



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

June 27, 2023



NOTICE OF MEETING OF COUNCIL

AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Tuesday, June 27, 2023 from 9:30 AM to 2:30 PM by videoconference.

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

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 14 h 30, le 27 juin, 2023.

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

Kelly Dobbin,
Registrar & CEO/ Registratrice et PDG



CMO Council Meetings – Guidelines for Observers

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

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

Strategic Framework

2021–2026



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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

Our Strategic Priorities

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

Key Outcomes We Are Expected to Achieve

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

Our Vision

A leader in regulatory excellence, inspiring trust and confidence

Our Mission

Regulating midwifery in the public interest

Our Guiding Principles

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



Accountability

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



Equity

We identify, remove and prevent systemic inequities.



Transparency

We act openly and honestly to enhance accountability.



Integrity

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



Proportionality

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



Innovation

We translate opportunity into tangible benefits for the organization.

COUNCIL AGENDA

Wednesday, June 27, 2023 | 9:30 am to 2:30 pm

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome & Land Acknowledgment	C. Ramlogan- Salanga	9:30	INFORMATION		-
2.	Conflict of Interest	C. Ramlogan- Salanga	9:35			-
3.	Review and Approval of Proposed Agenda	C. Ramlogan- Salanga	9:36	APPROVAL	3.0 Agenda	5
4.	Consent Agenda - Draft Minutes of April 26 th , 2023 Council Meeting Annual Reports for: - Executive Committee - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee	C. Ramlogan- Salanga	9:40	APPROVAL	4.0 Draft Minutes of April 26 th , 2023 Annual reports for: 4.1 Executive Committee 4.2 ICRC Annual Report 4.3 Registration Committee 4.4 Quality Assurance Committee 4.5 Discipline Committee 4.6 Fitness to Practise Committee 4.7 Client Relations Committee	7
5.	Chair Report	C. Ramlogan- Salanga	9:45	APPROVAL	5.0 Chair Report	33
6.	Executive Committee Report	C. Ramlogan- Salanga	10:00	APPROVAL	6.0 Executive Report 6.1 Q4 SOP (To be added after June 14, 2023)	35
	I. Audited Financial Statements	Hilborn			6.1 Audited Financial Statements (To be added after June 14, 2023)	38
11:00						

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Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7.	Registrar Report	K. Dobbin	11:15	APPROVAL	7.0 Registrar Report 7.1 ADM Letter to CMO 7.2 CMO Letter to ADM 7.3 Letter to Minister 7.4 ADM Memo	55
	I. Operational Plan Progress Report				7.5 Operational Plan	66
8.	Registration Committee	I. Milot	12:00			-
	I. Emergency Class Certificate				8i.0 Briefing Note 8i.1 ADM Memo 8i.2 Emergency Class Regulation 8i.3 Emergency Class Policy	78
	II. Orientation & Assessment Program				8ii.0 Briefing Note 8ii.1 OAP Pilot Appendix	97
LUNCH 12:40						
9.	IN CAMERA	C. Ramlogan-Salanga	1:00	MOTION	-	-
10.	Housekeeping	Z. Grant	2:25	INFORMATION		-
11.	Adjournment	C. Ramlogan-Salanga	2:30	MOTION		-
	Next Meetings: October 3-4, 2023 (IN-PERSON) December 5-6, 2023			INFORMATION		

MINUTES OF COUNCIL MEETING

Held on April 26, 2023 | 9:30 am to 11:30 am
Zoom Videoconference

Chair: Claire Ramlogan-Salanga, RM

Present: Edan Thomas, RM; Isabelle Milot, RM; Marianna Kaminska; Karen McKenzie, RM; Robyn Berman, RM; Jyothy Nair, RM; Hardeep Fervaha, RM

Regrets: Oliver Okafor; Judith Murray; Jacqueline Morrison; Donald Strickland; Alexia Singh, RM

Staff: Kelly Dobbin; Nadja Gale; Lieran Docherty; Nancy Tran; Victoria Marshall

Observers: Vivian Pang (MOH); Sarah Yun (WeirFoulds LLP)

Recorder Zahra Grant

1. Call to Order, Welcome and Land Acknowledgement

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:36 am and welcomed all present.

2. Declaration of Conflict of Interests

No declaration of conflicts of interest were declared.

3. Proposed Agenda

The proposed agenda was approved as presented.

MOTION:

That the proposed agenda be approved as presented.

Moved: Hardeep Fervaha

Seconded: Jyothy Nair

CARRIED

4. Minutes

Council approved the minutes of the March 22, 2023 meeting.

MOTION:

That the draft Minutes of the March 22, 2023 Council meeting be approved.

Moved: Jyothy Nair
Seconded: Isabelle Milot
CARRIED

5. Language Proficiency Policy

Isabelle Milot, Chair of the Registration Committee, introduced the Language Proficiency Policy. The policy was approved by Council in March however, post meeting staff determined that one of the French tests had been omitted from the list of approved tests documented in the policy. To avoid this type of oversight the committee is proposing a different approach to the policy that provides more nimble language capturing the intent of the policy but removing the specific tests and scoring grid. Instead, the handbook will provide the details of accepted tests and scores and will be continually updated for currency.

MOTION: That Council approve the revised Language Proficiency Policy.

Moved: Claire Ramlogan-Salanga
Seconded: Robyn Berman
CARRIED

6. Registration Regulation

Council reviewed the revisions to the proposed draft Registration Regulation based on feedback from the public consultation.

After review, Council recommended some language clean-up to the draft but in principle approved for submission to the Ministry by the requested May 1, 2023 deadline.

MOTION: 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.

Moved: Robyn Berman
Seconded: Isabelle Milot
VOTE: 8 Council Members (7 Professional: 1 Public)
CARRIED

Council moved to go in-Camera at 10:17 am to discuss matters with legal counsel.

MOTION: THAT pursuant to Section 7(2)(e) of the Health Professions Procedural Code, the Council meeting move in camera, on the basis that the College will receive legal advice.

Council ended in-camera and returned to the public meeting at 10:39 am.

Given the substantive amendment to the draft Proposed Registration Regulation where applicants will be required to provide evidence of competency in fetal health surveillance, the Council decided there is an obligation to circulate the amendment for public consultation while also directing the Registrar to request the waiver or abridgment of the required circulation period.

MOTION: THAT Council direct that the single amendment to the Proposed Registration Regulation be circulated to members and other stakeholders for 60 days.

AND

THAT Council direct the Registrar to request the waiver or abridgment of the required circulation period.

Moved: Isabelle Milot
Seconded: Marianna Kaminska
VOTE: 8 Council Members (7 Professional: 1 Public)
CARRIED

7. Adjournment

The meeting adjourned at 10:44 am.

MOTION: That the meeting of Council be adjourned at 10:44 am.

Moved: Edan Thomas
Seconded: Claire Ramlogan-Salanga
CARRIED

EXECUTIVE COMMITTEE

ANNUAL REPORT TO COUNCIL April 2022-March 2023

Committee Members

April 2022-October 2022	October 2022-March 2023
Chair: Claire Ramlogan-Salanga, RM	Chair: Claire Ramlogan-Salanga, RM
Professional: Edan Thomas, RM Claudette Leduc, RM	Professional: Edan Thomas, RM Isabelle Milot, RM
Public: Donald Strickland Marianna Kaminska	Public: Donald Strickland Jacqueline Morrison

Committee Meetings

	Q1	Q2	Q3	Q4	2022-2023 Total
Number of Committee Meetings Held	3	1	1	2	7
Number of Trainings	0	0	0	0	0

Panel Meetings/Hearings

N/A

Trainings

There was no formal training held but a review of role and responsibilities of the committee occurred at the November 9th meeting in Q3.

Items

Financial Oversight

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

The 2022 annual assessment of the External Auditor was completed by the committee and presented to Council at the December Meeting.

Governance Related

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

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

Council and Executive Committee meetings dates for 2024 were approved.

Registrar Review

The committee reviewed the results of the annual Registrar performance review with the support and guidance of consultant Sam Goodwin. The committee met with the Registrar to discuss findings of the report and presented them to Council at the June 2022 meeting.

Policy Related

The committee reviewed and approved revisions to the College's Governance Policies to incorporate principles of equity, diversity, and inclusion to the College's approach to governance. Revisions were also made to the governance policy *Monitoring Registrar- CEO Performance – CRL 4* based on Council's engagement with Sam Goodwin and the recommendations approved for the process of Registrar-CEO evaluation.

A special meeting of the committee occurred on January 30th, 2023 to review revisions to the proposed Registration Regulation as previously approved by Council regarding Emergency Class provisions based on amendments to the *Regulated Health Professions Act, 1991*. The committee approved the revisions for consultation only to be brought to Council for final approval of the draft proposed Registration Regulation following consultation.

Attachments:

None.

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

ANNUAL REPORT TO COUNCIL

April 2022 – March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Susan Lewis	Chair: Samantha Heiydt
Professional:	Professional:
Edan Thomas, RM	Edan Thomas, RM,
Lilly Martin, RM	Hardeep Fervaha, RM,
Claudette Leduc, RM	Karen McKenzie, RM
Public:	Public:
Judith Murray	Judith Murray
Marianna Kaminska	Marianna Kaminska
Non-Council:	Non-Council:
Christi Johnston, RM	Sarah Kirkland RM
Sarah Kirkland RM	Maureen Silverman RM
Maureen Silverman RM	Emily Gaudreau RM
Emily Gaudreau, RM	Samantha Heiydt
Susan Lewis	Jillian Evans
Samantha Heiydt	Nadine Robertson
Jillian Evans	

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	7	3	5	6	21
Number of Committee Meetings Held	0	1	0	0	1
Number of Trainings	0	0	1	0	1

Notes: Of the 21 panel meetings, 19 were held by videoconference and 2 were held by email.

This fiscal year, the ICRC addressed the following:

Updates to the Alternative Dispute Resolution (ADR) Program

The College implemented ADR on April 1, 2019. Staff conducted a review of areas in which the program could be improved and acting on lessons learned since the program was implemented. The ICRC made the following changes:

- Utilized standard terminology when referring to midwives that are registered with the College as "registrant" (from "member").
- Rescinded the ADR Eligibility Policy and implemented an ADR Policy.
- The new ADR policy includes:

- A brief outline of what to expect in the process.
- An expanded eligibility criteria and changed the way prior history is treated. ADR resolutions no longer constitute "prior history" that must be considered by the ICRC in any future case.
- Revisions to the ADR Facilitator Policy that include using mediator instead of facilitator, set expectations clearly that all efforts are made to achieve resolution within 60 days, and set expectations that midwives are expected to attend, but may bring their lawyers with them.

Requests For Extensions to Provide Written Submissions

The ICRC approved an internal policy on granting exceptions, which allows staff to approve extensions on behalf of the ICRC.

Considered the Oral Caution Process

The ICRC decided to conduct all oral cautions by Zoom moving forward, instead of requiring an in-person meeting. The ICRC also decided to include the language of the oral caution within their decision and reasons document to streamline process and provide the midwife with an opportunity to review the material before attendance at the oral caution.

Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	21	18	26	22	N/A	1	0	0	0	N/A
New files	12	11	9	17	49	0	0	0	0	0
Closed files	15	3	13	14	45	1	0	0	0	1
Active files at end of reporting period	18	26	22	25	N/A	0	0	0	0	N/A

Notes:

YTD: 49 new complaint files were a result of receiving 32 complaints. 8 complaints involved more than one midwife.

Themes of New Matters

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	-	-	-	-	-	-	-	-	-	-
Billing and fees	-	-	-	-	-	-	-	-	-	-
Communication	6	6	6	9	27	0	0	0	0	0
Competence /Client Care	11	3	4	11	29	1	0	0	0	0
Fraud	-	-	-	-	-	-	-	-	-	-

Professional Conduct & Behaviour	3	2	0	1	6	0	0	0	0	0
Record Keeping	4	1	0	0	5	0	0	0	0	0
Sexual abuse /Harassment / Boundary Violations	0	0	0	0	0	0	0	0	0	0
Unauthorized Practice	-	-	-	-	-	-	-	-	-	-

Notes:

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

Some complaints involve more than one theme.

Source of New Matters

Source of New Matters	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	10	9	9	16	44	0	0	0	0	0
Family Member	1	1	0	0	2	0	0	0	0	0
Health Care Provider	0	1	0	0	1	0	0	0	0	0
Information received by Mandatory / Self Report	0	0	0	0	0	0	0	0	0	0
Information received from another source	0	0	0	0	0	0	0	0	0	0
Additional Concern arising from an existing investigation	0	0	0	0	0	0	0	0	0	0
Another Midwife	1	1	0	1	3	0	0	0	0	0

Outcomes/Completed Cases

Number of Resolved Cases and Outcomes	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
ADR Resolution	5	3	4	1	13	N/A				
Complaints Withdrawn	0	0	0	0	0	N/A				
Frivolous and Vexatious	0	0	0	0	0	N/A				
No Action	7	0	5	8	20	0	0	0	0	0
Advice & Recommendations	3	0	4	3	10	0	0	0	0	0
Specified Continuing Education or Remediation Program (SCERP)	1	0	0	1	2	0	0	0	0	0

SCERP AND Oral Caution	0	0	0	1	1	0	0	0	0	0
Referral to Discipline Committee	0	0	0	0	0	0	0	0	0	0
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0	0
Acknowledgement & Undertaking	0	0	0	0	0	0	0	0	0	0
Undertaking to Restrict Practise	0	0	0	0	0	0	0	0	0	0
Undertaking to Resign and Never Reapply	0	0	0	0	0	0	0	0	0	0

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

Themes of Completed Matters where action was taken by the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Competence /Patient Care	0	0	1	5	6	1	0	0	0	1
• Management of hypertension	0	0	0	0	0	1	0	0	0	1
• Timely in-person assessment	0	0	1	0	1	0	0	0	0	0
• Management of hyperbilirubinemia	0	0	0	1	1	0	0	0	0	0
• Management of fetal heart rate	0	0	0	1	1	0	0	0	0	0
• Timely consultation with a physician	0	0	0	1	1	0	0	0	0	0
• Providing evidence-based care re. stretch and sweep	0	0	0	3	3	0	0	0	0	0
Communication	3	0	3	0	3	0	0	0	0	0
• Student Supervisor	1	0	0	0	0	0	0	0	0	0
• ICD	1	0	2	0	3	0	0	0	0	0
• Providing supportive care	1	0	1	0	2	0	0	0	0	0
Record Keeping	1	0	2	0	3	0	0	0	0	0
Professional Conduct.	0	0	1	0	1	0	0	0	0	0
• Signing a document outside of scope	0	0	1	0	1	0	0	0	0	0

Notes:

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

Category of main themes are based on the current methodology set out by the Ministry for the College Performance Measurement Framework (CPMF) Reporting Tool. Subcategories represent the concern of the ICRC that required remediation.

Some complaints may involve more than one midwife.

Timelines

Closed cases	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed by ADR <120 days	5	3	4	1	13					
Number of files closed <150 days	3	0	2	3	8	1	0	0	0	1
Number of files closed between 150 days and 210 days	6	0	1	2	9	0	0	0	0	0
Number of files closed >210 days	1	0	6	8	15	0	0	0	0	0
Average: (reported in number of days)	189	-	219	219	209	91	-	-	-	91
Median: (reported in number of days)	206	-	227	223	219	91	-	-	-	91
Average: for ADR cases (reported in number of days)	70	85	111	60	81					

Notes:

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

Alternative Dispute Resolution

Stats	Q1	Q2	Q3	Q4	Total
Open files with ADR (Files carried over)	4	5	6	1	N/A
New files referred to ADR	7	4	1	4	16
Closed files with in 60 days	2	0	0	1	3
Closed files with in 120 days	3	3	4	0	10
Files returned to ICRC due to timeframe	0	0	0	0	0
Files returned to ICRC due to unsuccessful mediation	1	0	2	0	3
Files returned to ICRC - Registrar did not ratify the agreement	0	0	0	0	0
Open files as at end of reporting period	5	6	1	4	N/A

Other useful information:	Q1	Q2	Q3	Q4	Total
Total Number of Complaints Received	12	11	9	17	49
Number of complaints that were not ADR eligible	7	3	3	13	26
Number of Complaints that were ADR eligible	5	8	6	4	23
Number of Complaints ELIGIBLE that proceeded to ADR upon consent of all parties	3	4	1	4	12

Appeals

Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	11	12	10	5	-
New HPARB appeals	1	0	0	0	1
Decisions confirmed by HPARB	0	2	5	1	8
Open HPARB appeals (at end of reporting period)	12	10	5	4	-

Notes:

HPARB Decision and Reasons:

[Lemme and Milton v Desaulniers CanLII 62781 \(ON HPARB\)](#)

[Lemme and Milton v Chatelain, Vigneault, Bourbonnais, Tushingham, Ludgate-Yee, Tsorba, Goodrich,](#)

[Scott and DeSaulniers CanLII 62775 \(ON HPARB\)](#)

[Chiodo v Carter, 2022 CanLII 94804 \(ON HPARB\)](#)

[Chiodo v Nestel, 2022 CanLII 94803 \(ON HPARB\)](#)

[Chiodo v Babe, 2022 CanLII 94805 \(ON HPARB\)](#)

[Borg v Ross, 2022 CanLII 93723 \(ON HPARB\)](#)

[Borg v Wilson, 2022 CanLII 93722 \(ON HPARB\)](#)

[Faris v Kemeny, 2023 CanLII 13652 \(ON HPARB\)](#)

Respectfully Submitted,

Samantha Heiydt

REGISTRATION COMMITTEE

ANNUAL REPORT TO COUNCIL

April 2022 – March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Isabelle Milot, RM	Chair: Isabelle Milot, RM
Professional: Karen McKenzie, RM	Professional: Robyn Berman, RM
Public: Peter Aarssen (resigned as of September 28, 2022) Oliver Okafor	Public: Jacqueline Morrison
Non-Council: Maryam Rahimi-Chatrri, RM Jessica Raison, RM Jillian Evans Samantha Heiydt Nadine Robertson	Non-Council: Maryam Rahimi-Chatrri Jessica Raison, RM Anna Boudria Samantha Heiydt Nadine Robertson

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	2	1	4	3	10
Number of Committee Meetings Held*	2	0	1	1	4
Number of Trainings*	0	0	0	1	1

* Of the 15 meetings held to date, 15 occurred by videoconference using Zoom.

The Registration Committee addressed the following:

Approval Of The Qualifying Exam

The Registration Committee passed a Motion to reinstate the Canadian midwifery Registration Exam (CMRE) set and administered by the Canadian Midwifery Regulators Council (CMRC) as the qualifying examination for the purpose of s.8(1)3 of the Registration Regulation made under the *Midwifery Act, 1991*.

New Orientation And Assessment Program

The Registration Committee reviewed and discussed the proposed format and structure of the new orientation and assessment program that would be developed by an expert consultant retained by the College for this purpose. In addition, the Registration Committee reviewed and discussed the admission criteria and rationale for enrollment in the new orientation and assessment program. The consultant met with the Registration Committee and answered the Committee's questions. The Registration Committee approved the criteria and recommended that Council approve the implementation of a pilot of the new orientation and assessment program for the purpose of determining equivalent qualifications under the Registration Regulation, to enable entry to practice for internationally educated midwives.

At its June 2022 meeting, the Council approved the pilot of the new College orientation and assessment program for internationally educated midwives for the purpose of determining qualifications that are equivalent to the degree referred to in the Registration Regulation in accordance with section 8.(1)1.iii of O. Reg. 168/11 under the *Midwifery Act, 1991*.

Language Proficiency Policy Consideration

At the November 2022 Registration Committee (Committee) meeting, the Committee made recommendations on the details of a proposed new policy on language proficiency. A number of considerations were asked of the committee including who should be exempt from writing a language proficiency test prior to entry to practice, which language proficiency tests should be accepted by the College, what should the benchmark be below which an applicant would not meet the requirements for registration, and how many times should a candidate be permitted to write a test. After discussing these questions, the Committee directed staff to apply the information gathered during the discussion to the proposed new policy before a decision is made on the details of the policy. The Language Proficiency policy was approved by the Registration Committee in February and by Council in March 2023.

Language Proficiency Policy

The Registration Committee approved the Language Proficiency Policy to be presented to Council in March with a few revisions.

Committee, panel, registrant changes and statistics follow:

Midwives by class of registration	#				%
	Q1 (1088)	Q2 (1081)	Q3 (1062)	Q4 (1062)	Total
General	744	762	756	765	72

General with new registrant conditions	87	81	74	70	7
Supervised practice	9	6	3	3	0
Inactive	248	232	229	224	21
Transitional	0	0	0	-	0

New midwives by class of registration	#					%
	Q1 (39)	Q2 (19)	Q3 (7)	Q4 (5)	Total (70)	Total
General	2	1	3	1	7	10
General with new registrant conditions	33	16	4	4	57	81
Supervised practice	4	2	0	0	6	9
Inactive	0	0	0	0	0	0
Transitional	0	0	0	0	0	0

New midwives by route of entry	#					%
	Q1 (39)	Q2 (19)	Q3 (7)	Q4 (5)	Total (70)	Total
Laurentian University graduates	4	4	2	2	12	17
McMaster University graduates	18	8	1	0	27	39
Toronto Metropolitan University graduates	14	6	1	2	23	33
International Midwifery Pre-registration Program (IMPP) graduates	1	0	0	0	1	1
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	1	1	1	1	4	6
Former registrants	1	0	2	0	3	4

Panel Referrals	Q1	Q2	Q3	Q4	Total
Total Number of referrals to a panel of the Registration Committee	3	3	3	34	43

Files Reviewed at Panel by Category	Q1 (3)	Q2 (3)	Q3 (6)	Q4 (32)	Total (44)
Application for registration ¹	0	0	3	0	3
Class change – Inactive to General ²	3	3	3	2	11
Active practice requirements shortfall ³	0	0	0	30	30
Re-issuance of a Supervised Practice certificate of registration ⁴	0	0	0	0	0
Reinstatement within one year following revocation ⁵	0	0	0	0	0
Variation of terms, conditions and limitations ⁶	0	0	0	0	0

Panel Outcomes by Category					
Panel Outcomes by Application for Registration ¹	Q1 (0)	Q2 (0)	Q3 (3)	Q4 (0)	Total (3)
Application approved – Registrar directed to issue certificate of registration	0	0	0	0	0
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	0	0	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	0	2	0	2

Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	1	0	1
Application not approved – Registrar directed to refuse to issue certificate	0	0	0	0	0
Panel Outcomes by Class change – Inactive to General ²	Q1 (2)	Q2 (4)	Q3 (1)	Q4 (3)	Total (10)
Requalification program approved – General certificate to be re-issued	2	4	0	1	7
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	0	0	0	0	0
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	0	1	2	3
Panel Outcomes by Active Practice Requirements Shortfall ³	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (28)	Total (28)
Exception granted – extenuating circumstances demonstrated	0	0	0	28	28
Shortfall plan required	0	0	0	0	0
Shortfall plan and undertaking imposing terms, conditions and limitations	0	0	0	0	0
Panel Outcomes by Re-issuance of a Supervised Practice certificate of registration ⁴	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (0)	Total (0)
Re-issuance approved – supervised practice extended	0	0	0	0	0
Re-issuance not approved	0	0	0	0	0
Panel Outcomes by Reinstatement within one year following revocation ⁵	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (0)	Total (0)
Requalification program approved – no supervised practice required	0	0	0	0	0
Requalification program approved – supervised practice required	0	0	0	0	0
Panel Outcomes by Variation of terms, conditions and limitations ⁶	Q1 (0)	Q2 (0)	Q3 (1)	Q4 (0)	Total (1)
Application refused	0	0	0	0	0

Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	0	0	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	0	0	1	0	1

Timelines: from referral to a panel, to a written decision	Q1 (2)	Q2 (4)	Q3 (5)	Q4 (31)	Total (42)
Files closed within 30 days	0	0	2	2	4
Files closed within 60 days	2	4	2	28	36
Files closed beyond 60 days	0	0	1	1	2
Median: (reported in number of days)	47.5	49.5	46	56	48.5
Average: (reported in number of days)	47.5	49	38	62	49

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

Of those appeals completed, the number of registration decision appeals that:	Q1 (n/a)	Q2 (0)	Q3 (0)	Q4 (0)
Confirmed the decision	n/a	n/a	n/a	n/a
Required the College to issue a certificate of registration to the applicant upon successful completion of any examinations or training the Registration Committee may specify	n/a	n/a	n/a	n/a

Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate	n/a	n/a	n/a	n/a
Were referred back for further consideration	n/a	n/a	n/a	n/a

Attrition ⁷	#	%
Q1	10	1
Q2	26	2
Q3	32	3
Q4	6	1

Respectfully Submitted,

Isabelle Milot, RM

Notes:

1. Applications for registration can include first time (initial) applications and applications for re-registration from former members. If the former member resigned within five years prior to the date of re-application, the Registration Regulation requires them to complete a requalification program that has been approved by the Registration Committee.
2. Under the Registration Regulation, members who wish to be re-issued a general certificate of registration and who do not meet one or more of the non-exemptible requirements for a general certificate, with the exception of having to repeat the midwifery education program and the qualifying exam, are required to complete a requalification program that has been approved by a panel of the Registration Committee. Often members will be referred because they do not meet the current clinical experience and active practice requirements for a general certificate.
3. It is a condition on every general certificate of registration that the member shall carry on active practice as outlined in the Registration Regulation. Where a member fails to meet these conditions (i.e. has not attended sufficient births in various settings in a specific timeframe), the member is referred to a panel of the Registration Committee to determine if an exception may be granted or if a shortfall plan is required.
4. Under the Registration Regulation, a Supervised Practice certificate of registration may only be granted for a period of up to one year. Therefore, if a member has not successfully completed their Plan for Supervised Practice and Evaluation within 12 months of issuance of a supervised practice certificate, the member may request

an extension and the certificate may only be re-issued if the Registration Committee approves of it being reissued.

- 5. Where a former member wishes to be reinstated within one year following revocation, under the Registration Regulation, the former member is required to complete a requalification program that has been approved by the Registration Committee.*
- 6. Under the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professionals Act, 1991, a member may apply to the Registration Committee for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the member's certificate of registration as a result of a registration proceeding.*
- 7. Attrition rate includes the number of midwives who left the profession (e.g. resignation) and former members' certificates that have been suspended/revoked/expired. It does not include inactive members. The rate of attrition is expressed as a percentage.*

QUALITY ASSURANCE COMMITTEE

Annual Report to Council April 2022-March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Isabelle Milot, RM; Alexia Singh, RM	Professional: Alexia Singh, RM
Public: Donald Strickland;	Public: Donald Strickland Marianna Kaminska
Non-Council: Sabrina Blaise, RM; Kristen Wilkenson, RM; Sally Lewis	Non-Council: Sabrina Blaise, RM; Kristen Wilkenson, RM;

Activities of the Committee

	Q1	Q2	Q3	Q4	2022-2023 Total
Number of Panel Meetings Held	0	0	0	0	0
Number of Committee Meetings Held	1	0	1	1	3
Number of Trainings	0	0	0	0	0

Peer and Practice assessments 2023	
Number Selected (10%)	72
Number Completed	71
Number Deferred*	1

*Deferral of an assessment occurs when a registrant moves to the inactive class after the date of selection and remains in the inactive class for the duration of the assessment cycle.

Assessment Outcome	
Number Completed after peer assessment	71
Registrants required to complete practice assessment	0
Registrants referred to QAC	0

Items

Professional Development Portfolio

The Professional Development Portfolio was successfully implemented and the first year of reporting will be in 2024.

Professional Standards

The following standards were reviewed and revised by the Committee:

- Second Birth Attendant Standard
- Record Keeping Standard

The Second Birth Attendant standard was reviewed, and the revisions were approved by Council at the June 2022 meeting.

The Record Keeping standard was reviewed, and the revisions were approved by Council at the December 2022 meeting.

The following standard was developed by the Committee:

- Professional Responsibilities when Supervising Students

Professional Responsibilities when Supervising Students standard was approved by Council at the June 2022 meeting and was implemented September 1, 2023.

Assessment Tools

The Self-Assessment Questionnaire developed by the Canadian Midwifery Regulators Council (CMRC) was approved for use in the Professional Development Portfolio.

Consultations

- The Second Birth Attendant consultation was launched in April and closed May 11, 2022.
- The Professional Responsibilities when Supervising Students consultation was launched in April and closed May 11, 2022.

- The Record Keeping consultation was launched in July and closed August 4, 2022.
- The Midwifery Scope of Practice survey was launched in January and closed February 21, 2023.

Attachments:

None

Respectfully Submitted,

Lilly Martin, Chair

DISCIPLINE COMMITTEE

ANNUAL REPORT TO COUNCIL

April 2022 – March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Judith Murray	Chair: Judith Murray
Professional:	Professional:
Edan Thomas, RM,	Edan Thomas, RM,
Lilly Martin, RM,	Isabelle Milot, RM,
Claudette Leduc, RM,	Karen McKenzie, RM
Isabelle Milot, RM,	Alexia Singh, RM,
Karen McKenzie, RM,	Hardeep Fervaha, RM
Alexia Singh, RM,	Jyothy Nair, RM,
Hardeep Fervaha, RM	Robyn Berman, RM
Public:	Public:
Judith Murray,	Judith Murray,
Marianna Kaminska,	Marianna Kaminska,
Peter Aarssen,	Donald Stickland,
Donald Stickland,	Oliver Okafor,
Oliver Okafor	Jacqueline Morrison
Non-Council:	Non-Council:
Sally Lewis (Non-Council)	Lilly Martin, RM
	Anna Boudria

Activities of the Committee

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

YTD: The trainings are reflective of the meeting in Q1, and 1 Committee Member attending Discipline Orientation Workshops offered by the Health Professional Regulators of Ontario in Q3 on October 14, 2022.

Caseload Work

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

YTD: A contested hearing was held last fiscal year on January 10, 11, 12 and February 28, 2022. The discipline panel issued their decision on this matter this fiscal year on May 24, 2022.

Types of Hearings	Q1	Q2	Q3	Q4	Total
Number of Uncontested Hearings	0	0	0	0	0
Number of Contested Hearings	0	0	0	0	0

YTD: There were no referrals to the Discipline Committee this fiscal year.

Statistics on Closed Cases

Findings of Professional Misconduct	Q1	Q2	Q3	Q4	Total
Failed to maintain a standard of practice of the profession	0	n/a	n/a	n/a	0
Engaging in conduct relevant to the practice of the profession that would reasonably be regarded by registrants as disgraceful dishonourable, or unprofessional	0	n/a	n/a	n/a	0

Decisions Issued

Midwife "A"

A panel of the Discipline Committee issued their decision on May 24, 2022 and made no findings of professional misconduct against the registrant.

[Decision and Reasons](#)

	Q1	Q2	Q3	Q4
Amount of time from referral to the written decision (reported in days)	399	n/a	n/a	n/a
Amount of time from end of hearing to release the written decision in a contested hearing (reported in days)	85	n/a	n/a	n/a

Respectfully Submitted,
Judith Murray

FITNESS TO PRACTISE COMMITTEE

ANNUAL REPORT TO COUNCIL

April 2022 – March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Judith Murray	Chair: Judith Murray
Professional:	Professional:
Edan Thomas, RM	Edan Thomas, RM,
Lilly Martin, RM	Isabelle Milot, RM,
Claudette Leduc, RM	Karen McKenzie, RM
Isabelle Milot, RM	Alexia Singh, RM,
Karen McKenzie, RM	Hardeep Fervaha, RM
Alexia Singh, RM	Jyothy Nair, RM,
Hardeep Fervaha, RM	Robyn Berman, RM
Public:	Public:
Judith Murray	Judith Murray
Marianna Kaminska	Marianna Kaminska
Peter Aarssen	Donald Stickland
Donald Stickland	Oliver Okafor
Oliver Okafor	Jacqueline Morrison
Non-Council:	Non-Council:
Sally Lewis	Lilly Martin, RM
	Anna Boudria

Activities of the Committee

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

Q1: The Committee meeting held on June 21, 2022 consisted of training.

Caseload Work of the Panel

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

Respectfully Submitted,

Judith Murray

CLIENT RELATIONS COMMITTEE

ANNUAL REPORT TO COUNCIL April 2022-March 2023

Committee Members

April 2022-December 2022	December 2022-March 2023
Chair: Pete Aarssen (until September 28, 2022) Oliver Okafor (until December 7, 2022)	Chair: Don Strickland
Professional: Hardeep Fervaha, RM	Professional: Jyothy Nair
Public: Jacqueline Morrison	Public: Judith Murray
Non-Council: N/A	Non-Council: Emily Gaudreau, RM

Activities of the Committee

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

Items

The Committee did not meet this fiscal year as the College received no applications to the funding program for therapy and counselling for midwifery clients who have been sexually abused.

Respectfully Submitted,

Don Strickland, Chair

CHAIR'S REPORT

REPORT TO COUNCIL – June 12, 2023.

Prepared by: Claire Ramlogan-Salanga RM

1. General Highlights

Reflecting on the College's position a year ago, it is clear that the rough waters of the post-pandemic 'normal' are becoming a thing of the past and calmer waters are here to stay. The College continues to meet the needs of the public through the production of quality work and organization reflection. We have begun a new fiscal year and I am pleased to report that the College has continued to maintain a good financial position. As a result of this position, the College continues to move toward achieving its strategic priorities.

2. Governance

As part of our scheduled standard annual governance procedures, both the External Auditor Review Tool and the annual Registrar/CEO review process were initiated at the February Executive Committee meeting. Attendance at the virtually conducted audit in May with Hilborn LLP was insightful and educational. The audit process will be completed this month, and the financial statements will be presented to Council at the Council meeting in June. Lastly, the completion of the Registrar/CEO review will also occur in June with the support of Sam Goodwin from Goodwin Consulting.

For the third time, the College held two online "lunch-and-learns" in April regarding the 2023 Council elections for professional members. The first offering was open to all professional members, while the second was specifically reserved for members who identify as Indigenous, Black and/or racialized. I am pleased to report that there are four candidates nominated for this year's election. The voting period is currently open and will close at the end of June. The announcement of the elected professional members will be released in July.

Feedback from March's Council meeting and training sessions continues to be positive however, response rates could be improved. As a reminder, it is the goal of our Council to aim for continuous improvement and as such, providing feedback after every training and Council meeting is necessary and valued.

3. Council Governance Quality Improvement

As mentioned last quarter, three key areas for governance improvement and modernization were identified from our December annual survey. The three areas were: A. Continuous improvement regarding Equity, Diversity and Inclusion, B. Enriching Council's understanding of its governance role, and C. Ongoing Reform of College Governance Policies and Processes. As promised the Chair report will report on steps taken each quarter to meet these QI goals.

A. Continuous improvement regarding Equity, Diversity, and Inclusion

March Council training day was led by Janelle Benjamin JD from All Things Equitable. Ms. Benjamin has over 20 years of expertise in diversity and inclusion, accessibility, and human rights. She presented Council with working definitions of 'Public Interest' and making equitable decisions as a regulatory body. Feedback from Council members was positive with several remarks stating that the workshop was useful and helped Council members understand their roles in approaching equity.

B. Enriching Council's understanding of its governance role

March Council training day also hosted Deanna Williams from Dundee Consulting. Ms. Williams presented on what it means to be a risk-based regulator and what this context and approach means for Council members in our role as Governors. Feedback from this session was also positive as it combined both practical examples and tips for improvement in several committee and governance processes.

C. Ongoing Reform of the College's Governance Policies and Processes.

Staff is currently working on updating the competency matrix tool to better incorporate an equity approach. For context, this tool was previously administered to Council members in the fall. Council members would self-evaluate their level of skill and knowledge in certain areas of interest. The Executive Committee used this information to appoint Council members to our statutory committees. Changes to the tool using an equity approach will, in theory, help broaden the skill sets and knowledge base needed on our committees. More details of this initiative can be found in the Executive Committee report and an update will follow in the next quarter's report.

4. Stakeholder Engagement

1. Interview with Canadian Press - April 4th
2. College/Midwifery Education Program Meeting - April 13
3. Elections Webinars (IBPOC and Open Sessions) - April 19-20
4. Canadian National Agency of Regulators International Regulation Symposium - May 17
5. Canadian Midwifery Regulator's Council Board Meeting - June 6
6. Ex-Officio: Registration Committee Meeting - June 9

EXECUTIVE COMMITTEE

REPORT TO COUNCIL June 2023

Committee Members

Chair	Claire Ramlogan-Salanga, RM
Professional	Edan Thomas, RM (VC); Isabelle Milot, RM
Public	Don Strickland (VC); Jacqueline Morrison

Committee Meetings

May 15, 2023 | Videoconference

Upcoming: June 14, 2023 | Videoconference

Items

Q4 Statement of Operations

A draft Q4 statement of operations was reviewed on May 15, 2023. Adjusting entries during the financial audit will make small changes to the previously reviewed statements. The Executive Committee will review and approve the final Q4 statement of operations at its June 14th meeting and will be attached to the Council package for information at that time.

Audit

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

The draft audited financial statements will be reviewed by the Committee on June 14th and will be brought forward to Council for approval on June 27th. The audited financial statements will be added to the meeting materials after the Executive Committee meeting.

Registrar Review

The committee will meet with Sam Goodwin of Goodwin Consulting on June 14th to review the results of the Registrar annual performance review. The committee will meet with the Registrar on June 20th to discuss findings of the report prior to presenting them to Council.

Council Competency Matrix: Knowledge, Skills & Demographic Representation

The committee reviewed revisions to the Council competency matrix, a tool that was previously used by Council as a self-evaluation tool for Council members to determine the knowledge, skills and qualities represented by Council as a collective. The matrix was revised to include demographics, and where relevant for professional members, profession-specific information. Currently, the College does not collect demographic information from Council members however using demographics will support the College's strategy toward informing and substantiating our inclusion, diversity and accessibility goals. The committee provided feedback to be considered by staff and will be reviewed again at their fall meeting before implementation.

Council and Committee Training Day Planning

The committee engaged in a discussion with staff on Council and Committee training day planning and ways for trainings to be effective and accountable to the continuous improvement priorities identified in the annual Council evaluation.

Attachments:

1. Q4 Statement of Operations (to be attached after June 14th)
2. Audited Financial Statements (to be attached after June 14th)

Respectfully Submitted,

Claire Ramlogan-Salanga

The College of Midwives of Ontario

Q4 Statement of Operations (Fiscal April 1, 2022-March 31,2023)

April 1, 2022 - March 31 2023



	F23 Projected Revenue Budget	F23 Projected Revenue to end of Q4	Q4 Revenue F23	Q3 Revenue F22	Percentage Variance Against Budget
REVENUE					
Membership Fees	\$ 2,632,432	\$ 2,632,432	\$ 2,572,692	\$ 2,463,486	98%
Administration & Other	\$ 78,973	\$ 78,973	\$ 75,951	\$ 60,288	96%
Project Funding - Birth Centres	\$ 64,347	\$ 64,347	\$ 76,618	\$ 63,639	119%
TOTAL REVENUE	\$ 2,775,752	\$ 2,775,752	\$ 2,725,261	\$ 2,587,413	98%

	F23 Budget Expenses	F23 Budget to end of Q4	Q4 Spending F23	Q3 Spending F22	Percentage Variance Against Budget
EXPENSES					
Salaries & Benefits	\$ 1,631,035	\$ 1,631,035	\$ 1,404,720	\$ 1,526,037	86%
Professional Fees	\$ 259,347	\$ 259,347	\$ 191,473	\$ 122,173	74%
Council and Committee	\$ 148,208	\$ 148,208	\$ 127,836	\$ 139,160	86%
Office & General	\$ 141,097	\$ 141,097	\$ 109,164	\$ 97,352	77%
Information Technology, Security & Data	\$ 159,323	\$ 159,323	\$ 99,290	\$ 98,883	62%
Rent & Utilities	\$ 202,602	\$ 202,602	\$ 205,843	\$ 191,252	102%
Conferences, Meeting Attendance & Membership Fees	\$ 83,400	\$ 83,400	\$ 70,309	\$ 7,136	84%
Panel & Programs	\$ 283,040	\$ 283,040	\$ 104,466	\$ 139,081	37%
Birth Centre Assessment & Support	\$ 64,347	\$ 64,347	\$ 64,466	\$ 63,639	100%
Capital Expenditures	\$ 44,344	\$ 44,344	\$ 24,454	\$ 47,437	55%
Midwife Competency Project Costs	\$ -	\$ -	\$ 12,152	\$ -	
TOTAL EXPENDITURES	\$ 3,016,743	\$ 3,016,743	\$ 2,414,173	\$ 2,487,948	80%
PROJECTED GAIN / (LOSS)	\$ (240,991)	\$ (240,991)	\$ 311,089	\$ 99,466	

ADDITIONAL NOTES

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

Total Accrual	\$ 109,513
Accrual Budget to end of Q2	\$ 109,513
Accrual Spending to end of Q2	\$ 70,643

COLLEGE OF MIDWIVES OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2023

Draft Statement Subject to Revision

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Midwives of Ontario

Opinion

We have audited the financial statements of the College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)**Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Financial Position

March 31	2023 \$	2022 \$
ASSETS		
Current assets		
Cash and cash equivalents (note 3)	3,714,928	3,354,643
Accounts receivable	9,786	8,567
Prepaid expenses	76,723	41,088
	3,801,437	3,404,298
Capital assets (note 4)	39,633	64,087
	3,841,070	3,468,385
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	260,699	210,579
Deferred registration fees	1,250,975	1,222,369
Deferred project funding (note 6)	14,688	26,840
	1,526,362	1,459,788
Deferred lease incentives (note 7)	-	4,977
	1,526,362	1,464,765
NET ASSETS		
Invested in capital assets	39,633	61,513
Internally restricted for therapy and counselling (note 8)	16,000	16,000
Internally restricted for investigations and hearings (note 9)	300,000	300,000
Unrestricted	1,959,075	1,626,107
	2,314,708	2,003,620
	3,841,070	3,468,385

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

Chair

Vice-Chair

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Operations

Year ended March 31	2023 \$	2022 \$
Revenues		
Registration fees	2,572,692	2,463,486
Administration and other fees	72,951	61,788
Project funding (note 6)	76,618	63,639
	2,722,261	2,588,913
Expenses		
Salaries and benefits	1,404,720	1,523,092
Rent and utilities (note 7)	205,843	191,252
Professional fees	191,473	122,173
Council and committees	135,441	145,366
Office and general	122,105	107,436
Information and communications technology	99,290	98,883
Projects (note 6)	76,618	63,639
Investigations and hearings	71,698	134,374
Membership dues and fees	57,368	55,797
Amortization	24,454	47,436
Quality assurance program (note 10)	22,163	-
	2,411,173	2,489,448
Excess of revenues over expenses for year	311,088	99,465

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Internally restricted for investigations and hearings \$	Unrestricted \$	2023 Total \$
Balance, beginning of year	61,513	16,000	300,000	1,626,107	2,003,620
Excess of revenues over expenses for year	-	-	-	311,088	311,088
Amortization of capital assets	(24,454)	-	-	24,454	-
Amortization of deferred tenant inducements	2,574	-	-	(2,574)	-
Balance, end of year	39,633	16,000	300,000	1,959,075	2,314,708

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

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Cash Flows

Year ended March 31	2023 \$	2022 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	311,088	99,465
Adjustments to determine net cash provided by (used in) operating activities		
Project funding	(76,618)	(63,639)
Amortization of capital assets	24,454	47,436
Amortization of deferred lease incentives	(4,977)	(11,931)
	253,947	71,331
Change in non-cash working capital items		
Increase in accounts receivable	(1,219)	(3,846)
Increase in prepaid expenses	(35,635)	(2,895)
Increase (decrease) in accounts payable and accrued liabilities	50,120	(54,151)
Increase in deferred registration fees	28,606	66,963
	295,819	77,402
Cash flows from investing activities		
Purchase of capital assets	-	(2,903)
Cash flows from financing activities		
Receipt of project funding	64,466	90,479
Net change in cash and cash equivalents	360,285	164,978
Cash and cash equivalents, beginning of year	3,354,643	3,189,665
Cash and cash equivalents, end of year	3,714,928	3,354,643

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements

March 31, 2023

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Contributions

The College follows the deferral method of accounting for contributions.

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

Registration fees

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

Administration and other fees

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

(b) Cash and cash equivalents

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

Notes to Financial Statements (continued)

March 31, 2023

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

Office equipment	20%
Computer equipment	20% - 30%

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

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

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

(d) Net assets invested in capital assets

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

(e) Deferred lease incentives

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

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

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

1. Significant accounting policies (continued)

(f) Financial instruments

Measurement of financial assets and liabilities

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

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

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

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

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

Impairment

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

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

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

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

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

1. Significant accounting policies (continued)

(f) Financial instruments (continued)

Impairment (continued)

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

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

(g) Management estimates

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

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

2. Financial instrument risk management

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

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

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

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

2. Financial instrument risk management (continued)

Credit risk

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

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

	2023 \$	2022 \$
Cash and cash equivalents	3,714,928	3,354,643
Accounts receivable	9,786	8,567
	<u>3,724,714</u>	<u>3,363,210</u>

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

Liquidity risk

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

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

2. Financial instrument risk management (continued)

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Cash and cash equivalents

	2023 \$	2022 \$
Cash	1,942,351	1,847,718
Guaranteed investment certificate - 1.70%, due June 27, 2023 (2022 - 0.45% due April 8, 2022)	1,772,577	1,506,925
	<u>3,714,928</u>	<u>3,354,643</u>

4. Capital assets

	Cost \$	Accumulated Amortization \$	2023 Net \$
Office equipment	65,464	57,747	7,717
Computer equipment	81,368	53,681	27,687
Leasehold improvements	201,327	197,098	4,229
	<u>348,159</u>	<u>308,526</u>	<u>39,633</u>

	Cost \$	Accumulated Amortization \$	2022 Net \$
Office equipment	65,464	54,239	11,225
Computer equipment	81,368	42,887	38,481
Leasehold improvements	201,327	186,946	14,381
	<u>348,159</u>	<u>284,072</u>	<u>64,087</u>

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

5. Accounts payable and accrued liabilities

	2023 \$	2022 \$
Trade payables and accrued liabilities	190,056	101,066
Accrued liabilities - investigations and hearings	70,643	109,513
	<u>260,699</u>	<u>210,579</u>

6. Project funding

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

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

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

	Assessment Program \$	Birth Centres \$	2023 Total \$
Deferred project funding, beginning of year	26,840	-	26,840
Project funding received during the year	-	64,466	64,466
Project funding recognized as revenue in the year	(12,152)	(64,466)	(76,618)
Deferred project funding, end of year	<u>14,688</u>	<u>-</u>	<u>14,688</u>
	Assessment Program \$	Birth Centres \$	2022 Total \$
Deferred project funding, beginning of year	-	-	-
Project funding received during the year	26,840	63,639	90,479
Project funding recognized as revenue in the year	-	(63,639)	(63,639)
Deferred project funding, end of year	<u>26,840</u>	<u>-</u>	<u>26,840</u>

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

7. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2023 Net \$
Tenant inducements	43,200	43,200	-
Free rent benefits	40,323	40,323	-
	83,523	83,523	-

	Cost \$	Accumulated Amortization \$	2022 Net \$
Tenant inducements	43,200	40,626	2,574
Free rent benefits	40,323	37,920	2,403
	83,523	78,546	4,977

During the year, amortization of lease incentives in the amount of \$4,977 (2022 - \$11,931) was credited to rent and utilities expense.

8. Net assets internally restricted for therapy and counselling

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

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

9. Net assets internally restricted for investigation and hearings

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

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

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2023

10. **Quality assurance program**

The 2022 peer and practice assessment cycle was suspended due to the heightened demands on midwives and midwife assessors navigating the pandemic. The peer and practice assessment cycle was reinstated in 2023.

11. **Commitment**

The College is committed to lease its office premises until September 2028. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2024	99,000
2025	109,891
2026	112,629
2027	114,819
2028	117,008
2029	49,210
	<u>602,557</u>

HILBORN

LISTENERS. THINKERS. DOERS.

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – June 2023

Submitted by: Kelly Dobbin

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

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

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

1. Strategic Leadership and Direction Setting

Legislative and Regulatory Updates

We have no recent updates to provide regarding proposed changes to the [Professional Misconduct Regulation](#) 388/09, under the *Midwifery Act, 1991*, which was formally submitted in 2017.

On March 27, the College submitted to the Ministry the list of laboratory tests, approved at the March Council meeting, to be included in [Schedule 2 of the General Regulation](#) (O. Reg. 45/22) under the *Laboratory and Specimen Collection Centre Licensing Act*. We are corresponding with the Ministry about the next stage of this process.

The [Designated Drugs Regulation](#) sets out a list of drugs midwives can prescribe and substances that midwives can administer by injection or inhalation on a midwife's own authority within the scope of midwifery practice. The regulation has not changed since 2010 and has not kept up with changes in practices.

In 2018, the College made a submission to the Ministry to remove the list in the Designated Drugs Regulation and replace it with the authority to prescribe any drug or substance within the scope of midwifery practice. In response to our submission, the Ministry requested the College amend the Regulation by replacing the list of drugs with categories of drugs using the American Hospital Formulary Service (AHFS) classification system. The College remained firm that the public is best served by midwives who can prescribe within the scope of practice but acknowledged that replacing the list with categories would still bring positive change to clients and so undertook this work, making a formal submission to the Ministry using AHFS categories in December 2019.

The Ministry's direction has changed since that time, and in April 2023, the College received a letter from the Ministry of Health's Assistant Deputy Minister Dr. Karima Velji, (please see April 17th letter attached to this report) directing the College to update the current Regulation by expanding the list in the current regulation. The letter encourages the College to submit a proposed Designated Drugs Regulation with an updated list as soon as possible. While the College maintains its position that prescribing according to the scope is in the best interest of Ontarians, adding more drugs to the regulation will still benefit midwifery clients by facilitating timely access to healthcare services, improving continuity, and ensuring clients who choose midwives as their primary care provider can receive treatments based on the best available evidence.

In response to the Ministry's request to update the list of drugs and substances (please see letter dated April 24th attached to this report), the College has been working with the Ministry to understand what they consider in scope, and consulting with the Association of Ontario Midwives to understand the additional drugs reflecting current midwifery practice. The plan is to continue to work with the Ministry to update the Designated Drugs Regulation and bring it to the Quality Assurance Committee in the summer of 2023.

At the special meeting held on April 26, 2023, Council reviewed the feedback received on the proposed Registration Regulation following a 60-day public consultation. As part of the proposed changes, Council agreed to add fetal health surveillance as a registration requirement to the draft Registration Regulation and the proposed Registration Regulation was submitted as drafted to the Ministry of Health by the May 1, 2023 deadline.

The addition of a new registration requirement to the proposed Registration Regulation was a significant change, which required another 60-day consultation in accordance with the *Regulated Health Professions Act, 1991*. Following Council's direction, the College launched a second [public consultation](#) on May 1st and the comments received so far have been predominantly in favour of adding the requirement. Council will have an opportunity to see the feedback at their next meeting.

At the same meeting, Council also directed the Registrar to seek an abridgment or a waiver of the mandatory public consultation. This request was made on May 3rd (please see attached letter to Minister Jones). On June 1, however, Dr. Karima Velji, Assistant Deputy Minister at the Ministry of Health informed health colleges that the government would only be moving forward with the Emergency Class provisions at this time (please see June 1st letter attached to this report). The government will begin to consider any other regulatory proposals in the fall. At their request, the College submitted a revised version of the current Registration Regulation, identifying only those provisions necessary to enable the establishment of a new emergency class of registration. Therefore, the College no longer requires the abridgement to the consultation to meet the short deadlines and has corresponded with the Ministry accordingly. The public consultation will therefore close on June 30, 2023, after a full 60 days.

As part of the meeting package, the Registration Committee is putting forward a policy for Council's approval outlining the circumstances when the emergency class can be triggered by Council (see agenda item 8).

2. Development and Achievement of Goals

Operational Plan

Each year, Council approves an annual operational plan that outlines planned initiatives to meet the desired outcomes of the strategic plan. College staff met in person to plan out our 2023-2024 strategic initiatives. Council is presented with a progress report that visually represents both the narrative that was provided to Council in March 2023 and outlines our planned activities for 2023-2024 and beyond. Please refer to the attached Operational Plan Progress Report following this report. Council will note that we have identified two areas that may be at risk of not being achieved, both related to the development of an online portal to provide complainants and midwives, who are subject to a complaint or investigation, access to key information about the process and to the status of their specific case. We will work with our database vendor to realize this goal, however, we are unsure if we will meet the timelines previously proposed.

National Collaboration on a Competency-Based Assessment Program

Earlier this year, the College selected HRSG to lead the development of a competency-based assessment program. While this project is intended to be a collaboration with all Canadian midwifery regulators, Ontario is the lead.

Phase 1 of the project will focus on developing an assessment tool that would measure the skills and knowledge of a registrant/former registrant against the current competencies required to fulfil the duties associated with the midwifery profession. For the purpose of this project, the College will be relying on the [Canadian Competencies for Midwives](#), as approved by members of the Canadian Midwifery Regulators Council in December 2020.

Over the summer, HRSG will facilitate a blueprint development work session with content matter experts. The Blueprint will be used to guide the development of a Structured Oral Examination (SOE). The blueprint will outline the exam format (e.g., number of scenarios and associated questions), the exam length (e.g., preparation time and interview process), and the competencies to be assessed. Additional variables will be identified: cognitive domain, weighing of competency categories, and contextual variables (i.e., client age, client culture, variety of practice settings) as required to provide clarity. Council can expect to receive an update on the SOE and blueprint at their next meeting.

In the fall, HRSG and the College will begin training the assessors and piloting the assessment tool.

Digitization of Records

The College has acquired the services of the Perimeter Group to support with the digitization of records. Using the College's Retention and Disposition policy, the team reviewed all documents in storage and prepared documents for scanning and identified those documents ready for destruction. The Perimeter Group has retrieved the documents for scanning which will be converted to searchable PDF files. The files will then be delivered back to the College on a hard drive for storage online. It is expected that the scanning project will be completed by August 2023. Following the

scanning of files, the team will prepare a process for implementing the Retention and Disposition policy going forward.

3. Reputation and Relationship Management

Communications with Registrants and the Public

Regular communications with registrants and the public continue to take place via email, social media, and our published newsletter. Our Spring edition of [On Call](#) newsletter was published in April, following the March Council meeting. These communications help us to achieve our strategic priority of building engagement and fostering trust with the public and the profession.

The second consultation on the proposed Registration Regulation was launched on Monday, May 1st. This consultation is limited to the proposal to add competency in fetal health surveillance as a registration requirement. As of Friday, June 9, we received 41 comments from midwives through our consultation page on our website. No other feedback has been received to date. The consultation will close on June 30th, 2023.

While French translations of documents have been provided upon request, the College has made efforts to increase the number of French language documents on our website. Most of our current standards have now been translated into French, and on May 24th, 2023, we published French versions of our application form and application guide to the website.

Key Messages

The College is working with a communications consultant to review and refresh our organizational key messages and apply them to the current context. The health sector has changed considerably over the last few years, and we want to make sure that our communications continue to assure Ontarians that we are regulating midwifery in the public interest.

Student Engagement

Our third strategic priority is to build engagement and foster trust with the public and the profession. In our Strategic Plan, we have committed to continuing to work with our midwifery education partners to incorporate regular workshops on professional regulation into their curriculum with the purpose of educating midwifery students about their professional obligations within the Ontario system of regulation and preparing them for entry-to-practise. The College recently met with faculty members in the Midwifery Education Program to receive feedback on our proposed approach to student engagement.

Orientation and Assessment Program

The 11 candidates currently enrolled in the first cycle of the Orientation and Assessment program (OAP) are more than halfway through the program. They are currently in the process of completing the three online modules in preparation for the in-person intensive scheduled for September 12-22, 2023, at the College's office. Those who successfully complete the program will be eligible to write the Canadian Midwifery Registration Exam on October 26, 2023.

Initially, Council only approved for the pilot to run for one cycle. The Registration Committee is now seeking that Council approve extending the pilot for two more cycles to allow the collection of sufficient data before it can recommend whether the OAP should become the permanent route of entry for internationally educated midwives (please see agenda item 8).

Partners

The College continues to meet with midwifery and regulatory partners to further our respective mandates, including recently with the Health Profession Regulators of Ontario, the Canadian Midwifery Regulators Council and its affiliated committees including the Canadian Midwifery Registration Exam Committee, the Registration Affairs Committee, the Equity, Diversity, and Inclusion Committee, the Professional Practice Committee, Pathways to Indigenous Midwifery sub-committee, and the Accreditation Council of the Canadian Association of Midwifery Education. An informal meeting with Midwifery Education Program researchers who have developed a research project supporting New Registrants is scheduled for June 14th and a meeting with the Association of Ontario Midwives is scheduled for June 23rd.

4. Financial Accountability and Management

2022-2023 Financial Statements

The College has undergone its annual financial audit which was executed virtually in May and continued into June. The Executive Committee met with the auditors by videoconference to ask questions and to provide oversight during the audit process on May 10th. The Executive Committee will meet on June 14th to review the draft Financial Statements with the auditors and will bring them forward to Council for approval under agenda item 6.

Statement of Operations

A Q4 Statement of Operations was first presented to the Executive Committee in May for information only as it was expected that the audit would result in minor adjustments. A post-audit Q4 Statement of Operations will be considered by the Executive Committee on June 14th and is presented under the Executive Committee's report to Council for your information.

5. People and Organizational Leadership

Human Resources

We are thrilled to welcome Abinaya Kalanandan as the College's new Quality Assurance and Assessment Coordinator beginning on Monday, June 19th. Abinaya has recently completed a Master of Public Health at the University of Ottawa and brings project coordination, research, and policy experience, including with the Canadian Centre on Substance Use and Addiction and Employment and Social Development Canada (ESDC). We are pleased to have all vacancies now filled.

We are holding all-staff team meetings in person, and monthly, between April and August. The team meetings are an opportunity for discussion on emerging needs, special projects, collective learning, and operational planning. In addition, the team is working together at these meetings to plan and prepare for the downsizing of the office space, including discussing how the new space will be used and the types of activities that will be carried out in person versus remotely. This will be a good opportunity to revisit our hybrid working environment and understand the benefits and challenges.

We have received an initial request from AMAPCEO for documents, including documents on salary and benefits, in advance of the first bargaining date. It can be expected that collective bargaining will commence during the summer of 2023.

6. Council Governance and Engagement

Council Elections

Council elections are currently underway and will close on June 30th. Elections are held by electronic ballot and all eligible voters have been sent emails with voting instructions. There are three professional member positions open for election with four eligible candidates running. Results will be reported to registrants in early July. The candidates currently running for election, presented in alphabetical order, are:

- Karen McKenzie
- Maryam Rahimi-Chatrri
- Claire Ramlogan-Salanga
- Edan Thomas

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

Within the first 13 days of the election, approximately 22% of eligible voters had cast their ballot. Typical elections for the College range from 20-30% of registrants voting throughout the month and we expect that the percentage will increase as we approach the deadline.

Public Members

In addition, we are pleased to have recently received confirmation from the Public Appointments Secretariat of Judith Murray's re-appointment for a 3-year term. We continue to have two public member vacancies on Council.

Attachments:

1. Letter from the ADM dated April 17, 2023
2. College's response to ADM Letter dated April 24, 2023
3. Letter to Minister Sylvia Jones dated May 3, 2023
4. Memo from ADM regarding Emergency Class dated June 1, 2023
5. Operational Plan Progress Report June 2023

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
Toronto ON M7A 2J3

Telephone: **416 212-5494**

Ministère de la Santé

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Téléphone : **416 212-5494**



April 17, 2023

Kelly Dobbin, Registrar
College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303
Toronto ON M4T 1L9

Dear Ms. Dobbin:

First of all, I would like to thank you for your letter of March 27, 2023, to the Honourable Sylvia Jones, Minister of Health, that included your list of requested laboratory tests that midwives could potentially order and point of care tests they could perform. Ministry of Health (ministry) staff are reviewing your submission and will be in touch with any questions and to discuss next steps.

As you know, since you submitted your draft drug regulation in December 2019, we have continued to work with the College of Midwives of Ontario (CMO) on further developing and refining your proposal, in preparation for government consideration. As recently discussed, we cannot proceed with the category approach to your drug regulation at this time given challenges with access to the American Hospitals Formulary Service (AHFS) classification system.

In the interest of time, given that the Designated Drugs regulation under the Midwifery Act, 1991, has not been updated since 2010, we are inviting you to resubmit your regulation by updating the existing drug list, as you have done with the laboratory test list. These potential revisions will ensure that your members and their clients have access to the most current and appropriate treatments and therapies within midwifery scope of practice. This update will also reduce the need for midwives to consult or refer to physicians or nurse practitioners for clients to access drugs and substances that would otherwise be within midwifery scope of practice, thus reducing costs and pressures on the system.

The ministry has also considered your request for open prescribing. Within the legislative scheme for midwives under the Midwifery Act, 1991, midwives are only authorized to prescribe drugs that are designated in the regulations made under that Act. As a result, open, broad prescribing is not permitted under the existing legislative scheme.

The ministry would encourage the CMO to submit a drug regulation proposal, revising the existing drug list in line with the previous category-based submission, at the earliest possible opportunity to ensure midwives' prescribing authority can be brought up to date without further delay.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji", with a stylized flourish at the end.

Dr. Karima Velji
Chief of Nursing & Professional Practice; Assistant Deputy Minister
Ministry of Health, Ontario

cc: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Virginia Collins, Manager, Regulatory Design and Implementation Unit, MOH
Jasmin Tecson, President, Association of Ontario Midwives

Dr. Karima Velji
Assistant Deputy Minister and Chief of Nursing and Professional Practice
Office of the Chief of Nursing and Professional Practice
Ministry of Health
19th Floor, 777 Bay St
Toronto, ON
M7A 2J3

April 25, 2023

Dear Dr. Velji,

Thank you for your April 17th letter regarding expanding the list of laboratory tests and drugs that midwives can order, prescribe, and administer.

The College is pleased to be moving forward with these changes. Expanding these lists will help to 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. We appreciate that the Ministry shares our sense of urgency for these changes and will be working on updating the existing drug list in the coming weeks.

As you mention in your letter, 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.

Sincerely,



Claire Ramlogan-Salanga, RM
Council Chair
College of Midwives of Ontario



Kelly Dobbin
Registrar & CEO
College of Midwives of Ontario

Cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch,
Ministry of Health
Virginia Collins, Manager, Regulatory Design and Implementation Unit, Ministry of
Health
Jasmin Tecson, President, Association of Ontario Midwives



The Honourable Sylvia Jones
Minister of Health
777 Bay Street, 5th Fl.
Toronto, ON
M7A 2J3

May 3, 2023

RE: Request for an exemption or abridgement of the circulation period

Dear Minister Jones,

On May 1, 2023, the College of Midwives of Ontario ("College") submitted a Proposed Registration Regulation to the Ministry of Health, revoking O. Reg 168/11 Registration, made under the *Midwifery Act 1991*.

In accordance with subsection 95(1.4) of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991* ("Code"), the College circulated the Proposed Registration Regulation on February 3, 2023. The consultation period ended on April 3, 2023. The Proposed Registration Regulation was circulated on the Ontario Regulatory Registry from February 10, 2023 until March 27, 2023.

On April 26, 2023, College Council considered the feedback received from the public consultation and approved a revised Proposed Registration Regulation which contained one substantive amendment (i.e., the additional registration requirement to demonstrate competency in fetal health surveillance). Pursuant to subsection 95(1.4) of the Code, Council directed the circulation of that amendment. The second [consultation](#) period began on May 1, 2023 with an anticipated closing date of June 30, 2023.

Also on April 26, 2023, College Council directed me to seek a waiver or an abridgment of the second circulation period, pursuant to subsection 95(1.6) of the Code. Given that this amendment was responsive to the feedback received and provides an additional layer of public protection, the College does not anticipate significant input will be received.

Should you have any questions, please do not hesitate to contact me by email at k.dobbin@cmo.on.ca or by telephone at (647)-360-0938.

Thank you for your consideration and I look forward to your response.

Kelly Dobbin
Registrar and CEO
College of Midwives of Ontario

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
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June 1, 2023

MEMORANDUM TO: Registrars and Executive Directors

FROM: Dr. Karima Velji, Chief of Nursing & Professional Practice and Assistant Deputy Minister

RE: Ontario Regulation 508/22 (Registration Requirements) made under the *Regulated Health Professions Act, 1991* (RHPA)

As a follow up to my December 14, 2022, memo, I want to thank the Colleges for submitting your Emergency Class regulation proposals to the Ministry. I know this required great effort to quickly draft regulations, launch consultations and, in some cases, schedule special Council meetings. Your efforts will help Ontario's health system facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies.

A number of Colleges have taken the opportunity to make additional amendments to their registration practices and to remove additional registration barriers. In order to meet the August 31, 2023 deadline for the Emergency Class regulations, the Ministry will only be proceeding with the Emergency Class provisions at this time.

The remaining proposals will be brought forward beginning this Fall. I would ask for your patience as these will take some time to work through, given the complexity of some of the proposed changes. However, you have my commitment that we will process these other proposals as expeditiously as possible.

Thank you for your continued involvement and cooperation during this process. You may contact Allison Henry and her team should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji", with a long horizontal stroke extending to the right.

Dr. Karima Velji

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Nursing and Professional Practice Division, Ministry of Health



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario



Operational Plan Progress Report

June 27, 2023

STRATEGIC PRIORITY 1

Regulation that enables the midwifery profession to evolve

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

1.1 Competency-Based Assessment Program






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

1.2 Educational Intervention Programs

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

STRATEGIC PRIORITY 1

Regulation that enables the midwifery profession to evolve

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



Complete



Ongoing



At Risk



Not Started

STRATEGIC PRIORITY 2

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

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

2.1 Understand/Address Client Needs

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

2.2 Data-Driven Regulatory Activities

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

2.3 Collaborative Data Sharing

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

STRATEGIC PRIORITY 2

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

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

2.4 Publish Insights

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

2.5 Data Management Strategies and Systems

Create data management strategies and systems including digitization of all appropriate records to ensure that data resources are easily accessible and effectively structured and managed and that the College is retaining and disposing of data assets in a sustainable and appropriate manner.

STRATEGIC PRIORITY 2

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

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



Complete



Ongoing



At Risk



Not Started

STRATEGIC PRIORITY 2

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

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



Complete



Ongoing



At Risk



Not Started

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

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

3.1 Promote Understanding of the College's Role

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

3.2 Greater Transparency of Regulatory Processes

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

3.3 Introduce Orientation Workshops

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

3.4 Professional Regulation Workshops

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

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

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

3.5 Collect Feedback on Public Perception





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

3.6 Report on Regulatory Performance

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

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

	2021	2022	2023	2024	2025
3.1 Promote Understanding of the College's Role					
• Develop a project plan, including work schedule and identifying the necessary resources					
• Rebuild the content of the website as it relates to educating the public about the role of the College and our complaints and discipline processes					
• Create materials to better educate the public about the standards of the profession and other requirements midwives are held to. Make materials available in French (and other languages)					
• Develop an online portal to provide complainants with access to key information about the complaints process and to the status of their specific case at each step					



Complete



Ongoing








At Risk



Not Started

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

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



Complete



Ongoing



At Risk



Not Started

STRATEGIC PRIORITY 3

Building engagement and fostering trust with the public and the profession

	2021	2022	2023	2024	2025
3.4 Professional Regulation Workshops					
• Develop student engagement plan (in line with our stakeholder engagement strategy)	Ongoing				
• Develop content for workshops			Ongoing		
• Survey final year students to track attitude or perception changes (a baseline survey was conducted in 2020)					Not Started
3.5 Collect Feedback on Public Perception					
• Develop a data strategy framework and analytics strategy	Ongoing				
• Develop and conduct surveys. Analyze the results and develop a program of action				Not Started	
• Execute the program of action				Not Started	
• Survey the public and midwives to track attitude or perception changes					Not Started
3.6 Report on Regulatory Performance					
• Conduct internal review on our regulatory performance and develop content on the website (this will be done on an annual basis using the same format)	Complete			Not Started	



Complete



Ongoing



At Risk



Not Started

BRIEFING NOTE FOR COUNCIL

Subject: Emergency Class Policy

Background

Under the *Regulated Health Professions Act* (RHPA) and Registration Requirements Regulation (*O. Reg. 508/22*), all health professions have been mandated to submit proposed regulations to create an Emergency Class of registration.

At a special meeting held on April 26, 2023, Council approved a proposed Registration Regulation to replace *O. Reg. 168/11*, made under the *Midwifery Act, 1991*, for submission to the Ministry of Health. Among a number of registration-related provisions, the proposed Registration Regulation incorporated an Emergency Class.

The proposed Registration Regulation was submitted to the Ministry on May 1, 2023.

On June 1, 2023, Dr. Karima Velji, Assistant Deputy Minister at the Ministry of Health informed health colleges that the government would only be moving forward with the Emergency Class provisions at this time. At their request, the College submitted a revised version of the current Registration Regulation, identifying only those provisions necessary to enable the establishment of a new emergency class of registration.

Key Considerations & Public Interest Rationale

It is unlikely that health professions will need to rely on the Emergency Class in the near future. However, the Ministry intends to have these regulations approved by the Lieutenant Governor in Council by August 31, 2023. Consequently, the College should have a policy in place to operationalize this new class of certificate in an event of an emergency.

A jurisdictional scan across health professions did not reveal any existing policy related to the Emergency Class at this time.

The proposed Registration Regulation provides some discretionary powers to Council with respect to certificates issued under the Emergency class. Specifically:

1. **Council can determine when it is in the public interest to register midwives in the Emergency class to address emergency circumstances** [para 1, subsection 14.1(1) of the Registration Regulation]. In accordance with section 12(1) of the RHPA, the Executive Committee can also make this determination.

O. Reg. 568/22 and the proposed Registration Regulation does not specify circumstances that could trigger the issuance of the emergency class of certificate.

While the College fully intends to follow the government's advice with respect to identifying situations that could trigger the certificate (pandemic, natural disasters, etc.), there may be specific circumstances where the College is in a better position to identify and respond immediately and directly to the need of the public or the profession. These could include, but are not limited to:

- Disruption in the registration process that either hinders the College's ability to register midwives or applicants/registrants' inability to meet entry to practise requirements for reasons beyond their control. There could be unexpected factors that could prevent applicants from meeting the registration requirements for a certificate of registration: for example, the delivery of the national examination or mandatory competency courses.
- Labour market need and/or human resources shortage in the profession supported by research and data.

Emergencies are often understood as requiring an element of sudden change. However, according to the December 14, 2022, memo by Dr. Karima Velji, an emergency circumstance should be broader than a declared state of emergency made under the *Emergency Management and Civil Protection Act, 1990*. After all the O. Reg. 568/22 was created in response as a solution to minimize the delays faced by applicants trying to obtain registration with a profession.

Should emergency circumstances arise, Council will need to rely on a policy for guidance. The proposed policy is intended to provide Council with flexibility in emergency situations while at the same time, ensuring that the Emergency Class of certificate does not become an expedited route of entry. A test containing a robust list of criteria would need to be met before Council can direct the College to issue Emergency certificates of registration due to emergency circumstances. Regular reporting and check-ins are built in to ensure that the reasons that initially compelled Council to declare an emergency remain valid, and that the emergency period does not carry on longer than required.

2. ***Emergency Class applicants can be exempt from the educational requirement if they are licensed to practice midwifery in a jurisdiction approved by Council or the Registration Committee*** [para 2, subsection 14.1(1) of the Proposed Registration Regulation]. In accordance with section 12(1) of the RHPA, the Executive Committee can also make this determination.

For the issuance of the Emergency Class certificate, applicants are required to meet the educational component, which is also the case for General and Supervised certificates.

However, applicants of the Emergency class may be exempted from the educational requirement if they are "registered or licensed to practise independently in a jurisdiction approved by Council or the Registration Committee."

College staff, through the guidance of the Registration Committee, will be working on compiling a list of jurisdictions to add to the Emergency Class policy. First, a list of criteria will be identified highlighting the fundamental components and features of the practice of

midwifery in Ontario (e.g. scope of practice, maintaining standards and quality assurance, etc.) Subsequently, the College will evaluate the midwifery profession as practiced in jurisdictions outside Ontario and determine whether they align with the practice in Ontario. Where there is alignment, the Registration Committee will approve or recommend a list to Council.

It is important to highlight that the Emergency Class is not meant to be used liberally. By its very nature, an emergency is infrequent and unique, and the policy sets out safeguards to ensure that Council's decision is prudent and directly tied to its mandate to protect the public. As well, additional provisions in the regulation also provide for further protection of the public:

- All applicants must demonstrate good character by answering disclosure questions related to their previous conduct and submitting a vulnerable sector check. The professional suitability requirement continues once they become a registrant;
- Registrants in the Emergency class must at all times practise midwifery under the supervision of a supervisor approved by the College;
- Emergency class certificates are limited unless extended by the Registrar; and
- The Registrar may revoke the Emergency certificate of registration if it is in the public interest to do so.

Recommendations

THAT Council approve the emergency class policy

Implementation Date

September 1, 2023 (or upon regulation taking effect)

Legislative and Other References

Regulated Health Professions Act, 1991
Ontario Regulation 508/22
Ontario Regulation 168/11

Attachments

1. Memo from Dr. Karima Velji dated December 14, 2022, Chief of Nursing and Professional Practice and Assistant Deputy Minister, Ministry of Health
2. Revised Registration Regulation with emergency class provisions, as submitted to the Ministry of Health on June 14, 2023
3. Emergency Class policy

Submitted by:

Isabelle Milot, Chair of Registration Committee

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
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December 14, 2022

MEMORANDUM TO: Registrars and Executive Directors

FROM: **Dr. Karima Velji**
Chief of Nursing and Professional Practice and Assistant Deputy
Minister
Ministry of Health

RE: Ontario Regulation 508/22 (Registration Requirements) made under
the *Regulated Health Professions Act, 1991* (RHPA).

On October 27, 2022, the Lieutenant Governor in Council approved a regulation made under the RHPA that, amongst other things, requires health regulatory Colleges to develop regulations creating an emergency class of registration¹. Features of this class must include:

1. The specific emergency circumstances that will cause the class to be open for registration.
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.
3. Circumstances in which a 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.

These regulations must be approved by the Lieutenant Governor in Council by August 31, 2023. To achieve this, this memo offers several considerations intended to assist in the development of your regulations whilst respecting the Colleges' authority to make these regulations.

Specifying emergency circumstances

The term 'emergency circumstance' should be broader than a declared state of emergency made under the *Emergency Management and Civil Protection Act, 1990*. For example, an emergency circumstance might include situations where:

- a. There is a significant interruption of a registration pathway leading to a lengthy delay for many applicants in their being registered.
- b. Where the Minister of Health requests the College to initiate registrations under this class based on her opinion that emergency circumstances call for it; or

¹ As required by section 16.3 of the Health Professions Procedural Code.

- c. Any other emergency circumstance where it is in the public interest to issue emergency class of registration.

To support the regulations, it is suggested that the Colleges develop the process for determining the existence of emergency circumstances, as well as the process for determining when the emergency circumstance has resolved.

Similarly, it is suggested that Colleges consider what terms, conditions and limitations should be placed upon the holder of the emergency class of registration, if any, including any supervisory requirements.

Expiry of emergency class of registration

Colleges should determine the appropriate length of time for the initial issuance emergency class certificates (up to one year). Certificates must be renewable for the same period whilst the emergency circumstances exist.

Colleges should consider the impact on employers and the broader health system for determining when emergency class certificates terminate. If the termination occurs prior to the renewal date, consideration needs to be given to the way sufficient notice of expiry will be provided to the certificate holder and their employer to avoid disruptions in patient care.

Transition from emergency class of registration to another class

This class is another tool that may be used to mitigate the potential disruption to Ontario's supply of regulated health professionals and serves as another pathway to registration when emergency circumstances exist. Those who will be practising the profession under an emergency class of registration must be provided with a route to continue to practise under a different class of registration.

Consideration may be given to such factors as the length of time an applicant has practised under an emergency class of registration and to the demonstrated ability to practise safely. Colleges might also want to consider an active practice requirement rather than relying on the length of time a person holds the emergency class certificate.

Timelines

As noted above, these regulations are required to be approved by the Lieutenant Governor in Council by August 31, 2023. To give sufficient time to secure that approval, health regulatory Colleges should submit their proposed regulations to the Ministry on or before May 1, 2023.

We understand that this is an expedited timeline, however, given the substantial nature of these changes, we are recommending that Colleges plan for a 60-day circulation period. We acknowledge that this may necessitate the scheduling additional Council meetings to seek various approvals that are required as part of your own processes and procedures. Ministry staff will work with you as you develop your proposed regulation submissions in efforts to ensure timelines are met and that any policy issues are resolved. Please contact Allison Henry (allison.henry@ontario.ca) if you have any questions.

The ministry looks forward to working with you and we would like to thank you for ensuring that the province has the supply of safe competent providers to meet the needs of our population now and in the future.

A handwritten signature in black ink, appearing to read 'Karima Velji', is positioned above a horizontal line.

Dr. Karima Velji

Chief of Nursing and Professional Practice and Assistant Deputy Minister

Midwifery Act, 1991 Loi de 1991 sur les sages-femmes

ONTARIO REGULATION 168/11 REGISTRATION

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

Last amendment: 320/12.

Legislative History: 320/12.

This Regulation is made in English only.

INTERPRETATION

Definitions

1. In this Regulation,

“active practice” means the provision of midwifery care to a woman throughout pregnancy, labour, birth and the postpartum period in accordance with section 12;

“clinical preceptor” means a practising member who teaches a midwifery student as a part of the student’s practice in a clinical setting;

“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);

“continuity of care” means midwifery care provided in accordance with the standards of practice of the College;

“primary midwife” means a midwife who assumes sole responsibility for the care of a woman in the intrapartum period, or, working with 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 for supervised practice and evaluation that has been accepted by the College, and a clinical preceptor;

“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;

“remote clinic” means a clinic located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using the method of transportation ordinarily used for health care purposes in the area;

“supervisor” means a member who has been approved by the College to mentor and monitor a member who holds a supervised practice **and emergency** certificate of registration. O. Reg. 168/11, s. 1.

GENERAL

Classes of certificate

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

1. General.

2. Supervised practice.

3. Emergency.

4. Inactive.

5. Transitional. O. Reg. 168/11, s. 2.

Application

3. A person may apply for a certificate of registration by submitting a completed application to the Registrar together with the application fee. O. Reg. 168/11, s. 3.

Issuance

4. A certificate of registration shall be issued if the member,

- (a) pays the administration fee;
- (b) pays the annual fee; and
- (c) satisfies the registration requirements for a certificate of the applicable class. O. Reg. 168/11, s. 4.

False or misleading statements

5. An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant, whether by commission or omission, makes a false or misleading statement or representation on or in connection with his or her application and any certificate of registration issued to such an applicant shall be deemed to be invalid. O. Reg. 168/11, s. 5.

GENERAL REQUIREMENTS FOR ISSUANCE

General requirements for issuance

6. It is a registration requirement for a certificate of registration of any class that the applicant's past and present conduct affords reasonable grounds for the belief that the applicant,

- (a) is not suffering from a physical or mental disorder that would make it desirable in the interest of the public that the applicant not be permitted to practice midwifery;
- (b) will practise midwifery with decency, honesty, integrity and in accordance with the law; and
- (c) can communicate effectively with patients and colleagues, and will display an appropriate professional attitude towards patients and colleagues. O. Reg. 168/11, s. 6.

ISSUANCE — GENERAL AND SUPERVISED PRACTICE CLASSES

Issuance — general and supervised practice classes

7. The following are non-exemptible registration requirements for a certificate of registration of the general and supervised practice classes:

- 1. The applicant must provide the College with evidence of having obtained personal protection against professional liability of the type and in the amount as required of members under the by-laws of the College, effective as of the date on which the certificate of registration is to be granted.
- 2. The applicant must demonstrate the ability to communicate with reasonable fluency in either English or French.
- 3. The applicant must provide satisfactory evidence of competency in neonatal resuscitation.
- 4. The applicant must provide satisfactory evidence of competency in cardiopulmonary resuscitation.
- 5. The applicant must provide satisfactory evidence of competency in emergency skills.
- 6. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in employment in Canada.
- 7. The applicant must have completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course. O. Reg. 168/11, s. 7.

Issuance — general class

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

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

- i. have current clinical experience consisting of active practice for at least two years out of the four years immediately before the date of the application, and
- ii. have attended at least 60 births, of which at least,
 - A. 40 were attended as primary midwife,
 - B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,
 - C. 10 were attended in hospital, of which at least five were attended as primary midwife, and
 - D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.

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. O. Reg. 168/11, s. 8 (1).

(1.1) The requirement in paragraph 3 of subsection (1) is not considered to have been met unless the applicant,

- (a) successfully completed the qualifying examination within the applicant's first three attempts; or
- (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. O. Reg. 320/12, s. 1.

(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. O. Reg. 168/11, s. 8 (2).

(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 those requirements were met while the applicant was under the supervision of a clinical teacher or clinical preceptor. O. Reg. 168/11, s. 8 (3).

(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,

- (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 woman in accordance with the principles of continuity of care,
 - (ii) 10 were attended in hospital, and
 - (iii) one was attended in a residence, a remote clinic, or a remote birth centre;
- (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
- (c) the applicant agrees to comply with the terms imposed by the Registration Committee relating to this requirement. O. Reg. 168/11, s. 8 (4).

(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,

- (a) the applicant reapplies for a general certificate of registration within five years of having resigned;
- (b) the applicant had held a general certificate of registration for at least one year and, while holding that certificate, had provided midwifery care in accordance with clause 12 (2) (a);
- (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. O. Reg. 168/11, s. 8 (5).

When applicant holds out-of-province certificate

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). O. Reg. 168/11, s. 9 (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 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. O. Reg. 168/11, s. 9 (2).

(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,

- (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. O. Reg. 168/11, s. 9 (3).

(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 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 a panel of the Registration Committee. O. Reg. 168/11, s. 9 (4).

(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. O. Reg. 168/11, s. 9 (5).

(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. O. Reg. 168/11, s. 9 (6).

CONDITIONS OF CERTIFICATES

Conditions of every certificate

10. The following are conditions of every certificate of registration of every class:

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:
 - 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.
 - ii. The initiation of a proceeding against the member that is in relation to professional misconduct, incompetence or incapacity or any similar proceeding by a regulatory body or, where there is no regulatory body, by a professional association.
 - iii. A denial of 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 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 regulatory body or, where there is no regulatory body, by a professional association.
 - 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.
 - 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.
2. The member shall not make a false or misleading representation or declaration to the College.
3. The member shall,
 - i. clearly display his or her certificate of registration as issued by the College at his or her principal place of practice, and

- ii. on request, make available for inspection his or her current registration card as issued by the College.
- 4. The member shall continue to be a Canadian citizen or a permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in employment in Canada. O. Reg. 168/11, s. 10.

Condition re insurance

11. It is a condition of every general, supervised practice, **emergency** 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. O. Reg. 168/11, s. 11.

Conditions, general certificate

12. (1) The following are conditions of a general certificate of registration:

- 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.
- 2. The member shall, in every year, provide evidence satisfactory to the College of continuing competency in neonatal resuscitation.
- 3. The member shall, every two years, provide evidence satisfactory to the College of continuing competency in emergency skills and cardiopulmonary resuscitation.
- 4. Unless the member qualified for a certificate of registration under section 9, the member, in his or her first year of practice after receiving his or her initial certificate of registration,
 - i. must only work within an established practice, and
 - 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. O. Reg. 168/11, s. 12 (1).

(2) A member satisfies the requirement for active practice if the member provides midwifery care,

- (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
- (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. O. Reg. 168/11, s. 12 (2).

(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 a residence, remote clinic or remote birth centre. O. Reg. 168/11, s. 12 (3).

(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,

- (a) practised as a midwife in a jurisdiction outside of Ontario before being issued a certificate of registration under the Act; and
- (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 certificate of registration in Ontario. O. Reg. 168/11, s. 12 (4).

(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,

- (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
- (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). O. Reg. 168/11, s. 12 (5).

SUPERVISED PRACTICE CERTIFICATE OF REGISTRATION

Registration requirements

13. (1) Subject to subsection (2), a person may obtain a supervised practice certificate of registration if the person,

- (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
- (b) is required to undergo supervised practice as part of a requalification program under this Regulation. O. Reg. 168/11, s. 13 (1).

(2) A supervised practice certificate of registration may only be granted if the following apply, as applicable:

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 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.
2. In all cases, if the applicant has agreed to abide by a plan for supervised practice and evaluation that,
 - i. satisfactorily addresses the deficiencies in the applicant's clinical experience,
 - ii. has been agreed to by a supervisor who has been approved by a panel of the Registration Committee, and
 - iii. is acceptable to the College. O. Reg. 168/11, s. 13 (2).

(3) A supervised practice certificate of registration may be granted for a period of up to one year. O. Reg. 168/11, s. 13 (3).

(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. O. Reg. 168/11, s. 13 (4).

(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. O. Reg. 168/11, s. 13 (5).

(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. O. Reg. 168/11, s. 13 (6).

(7) The following are the conditions of a supervised practice certificate of registration:

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).
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.
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. O. Reg. 168/11, s. 13 (7).

When applicant holds out-of-province certificate

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 paragraphs 3, 4 and 5 of section 7 and of subsections 13 (1) and (2). O. Reg. 168/11, s. 14 (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 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. O. Reg. 168/11, s. 14 (2).

(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. O. Reg. 168/11, s. 14 (3).

(4) Without in any way limiting the generality of subsection (2), 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. O. Reg. 168/11, s. 14 (4).

(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 requirement 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. O. Reg. 168/11, s. 14 (5).

(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. O. Reg. 168/11, s. 14 (6).

(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. O. Reg. 168/11, s. 14 (7).

EMERGENCY CERTIFICATE OF REGISTRATION

Registration requirements

14.1. (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 8 (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 completed a jurisprudence course that was set or approved by the Registration Committee at the time the applicant took the course.
5. The applicant must provide the College with evidence of having obtained personal protection against professional liability of the type and in the amount as required of members under the by-laws of the College, effective as of the date on which the certificate of registration is to be granted.
6. The applicant must demonstrate the ability to communicate with reasonable fluency in either English or French.

(2) The requirements of paragraphs 1, 2, 3, 4, 5 and 6 of subsection (1) are non-exemptible.

(3) The following are conditions of an 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.

(4) An emergency certificate of registration is revoked on the earliest of the date on which any of the following events occurs:

- i. 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 (5).
- ii. The date to which the Registrar extended the certificate under subsection (5).
- iii. The date on which the Registrar revokes the certificate under subsection (6).
- iv. 90 days after receipt of notice of Council's determination that the emergency circumstances have ended.

(5) 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.

(6) 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.

Transitioning from emergency class to general class

14.2. (1) The requirements in paragraph 7 of section 7 and paragraph 1 of subsection 8 (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 8 (1).

INACTIVE CERTIFICATE OF REGISTRATION

Registration requirements

15. (1) The following are non-exemptible registration requirements for an inactive certificate of registration:

1. The applicant must be a member holding a general certificate of registration.
2. The member must not be in default of any fee, penalty or other amount owing to the College.
3. The member must have provided the College with any information that it has required of the member. O. Reg. 168/11, s. 15 (1).

(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. O. Reg. 168/11, s. 15 (2).

(3) It is a condition of an inactive certificate of registration that the member shall not engage in the practice of midwifery. O. Reg. 168/11, s. 15 (3).

(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,

- (a) meets all the registration requirements for the general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1); or
- (b) successfully completes a requalification program that has been approved by a panel of the Registration Committee for that purpose. O. Reg. 168/11, s. 15 (4).

When applicant holds out-of-province certificate

16. (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,

- (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 7 of section 7. O. Reg. 168/11, s. 16 (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. O. Reg. 168/11, s. 16 (2).

TRANSITIONAL CERTIFICATE OF REGISTRATION

Registration requirements

17. (1) The following are non-exemptible registration requirements for a transitional certificate of registration:

- 1. The applicant has not previously held a transitional certificate of registration.
- 2. The applicant is able to meet all registration requirements for either a general certificate of registration or a supervised practice certificate of registration with the exception that, in either case, the applicant is not able to meet the requirement in paragraph 3 of subsection 8 (1) for the sole reason that the applicant has taken the examination referred to in that paragraph but has not received the results of that examination. O. Reg. 320/12, s. 2.
- (2) A transitional certificate of registration,
 - (a) shall only be issued to an applicant who has filed an undertaking with the Registrar in a form and manner that is acceptable to the Registrar; and
 - (b) is subject to the condition that the member shall only practise midwifery while under the supervision of a member who holds a general certificate of registration. O. Reg. 168/11, s. 17 (2).
- (3) A transitional certificate of registration is revoked on the earliest of the date on which any of the following events occurs:
 - 1. The member is issued a general certificate of registration.
 - 2. The member is issued a supervised practice certificate of registration.
 - 3. The College notifies the member that he or she has failed to successfully pass the examination referred to in paragraph 3 of subsection 8 (1).
 - 4. Ninety days have passed since the issuance of the transitional certificate of registration. O. Reg. 168/11, s. 17 (3).

When applicant holds out-of-province certificate

18. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the applicant is deemed to have met the requirements of paragraph 2 of subsection 17 (1) and reference to the examination referred to in paragraph 3 of subsection 8 (1) shall be read as a reference to the examination requirement imposed by the regulatory body for midwifery in the other province or territory in Canada from which the applicant holds a certificate of registration which is equivalent to the exam required under paragraph 3 of subsection 8 (1) 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; and
- (b) the applicant meets the requirement in paragraph 7 of section 7. O. Reg. 168/11, s. 18 (1); O. Reg. 320/12, s. 3.
- (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. O. Reg. 168/11, s. 18 (2).

(3) 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. O. Reg. 168/11, s. 18 (3).

REVOCATION, REINSTATEMENT, ETC.

Revocation, reinstatement, etc.

19. (1) The Registrar may revoke the certificate of registration of a member who fails to comply with the conditions set out in paragraph 1, 2 or 3 of section 10. O. Reg. 168/11, s. 19 (1).

(2) The Registrar shall revoke the certificate of registration,

- (a) of a member holding a certificate in any class who fails to comply with the condition set out in paragraph 4 of section 10;
- (b) of a member holding a certificate in the general, supervised practice, **emergency** or transitional class who fails to comply with the condition set out in section 11; and
- (c) of a member holding a certificate in the inactive class who fails to comply with the requirement set out in subsection 15 (3). O. Reg. 168/11, s. 19 (2).

(3) A former member who held a certificate of registration in the general or supervised practice classes and whose certificate of registration was revoked under subsection (1), except for a failure to comply with the conditions set out in paragraph 2 of section 10, may be reinstated within one year of the revocation if the former member,

- (a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1);
- (b) satisfies the Registration Committee that the failure to comply that led to the revocation will not be repeated; and
- (c) pays the reinstatement fee. O. Reg. 168/11, s. 19 (3).

(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,

- (a) meets all of the requirements for a general certificate of registration except for those in paragraphs 1 and 3 of subsection 8 (1);
- (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
- (c) pays the reinstatement fee. O. Reg. 168/11, s. 19 (4); O. Reg. 320/12, s. 4.

(5) Where, under clauses (3) (a) and (4) (a), the former member is required to satisfy the applicable requirements for a certificate of registration, a requirement for clinical experience may be met by successfully completing a requalification program that has been approved by the Registration Committee for that purpose. O. Reg. 168/11, s. 19 (5).

Lifting of suspension

20. (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 date of the suspension, lift the suspension on payment of,

- (a) the fee the member failed to pay;
- (b) the penalty for late payment of the fee; and
- (c) the reinstatement fee. O. Reg. 168/11, s. 20 (1).

(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. O. Reg. 168/11, s. 20 (2).

(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. O. Reg. 168/11, s. 20 (3).

Transition

21. A certificate of registration under Ontario Regulation 867/93 that was in existence immediately before the coming into force of this Regulation is continued as a certificate of registration of the nearest equivalent class under this Regulation, and is subject to the terms, conditions and limitations that apply under this Regulation. O. Reg. 168/11, s. 21.

22. OMITTED (REVOKES OTHER REGULATIONS). O. Reg. 168/11, s. 22.

23. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 168/11, s. 23.

SCHEDULE 1

1. The Midwifery Pre-registration Program of the Michener Institute of Applied Health Sciences.

O. Reg. 168/11, Schedule 1.

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EMERGENCY CLASS POLICY

Purpose

This policy describes the circumstances when the College can issue Emergency class certificates.

Scope

The Emergency class of Certificates can be ordered by the government or by College Council. The following policy only makes reference to emergency circumstances declared by College Council or the Executive Committee.

Policy Statement

The College has a duty to regulate midwifery in the public interest and to assist with ensuring public safety. The College is one of the key players in safeguarding the supply of registered midwives in the event of emergencies.

Under paragraph 1 of subsection 14.1(1) of the revised Registration Regulation¹, the Government can request that the College begin issuing Emergency certificates of registration.

The Emergency class provision also delegates the same authority to Council. In accordance with section 12(1) of the RHPA, the Executive Committee can also make this determination. In making this determination, the Council or Executive Committee may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration to meet an identified public interest need.

Triggering Emergency Class

For the Council or Executive Committee to trigger the Emergency class under the proposed Registration Regulation, it must be satisfied that *all the following criteria* be met:

1. There must be a current or imminent threat to provide supply of qualified midwives to service the needs of the public.
2. The public and/or the healthcare system is negatively impacted by these circumstances.
3. Immediate action is required to remedy the circumstances.
4. With the guidance of the Registration Committee, the Council or Executive Committee must be satisfied that all possible solutions have been exhausted and issuing certificates under the Emergency class is the best solution under the circumstances.
5. It would be in the public interest to trigger the Emergency class of certificate.

¹ Legislative references to be finalized once the emergency provisions have been filed.

The Council or Executive Committee must be satisfied that these criteria are met before determining that “it is in the public interest to register midwives in the Emergency class to address emergency circumstances” as stipulated in the proposed Registration Regulation.

The College must take appropriate measure to inform the public of the emergency circumstances.

Continuous assessment

Once the Emergency class is in force, the Registration Committee will monitor the situation and provide regular updates to Council. An assessment of the emergency circumstances will be made at each Council or Executive Committee meeting, whichever event occurs first, while the Emergency class is in effect.

Resolving an emergency

If it is determined that the criteria set out above can no longer be met, the Registration Committee will recommend that the Council or Executive Committee pass a motion to direct the College to cease issuing Emergency certificates of registration.

Pursuant to clause iv of subsection 14.1(4), all Emergency certificates of registration will be revoked 90 days after Council’s determination that the emergency circumstances have ended.

References (legislative and other)

Regulated Health Professions Act, 1991

Ontario Regulation 508/22

Proposed Registration Regulation, as submitted to the Ministry of Health on June 14, 2023

Approved by: Council

Approval date: June 27, 2023

Implementation Date: September 1, 2023 (or when the emergency class comes into effect)

Last reviewed and revised: n/a

BRIEFING NOTE FOR COUNCIL

Subject: Orientation and Assessment Program

Background

To be issued a certificate of registration, applicants must meet the educational requirements as stipulated in the Registration Regulation (*O. Reg. 168/11*, under the *Midwifery Act, 1991*):

8. (1) Subject to subsections (2) to (5) and to subsection 15 (4), the following are non-exemptible registration requirements for a certificate of registration of the general class:
 1. The applicant must have at least one of the following,
 - i. A baccalaureate degree in health sciences (midwifery) from a university in Ontario.
 - ii. A degree, diploma or certificate from a program listed in Schedule 1.
 - iii. Qualifications that are equivalent to the degree referred to in subparagraph i, as determined by the Council or by a body or bodies designated by the Council.

In June 2022, Council approved the pilot of the College Orientation and Assessment Program (OAP) for Internationally Educated Midwives (IEMs) for one cycle. This decision meant that the OAP would be deemed to be qualifications that are equivalent to the degree requirement referred to in the Registration Regulation in accordance with section 8.(1)1.iii.

The College began accepting applications for the pilot program in the fall of 2022, and the first few candidates enrolled in the online modules in February of 2023. Candidates who successfully complete the OAP in mid-September, will be eligible to write the Canadian Midwifery Registration Exam (CMRE) on October 26, 2023. The OAP is not meant to be a bridging program; it is an orientation and assessment program meant to equip candidates with information about practising midwifery in Canada, overviews and assessments of expected competencies, and an introduction to the Canadian healthcare system.

About the OAP:

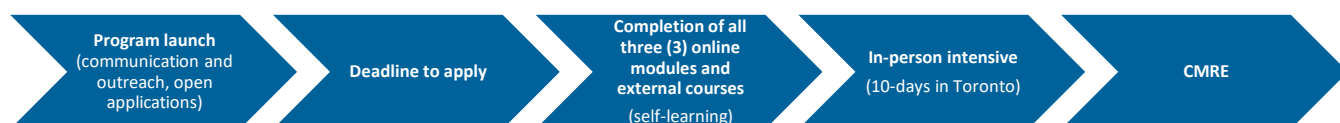
There are currently 11 candidates enrolled in this first OAP cycle. Candidates completed their midwifery education in a variety of jurisdictions from around the world. Their midwifery experience ranges from 6 to 14 years. Full details of the OAP's components and admission criteria can be found in Appendix A.

Key Considerations & Public Interest Rationale

- At this time, the Registration Committee is unable to make a recommendation with respect to the permanent delivery of the OAP due to a lack of data. By the time Council meets, candidates in the first cycle will still be in the process of completing their online modules.
- A second cycle could begin as soon as September (in preparation for the next CMRE date scheduled for May 2024). Many potential IEMs have already expressed interest in enrolling

in the next cycle. To allow for sufficient time to complete the modules and intensive, the College will need to start admitting candidates into the OAP in the late summer.

- Once candidates from the first cycle complete the program, the College will collect their feedback on their experience, from the application process to the intensive. Similarly, the lead consultant for the OAP will be providing a full analysis of the program's success based on candidates' overall performance, observation and feedback received, the candidate's employment prospects and the resources needed to run the OAP permanently.
- Running the pilot project for two more cycles will increase the sample size and the Registration Committee will be better equipped to bring forward a recommendation to Council with respects to the feasibility of running the program long-term and any trends/patterns observed.
- Without Council's authorization to extend the pilot or to run the OAP permanently, there is no pathway to certification for IEMs in Ontario.
- A full cycle can average 8-9 months:



Recommendations

THAT Council approve extending the pilot Orientation and Assessment program for two more cycles.

Implementation Date

Immediately

Attachments

1. Appendix A: Orientation and Assessment Program overview

Submitted by:

Isabelle Milot, Chair of the Registration Committee

APPENDIX A

Subject: Overview of the Orientation and Assessment Pilot Program

PHASE 1: Application and Admission into the program

There are five eligibility requirements to enroll in the Orientation and Assessment Pilot (OAP), which are guided by the registration requirements for certificate issuance. The internationally-educated midwife (IEM) must provide evidence of the following:

- Authorization to engage in employment in Canada [Canadian citizen, permanent resident or authorized under the Immigration and Refugee Protection Act (Canada)].
- Completion of a formal structured midwifery education program.
- Language proficiency.
- Having practised as a midwife providing clinical care in the six years prior to their application.
- Having attended a minimum of 100 births as the midwife in charge (Note: A maximum of 60 of these births can have taken place during the midwifery education program. A minimum of 40 of these births must have taken place as a practising midwife after the completion of a midwifery education program.)

Cost for application review and administrative cost is \$400 non-refundable fee.

Applicants were enrolled between February and April 2023 which gave candidates at least 6 months to complete the program before the Canadian Midwifery Registration Exam (CMRE) planned for October 26, 2023.

PHASE 2: Online Modules and Assessments

The online content is divided into three foundational modules. Candidates are expected to complete the modules sequentially:

- Prenatal,
- Intrapartum, and
- Postpartum Midwifery Care, including primary care of the newborn until six to eight weeks.

Each module has content about practising midwifery in the Canadian context.

The intrapartum module differs slightly from the other modules as it also requires that candidates complete 4 external courses and their corresponding exams before the IEM challenges the intrapartum module exam:

- [Canadian Pediatric Society Neonatal Resuscitation Program \(NRP\)](#)
This program includes an online education and testing component followed by an in-

person clinical competency assessment which takes place at the in-person intensive (Phase 3). The online course component and exam takes 3-7 days to complete.

- [University of British Columbia \(UBC\) Midwifery Emergency Skills Program \(MESP\)](#)
This program includes an online education and testing component followed by an in-person clinical competency assessment which takes place at the in-person intensive (Phase 3). The online course component and online written exam takes 3-7 days to complete.
- [Fetal Heart Monitoring – UBC Fundamentals of Fetal Health Surveillance Online Manual](#)
This program includes an online education and testing component followed by an in-person clinical competency assessment which takes place at the in-person intensive (Phase 3). The online course component and online written exam takes 3-7 days to complete.
- [Cultural Safety – San'yas Anti-Racist Indigenous Cultural Safety Training Program](#)
This program is completed independently online and there is no in-person assessment/component.

Phase 2 costs \$2250, payable in three \$750 installments before the commencement of each module, and the external courses are paid to the course provider and range in cost from \$30-\$300. If the IEM withdraws from a module, they receive a partial refund if the request is made within two weeks of starting the module.

Each module includes a 2-hour multiple-choice online exam (100 questions) pertaining to the content within the module. The passing rate is 70% and the candidates are permitted to attempt writing the exam 3 times. There is an automatic cooling off period of 30 days between attempts 2 and 3. There is also a fee of \$750 to write the 3rd and final attempt.

Candidates can work on the modules at their own pace. Unlike a bridging program or a traditional academic program, the OAP is designed to be completely self-learning and the College cannot provide any content support.

The College has set a firm deadline of August 31, 2023, by which all candidates must complete the modules and assessments before they can attend the in-person intensive session (Phase 3).

PHASE 3: In-Person Consolidation and Assessment Intensive

Following the online modules and external courses, candidates must successfully complete the 10-day in-person intensive course. The intensive course is purposely held a few weeks before the Canadian Midwifery Registration Exam. The intensive includes clinical skills practice, written exam review, and comprehensive assessment.

The content of the intensive will include both universal testing for all participants and individualized remedial opportunities.

The IEM's must successfully complete all included components and pass all assessments to complete the College's Orientation and Assessment Process and move on to write the CMRE. IEMs may have individualized opportunities during the intensive to give extra attention to areas of challenge.

The 10-day in-person Consolidation and Assessment Intensive costs \$3150, which is payable before the course begins. The in-person intensive will be held on-site at the College of Midwives of Ontario headquarters.

The current in-person intensive is currently scheduled for September 12-22, 2023.

ELIGIBILITY FOR CERTIFICATE OF REGISTRATION

Candidates must successfully complete all components of the program to be eligible to write the CMRE. If a candidate drops out of the program midway or fails to move through the program, they will have to restart the program at Phase 1. The College is unable to recognize already-completed modules. The rationale is twofold: (1) it is important to maintain currency in knowledge and skills in the interest of the public, and (2) the modules completed by the candidate may be outdated by the time they re-enroll in the new program.

The following chart illustrates the difference between Midwifery Education Program (MEP) graduates and OAP candidates in terms of meeting the registration requirements:

	MEP	OAP
Academic requirement	Yes By completing a baccalaureate degree in health science from a university in Ontario – s. 8(1)(1)(i)	Yes By Council motion, the OAP is considered to be “qualifications that are equivalent to a degree” – s. 8(1)(1)(iii)
Clinical Experience requirement	Have current clinical experience consisting of active practice for at least 2 years out of the 4 years at the time of application	
	Yes – through the MEP	Depends on applicant’s set of circumstances
	Have attended at least 60 births (40 as a primary, 30 as part of the care provided in accordance to principle of continuity of care, 10 in hospital, 10 in community)	Have attended at least 40 births (10 as part of the care provided in accordance to principle of continuity of care, 10 in hospital, 1 in community)
	Yes – through the MEP	Depends on applicant’s set of circumstances.
CMRE	Yes	Yes
Language Proficiency	Yes	Yes
Professional Liability Insurance	Yes	Yes
NRP, CPR, ES	Yes (some covered in MEP)	Yes (some covered in OAP)
Authorization to work in Canada	Yes	Yes
Jurisprudence Course	Yes	Yes
Good character (Vulnerable Sector check, disclosure questions)	Yes	Yes

As part of the OAP, the consultant will be assessing each candidate during the intensive period and provide the College will a final report. The report will outline any areas that need to be addressed.

The College may develop a Supervision Plan based on the OAP report and any shortfalls related to entry-into-practice requirements. The Supervision Plan could include the number of births to be attended, the minimum amount of time required working in practice and any other clinical requirements identified in the OAP report.

Applicants eligible for registration in the Supervised Practice class will need to find a midwife who meets the criteria to act as a supervisor. The Supervisor will be required to fill out an agreement and sign a conflict-of-interest declaration.

A supervised practice certificate is granted for a maximum of one year. However, in some circumstances, the Registration Committee can approve the re-issuance of a supervised practice certificate after the one-year period.

Once the College receives the signed Final Supervision Report, the registration class will be changed from Supervised Midwife to General Midwife, with the conditions of the New Registrant's Policy remaining in place until the requirements of the New Registrant's Policy are completed.

IN CAMERA

The IN CAMERA session of the of Council meeting excludes the attendance of public observers pursuant to the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, section 7(2)(b).

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

KAREN MCKENZIE

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

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

☐ DO have a conflict of interest (please explain)

KAREN MCKENZIE

Name (please print)

K McKenzie

Signature

2022-09-28

Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Jyothy NAIR

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

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

☐ DO have a conflict of interest (please explain)

Jyothy NAIR

Name (please print)

Jyothy Nair

Signature

SEPT 28, 2022

Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Hardeep Fenchra

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

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

☐ DO have a conflict of interest (please explain)

Hardeep Fenchra
Name (please print)

[Signature]
Signature

Sept 28/22
Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Alexia Singh

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

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

☐ DO have a conflict of interest (please explain)

Alexia Singh [Signature] Sept 28, 2022
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Marianna Kaminska

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

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

☐ DO have a conflict of interest (please explain)

MARIANNA KAMINSKA  Sept 28 '22
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Claire Ramlogan-Salanga.

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

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

☐ DO have a conflict of interest (please explain)

Claire Ramlogan-Salanga [Signature] Sept 28, 20
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Robyn Berman

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

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

☒ DO have a conflict of interest (please explain)

As a MLBC employee, I will recuse myself from
any discussions on policies that are directly
impacting MLBC's.

Robyn Berman
Name (please print)

[Signature]
Signature

Sept 28/22
Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

JACQUELINE MORRISON

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

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

☐ DO have a conflict of interest (please explain)

JACQUELINE MORRISON [Signature] SEPTEMBER 28, 2022
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I

DON STRICKLAND.

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

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

☐ DO have a conflict of interest (please explain)

DON STRICKLAND Don Strickland Sept 28/22
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Edan Thomas _____

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

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

☐ DO have a conflict of interest (please explain)

Edan Thomas



September 23 2020

Name (please print)

Signature

Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Judith Murray

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

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

☐ DO have a conflict of interest (please explain)

Judith Murray J Murray 20-11-20
Name (please print) Signature Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Dr. Oliver Okafor

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

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

☐ DO have a conflict of interest (please explain)

Dr. OLIVER OKAFOR

Name (please print)



Signature

June 21, 2021

Date

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

Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Isabelle Milot

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

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

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

I. Milot
Name (please print)

[Signature]
Signature

Sept 23-24
Date

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