

ON CALL



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Spring
2023





In This Issue

March Council Highlights.....	3
College Performance Measurement Framework Report Submitted.....	3
Notice of Elections.....	4
Revised - Record Keeping Standard	5
Recommending Changes to Prescribing and Lab Testing for Midwives	7
Professional Development Portfolio.....	8
FAQ - Professional Development Portfolio.....	9
Resource for Midwives: Complaints and Investigations	10
Mandatory Reporting Reference Tool.....	11
Privacy Webinar for Midwives.....	11
Practice Advice: Client Intake	12
IPAC Lapse Trends.....	13
College Updates & Resources	14
CMO.on.ca Redesign	14
College Staff Directory.....	15

March Council Highlights

March Council Training

Council training this month consisted of two sessions. The first, Defining Public Interest, was led by Janelle Benjamin, an equity, diversity, and inclusion specialist with background in regulation. The second training session was led by Deanna Williams who did a session on risk-based regulation and drew upon her experience as a former registrar, supervisor, and regulatory performance evaluator.

Budget 2023-2024

Council approved the 2023-2024 budget, implemented April 1. The College finished the fiscal year stronger than originally anticipated. The College anticipates three years of deficit budgets ahead, with a positive balance returning in 2026-2027. You [can read the approved budget on page 77 of the Council materials.](#)

College Council Members

Elected Professional Members

Claire Ramlogan-Salanga, RM, Chair
Edan Thomas, RM, Vice Chair
Robyn Berman, RM
Hardeep Fervaha, RM
Karen McKenzie, RM
Isabelle Milot, RM
Jyothy Nair, RM
Alexia Singh, RM

Appointed Public Members

Donald Strickland, Vice Chair
Marianna Kaminska
Jacqueline Morrison
Judith Murray
Oliver Okafor

Council meetings are open to midwives and the general public. They are currently streamed for observers by video conference.

The next Council meetings is June 21, 2023

College Performance Measurement Framework Report Submitted

On March 31, 2023 the College submitted to the Ministry of Health and posted on our website our 2022 College Performance Measurement Framework (CPMF) report.

The CPMF covers a wide variety of topics, including how colleges:

- perform as an organization,
- register applicants,
- measure practice improvement of regulated health professionals,
- process complaints about their registrants,

- work with external partners, such as other regulatory colleges, educational programs, and the broader healthcare system to improve public protection.

The College continues to demonstrate how we are meeting the standards to effectively regulate in the public interest and operate as an organization in key areas such as governance and working with system partners.

[The report is available on our website](#)

Join Council!

The College of Midwives of Ontario will be holding Council elections from June 1, 2023 to June 30, 2023, to fill three vacancies for professional member positions.

Each term consists of a duration of three years. The next term will begin October 4, 2023.

Read more on our website.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Revised - Record Keeping Standard



The College's Record Keeping Standard was revised at the December 2022 Council meeting. The new standard came into effect on April 1, 2023.

Click here to review the [revised Record Keeping Standard](#).

The midwifery record serves as a factual account of the client's care and is a key form of communication between midwives and between midwives and other healthcare providers. The midwifery record provides evidence to support the quality of the care and clinical decision-making, facilitates continuity of care, and reflects the client's values and preferences. To support this the midwifery record must identify what care was provided and why, who provided the care, when the care was provided, and recommended follow-up. In telling the story of a client's care, the midwifery record must be chronological, legible, and accurate. Clients have the right to records that are complete and understandable. Those records must remain private and secure.

The purpose of this standard is to set out the College's requirements for documentation in, and management of, records related to the practice of midwifery.

General revisions to the standard

- the format was revised to add distinct sections (e.g., standards for the midwifery record and standards for documentation) and the standards were numbered for easier reference
- the standards were made achievable for both electronic medical records and paper records (e.g., student signatures in electronic medical records)
- the title has changed from Record Keeping Standard for Midwives to Record Keeping Standard to stay consistent with the titles of other College standards about specific elements of care (e.g., Prescribing and Administering Standard, Professional Responsibilities While Supervising Students)

Continued on following page.

Revised - Record Keeping Standard

What has been removed from the standard

- the “Guideline on Records” section has been removed as it does not set a minimum standard
- the details about specific records (i.e., the Ontario Antenatal Record) have been removed to address the potential for outdated requirements
- standards about client confidentiality and access to records have been removed as these are held elsewhere (i.e., the *Personal Health Information and Privacy Act, 2004* (PHIPA))

What has been added to the standard

- a preamble was added to clearly articulate the importance of record keeping for midwives
- definitions were added that distinguish between midwifery and hospital records
- a standard was added to address issues raised during the consultation about the requirements for documenting erroneous and missing entries
- a standard was added about documenting delegated acts
- the requirement was added that each midwifery practice group’s documentation policy set out how care provided under supervision is addressed
- practice owners are identified as the information custodians responsible for record management
- a standard was added about documenting in an emergency
- a standard was added to ensure documentation is legible and written in either French or English

The new standard came into effect on April 1, 2023. If you have any questions please email cmo@cmo.on.ca and we will be in touch.

Recommending Changes to Prescribing and Lab Testing for Midwives



As the regulator for midwifery in Ontario, the College of Midwives of Ontario takes our public-interest mandate seriously.

We are pleased to share that we are currently working with the Ministry of Health to develop an expanded list of laboratory tests that can be ordered by midwives. We are also in consultation with the ministry about the drugs midwives are able to prescribe and administer for their clients. Expanding these lists will ensure clients have access to the tests and treatments required during pregnancy, birth, and postpartum, and decrease the number of consultations with other health care providers for routine tests and treatments.

Our original submission to the Ministry was to recommend midwives be able to order laboratory tests and prescribe drugs based on scope rather than a list. While the evidence demonstrates

that midwives being able to work to their optimal scope is ultimately in the best interest of Ontarians, it is undeniable that expanding the list of labs and drugs that midwives can order and prescribe will improve client care.

We will keep working to improve care for all midwifery clients and update you as we have more information.

Related Legislation

Our submissions about laboratory tests and designated drugs are considered separately by the Ministry of Health because they are part of two separate pieces of legislation. The Designated Drugs Regulation is under the [Midwifery Act, 1991](#), and the list of approved laboratory tests is included in the [Laboratory and Specimen Collection Centre Licensing Act, 1990](#).

Professional Development Portfolio

As midwives are aware, the College has replaced our previous Quality Assurance Program requirements with a new Professional Development Portfolio.

We have published [information on the new program on our website](#) as well as a [video that gives an overview of the program](#).

What is the Portfolio Program?

Midwives will develop a personalized Learning Plan to update or expand professional skills or areas of knowledge they want to improve. These unique plans will guide you as you engage in ongoing self-assessment, complete professional development activities, and take part in case reviews in group settings.

This evidence-based program replaces the College's previous Quality Assurance Program requirements.

The new Professional Development Portfolio has four components:

1. Self-assessment. This will assist you in developing your learning goals for the three years of the program.
2. Learning Plan. Each midwife will complete three learning goals over the three-year reporting period.
3. Case reviews. All registrants in the general and supervised practice classes of registration will have to complete case reviews. The number of case reviews required depends on the amount of time the registrant is in the general and supervised practice class.
4. Declaration. All registrants are required to declare their professional development activities every three years. Midwives will be able to submit their declaration in the Registrant Portal. More information on when you will be required to report is found on our website.

Who must participate?

All midwives—including those in the inactive class—will be required to submit a declaration of completion to the College via the Registrant Portal by the reporting deadline.

We can make accommodations for midwives who experience barriers to participating in, or reporting on, their Professional Development Portfolio.

When do I report?

You must submit your first declaration of completion three years after you become registered with the College, as shown on the table below. For those registered before October 1, 2021, you must submit in 2024.

After your initial reporting deadline, your Portfolio life cycle will start over, and you'll be required to submit every three years thereafter.

We've provided a [table of reporting deadlines on our website here](#).

The College is here to support you in understanding these changes. Please contact gap@cmo.on.ca with any questions about the new Professional Development Portfolio. We have also published an FAQ on the following page.

FAQ - Professional Development Portfolio

What is the purpose of the new professional development portfolio?

The professional development portfolio is designed to meet the learning needs of each midwife and to provide an opportunity to reflect on your practice and how it is meeting the needs of your clients and your goals as a professional. That is why the Learning Plan template asks you to determine your own learning needs, define your goals, and to reflect on what you learned. Case reviews (previously called peer reviews or peer case reviews) have also changed in that they ask you to reflect on your learning rather than asking for the specifics of who attended.

Do I have to meet one learning goal per year?

No. Midwives are required to create and meet three learning goals over the three-year reporting period which allows you to have short-term goals and long-term goals. Learning goals might be longer term if a workshop is being held on a date months or a year away, if you're participating in a program with a set completion day, or simply if you think your learning would benefit from the extra time. You are able to decide whether your three goals are short-term, long-term, or a mix.

Can I change my learning goals throughout the reporting cycle?

Yes. You are required to create and meet three learning goals over the three-year reporting period but these goals can be flexible. If your learning needs change, for example you move practices and your new client base has different needs, you may decide to revise your learning

goals. The aim of the professional development portfolio is to identify what your learning needs are and address them.

How do I report on the portfolio?

You will submit your declaration through the Registrants Portal which will open to registrants close to the reporting deadline in October 2024. In the meantime, midwives can [download copies of the learning plan and the case reviews from the website](#).

Why do registrants in the inactive class have to participate in the Professional Development Portfolio?

The General Regulation requires that midwives in the inactive class must participate in quality assurance programs. As the professional development portfolio is meant to meet the individual learning needs of each midwife, a midwife who has been in the inactive class for an extended period and no longer provides clinical care, or who has retired from practice is likely to have learning goals that are very different than a general registrant. Inactive registrants do not need to submit case reviews.

Where do I find the forms to complete?

The forms for the [Learning Plan](#) and the [Case Reviews](#) can be found on our website. [You can download a copy and complete them](#). They are in fillable PDF.

Resource for Midwives: Complaints and Investigations

Midwifery clients, members of the public, and midwives have a right to report concerns and file complaints about a midwife's conduct to the College. This means that some midwives will be the subject of complaints or reports at some point in their career.

As a regulatory body, part of the College's mandate is to ensure midwives provide the public with safe, effective, and ethical care in accordance with the professional standards of practice that midwives must adhere to.

Professional misconduct is conduct that falls below minimum expectations of a midwife. The College's Professional Misconduct Regulation sets out the specific conduct that constitutes misconduct and could result in disciplinary action by the College. The College's Professional Misconduct Guide provides a comprehensive overview of what constitutes professional misconduct.

Complaints and Investigations

Clients who are comfortable doing so are encouraged to discuss their concerns directly with the midwife or the midwifery practice before filing a complaint, potentially giving the midwife the opportunity to resolve any issues without the need to file a formal complaint.

However, if a client feels their best option is to address their complaint with a regulatory authority, they can contact the College. In its mandate to protect the public interest and ensure safe, effective, and ethical care, the College must address all complaints received about a registrant's practice or behaviour.

Concerns about the conduct, competence, or capacity of a midwife may be brought to the attention of the College outside of the complaints process. The Registrar has a responsibility and obligation to review information about a midwife's conduct that is not a formal complaint. This includes receiving reports from midwives and other health professionals. In these cases, the Registrar will consider whether it is necessary to take steps to address the alleged conduct or actions of the midwife.

The College recognizes that midwives may find it stressful when the College makes inquiries into a midwife's practice, or when the midwife becomes the subject of a complaint or College investigation. We have published a resource for midwives who are the subject of complaints or investigations.

Read the College's [Resource for Midwives – Complaints and Investigations](#) for more information on what midwives can expect should they be the subject of a complaint or investigation.

Mandatory Reporting Reference Tool

Regulated health professionals, including midwives and those who work with or employ them have legal and ethical obligations to make reports to the College in certain situations.

Filing a report when required ensures that the College is aware and able to address concerns related to professional misconduct and capacity which assists the College in achieving its mandate to protect the public by ensuring midwives are providing safe and effective care.

To help midwives understand their reporting requirements, the College has created a new Mandatory Reporting Reference Tool for Midwives. This chart outlines common reporting scenarios, and provides information about when, how, and what information to include when making a report.

The new chart covers the following situations:

- You are a midwife reporting information about yourself
- You are a midwife reporting alleged sexual abuse by another midwife
- You are a midwife who is an owner or facility operator reporting about other midwives
- You are a midwife who is the shareholder of a Professional Corporation
- You are a midwife reporting to someone other than the College of Midwives of Ontario.

[Review the new chart on our website](#) and get in touch if you have any questions about mandatory or permissive reporting. You can contact us at conduct@cmo.on.ca.

Privacy Webinar for Midwives

The College of Midwives of Ontario and the College of Physiotherapists of Ontario are pleased to welcome privacy expert and health lawyer Kate Dewhirst to host a webinar for all registrants on April 27.

Topics that we'll explore include circle of care and working with Ontario Health Teams, privacy and the use of social media, the role of a Health

Information Custodian, sharing information with families and disputes between caregivers about privacy, and more.

Date: Thursday, April 27

Time: 12:00pm – 1:00pm

[RSVP today to receive the webinar link.](#)

Practice Advice: Client Intake

Case Scenario

A midwife new to a practice has been asked to review the client intake forms that have been completed by potential clients looking for midwifery care. The first form the midwife reviews was submitted by a client who had one previous vaginal birth. This potential client notes that she may have one risk factor as a previous care provider told her that her BMI puts her at risk during pregnancy and birth. The client then follows up with the practice and asks if her BMI is a risk factor and if your practice will take her into care?

What does the midwife need to know in order to consider this?

The midwife must know the practice's intake process, which should be easy to understand and available to potential clients (e.g., posted on the website). The steps in the process, such as whether an in-person or virtual visit is part of the process of determining eligibility for midwifery care, should be included in the information available to clients in addition to any criteria that are used to determine suitability. These criteria may consider the level of care the client requires or expects, and the competencies of each midwife in the practice.

An intake process may also consider whether the practice has access to the resources to manage the client's care, or to consult or transfer care when needed. Where one practice is in a community where they do not have access to the care clients need, another practice may be in a community where they provide care in

collaboration with physicians who manage the elements of care outside of the midwifery scope. Because midwifery care usually includes prenatal, intrapartum, postpartum, and newborn care, an intake process that routinely declines clients because they may require a transfer of care for birth may not be reasonable.

Midwives are bound by the [Ontario Human Rights Code, 1990](#) which means midwives and practices cannot deny care to clients based on characteristics or circumstances under the code such as age, disability, race, or religion. A midwife or midwifery practice also must not turn down clients who require more time or attention due to their physical or social circumstances. In considering whether to accept a client into care, the midwife must adhere to the principles of the Ontario Human Rights Code where every person is entitled to access and receive health care services in a manner that respects their human rights.

Continued on next page...

Practice Advice continued

Making assumptions about a person's health or abilities because of their age or another prohibited reason, rather than based on clinical observation or professional knowledge and experience, is considered discrimination even if this is not the intent of the midwife or the practice's intake process.

Therefore, client intake processes should accept and decline potential clients in a way that applies to all prospective clients equally and should be made in good faith. In a scenario like this, it may not be reasonable to deny care based solely on a client's BMI.

If you do not accept a prospective client into your practice, it is important to discuss your decision with them honestly and courteously and record this discussion in your files, so you have a reference for ensuring the practice is making consistent decisions regarding accepting and refusing clients into care.

Finally – it is important that all members of the practice, including practice administrators, are aware of the client intake process so they can clearly communicate and manage the expectations of all prospective clients.

Related Legislation:

[Ontario Human Rights Code, 1990](#)

IPAC Lapse Trends

Barbara Yaffe, Ontario's Associate Chief Medical Officer of Health, has identified a trend related to Infection Prevention and Control (IPAC) lapses.

From the letter: All IPAC risk assessments identified by Public Health Ontario involved concerns with the reprocessing of reusable equipment and instruments and many involved concerns with medication preparation and administration. The most common contributing factor identified was the lack of IPAC education and training for staff.

These challenges were grouped into three categories.

1. Failure to check indicators
2. Failure to follow the manufacturer's instructions for use
3. Lack of IPAC education/training for staff responsible for reprocessing

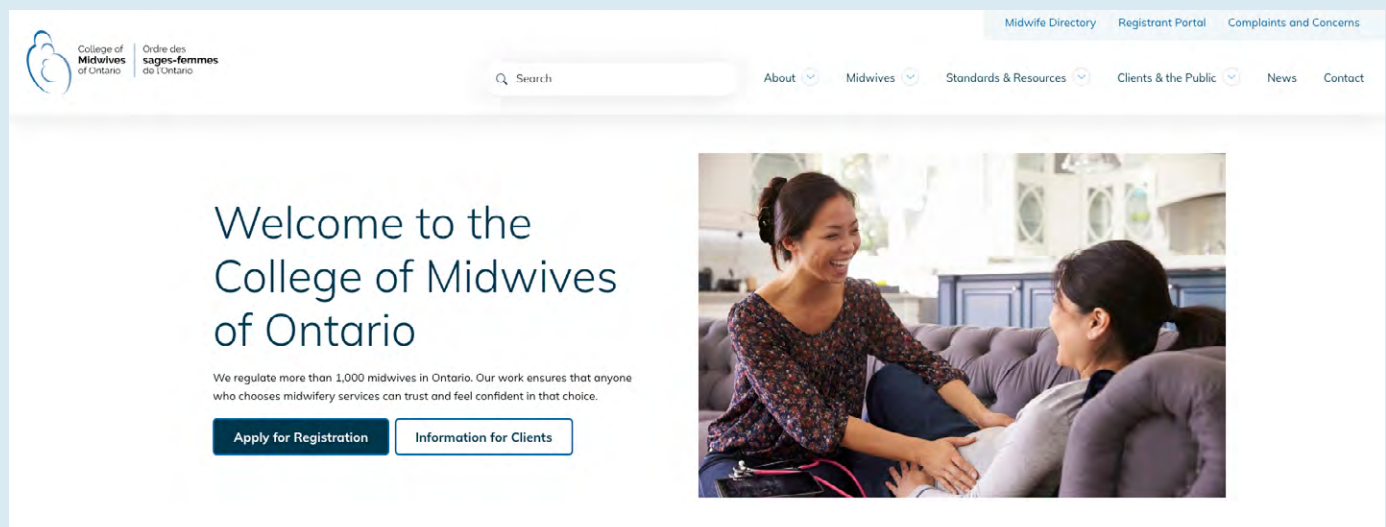
[Resources for preventing IPAC lapses can be found on Public Health Ontario's website.](#)

College Updates & Resources

i

Current College Membership
1,062 registered midwives as of
March 31, 2023.

765	General
70	General with new registrant conditions
3	Supervised Practice
0	Transitional
224	Inactive



The College has completed a website redesign to improve search functionality and navigation on the site.

After surveying website users in the last two years, the College has finished making website improvements to address concerns around search functionality and ease of navigation on the site. We've also created a new consultations page to foster engagement and will be continuing to build a practice advisory repository on the site.

College Staff Directory

Kelly Dobbin

Registrar/ CEO
k.dobbin@cmo.on.ca

Lieran Docherty

Director of Operations
l.docherty@cmo.on.ca

Johanna Geraci

Director of Policy and Professional Practice
Practice Advisor
j.geraci@cmo.on.ca

Nancy Tran

Director of Registration
n.tran@cmo.on.ca

Pamela Aedo

Registration Coordinator
p.aedo@cmo.on.ca

Chantel Credo

Registration Coordinator
c.credo@cmo.on.ca

Gina Dawe

Registration Officer
g.dawe@cmo.on.ca

Michele Pieragostini

Director of Professional Conduct
m.pieragostini@cmo.on.ca

Ashleagh Coyne

Professional Conduct Coordinator
a.coyne@cmo.on.ca

Nadja Gale

Director of Governance and Strategy
n.gale@cmo.on.ca

Zahra Grant

Governance Officer
z.grant@cmo.on.ca

Victoria Marshall

Communications
& Stakeholder Relations Officer
v.marshall@cmo.on.ca

Follow Us on Social Media



Contact Us

Phone: 416.640.2252

Email: cmo@cmo.on.ca

Web: www.cmo.on.ca

