profession's overall structure, but have requirements defined in policies as determined by Council as appropriate in the circumstances.
- Recognition of prior professional experience in and outside Ontario/Canada.
- Regulation must allow for fair evaluation of international experience and eliminate barriers for those seeking to enter the profession.
- Title considerations should be made for those not practising the profession.

#### 4. Do responses change to overall approach? Why or why not?

All comments are detailed in the charts below and categorized in 3 sections:

1. Recommended amendments to the proposed regulation based on the feedback received;
2. Other feedback received with no changes recommended;
3. Feedback for consideration.

Feedback includes direct quotes or a summary if several stakeholders raised the same position.

Attachments:

1. Public consultation feedback
2. Other stakeholder feedback

Submitted by:  
CMO.

1. RECOMMENDED AMENDMENTS ON THE PROPOSED REGULATION BASED ON THE FEEDBACK RECEIVED

Comments	Rationale for incorporating the feedback	Proposed amendments to the revised Regulation (highlighted in yellow)
<b>A. Definitions</b>		
<p><b>Term: “out of hospital”</b></p> <p>The CMO should consider using the term “community birth” to replace the term “out of hospital”</p>	<p>As the AOM explains: “The wording ‘out of hospital’ suggests that the hospital is the norm, and anything else is ‘other than’.”</p> <p>The proposed change represents a cultural shift with respect to standard language. However, it also recognizes the wide scope of practice and setting involved in the profession.</p>	<ul style="list-style-type: none"> <li>Section 1 would be amended as follows: <ul style="list-style-type: none"> <li>“Community birth” means at a residence or remote clinic or birth centre.</li> </ul> </li> <li>To replace “out-of-hospital” throughout the regulation.</li> </ul>
<p><b>Term: “course of care”</b></p> <p>The definition of “course of care” in section 1 of the proposed regulation is subject to conflicting interpretations.</p> <p>The ongoing practice requirements would be better suited in policy to allow for flexibility and cover registrants depending on their circumstances (e.g. meeting the specific needs of a population, reflecting the scope of practice of a registrant in a specific period of their career).</p>	<p>The circulated amendment provided Council with discretion to determine minimum number of courses of care. The proposed wording change to requirements maintains Council discretion while also providing Council with the ability to capture the full scope of midwifery and adapt to specific groups/circumstances as appropriate.</p>	<ul style="list-style-type: none"> <li>Remove the definition of course of care in section 1.</li> <li>New Section 7 reads: <p>7. (1) Every general certificate of registration is subject to the following limitations:</p> <ol style="list-style-type: none"> <li>A member must practice 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 requirements specified in policy approved by Council.</li> <li>(...)</li> </ol> </li> </ul>

		(2) For the purpose of paragraph 1 of subsection (1), the minimum number of courses of care is the number specified in requirements is 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.
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Comments	Rationale for incorporating the feedback	Proposed amendments to the revised Regulation
<b><u>A. Section 4 – Requirements for issuance of certificate of registration, any class</u></b>		
<p><b>Language Proficiency</b></p> <p>The writing modality was inadvertently omitted from the initial proposed regulation.</p> <p>Pending Council’s approval of the language proficiency policy, the provision for this requirement should be consistent with other requirements where policy is used to define parameters.</p>	<p>The language is consistent with the remainder of amendments being proposed.</p>	<p>New section 4(3) reads:</p> <p>The applicant must be able to speak, read, listen, and write in English or in French with reasonable fluency.</p>

Comments	Rationale for incorporating the feedback	Proposed amendments to the revised Regulation
<b><u>B. Section 6 – General Class, registration requirements</u></b>		
<p><b>Eliminating the counting of births and courses of care for new registrants of the General Class [subsection 6(2), clause (ii)], for new registrants.</b></p>		<p>General class, registration requirements</p>



<p>According to the AOM, “counting birth numbers as a requirement for registration in the General Class assesses experience in only one aspect of the legislative scope of practice of midwifery. It does not provide any assurances about experiences providing antenatal, postpartum, or newborn care.”</p> <p>In addition, this requirement is “particularly prejudicial to midwives with international experience which is extremely valuable but may not be recognized because of the proposed wording of the Regulation.” The Regulation is drafted using terminology specific for the Ontario context and the requirements could be “prejudicial to midwives with prejudicial experience”. This could be a disguised requirement for “Canadian experience”.</p> <p>Instead, the AOM is asking the assessment to focus on the various components of the education program completed by the applicant along with setting policies to define clinical experience requirements, which is in the purview of the College.</p> <p>Please note that the CMO received similar feedback from the public.</p>	<p>Entry-to-practise requirements are different than maintaining skills and knowledge once a new registrant has met the minimum overall competencies required to practise midwifery safely, ethically and competently:</p> <ul style="list-style-type: none"><li>• It is important to keep the number of births requirement at registration as it sets a minimum benchmark to ensure entry to practice competencies across the scope of practice in Ontario.</li><li>• There is currently a lack of evidence to indicate that the current clinical experience requirements do not ensure that midwifery applicants possess the necessary knowledge and skills to practise to the full scope of midwifery practice.</li></ul> <p>Consequently, these requirements are differentiated in the proposed regulation. The intention of changing the birth requirement for registrant was to remove the notion that number of births is the sole measurement to assess a registrant’s competencies.</p> <p>With respect to the feedback received focusing on recognizing the experience of internationally-educated midwives, it is important to note that the proposed regulation does not require Canadian experience.</p> <p>However, it is recommended that we build some flexibility in the Registration Regulation to adapt to the evolving nature of the profession and the diverse</p>	<p>6. (1) The following are registration requirements for a general certificate of registration:</p> <p>1. The applicant must have at least one of the following:</p> <ul style="list-style-type: none"><li>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 or bodies approved by Council for that purpose.</li><li>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.</li></ul> <p>2. The applicant must,</p> <ul style="list-style-type: none"><li>i. Demonstrate evidence of clinical experience as a midwife within two years immediately before the date on which the applicant submitted their application, and</li><li>ii. Have attended at least 60 births, of which at least,<ul style="list-style-type: none"><li>A. 40 were attended as primary midwife,</li></ul></li></ul>
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	<p>background of our applicants. This intent is already articulated with the initial proposal to recognized equivalent academic background [sec 6(1)(1)ii].</p> <p>Proposed amendment would allow the Registration Committee to determine circumstances where an applicant's qualifications are equivalent to the clinical experience required for registration. This would mostly benefit internationally-educated applicants; most Ontario applicants meet the clinical requirements by completing a midwifery education program and labour mobility applicants are not subject to these new registrant requirements.</p> <p>The College is currently undertaking a competency-based program which could help inform such determinations by the Registration Committee.</p> <p>Similarly, the AOM is working on a project to verify work of internationally trained midwives for compensation purposes, which could also support the development of this policy.</p>	<p>B. 30 were attended as part of the care provided in accordance with the principles of continuity of care,</p> <p>C. 10 were attended in hospital, of which at least five were attended as primary midwife, and</p> <p>D. 10 were attended in community, of which at least five were attended as primary midwife.</p> <ul style="list-style-type: none"> <li>Remove section 6(2)</li> </ul> <p>...</p> <p>(4) The requirements in paragraphs 1, 2, 3, and 4 of subsection (1) are non-exemptible.</p>
<p>Intrapartum surveillance for fetal well-being is not covered sufficiently in any of the required competency courses (NRP, ESW, CPR) to reflect the huge responsibility it entails and the risk it represents. The CMO should add fetal surveillance certification to the list of required courses.</p>	<p>The Registration Committee agreed that this is a fundamental competency for the profession.</p> <p>This requirement will not result in additional barriers for the applicant:</p> <ul style="list-style-type: none"> <li>fetal surveillance course is already covered in the Ontario midwifery education program</li> </ul>	<p>Add new paragraph 8 of subsection 6(1):</p> <p><b>This applicant must provide satisfactory evidence of competency in fetal surveillance.</b></p>

This comment was received from both a member of the public and another Canadian jurisdiction.	<ul style="list-style-type: none"> <li>- most of the other Canadian jurisdictions already require this evidence either at the time of registration or shortly thereafter.</li> <li>- For internationally-educated applicants, this course is also covered through the Orientation and Assessment program offered by the College.</li> </ul>	
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Comments	Rationale for incorporating the feedback	Proposed amendments to the revised Regulation
<b><u>C. Section 7 – Terms, etc. General Class</u></b>		
<p><b>Meeting Active Practice Requirements</b></p> <ul style="list-style-type: none"> <li>• If a midwife meets clinical competency, why is the number of hours in practice relevant?</li> <li>• Could we leave the unit of measurement vague and leave it for Council to make that determination in policy?</li> </ul>	<p>Counting hours is a common measurement of currency for primary health care providers and helps assure the College that registrants remain current with their knowledge and skills.</p> <p>The circulated amendment provided Council with discretion to determine minimum number of hours. The proposed wording change to requirements maintains Council discretion while also providing Council with the ability to capture the full scope of midwifery and adapt to specific groups/circumstances as appropriate.</p> <p>Requirements may need review as the profession evolves. It is important to note that the proposed</p>	<ul style="list-style-type: none"> <li>• New Section 7 reads:</li> </ul> <p>7. (1) Every general certificate of registration is subject to the following limitations:</p> <ol style="list-style-type: none"> <li>1. (...)</li> <li>2. During every two-year period, a member must practise midwifery <b>for the minimum number of hours based on the requirements</b> 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 <b>beginning on the first day a member practises midwifery following the end of the previous period.</b></li> </ol>

	amendment does not preclude Council from relying strictly on hours to measure currency.	beginning on the first anniversary of the commencement of the previous period.
Is the 2-year period too limiting? If a registrant is not-practicing within this period, the reporting period will not cover entire timeframe intended in regulation.	<p>Recommendation to clarify the language of the provision as it may currently be interpreted that reporting requirements are due every two years on a rolling basis regardless of whether the registrant is practising.</p> <p>The two-year period was established based on skills fade research and is consistently applied across the regulation.</p>	

Comments	Rationale for incorporating the feedback	Proposed amendments to the revised Regulation
<b><u>D. Applicant and Registrant past conduct</u></b>		
"Processes undertaken by hospitals and other entities that may credential and appoint midwives to their staff may be missing from the lists of information midwives should provide to the College. I am thinking of disciplinary processes – where have these gone? Why? I think this is an important area to continue to consider."	<p>The CMO collects this information on an annual basis. This requirement is not found in the Registration regulation, but in our General By-law (bylaw 14 – midwife reporting obligation). Consequently, this information may appear on our public register and on letters of professional standing.</p> <p>From a public protection perspective, the proposed regulation does not capture any conduct issue that may have arisen during the course of employment or any other setting that may speak to an applicant/registrant's character. It is recommended that amendments be made to the proposed regulation</p>	<ul style="list-style-type: none"> <li>Section 4 now reads: An applicant must satisfy the following requirement for the issuance of a certificate of registration of any class: <ol style="list-style-type: none"> <li>The applicant must, at the time of the 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:</li> </ol> </li> </ul>

	to obtain a full picture of the individual's conduct history.	<div><div></div><div><div><div>i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant <del>made by a body that governs a profession</del> in any jurisdiction.</div><div>ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation, inquiry or proceeding against the applicant <del>by a body that governs a profession</del> in any jurisdiction.</div><div>iii. (...)</div><div>iv. The termination or suspension of the applicant's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</div><div>v. The imposition of any term, condition, limitation or other restriction on the applicant's registration, licensure or similar status, <del>or ability to practice the profession, by a body that governs a profession</del> in any jurisdiction.</div><div>(...)</div></div><div><div>• Section 5 now reads:</div><div>Every certificate of registration is subject to the following terms, conditions and limitations:</div><div><div>1. The member shall provide the College with written details about any of the following that</div></div></div></div></div>
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		<p>relate to the applicant, within 10 calendar days of its occurrence:</p> <ul style="list-style-type: none"><li>i. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice, or any similar finding against the member <b>made by a body that governs a profession</b> in any jurisdiction.</li><li>ii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation, or proceeding against the member <b>by a body that governs a profession</b> in any jurisdiction.</li><li>iii. A refusal to register the member to practice as a midwife or another profession in any jurisdiction.</li><li>iv. The termination or suspension of the member's registration, licensure or similar status by a body that governs a profession in any jurisdiction.</li><li>v. The imposition of any term, condition, limitation or other restriction on the member's registration, licensure or similar status, <b>or ability to practise the midwifery profession by a body that governs a profession</b> in any jurisdiction.</li></ul> <p>(...)</p>
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Typographical error

Proposed amendments to the revised Regulation
Section 1 “Supervisor” means a member who has, (a) been approved by the College to supervise a member who holds a supervised <b>and-or</b> emergency 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;

2. OTHER FEEDBACK RECEIVED WITH NO CHANGES RECOMMENDED

Comments	Rationale for excluding the feedback
<b>A. <u>Recognition of experience</u></b>	
<b>Regulation should recognize international experience in setting New Registrant Conditions in the General Class.</b>  “Amendments to the New Registrant Policy should set requirements which value international experience and recognizes the different mentorship needs of an experienced clinician transitioning to practice in a new jurisdiction and a new graduate. It is not clear to the AOM if the currently proposed wording of the Registration Regulation will allow for this.”	New revisions and clarifications proposed in both section 6 (New Registrant requirements) and 7 (conditions for new registrants) allows for Council’s authority to develop policy that could address this feedback. Council may decide to develop specific policy to recognize the specific circumstances for internationally-trained applicants.  Feedback received related to the recognition of experience do not entail any changes to the proposed regulation and would be addressed through policy.
<b>Experience in the Supervised Class should be counted towards New Registrant conditions.</b>  “This double counting of the supervision and mentoring that must be provided can be a deterrent to the hiring of internationally trained midwives because more is expected from midwives and practice groups that are already overstretched, and it is less work to hire an Ontario trained midwife.”	
<b>Consider international experience to determine equivalency to Ontario experience when determining currency requirements for registration.</b>	



“Requiring all applicants to the General Class (except those who were previously registered in Ontario and resigned) to show clinical experience within the two years prior to application is prejudicial to midwives with international work experience. It treats new Ontario graduates who obtained their experience only as students equally with internationally trained midwives who practiced independently after obtaining their education.”	
Recommendation to consider faculty-based practice that occurs outside of Ministry of Health funding (e.g. clinical educators, or individuals who practice in a university-based clinic)	Teaching is not currently used to satisfy the clinical experience requirement. This can be further explored in a policy. However, Registrants running a “teaching clinic” and providing care to clients should be distinguished from classroom teachers who are not providing care to clients.

Comments	Rationale for excluding the feedback
<b>B. <u>Disclosure</u></b>	
<p><b>Disclosure of previous conduct</b></p> <ol style="list-style-type: none"> <li>1. Clause ix of subsection 4(1), “any other event that would provide reasonable grounds for belief that the applicant will not practice midwifery in a safe and professional manner” may be unclear to applicants, leading them to fail to report something the CMO considers relevant.</li> <li>2. In reference to reporting criminal offenses adding “for which a pardon has not been granted” would make the requirement clearer and more reasonable.</li> <li>3. In 5, 1, (vii), the CMO should consider changing “A finding of guilt for any offence “to the less onerous and more relevant wording used in 4, 1 vii) B “An offence resulting in either imprisonment or a fine greater than \$1,000”.</li> </ol>	<ol style="list-style-type: none"> <li>a. The clause is intentional as it is meant to be a “catch all” provision primarily tied to the protection of the public. If the language were to list specific circumstances, the CMO would risk missing any conduct that may speak to the applicant’s character. To err on the side of caution, it is better that all conduct be disclosed and for the Registrar to make that determination.  In addition, the catch all provision also allows the CMO to hold registrant accountable for not disclosing past conduct should their conduct be referred to the Discipline Committee in a related matter.</li> <li>b. The intention of reporting criminal offenses is not meant to retry an applicant for their past criminal activity but rather, to assess whether they are of good character and able to carry out the duties of the profession.</li> <li>c. As previously mentioned, it is best to err on the side of caution to protect the public interests: applicants should disclose all finding of</li> </ol>



	guilt and it is up for the Registrar to determine whether this would impede their ability to carry out the midwifery functions, or bring the profession into disrepute.
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Comments	Rationale for excluding the feedback
<b>C. <u>Non-practising midwives</u></b>	
The non-practising class limits the ability for an inactive midwife to provide services that falls under the midwifery scope of practice. Recommendation to amend the regulation as “an inactive midwife is more limited in her actions than a member of the general public.”	The College takes the position that a registered midwife providing care that is within the scope of practice, even if it is in the public domain, is considered practising midwifery. The alternative could lead to serious confusion about roles and responsibilities.
Non-practising midwives should have a version of title allowing them to use the word midwife.	Midwives in the non-practising class may continue to use the title midwife or RM.  Title protection ensures that no person can use the title or variation of that title unless they remain registered with the College. Risk of using the title or a variation of “Retired Midwife” and having no affiliation with the College creates a reputational risk to the profession as the College has no jurisdiction over someone who may undermine the regulation of midwifery and continue to call themselves a midwife.
There are situations where it is impossible for midwives to remain insured. “The way our insurance is funded currently, if you move practices (and say have a month or 2 in between), your insurance may be given to another midwife, and you may be uninsured (but also not practicing) but need to remain registered. The suspension of your registration, should have a different title, and no fee attached to reinstating it.”	The option is for people to go into the non-practising class if they are uninsured for a period of time. Insurance is an issue with the AOM.
Insurance requirements should be more flexible to allow midwives to work more independently and flexibly.	

Comments	Rationale for excluding the feedback
<b>D. <u>Removal of transitional certificates</u></b>	
Removal of transitional certificates may impact new registrants from obtaining hospital privileges given the timing.	<p>From a public protection standpoint, the risk of revoking a transitional certificate due to failure to pass the exam is greater. The specific feedback relates to an employment matter, which falls outside the College’s purview. The College will meet its mandate by continuing to register applicants within the prescribed timelines once the applicant meets all registration requirements.</p> <p>From a registrant’s standpoint, if they are issued a transitional certificate but do not successfully pass the CMRE, their certificate is revoked. This status history is reflected on the public register.</p> <p>With the exception of the disruption caused by the pandemic, it should be noted that the College typically issues an average of 16 transitional certificates annually. The transitional certificate was more relevant when the CMRE was not available online and test results could delay the applicant’s registration. Now, registrants are able to convert their certificate to the General class in just over a week. Since the CMRE transitioned over to an electronic platform, the CMO has been able to receive test results more expeditiously.</p> <p>Applicants awaiting registration can work as Second Attendants.</p>
Transitional certificates have benefits for continuity and meeting clients well in advance to being on-call for them. This class of registration has increased safety, quality of care and collaboration in our practice	

### 3. FEEDBACK FOR CONSIDERATION

Comments	For Consideration
<b>Emergency Class (section 14)</b>  Concern raised with respect to registrant under this class “must at all times practise midwifery under the supervision of a Supervisor approved by the College.”	If the Emergency class is opened under paragraph 1 of subsection 14(1), the proposed regulation allows for some flexibility for the proper adaptation of paragraph 1, subsection 15(1) (supervision) depending on the circumstance and emergency.

<p>A supervisor is defined as a member means a member who has, (a) been approved by the College to supervise a member who holds a supervised and emergency 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;</p> <p>“It will particularly be a problem if hospitals determine that supervision requires an approved supervisor to be on site for every birth. Members have told the AOM that this has been a barrier to engaging supervised midwives in some communities.”</p>	
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## Attachment 1

### Public Consultation Feedback

The comments displayed below were posted verbatim.

1. We would request that we keep the transitional certificate class. We have used this option to get New Registrants privileges in a timely way, due to the summer months and also it has had benefits for continuity and meeting clients well in advance to being on-call for them. Clients have really liked meeting the New Registrants as soon as possible and we think this extra time of relationship building provides safety. We believe it has allowed for a more robust integration time and it lends itself to more interactions between the new midwife and their new team member midwives as during this time they are checking in with every client and extra handover occurs. We think this class of registration has increased safety and collaboration in our practice. We would ask to please keep it as an option because it increases safety and quality of care.
2. I agree with removing the number of births from the criteria to be registered to facilitate midwives working in different models of care. I would like to learn more the number of hours and other criteria to maintain competency in areas of care provided.
3. The change to hours of clinical practice from births recognizes the evolving work of RMs. It would be good to have an understanding of how many hours that would be. Emergency class of registration seems essential.
4. As I understand it, midwives in what is currently the inactive class cannot provide labour support or breastfeeding support as this is part of the midwifery scope of practice. This means that an inactive midwife is more limited in her actions than a member of the general public. I would like this to change with the new regulations and with the non-practising class.

I'm not sure if this is relevant to the current standard, but many midwives have expressed that they would like to be able to use the word midwife when retired and no longer practicing. I understand protecting the term "registered midwife" but there should be a version of the title we are allowed to use instead of being completely forbidden from acknowledging that we are no longer practising midwives.

5. I agree:
  - The proposed definitions are sufficiently clear for midwives and applicants.
  - The proposed definitions are sufficiently clear for clients and the public.
  - The proposed definitions accurately reflect contemporary midwifery practice.
 I agree:
  - The new emergency class serves the people of Ontario in the public interest.
  - The registration requirements for the emergency class are sufficiently clear for midwives and applicants.
 I agree:
  - The titles of the four classes of registration (General, Supervised, Emergency and Non-Practicing) are sufficiently clear.
  - The elimination of the transitional class is in the public interest.
  - The addition of the emergency class is in the public interest and helps to serve Ontarians.
  - Renaming the "inactive" class to "non-practicing" is a more transparent title to reflect that midwifery care cannot be provided by those registered in this class.
 I agree: SUGGEST THAT A RANGE OF AN EXAMPLE OF THE RANGE OF "HOURS" REQUIRED FOR CURRENCY COULD BE ADDED HERE. (e.g. 500-1000 hours or whatever you imagine it to be for a locum/hourly paid/salaried clinical educator/Alternative practice/part-time)
  - The reporting requirements for applicants applying to any class of registration are sufficiently clear.
  - The application requirements allow the College to gain a clearer picture into the applicant's suitability to practice and accordingly make decisions in the public's

interest.

- The reporting requirements are sufficiently clear for midwives.
- The broadened terms, conditions, and limitations sufficiently cover all circumstances that pertain to the professional conduct of a midwife that the College would need to know about for determining the midwife's suitability to practice.

I agree:

- The requirements applicants must meet to be registered in the general class of registration at the College are sufficiently clear.
- Recognizing Canada-wide degrees in this section reduces barriers for applicants to register with the College
- The proposed regulation reflects the evolving practice of midwifery and sufficiently ensures midwives maintain clinical competency in the areas in which they practice.

I agree:

- The requirements that out of province certificate holders must meet to be registered in the general class of registration are sufficiently clear.
- These provisions facilitate labour mobility and serve the public interest.
- The proposed terms and conditions on supervised certificates are sufficiently clear.
- The requirements to have an approved supervisor and to be actively pursuing meeting the supervised requirements serve the public interest while providing some flexibility for midwives.
- The timeframes for holding a supervised certificate of registration and extensions are sufficiently clear.
- The proposed expiry provisions serve the public interest.
- The requirements for moving from a supervised to a general certificate of registration are sufficiently clear and reasonable for midwives.

I agree:

- The labour mobility requirements for out of province supervised or equivalent certificate holders are sufficiently clear for midwives and applicants.
- These provisions facilitate labour mobility and serve the public interest.

I agree:

- The new emergency class serves the people of Ontario in the public interest.
- The registration requirements for the emergency class are sufficiently clear for midwives and applicants. Such a clause would make it easier to deploy midwives to meet the increased needs for MRPs during an emergency; such as the next pandemic, natural disaster, etc..
- The terms, conditions, and limitations on an emergency class certificate of registration are sufficiently clear.
- It is in the interest of clients and the public to have midwives practise under supervision while registered in the emergency class.
- It is in the interest of clients and the public to have midwives identify that they belong to the emergency class

- The time periods associated with the expiry/revocation of an emergency class certificate of registration and possible extension are sufficiently clear.
- The circumstances associated with the expiry/revocation of an emergency class certificate of registration serve the public interest of the people of Ontario.
- The 90 days provided prior to the expiry/revocation of an emergency class certificate of registration following notice from Council that the emergency circumstances have ended serves the public interest by providing sufficient time to coordinate and transition care
- The requirements to move from an emergency certificate to a general certificate are sufficiently clear.
- Recognizing the requirements for entry into the emergency class and the births attended while in the emergency class serve to help the people of Ontario in the public interest.

I agree: WITH RESERVATION?

- The registration requirements for issuing a non-practicing certificate of registration are sufficiently clear.

HAVE YOU CONSIDERED THE IMPLICATIONS FOR CLINICAL EDUCATORS WHO PRACTICE IN ALTERNATIVE PRACTICE AGREEMENTS, WHO ARE NOT BILLING THE MOH THROUGH A TPA, OR WHO MAY PRACTICE IN A UNIVERSITY-BASED CLINIC ASSOCIATED WITH A TENURE. PRACTICE MAY ONLY BE RECORDED AS PART OF CLINICAL TEACHING ACTIVITIES WHERE CARE IS DELIVERED TO CLIENTS WITHOUT ANY ADDITIONAL COMPENSATION OTHER THAN FACULTY SALARY? HOW CAN THE

REGULATION SPEAK TO FACULTY-BASED PRACTICE? PRACTICE CAN AND DOES OCCUR OUTSIDE OF MOH FUNDING.

I disagree:

- The terms, conditions, and limitations on a non-practicing certificate of registration are sufficiently clear to midwives.
- The terms, conditions, and limitations are sufficiently clear to members of the public.

I agree:

- The resignation process is sufficiently clear for midwives.
- The consequences for failing to provide information as required under the by-laws are sufficiently clear.
- Notice of an intention to suspend or suspension adequately reflects the level of risk involved to clients and the public when midwives do not provide required information.
- The process for a suspension being lifted in relation to failing to provide required information is sufficiently clear.
- The consequences of failing to maintain professional liability insurance are sufficiently clear to midwives.
- The process for a suspension being lifted once professional liability insurance has been obtained is sufficiently clear.
- This section sufficiently protects clients seeking compensation as a result of malpractice or negligence
- The requirements for a suspension being lifted once a fee or penalty has been paid are sufficiently clear.

6. I have no issues with any of the proposed registration regulation changes. The written registration changes seem pretty clear. I am happy to see the removal of active birth numbers required to maintain competency as the outlined numbers do not reflect competency. I do agree with the emergency class of registration.

I did find the process of reviewing the proposed regulation changes quite difficult. It took a lot of time to read through and compare with current regulations and for the average midwife it is hard to tease out if small changes in wording would affect regulations on how I practice midwifery or might want to in the future as well as how that affects how the practice of midwifery works in general.

7.
  1. Processes undertaken by hospitals and other entities that may credential and appoint midwives to their staff may be missing from the lists of information midwives should provide to the College. I am thinking of disciplinary processes – where have these gone? Why? I think this is an important area to continue to consider.
  2. Intrapartum surveillance for fetal well-being is not covered sufficiently in any of the required competency courses (NRP, ESW, CPR) to reflect the huge responsibility it entails and the risk it represents. The CMO should add fetal surveillance certification to the list of required courses.
  3. The changes to active practice and maintenance of competency are great. Why is the CMO not applying the same logic and direction of these changes to the initial registration period? The focus on caseload-type practice here risks increasing the hardship of entry to practice, where new midwives may be held to working conditions that other CMO members are not. Why not reflect the new approach to competency maintenance from the start?
8. We understand the rationale for removing transitional certificates from registration options. However, some clinics and new registrants have relied on using the transitional certificates for initiating the hospital privilege process in the spring in order to get through credentials prior to when MAC breaks for summer holidays. At our hospitals there are no meetings held in July or Aug for credentialing new staff, so if new midwives miss the June meeting, then they cannot get privileges/attend hospital births until late September or October. This proposal would significantly impact services in our community if adopted before the upcoming cohort of graduates are registered. Should the CMO proceed with this regulation change, please consider

delaying the effective date by some months to give all midwifery clinics a chance to adapt and adjust the timing of caseload for future new registrants.

9. I agree with the removal of minimum birth requirements. I would like further clarity that there is no minimum requirement for births or “midwifery work” in or out of hospital.

Insurance requirements should be more flexible to allow midwives to work more independently and flexibly.

10. it is interesting that in order to become registered in Ontario as a midwife, one needs to have done 30 births with continuity and 10 out of hospital. I wonder how reflective this is of organized midwifery in other countries.

And then to remove any requirement to do births to be registered in Ontario.

What percentage of ontario midwives are not doing intrapartum care and should the whole system change just because of that?

11. I strongly agree with the removal of minimum birth number requirements after initial registration – this will allow midwives to work in alternate practice arrangements providing a broader scope of care not limited to intrapartum care. I’d like to see more specific details about the number of hours required and I question whether this is overly prescriptive – if a midwife meets clinical competency, why is the number of hours in practice relevant?
12. I am happy to see that the new regulations deemphasize the numbers of births needed to maintain competency. With the various new models of being a midwife in ontario, we need to allow midwives to practice in alternative ways. I understand the logic that midwives need to be insured to be registered, but there are situations this is impossible due to the funding situation. The way our insurance is funded currently, if you move practices (and say have a month or 2 in between), your insurance may be given to another midwife, and you may be uninsured (but also not practicing), but need to remain registered. The suspension of your registration, should have a different title, and no fee attached to reinstating it.

## Appendix II

### Other Stakeholders Feedback

1. Written feedback from Kelly Ebbett, Executive Director and Registrar, Midwifery Council of New Brunswick
2. Written feedback from Wendy Murko, RM, Community Midwives of Halton
3. Written feedback from Karline Wilson-Mitchell, Director and Associate Professor, Toronto Metropolitan University
4. Written feedback from Allyson Booth, Association of Ontario Midwives
5. Written feedback from Bradley Callaghan, Associate Deputy Commissioner Competition Bureau, Government of Canada



[REDACTED]

Kelly Ebbett - Midwifery Council NB [REDACTED]

[REDACTED] before the meeting was over last week. I have read the draft minutes of the meeting 😊

I have just completed reading through the CMO's Proposed Regulation Registration Consultation Guide. This is excellent!! I can appreciate how much work went into all of this, along with legal counsel's involvement. It is helpful for me to see the what regulatory changes are being made and for consideration of adjustments when we can in NB.

I hope to attend the meeting in March but it will depend on the day as I have a few things on.

However, in the meantime, I thought I'd send my one little question to you re: section 1 a) on page 1 (as it's the only question I have!)

"Supervisor" means a member who has,  
(a) been approved by the College to supervise a member who holds a supervised and  
emergency certificate of registration,

I'm wondering if this should be written and/or? Recognizing that a member under supervised practice requires a supervisor and a member in the emergency class also requires a supervisor. To me, this line reads as though, the supervised member needs to hold BOTH certificates - and I don't think that's the case. I hope my question makes sense and if not let me know or we can chat further at the meeting.

Thanks for sharing this with us and for your continued work of chairing the Registration Affairs Committee 😊

**Kelly Ebbett** (she/elle)  
Executive Director/Directrice générale  
Registrar/Registraire

[registrar@midwiferycnb.ca](mailto:registrar@midwiferycnb.ca)  
(506) 300-0225  
[www.midwiferycnb.ca](http://www.midwiferycnb.ca)

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[REDACTED]

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[REDACTED]

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From: Wendy Murko [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Hi there,

We understand the registration reg is under review and the transitional certificate will be removed if the changes go ahead. In principle this makes sense. However, this has the potential to greatly impact our community and practice if the change occurs abruptly this spring. Our hospital privileging schedule is already tight to get new graduates through before the MAC breaks for the summer. Our NRs have relied on the transitional certificates being submitted in late May to be able to get considered for the June credentials meeting (by which time the general certificate has been obtained). If the CMO will no longer issues certificates until the CMRE results are ready, it will mean in our community that NRs will not be able to start attending births until October. We have already booked clients into care for our NRs for late summer, with the expectation they would be fully privileged by August using the transitional certificates initially to get considered for June credentials.

We request that if the proposed changes are approved, please consider delaying the effective date until sometime after this cohort of graduates are registered, as some practices such as ours have already started building caseload for our NRs. Clinics would need time to adjust to the changes of the timing of registration and privileging of new practice members going forward.

Kind regards,

Wendy Murko, RM  
Community Midwives of Halton

**Subject:** Re: Public Consultation: Proposed Registration Regulation

**Date:** Wednesday, March 15, 2023 at 6:30:13 PM Eastern Daylight Saving Time

**From:** Karline Wilson-Mitchell

**To:** Nadja Gale

**CC:** Darling, Elizabeth

Hi Nadja,

I was finally able to turn off my virus/trojan blocker and get to the website. Overall I really agree with most of the revisions and I posted my agreement and concerns.

I was finally thinking that we might have a regulation that would be less tied to a midwife working with a particular practice group under a TPA. This regulation allows midwives to consider putting up their own shingle and truly becoming free agents to work as Locums or have a fluid practice alternating between teaching, research and clinical practice. So having hourly requirements rather than number of births is amazing.

In order to convey this flexibility, here are a few things to consider.

- The registration requirements for issuing a non-practicing certificate of registration are sufficiently clear.
- I agree: [WITH RESERVATION you need to distinguish "Non-practicing under MOH funding models which might one day include faculty-based practice. Midwives might work for a hospital-based entity on salary, delivering care outside of scope" versus "Non-practicing midwifery at all". Can we learn from the Quebec language how midwives practice Sexual and reproductive care in PUV?](#)

HAVE YOU CONSIDERED THE IMPLICATIONS FOR CLINICAL EDUCATORS WHO PRACTICE IN ALTERNATIVE PRACTICE AGREEMENTS, WHO ARE NOT BILLING THE MOH THROUGH A TPA, OR WHO MAY PRACTICE IN A UNIVERSITY-BASED CLINIC ASSOCIATED WITH A TENURE. PRACTICE MAY ONLY BE RECORDED AS PART OF CLINICAL TEACHING ACTIVITIES WHERE CARE IS DELIVERED TO CLIENTS WITHOUT ANY ADDITIONAL COMPENSATION OTHER THAN FACULTY SALARY? HOW CAN THE REGULATION SPEAK TO FACULTY-BASED PRACTICE? PRACTICE CAN AND DOES OCCUR OUTSIDE OF MOH FUNDING.

Renaming the "inactive" class to "non-practicing" is a more transparent title to reflect that midwifery care cannot be provided by those registered in this class.

I agree: [SUGGEST THAT A RANGE OF AN EXAMPLE OF THE RANGE OF "HOURS" REQUIRED FOR CURRENCY COULD BE ADDED HERE. \(e.g. 500-1000 hours or whatever you imagine it to be for a locum/hourly paid/salaried clinical educator/Alternative practice/part-time\)](#)

- The reporting requirements for applicants applying to any class of registration are sufficiently clear.

I agree:

- The proposed definitions are sufficiently clear for midwives and applicants.
- The proposed definitions are sufficiently clear for clients and the public.
- The proposed definitions accurately reflect contemporary midwifery practice.

I agree:

- The new emergency class serves the people of Ontario in the public interest.
- The registration requirements for the emergency class are sufficiently clear for midwives and applicants.

I agree:

- The titles of the four classes of registration (General, Supervised, Emergency and Non-Practicing) are sufficiently clear.
- The elimination of the transitional class is in the public interest.
- The addition of the emergency class is in the public interest and helps to serve Ontarians.
- Renaming the "inactive" class to "non-practicing" is a more transparent title to reflect that midwifery care cannot be provided by those registered in this class.

I agree: SUGGEST THAT A RANGE OF AN EXAMPLE OF THE RANGE OF "HOURS" REQUIRED FOR CURRENCY COULD BE ADDED HERE. (e.g. 500-1000 hours or whatever you imagine it to be for a locum/hourly paid/salaried clinical educator/Alternative practice/part-time)

- The reporting requirements for applicants applying to any class of registration are sufficiently clear.
- The application requirements allow the College to gain a clearer picture into the applicant's suitability to practice and accordingly make decisions in the public's interest.

- The reporting requirements are sufficiently clear for midwives.
- The broadened terms, conditions, and limitations sufficiently cover all circumstances that pertain to the professional conduct of a midwife that the College would need to know about for determining the midwife's suitability to practice.

I agree:

- The requirements applicants must meet to be registered in the general class of registration at the College are sufficiently clear.
- Recognizing Canada-wide degrees in this section reduces barriers for applicants to register with the College
- The proposed regulation reflects the evolving practice of midwifery and sufficiently ensures midwives maintain clinical competency in the areas in which they practice.

I agree:

- The requirements that out of province certificate holders must meet to be registered in the general class of registration are sufficiently clear.
- These provisions facilitate labour mobility and serve the public interest.
- The proposed terms and conditions on supervised certificates are sufficiently clear.
- The requirements to have an approved supervisor and to be actively pursuing meeting the supervised requirements serve the public interest while providing some flexibility for midwives.
- The timeframes for holding a supervised certificate of registration and extensions are sufficiently clear.
- The proposed expiry provisions serve the public interest.
- The requirements for moving from a supervised to a general certificate of registration are sufficiently clear and reasonable for midwives.

I agree:

- The labour mobility requirements for out of province supervised or equivalent certificate holders are sufficiently clear for midwives and applicants.
- These provisions facilitate labour mobility and serve the public interest.

I agree:

- The new emergency class serves the people of Ontario in the public interest.
- The registration requirements for the emergency class are sufficiently clear for midwives and applicants. Such a clause would make it easier to deploy midwives to meet the increased needs for MRPs during an emergency; such as the next pandemic, natural disaster, etc..
- The terms, conditions, and limitations on an emergency class certificate of registration are sufficiently clear.
- It is in the interest of clients and the public to have midwives practise under supervision while registered in the emergency class.
- It is in the interest of clients and the public to have midwives identify that they belong to the emergency class

- The time periods associated with the expiry/revocation of an emergency class certificate of registration and possible extension are sufficiently clear.
- The circumstances associated with the expiry/revocation of an emergency class certificate of registration serve the public interest of the people of Ontario.
- The 90 days provided prior to the expiry/revocation of an emergency class certificate of registration following notice from Council that the emergency circumstances have ended serves the public interest by providing sufficient time to coordinate and transition care
- The requirements to move from an emergency certificate to a general certificate are sufficiently clear.
- Recognizing the requirements for entry into the emergency class and the births attended while in the emergency class serve to help the people of Ontario in the public interest.

I agree: WITH RESERVATION?

- The registration requirements for issuing a non-practicing certificate of registration are sufficiently clear.

HAVE YOU CONSIDERED THE IMPLICATIONS FOR CLINICAL EDUCATORS WHO PRACTICE IN ALTERNATIVE PRACTICE AGREEMENTS, WHO ARE NOT BILLING THE MOH THROUGH A TPA, OR WHO MAY PRACTICE IN A UNIVERSITY-BASED CLINIC ASSOCIATED WITH A TENURE. PRACTICE MAY ONLY BE RECORDED AS PART OF CLINICAL TEACHING ACTIVITIES WHERE CARE IS DELIVERED TO CLIENTS WITHOUT ANY ADDITIONAL COMPENSATION OTHER THAN FACULTY SALARY? HOW CAN THE REGULATION SPEAK TO FACULTY-BASED PRACTICE? PRACTICE CAN AND DOES OCCUR OUTSIDE OF MOH FUNDING.

I disagree:

- The terms, conditions, and limitations on a non-practicing certificate of registration are sufficiently clear to midwives.
- The terms, conditions, and limitations are sufficiently clear to members of the public.

I agree:

- The resignation process is sufficiently clear for midwives.
- The consequences for failing to provide information as required under the by-laws are sufficiently clear.
- Notice of an intention to suspend or suspension adequately reflects the level of risk involved to clients and the public when midwives do not provide required information.
- The process for a suspension being lifted in relation to failing to provide required information is sufficiently clear.
- The consequences of failing to maintain professional liability insurance are sufficiently clear to midwives.
- The process for a suspension being lifted once professional liability insurance has been obtained is sufficiently clear.
- This section sufficiently protects clients seeking compensation as a result of malpractice or negligence
- The requirements for a suspension being lifted once a fee or penalty has been paid are sufficiently clear.

On Mon, 13 Mar 2023 at 10:28, Nadja Gale <[n.gale@cmo.on.ca](mailto:n.gale@cmo.on.ca)> wrote:

Dear Karline and Liz,

As you may have seen, we are currently consulting on our proposed Registration Regulation. The draft proposed Registration Regulation not only includes an emergency class as per Government direction but also outlines the other changes we have been actively working on for a few years.

Our public consultation is open until April 3rd, at which time we will collect feedback from all stakeholders, meet with our Registration Committee to consider the feedback, and then meet with our Council to approve the final regulation. All of this must be completed by May 1st, as per the ministry's request. We acknowledge this is a very tight timeframe, however, we would welcome a meeting to review the proposed changes with you and obtain your feedback so that it is included in our discussions with our Council and committee members.

Would you have time to review our consultation information (link is provided below) and meet with us in March or the first week of April to answer any questions you may have? If so, please let me know your availability and I can arrange a meeting for us to discuss. Of course, we also welcome any written feedback.

Thanks for considering our request.

Kind regards,

Nadja

**Nadja Gale**

Director of Governance and Strategy

College of Midwives of Ontario

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**From:** College of Midwives of Ontario <[cmo@cmo.on.ca](mailto:cmo@cmo.on.ca)>

**Date:** Tuesday, February 28, 2023 at 11:45 AM

**To:** Nadja Gale <[n.gale@cmo.on.ca](mailto:n.gale@cmo.on.ca)>

**Subject:** Public Consultation: Proposed Registration Regulation

[View this email in your browser](#)



## **Public Consultation: Registration Regulation Including the Emergency Class (Proposed)**

The College has proposed significant changes to the Registration Regulation under the *Midwifery Act, 1991*.

The Registration Regulation has been revised to meet three main objectives:

- Set requirements to register safe, competent, and ethical midwives
- Ensure fair registration practices
- Reflect modern midwifery practice.

The College proposes to revoke the current regulation and replace it with a new Registration Regulation.

In 2021, the College conducted consultations on our recommendations regarding new registrant conditions and clinical currency requirements. The College also sought feedback on practice-related questions to understand current midwifery practice, including midwifery practice outside of a midwifery practice group model. This feedback was considered in drafting the proposed Registration Regulation.

Prior to recent amendments to the *Regulated Health Professions Act, 1991* (RHPA) requiring health regulatory Colleges to develop regulations creating an emergency class of registration, the Council of the College had approved the inclusion of a new Emergency Class within the proposed changes to the Registration Regulation. The College has since updated the proposed provisions for an Emergency Class to include the requirements outlined in the applicable regulation under the RHPA and is circulating the current proposal for

consultation.

Now, we are requesting your feedback as we launch our consultation on the proposed changes to the Registration Regulation.

[Click here to give your feedback.](#)

To help guide your feedback, we have posted a consultation document which compares the proposed Registration Regulation with the current one, gives a rationale for each proposed change, and discusses the anticipated impacts on clients, the public, midwives and applicants.

**This consultation is open until Monday, April 3, 2023.**

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**Share your feedback**



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College of Midwives of Ontario  
21 St. Clair Ave West, Suite 303  
Toronto Ontario M4T 1L9

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Association of  
Ontario **Midwives**  
*Delivering what matters.*

Registration Committee  
College of Midwives of Ontario  
21 St. Clair Avenue East, Suite 303  
Toronto, Ontario, M4T 1L9  
By email: [registration@cmo.on.ca](mailto:registration@cmo.on.ca)

April 6, 2023

Dear Registration Committee Members,

**Re: Proposed Changes to the Registration Regulation**

Thank you for this opportunity to provide feedback on the proposed changes to Registration Regulations under the Midwifery Act. We also appreciate the openness the CMO has shown by inviting discussion with the AOM about these important regulatory changes. The questions we brought to the recent meeting with Nadja Gale and Nancy Tran and this submission reflect what we have heard from our members both generally and during the CMO's consultation process.

Our response to the proposal is based on two major concerns:

1. The Registration Regulation must ensure flexibility to serve the public interest now and for many years to come as midwives adapt the way they work within the scope set by the Midwifery Act to meet changing client and community needs.
2. The Registration Regulation must allow for fair evaluation of international experience to eliminate prejudice against midwives arriving from other jurisdictions and eliminate barriers that prevent or delay experienced midwives from providing much needed care to Ontarians.

To answer both of these concerns, the AOM urges the CMO to propose eliminating the counting of births and courses of care from all requirements in the Registration Regulation and to substitute an evaluation of hours of work as in 7 (1) 2, which can be further detailed in CMO policies for application, New Registrant conditions and the maintenance of clinical currency. There are further recommendations in Section 2 pertaining to changes in wording and terminology which the AOM hopes will address systemic barriers to fairly recognizing and valuing international experience in the Registration Regulation.

In addition to these major concerns, we would like to offer a few comments and questions concerning:

3. Registration in the Emergency Class
4. Definitions
5. Disclosure requirements for issuance of a certificate of registration, any class, and Terms, conditions, and limitations on every certificate

## **1. Ensuring that the Registration Regulation serves evolving client and community needs within the scope of practice set by the Midwifery Act**

We are pleased to see the changes proposed in 7 (1) 2 to use hours rather than birth numbers to meet clinical experience and currency requirements for members registered in the General Class, since this change will accommodate current and future changes to how and where midwives work to respond to community needs within the legislated scope of practice. The CMO's *Proposed Registration Regulation Consultation Guide*<sup>1</sup> explains that the old method of counting births is problematic for registrants showing proof of currency because it is arbitrary, prescriptive, not evidence based, does not measure currency in all clinical skills and is prejudicial to some midwives because of where they practice. These are excellent arguments for measuring currency and experience in hours, but unfortunately the CMO proposal continues to require counting births for application to the General Class in 6 (1) and counting "courses of care" in the New Registrant requirements in 7 (1). The recommendations by the AOM in 1.1 and 1.2 below will make the Regulation clearer and more cohesive. They will allow flexibility for the profession to provide safe, quality care which is responsive to community needs.

### **1.1. Eliminate the counting of birth numbers for registration in the General Class**

The AOM recommends eliminating the birth counting requirements the CMO has proposed in 6 (1), 2, ii and 6 (1), 7, 2, (a). Counting birth numbers as a requirement for registration in the General Class assesses experience in only one aspect of the legislative scope of practice of midwifery. It does not provide any assurances about experience providing antenatal, postpartum, or newborn care. In the Registration Regulation, the College retains the right to approve education programs required for registration.

Education programs can be assessed based on curriculum and clinical experience provided to students in all aspects of the legislative scope of practice and the requirements of all relevant legislation, regulations, and standards. The College also has

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<sup>1</sup> College of Midwives of Ontario, Proposed Registration Regulation Consultation Guide, Pages 21-22, accessed at <https://cmo.on.ca/wp-content/uploads/2023/02/Proposed-Registration-Regulation-Consultation-Guide.pdf>, April 3, 2023.

the right to define the clinical experience required to register in policies. The approval of education programs and the setting of policies defining clinical experience requirements protects the public interest better than counting birth numbers and allows for changes that will occur in other relevant legislation, regulations, and standards over time to meet the changing needs of clients and communities.

## **1.2. Eliminate “courses of care” from the description of New Registrant Mentorship Conditions**

The AOM recommends eliminating the term “courses of care” in the phrase “until such times as they have completed the minimum number of courses of care specified in policy approved by Council” in 7 (1) 1 of the proposed regulation. The definition of “course of care” in section 1 of the proposed regulation is subject to multiple conflicting interpretations. For example, frequently clients and newborns are discharged prior to eight weeks postpartum, and discharge at six weeks postpartum is more common. Would this disqualify the care provided to clients and newborns that did not include care of the newborn to eight weeks postpartum from being counted as a course of care? Would attending the birth and providing postpartum care to a client not be counted because there was no care provided antenatally? The Transfer Payment Agency and Midwifery Practice Group Funding Agreement clearly defines a course of care to allow for any period of twelve weeks of care during pregnancy, labour, and the postpartum period. A long list of scenarios could be presented here which illustrate the lack of clarity in the term “course of care”.

Clarifying the requirements of completing a course of care in the regulations would require significant descriptive language that is better suited to policy than regulation. The AOM recommends that the regulation state only that the requirements of a policy passed by Council must be met to fulfill the requirement to practice with mentorship, eliminating the confusing and limiting term “course of care”.

Changes have already occurred in the Ontario health care system that enable and encourage midwives to serve unmet care needs by working in new models and collaborative care initiatives in addition to the model of care introduced in 1994. The Registration Regulation must use language and set requirements that reflects the scope of practice statement in the Midwifery Act and ensures the ability of the profession to respond to future changes in the health care system.

Section 2, below, will explain how the recommendations in 1.1 and 1.2 are also necessary to ensure that Canadian experience requirements are eliminated from the Registration Regulation.

**2. Fair evaluation of international experience to eliminate prejudice against midwives arriving from other jurisdictions and eliminate barriers that prevent or delay experienced midwives from providing much needed care to Ontarians.**

Changes to the regulation must remove barriers to recognizing international experience to ease the human resources crisis in midwifery and to ensure equity for midwives immigrating to Canada. The AOM believes that aspects of the requirements for registration in the General Class and the New Registrant mentorship conditions are prejudicial to midwives with international experience. The regulation may not appear to require Canadian experience, but it makes it difficult to fairly assess the value of international experience.

The AOM asks the CMO to consider the unintended discrimination against international experience in the wording of the Registration Regulation as proposed. Adopting the recommendation made in Section 1 above would solve many of the concerns outlined in 2.1 and 2.2 below. Care must also be taken to treat midwives with equivalent international experience the same as midwives with Canadian experience.

**2.1. Eliminate wording and requirements to register in the General Class which prevent fair and accurate assessment of international experience.**

The AOM recommends eliminating the birth counting requirements the CMO has proposed in 6 (1), 7, 2, (a). This is also recommended in Section 1.1 above, but here the AOM points out that the requirement is particularly prejudicial to midwives with international experience which is extremely valuable but may not be recognized because of the proposed wording of the Regulation. In many jurisdictions outside Canada, midwifery practice does not involve or define aspects of the Ontario model such as “primary midwife” and “continuity of care”. This does not necessarily mean that a midwife working in those jurisdictions has not gained valuable experience managing and providing antenatal, intrapartum, and postpartum care. Using terminology such as “continuity of care” rather than wording that describes experience in providing care as defined in the Midwifery Act can make it impossible for some applicants to show proof of equivalent international experience.

Some midwives may not have “out of hospital” births to count but may have practiced in low resource settings, acquiring skills and experience directly applicable to providing care at home, in birth centers and in clinics. In some parts of the world, midwives manage births in hospitals with no on-site physician back up, and with less equipment, medication and supplies than are generally available to a midwife attending a home birth in Ontario. Midwives who have experience in low resource settings may have

better skills and knowledge to work in rural and remote communities in Ontario than a midwife who has trained and worked exclusively in a large Ontario urban center but has attended some home births.

To make the change to counting hours of clinical experience proposed in 7 (1) 2, the CMO will need to further develop policies and tools to assess experience of General Registrants working in a variety of settings and offering care where the midwife's personal scope of practice will not include the full scope of practice described in the Midwifery Act. The CMO can also set requirements for acquiring currency when the midwife's personal scope of practice changes, for example, if a midwife has been providing only antenatal care for some period of time and plans to start attending births again. These same policies and tools should be adapted to apply to midwives with international experiences seeking to enter the profession. The AOM is working on a system of prior work verification for internationally trained midwives to be appropriately compensated under the Funding Agreement. Once complete, it could be shared with the CMO as an example of assessing equivalency of international experience, although it may not address all of the considerations necessary for regulation.

In one current situation brought to our attention by a member, an organization with vacancies for hospitalist midwives wants to extend an offer to an internationally trained midwife with extensive, valuable experience in a similar role in another country. The organization and the midwife face barriers under the current regulations which would not be removed by the proposed changes to the regulation. After completing the Orientation and Assessment Program, this candidate would then need to find work with a midwifery practice group, register in the Supervised Class to complete the required births out of hospital and with continuity of care and then meet New Registrant conditions in the General Class, being mentored while meeting requirements for "courses of care". The extra one to two years required to obtain the desired work as a hospitalist is a deterrent to the applicant and does not recognize the international experience that qualifies the applicant for the work.

This may appear to be fair because a new graduate from an Ontario Midwifery Education Program would have similar requirements to qualify for the position as a hospitalist. However, making the preparation needed by a new graduate to practice as a hospitalist the same as for a midwife who has been practicing as a hospitalist for many years devalues the international work experience. In effect, it is a requirement for Canadian experience.

**2.2. Ensure that the Regulation recognizes international experience in setting New Registrant Conditions in the General Class.**

The AOM recommends that the wording in the regulation allow for a New Registrant Policy that recognizes international experience. In the past, the CMO has placed the same mentorship conditions on all new registrants in the General Class irrespective of prior work experience. Amendments to the New Registrant Policy should set requirements which value international experience and recognizes the different mentorship needs of an experienced clinician transitioning to practice in a new jurisdiction and a new graduate. It is not clear to the AOM if the currently proposed wording of the Registration Regulation will allow for this.

**2.3. Ensure that experience in the Supervised Class is counted towards New Registrant conditions.**

The AOM recommends that the wording in the regulation allow for the counting of experience in the Supervised Class to be counted towards New Registrant conditions. Historically, many midwives with international experience have been unable to meet the birth numbers required to register in the General Class, particularly when the experience does not fit neatly into requirements for births as primary, remote from hospital or with continuity of care. When midwives make up the shortfalls in the Supervised Class, this experience is not counted towards meeting the New Registrant mentorship condition. It is an unreasonable assumption that an internationally trained midwife who is supervised by an experienced Ontario midwife to meet registration requirements is not at the same time being mentored by the Ontario midwife to adapt to independent practice in Ontario.

This double counting of the supervision and mentoring that must be provided can be a deterrent to the hiring of internationally trained midwives because more is expected from midwives and practice groups that are already overstretched, and it is less work to hire an Ontario trained midwife. While it is true that an Ontario graduate who cannot meet the birth number requirement must also make up the shortfall in the Supervised Class, this is a rare occurrence and the number of births required is usually very small. The burden of requiring other midwives to provide them with extra supervision/mentorship has fallen disproportionately on internationally trained and experienced midwives.

**2.4. Consider international experience to determine equivalency to Ontario experience when determining currency requirements for registration.**



The AOM recommends that the Registration Regulation treat international experience which can be verified as equivalent to Ontario experience as a factor in determining currency requirements. Requiring all applicants to the General Class (except those who were previously registered in Ontario and resigned) to show clinical experience within the two years prior to application is prejudicial to midwives with international work experience. It treats new Ontario graduates who obtained their experience only as students equally with internationally trained midwives who practiced independently after obtaining their education. The currency requirement in the proposed regulation for reapplication by someone who has previously been registered in Ontario and resigned is four years, and the CMO's *Proposed Registration Regulation Consultation Guide*<sup>2</sup> explains that prior experience is a relevant factor in allowing the four-year gap. No consideration is given to the amount of foreign work experience.

The CMO and the AOM share a commitment and intention to foster diversity within the profession of midwifery and eliminate racism and discrimination. We are partners in this important work. The recommendations and questions in Section 2 are offered out of concerns brought by members that the Registration Regulation requires intense scrutiny to ensure that it does not contribute to systemic discrimination. It is difficult to recognize what is necessary for regulation and what might be changeable to eliminate unnecessary discriminatory barriers in a document that has been at the foundation of the profession for decades. The AOM trusts the CMO to consider these recommendations and any other options to advance our shared goals for equity.

### **3. Registration in the Emergency Class**

The AOM welcomes the addition of an Emergency Class to the regulations to enable the profession to respond to situations such as the COVID19 Pandemic. In general, the AOM is supportive of the proposed changes as presented by the CMO. As the CMO is aware, providing supervision for midwives registered in this class will place time burdens on General Registrants that may, to some extent, negate the benefits of having an additional practitioner to provide care. It will particularly be a problem if hospitals determine that supervision requires an approved supervisor to be on site for every birth. Members have told the AOM that this has been a barrier to engaging supervised midwives in some communities. The AOM acknowledges that there may be no options under regulation to remedy this problem.

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<sup>2</sup> College of Midwives of Ontario, Proposed Registration Regulation Consultation Guide, Pages 15-16, accessed at <https://cmo.on.ca/wp-content/uploads/2023/02/Proposed-Registration-Regulation-Consultation-Guide.pdf>, April 3, 2023.



## 4. Definitions

There are two issues concerning definitions in the regulation which the AOM would like to flag for CMO consideration.

### 4.1. Course of Care

Potential confusion regarding the term “course of care” was discussed in 1.2. above. If the intended meaning is that the midwife should have experience in all aspects of the scope of practice statement in Article 3 of the Midwifery Act, it would be clearer to say that or adopt the wording in the Act in the Regulation. If the recommendation made in 1.2. is not adopted and the definition of “course of care” remains in the proposed Regulation, the AOM recommends that “includes care of the newborn baby eight weeks after birth” be changed to “includes care of the newborn baby *up to* eight weeks after birth”.

### 4.2. Out of Hospital

The CMO should consider using the term “community birth” to replace the term “out of hospital” or simply using home or birth center or clinic to describe the location of these births. The profession of midwifery and clients choosing birth at home or in birth centers may be best served by moving away from centering the hospital as the norm, and the wording “out of hospital” suggests that the hospital is the norm, and anything else is “other than.” Birth at home or in birth centres or clinics should be defined by what they *are*, not by what they *aren’t*.<sup>3</sup>

## 5. Requirements for issuance of certificate of registration, any class and Terms, conditions, and limitations on every certificate

The AOM recommends that the CMO consider the following three points to clarify requirements and make it easier for midwives to comply:

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<sup>3</sup> A excellent discussion of the benefits of replacing the term “out of hospital” with “community” can be found in Cheyney M, Bovbjerg ML, Leeman L, Vedam S. Community Versus Out-of-Hospital Birth: What's in a Name? J Midwifery Womens Health. 2019 Jan;64(1):9-11. doi: 10.1111/jmwh.12947. PMID: 30695160.

- The intention of “disclose any other event that would provide reasonable grounds for belief that the applicant will not practice midwifery in a safe and professional manner” may be unclear to applicants, leading them to fail to report something the CMO considers relevant. The CMO should consider making the reporting list more comprehensive rather than using this potentially problematic wording. For example, something specific be added such as “disclose any restriction, suspension, or termination of the applicant’s professional staff appointment in a public hospital, independent health facility or equivalent”.
- In reference to reporting criminal offenses adding “for which a pardon has not been granted” would make the requirement clearer and more reasonable.
- In 5, 1, (vii), the CMO should consider changing “A finding of guilt for any offence “to the less onerous and more relevant wording used in 4, 1 vii) B “An offence resulting in either imprisonment or a fine greater than \$1,000”.

In summary, the AOM urges the CMO to propose eliminating the counting of births and courses of care from all requirements in the Registration Regulation and to substitute an evaluation of hours of work as in 7 (1) 2, which can be further elaborated in CMO policies for application, New Registrant conditions and the maintenance of clinical currency as discussed in Section 1 of this letter. This will provide the flexibility needed to meet current and future client and community needs. The AOM also urges the CMO to ensure that the regulation allows for policies that fairly evaluate international experience to eliminate prejudice against midwives arriving from other jurisdictions and eliminate barriers that prevent or delay experienced midwives from providing much needed care to Ontarians as discussed in Section 2. The recommendations made in Sections 3 to 5 are secondary considerations which the AOM hopes will add clarity to the understanding and intention of the proposed Regulation.

The AOM is aware of the time pressure created by the government deadline for regulatory colleges to submit proposals for the addition of an Emergency Class of registration to regulations. This is a window of opportunity to submit a more robust proposal of necessary changes to the Registration Regulation. The AOM understands that many of the proposed changes presented in the public consultation have been considered by the CMO for many years, and the Registration Committee, Council and staff have invested a great deal of time in the process. It would be unfortunate if the opportunity was missed to go forward with very important changes such as those in 7 (1) 2 which increase flexibility for midwives in the General Class to work in ways that address community need. The AOM is unsure of the feasibility and the possibility of lost opportunity if the CMO chooses to submit the changes related to the Emergency Class by the deadline, but followed up reasonably quickly with other changes. This could provide more time to consider the input from all respondents to the public consultation,

including the AOM. The difficulty of making changes to regulations is understood, and the AOM appreciates the efforts of the CMO.

We appreciate the opportunity to provide input, and we look forward to continuing our dialogue with the CMO. Thank you for taking the time carefully consider this letter. Please do not hesitate to contact us for any clarifications or for further input.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Allyson Booth". The signature is fluid and cursive, with the first name "Allyson" written in a more compact, stylized manner and the last name "Booth" written more fully.

Allyson Booth, RM, Director, Quality and Risk Management

Cc: Kelly Stadelbauer, Executive Director, AOM

Kelly Dobbin, Executive Director, CMO

Nadja Gale, Director, Governance and Strategy, CMO



April 14, 2023

## **Competition Bureau comments on the Creation of Emergency Class Certificate of Registration**

Thank you for the invitation to comment on the creation of emergency classes of registration as required by Ontario Regulation 508/22 under the *Regulated Health Professions Act, 1991* (Amendments).

The Competition Bureau (Bureau), as an independent law enforcement agency, ensures that Canadians prosper in a competitive and innovative marketplace. As part of its mandate, the Bureau promotes and advocates for the benefits of competition.

### *Why competition matters*

Ontario's health regulatory Colleges (Colleges) play a critical role in protecting the public by making sure healthcare professionals are safe, ethical and competent.<sup>1</sup> Pro-competitive policies can help to advance these goals, as described in our market study: [Empowering health care providers in the digital era](#). The study explained how policymakers can leverage technology to gain the benefits of competition including improved quality of care, access to care and fostering innovation and its adoption. Pro-competitive policies can have other benefits in healthcare, including contributing to the resilience of the workforce by lowering barriers to entry. As made evident by the COVID-19 pandemic, this is particularly important during emergencies, which can create additional shortages and pressures on healthcare workers.

The Bureau recommends that the Colleges create these emergency classes of registration to maximize the benefits of competition, such as increasing the supply of qualified healthcare workers, and advance their goal of protecting the public. Further, the lessons learned in the process may also be used to benefit competition and public safety during times of non-emergency.

### *Competition assessment in policymaking*

The Bureau's [Competition Assessment Toolkit](#) was designed to assist policymakers in identifying competition issues and tailoring policies to maximize the benefits of competition. Once a policy is identified for assessment, the policymaker should consider whether it has the potential to restrict competition. This may be the case if it makes it difficult for businesses to emerge or compete, or for consumers to make informed choices or switch products or services.

The policymaker should then consider whether a feature in the policy that could restrict competition is necessary, narrowly cast and proportionate. If there is an alternative that

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<sup>1</sup> Health Profession Regulators of Ontario (2023). [Professions and their Regulatory Bodies](#).



achieves their policy goal in a more competition friendly manner, they should implement it accordingly and monitor its effects moving forward for any unintended consequences.

### *Restrictions and alternatives*

The various registration requirements set out by the Colleges for healthcare workers to practice are barriers to entry for future workers. Such barriers are intended to keep the public safe by ensuring that healthcare workers are ethical and competent to practice. During an emergency though, increased demand for healthcare services and strains on healthcare workers can result in labor shortages that may present their own risk to public safety.<sup>2</sup> Temporarily easing these registration requirements with an emergency class of registration (and thereby increasing or speeding up the entry of healthcare workers) can balance these risks.

By setting up the emergency class of registration to only be as restrictive as necessary during times of emergency, the Colleges can maximize the benefits of competition (i.e. a more resilient healthcare workforce and patient safety). The Amendments require the Colleges to establish registration requirements for individuals joining the emergency class. These requirements can be used to lower barriers to enter the profession. For example, by allowing for competent healthcare students, recent graduates or accredited workers from other jurisdictions to register and by exempting certain requirements for emergency class registrants to move to another class. To strike the right balance between the risks and benefits associated with temporarily lowering these barriers requires the medical expertise of the Colleges. The Bureau hopes that the framework of a competition analysis presented in the Competition Assessment Toolkit may be helpful in doing so.

The Bureau also encourages the Colleges to consider how pro-competitive policies can benefit patients and healthcare workers outside of times of emergency as well. The Amendments require the Colleges to specify a path for healthcare workers in the emergency class to move into other classes of practice and to be exempted from certain registration requirements in doing so. Such exemptions will lower barriers to entry for those workers on a more permanent basis. These lowered barriers are likely to result in faster entry and more licensed healthcare providers, and as a result, a more resilient workforce. As such, the competitive benefits of the emergency class certification extend outside of times of emergency. We encourage the Colleges to use their expertise to make these exemptions as broad as possible to maximize the benefits of competition, while still meeting the central health and safety objectives of registration requirements.

In making these decisions, as in performing any competition assessment, the Colleges should base their decision to the greatest extent possible on objective empirical evidence.<sup>3</sup> To the extent data on the effects of similar exemptions in other jurisdictions or during the COVID-19 pandemic are available, this could inform their decision. It may also be beneficial to track data on worker entry and patient safety for healthcare workers operating under the emergency class provisions going forward. This data could be used to make future adjustments to the exemptions provided for under the emergency class, relaxing or

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<sup>2</sup> Canadian Institute for Health Information (November 2022). [Health workforce in Canada: In focus \(including nurses and physicians\)](#).

<sup>3</sup> Competition Bureau (2020). [Strengthening Canada's economy through pro-competitive policies](#). See Step 3: Identify alternatives to address policy goals, if necessary.



tightening them as needed.<sup>4</sup> Perhaps more importantly, this same data could also be used to determine whether the regular registration requirements are as necessary, narrowly cast and proportionate as can be. Having identified how much these barriers to entry can be safely lowered to offset the risk of worker shortages during times of emergency, those lessons may be used to maximize the benefits of competition in ordinary times.

*We're here to help*

The Bureau's goal is to promote the benefits of competition across the Canadian economy. On the other end, policymakers, as subject matter experts and authorities, are in a unique and critical position to seize upon these benefits. By incorporating competition analysis into your policy assessment, you can maximize the benefits of competition while still achieving your policy goals.

Such competition analysis can be complex, but is worthwhile and the Bureau can help. If you would like to discuss the Competition Assessment Toolkit, or have questions about particular policy proposals or the suggestions above, please contact our Competition Promotion Branch.

Yours Truly,

Bradley Callaghan  
Associate Deputy Commissioner  
Competition Promotion Branch  
Competition Bureau

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<sup>4</sup> *Ibid.* See Step 5: Conduct an ex-post assessment.

# Midwifery Act, 1991

## ONTARIO REGULATION 168/11

### 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 community birth"~~ 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 ~~or~~ Emergency 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. (1) 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, inquiry 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, or ability to practise the profession 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 of the following:
    - A. A criminal offence.
    - B. An offence resulting in either imprisonment or a fine greater than \$1,000.
  - viii. 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.
  - ix. 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,
- i. will practise midwifery with decency, honesty and integrity and in accordance with the law,
  - ii. is mentally competent and physically able to practice in a safe manner,
  - iii. has sufficient knowledge, skill and judgment to competently engage in the practice of midwifery authorized by the certificate of registration, and
  - iv. will display an appropriate professional attitude.
3. The applicant must be able to speak, read, listen and write in English or in French ~~with reasonable fluency~~.
4. The applicant must, at the time of the application, provide the Registrar with the results of a police record check.

5. 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**

[Note: This section applies to all classes of registration.]

#### **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, inquiry 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, or ability to practise the midwifery profession ~~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. 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**

[Note: This section 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 or bodies 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 their 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~~ in community birth, 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.

7-8. This applicant must provide satisfactory evidence of competency in fetal surveillance.

(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 to a client in accordance with the principles of continuity of care,

(ii) 10 were attended in hospital, and

(iii) Five were attended ~~out of hospital~~ in community birth; 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.

(54) 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 requirements 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 day a member practises midwifery following the end ~~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 requirements are ~~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 of 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;
- (b) 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
- (c) has resigned their general certificate of registration and applied for and received a Non-practising 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: These 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 4 ii of subsection 19 (1).

## **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 earliest of the date on which any of the following events occur:

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 4 ii of subsection 19 (1).

### **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: These sections apply to applicants who may seek registration in an emergency situation. This class is required by the Registration Requirements Regulation made under the *Regulated Health Professions Act*.]

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

1. The Government of Ontario requests or Council determines it is in the public interest to register midwives in the Emergency class to address emergency circumstances.
2. The applicant must have successfully completed a midwifery program that met, at the time the applicant completed the program, the requirements of paragraph 1 of subsection 6 (1) or the applicant is registered or licensed to practise independently in a jurisdiction approved by Council or the Registration Committee.
3. The applicant must satisfy the Registrar that they practised midwifery within four years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.

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

## **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 member of the Emergency class.

## **Emergency class, expiry**

(2) An Emergency certificate of registration is revoked on the earliest of the date on which any of the following events occur:

1. The expiry of one year from the date the certificate was issued, unless the Registrar extends the certificate for one or more extensions under subsection (3).

2. The date to which the Registrar extended the certificate under subsection (3).
3. The date on which the Registrar revoked the certificate under subsection (4).
4. 90 days after receipt of notice of Council's determination that the emergency circumstances have ended.

(3) The Registrar may extend an Emergency certificate of registration for one or more periods, each of which is not to exceed one year, if, in the opinion of the Registrar, it is advisable or necessary to do so, provided Council has not determined that the emergency circumstances have ended.

(4) The Registrar may revoke an Emergency certificate of registration if, in the opinion of the Registrar or the Registration Committee, it is in the public interest to do so.

#### **Moving from Emergency to General certificate**

**16.** (1) The requirements in paragraphs 1 and 4 of subsection 6 (1) do not apply to an applicant if the applicant held an Emergency certificate of registration within two years before submitting their application for a General certificate of registration.

(2) The births which the applicant attended while holding an Emergency certificate of registration can be counted toward the requirement under subparagraph 2 ii of subsection 6 (1).

#### **Non-Practising class**

[Note: These 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.]

**17.** 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 18.
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**

**18.** 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**

**19. (1)** 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 judgement 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.]

**20.** (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 17 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**

**21.** (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**

**22.** (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**

**23.** (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.**

**24.** 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**

**25.** If the Registrar suspends a member's certificate of registration under section 22 or 23 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.

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# 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).**