



College of  
**Midwives**  
of Ontario

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

# Council Meeting

October 12, 2023



## NOTICE OF MEETING OF COUNCIL

## AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Thursday, October 12, 2023 from 9:30 AM to 2:45 PM in the College's Board Room at 21 St. Clair Ave. E., Suite 303, Toronto, Ontario.

This meeting is open to the public. Any individuals wanting to observe the meeting should contact the College at [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca) or 647-362-5228 for access details.

L'Ordre des sages-femmes de l'Ontario tiendra une réunion jeudi, le 12 octobre, 2023 de 9 h 30 à 14 h 45, dans la salle de conférence de l'Ordre, située au 21, av. St. Clair E., bureau 303, Toronto, Ontario.

Cette réunion est ouverte au public. Toute personne intéressée peut obtenir les détails pour accéder à la réunion en écrivant à l'Ordre, à [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca), ou en composant 647-362-5228.

Kelly Dobbin,  
Registrar & CEO/Registrateure et PDG



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## CMO Council Meetings – Guidelines for Observers

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- Council meetings are held at the College of Midwives of Ontario in the Board Room (21 St. Clair Ave E, Ste 303)
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are asked to be quiet during the meeting, and keep side conversations to a minimum.
- Observers are asked to limit comings and goings during the meeting. There are morning and afternoon refreshment breaks and a one-hour break for lunch.
- Please turn off or silence mobile devices while in the Council Board Room.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the CMO website one week prior to the scheduled Council meeting.
- The College is a fragrance-free environment. This applies to all staff, CMO members, Council representatives and visitors to the CMO.
- Observers can access the Council package materials approximately one week prior to the scheduled Council Meeting.

If you have any questions after the meeting, please contact the College at [cmo@cmo.on.ca](mailto:cmo@cmo.on.ca) or by phone at 647-362-5228.

# Strategic Framework

## 2021–2026



College of  
**Midwives**  
of Ontario

Ordre des  
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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

Thursday, October 12 | 9:30 am to 2:30 pm  
College of Midwives of Ontario  
21 St Clair Ave E., Suite 303 | Boardroom

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order, Welcome and Land Acknowledgment	C. Ramlogan-Salanga	9:30	INFORMATION	-	
2.	Conflict of Interest	C. Ramlogan-Salanga	9:35	DISCUSSION	-	
3.	Review and Approval of Proposed Agenda	C. Ramlogan-Salanga	9:38	MOTION	3.0 Agenda	5
4.	Consent Agenda <ul style="list-style-type: none"> <li>- Draft Minutes of June 27, 2023 Council Meeting</li> <li>- Draft Minutes July 31, 2023 meeting</li> </ul> Q1 Reports for: <ul style="list-style-type: none"> <li>- Inquiries, Complaints and Reports Committee</li> <li>- Registration Committee</li> <li>- Quality Assurance Committee</li> <li>- Discipline Committee</li> <li>- Fitness to Practise Committee</li> <li>- Client Relations Committee</li> </ul>	C. Ramlogan-Salanga	9:40	MOTION	4.0 Draft Minutes June 27, 2023 4.1 Draft Minutes July 31, 2023 4.2 ICRC Committee 4.3 Registration Committee 4.4 QAC Committee 4.5 Discipline Committee 4.6 FTP Committee 4.7 CRC Committee	7
5.	IN CAMERA	C. Ramlogan-Salanga	9:45	MOTION	-	-
6.	Chair Report	C. Ramlogan-Salanga	10:15	APPROVAL	6.0 Chair Report	32
7.	Registrar Report	K. Dobbin	10:30	APPROVAL	7.0 Registrar Report 7.1 Annual Report 7.2 Letter to Minister 7.3 Response from Minister	34
<b>BREAK 11:00</b>						

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
8.	Executive Committee Report	C. Ramlogan-Salanga	11:15	APPROVAL	8.0 Exec Report 8.1 Q1 SOP 8.2 Assessment of External auditor summary report & recommendations 8.3 2025 Exec and Council dates 8.4 Emergency Class Policy	76
9.	Budget Reforecast	L. Docherty	11:45	APPROVAL	9.0 Briefing Note 9.1 Reforecasted Budget	86
<b>LUNCH 12:15</b>						
10.	Client Relations Committee: Sexual Abuse Prevention Policy	D. Strickland	1:15	APPROVAL	10.0 Briefing Note 10.1 SAP Policy	87
11.	Registration Committee: Registration Regulation, Fetal Health Surveillance	I. Milot	1:30	APPROVAL	11.0 Briefing Note 11.1 Appendix A - FHS	94
12.	Executive Election	K. Dobbin	1:45		12.0 Schedule 1 Process for Election of Officers	103
13.	Approval of 2023-2024 Slate of Council	C. Ramlogan-Salanga	2:00	APPROVAL	13.0 2023-2024 Slate of Council	104
14.	Housekeeping <ul style="list-style-type: none"> <li>Completing Annual Governance Forms</li> <li>Competency Self-Assessment and demographic survey</li> </ul>	Z. Grant	2:05	INFORMATION		
15.	Adjournment	C. Ramlogan-Salanga	2:30	MOTION		
	Next Meetings:  December 5-6, 2023  March 26-27, 2024 June 25-26, 2024 October 1-2, 2024 (IN PERSON) December 10-11, 2024			INFORMATION		



# MINUTES OF COUNCIL MEETING

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Held on June 27, 2023 | 9:30 am to 2:30 pm  
Videoconference

Chair:	Claire Ramlogan-Salanga, RM
Present:	Edan Thomas, RM; Don Strickland; Karen McKenzie, RM; Isabelle Milot, RM; Judith Murray; Marianna Kaminska; Jyothy Nair, RM; Hardeep Fervaha, RM; Robyn Berman, RM ; Alexia Singh, RM ; Jacqueline Morrison
Regrets:	Oliver Okafor
Staff:	Kelly Dobbin; Nadja Gale; Nancy Tran; Michele Pieragostini; Victoria Marshall; Lieran Docherty; Johanna Geraci; Abinaya Kalanandan
Observers:	Vivian Pang (MOH); Sarah Yun (legal counsel); Geoff Clute (Hilborn); Blair MacKenzie (Hilborn); One unidentified public observer
Recorder	Zahra Grant

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:32 am and welcomed all present. A land acknowledgement was offered by Don Strickland.

## 2. Declaration of Conflict of Interests

No conflicts were declared.

## 3. Proposed Agenda

The proposed agenda was approved as presented.

MOTION: That the proposed agenda of June 27, 2023 be approved as presented.

Moved: Robyn Berman  
Seconded: Hardeep Fervaha  
CARRIED

## 4. Consent Agenda

MOTION: That the consent agenda consisting of:

- Draft Minutes of April 26, 2023 Council Meeting
- Executive Committee Annual Report
- Inquiries, Complaints and Reports Committee Annual Report
- Registration Committee Annual Report
- Discipline Committee Report

- Fitness to Practise Committee Report
- Client Relations Committee Annual Report
- Quality Assurance Committee Annual Report

Be approved as presented.

Moved: Robyn Berman  
Seconded: Alexia Singh

CARRIED

#### 5. Chair Report

Claire Ramlogan-Salanga introduced her report providing highlights of activities and engagements as Chair. It was noted for Council that the format of the report was revised to provide information, updates and accountability to the continuous improvement priorities of Council. Council approved the Chair report as presented.

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

Moved: Jyothy Nair  
Seconded: Hardeep Fervaha  
CARRIED

#### 6. Executive Committee Report

The Executive Committee report was introduced by Claire Ramlogan-Salanga who provided highlights of the activities of the committee since the last report. The committee participated in oversight of the process for the annual audit of the financial statements as well as the Registrar's performance evaluation. The committee is reviewing a proposed process to use an annual competency self-assessment tool. They are also considering collection of demographic and other traits and qualities that can help inform a more purposeful approach to equity and inclusion strategies including recruitment and appointment to Council and committees.

Council reviewed the Q4 statement of operations and Director of Operations, Lieran Docherty, was available to provide context and answer questions. Representatives from Hilborn, the College's independent financial auditor, joined the meeting to go over the audited financial statements with Council. They noted that based on the findings of the audit it is their opinion that the financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2023 and are captured in accordance with Canadian accounting standards for not-for-profit organizations.

MOTIONS:

- I. That the Executive Committee Report be approved as presented.
- II. That the Audited Financial statements as of March 31, 2023 of the College of Midwives of Ontario be approved as presented.

Moved: Judith Murray  
Seconded: Jyothy Nair  
CARRIED

#### 7. Registrar Report

Registrar, Kelly Dobbin introduced her report and provided highlights.

An update on regulations was provided. The draft of the proposed Registration Regulation approved by Council included the addition of fetal health surveillance as a registration requirement. The proposed draft was submitted to the Ministry of Health by the May 1, 2023 deadline. In consideration of the additional requirement, a 60-day consultation was also launched on May 1, 2023. The College received confirmation from the Ministry that at this time they will only be considering the Emergency Class provisions, not the entire draft Registration Regulation, and that the rest of the draft will be looked at and considered in the fall. Council was also informed about new legislation, currently out for public consultation, called the *Integrated Community Health Services Centre Act* that will replace the *Independent Health Facilities Act*.

Other updates regarding the competency-based assessment program were provided as well as confirmation that professional member elections were underway with voting open until June 30.

The Registrar also provided a detailed update on the status of the College's operational plan and what activities of the strategic plan have been completed, started, not started or at risk. Activities of the strategic plan are ongoing to 2026.

#### MOTIONS:

- I. That the Registrar's Report be accepted as presented.
- II. That the Operational Plan Progress Report be approved as presented.

Moved: Robyn Berman  
Seconded: Donald Strickland  
CARRIED

#### 8. Emergency Class Policy

Chair of the Registration Committee, Isabelle Milot, introduced the Emergency Class Policy. It was noted that the language in the policy may not be final depending on whether the Ministry of Health changes the wording of the proposed emergency class provisions in the Registration Regulation. In the meantime, this policy will position the College to be able to implement the emergency class as proposed when approved. All health colleges are in discussion with the Ministry of Health to reach a consensus on language. Council approved the policy as presented.

MOTION: That Council approve the Emergency Class Policy as presented and for it to be implemented on September 1, 2023 (or upon the regulation coming into effect).  
Moved: Judith Murray  
Seconded: Alexia Singh  
CARRIED

9. Orientation & Assessment Program

Chair of the Registration Committee, Isabelle Milot, presented the motion brought forward by the committee to extend the pilot of the Orientation and Assessment Program for another two cycles. The committee is advising that more time and data are required so that the committee can bring a more informed recommendation to Council regarding the feasibility of running the program permanently or long-term.

The Program evaluation will include points such as cost analysis, candidate experience, assessment of consultant, success rate, etc.

Council approved extension of the pilot for two more cycles.

MOTION: That Council approve extending the pilot Orientation & Assessment Program for two more cycles.  
Moved: Hardeep Fervaha  
Seconded: Alexia Singh  
CARRIED

10. IN CAMERA

Pursuant to the *Health Professions Procedural Code of the Regulated Health Professions Act, 1991, section 7(2)(b)* Council moved IN CAMERA at 12:33 pm.

MOTION: Be it resolved that Council move in-camera at 12:33 pm.  
Moved: Donald Strickland  
Seconded: Isabelle Milot  
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 1:55 pm.  
Moved: Jyothy Nair  
Seconded: Donald Strickland  
CARRIED

11. ADJOURNMENT

Council meeting adjourned at 1:56 pm.

MOTION: That the meeting be adjourned at 1:56 pm.

Moved: Jyothy Nair  
Seconded: Hardeep Fervaha  
CARRIED



# MINUTES OF COUNCIL MEETING

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Held on July 31, 2023, 2:00 pm to 3:00 pm  
Videoconference

Chair:	Claire Ramlogan-Salanga, RM
Present:	Edan Thomas, RM; Isabelle Milot, RM; Jyothy Nair, RM; Robyn Berman, RM; Alexia Singh, RM; Judith Murray; Marianna Kaminska; Jacqueline Morrison; Tina Walia-Rao;
Regrets:	Oliver Okafor, Don Strickland, Karen McKenzie, RM, Hardeep Fervaha, RM
Staff:	Kelly Dobbin; Nadja Gale; Nancy Tran; Victoria Marshall; Lieran Docherty; Johanna Geraci; Abinaya Kalanandan
Guests:	Lilly Martin, RM (Non-Council, Quality Assurance Committee Chair)
Observers:	Deborah Bonser (AOM); Beth Mens (AOM); Bethany Galster (Public)
Recorder:	Nadja Gale

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 2:04 pm and welcomed all present, including Tina Walia-Rao, our newest public Council member who was joining a Council meeting for the first time. A land acknowledgement was offered by the Chair.

## 2. Declaration of Conflict of Interests

A potential conflict was raised by public member, Judith Murray. The conflict was considered by the Registrar and Chair offline, and it was deemed that no actual conflict existed, but it was advised that a question should be posed in a more general manner to avoid the perception of a conflict. The question was posed under agenda item 4.

## 3. Proposed Agenda

The proposed agenda was approved as presented.

MOTION:

That the proposed agenda be approved as presented.

Moved: Edan Thomas  
Seconded: Marianna Kaminska  
CARRIED

#### 4. Proposed Designated Drugs and Substances Regulation

The Chair of the Quality Assurance Committee, Lilly Martin, introduced the proposed Designated Drugs and Substances Regulation intended to replace the current Designated Drugs Regulation, Ontario Regulation 884/93 made under the *Midwifery Act, 1991*, and outlined the changes that have been introduced to update the regulation. Council reviewed the draft of the Designated Drugs and Substances Regulation and discussed the proposal.

It was suggested that gentamicin should be added to the regulation under Schedule 3, Substances that May be Administered by Injection, under the category of Antibacterials, as it is a substance used by midwives, is within the scope of practice and not currently listed in the proposed regulation. Council agreed to this addition.

Another Council member asked if there is potential for vaccines to be added to the regulation if they are approved by Health Canada and recommended by the National Advisory Committee on Immunization (NACI). It was noted that the Ministry continues to monitor for updates to approved drugs and substances and if something came up prior to approval and implementation of the regulation, the College would make a request for it to be added where evidence exists for its use by midwives. It was also noted that this example highlights the risk that as soon as a list is approved in regulation, it may be outdated.

A discussion pursued clarifying why the College was considering a request to the Minister to exempt the College from having to circulate the proposed regulation for 60-days. Further to what was outlined in the briefing note, College staff confirmed that the proposed regulation was based on a previously conducted consultation and work with stakeholders, including the Ministry, and no substantial changes were made. In addition, the College believes it is in the best interest of the public to submit the proposed regulation as soon as possible, as requested in the letter received from the Ministry, to facilitate access to these treatments for midwifery clients as soon as possible.

The following motions were brought forward.

MOTION:

That Council directs the Registrar to seek approval from the Minister to exempt the requirement of subsection 95 (1.4) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* ("the Code"), requiring that the regulation be circulated for 60 days, in accordance with section 95 (1.6) of the Code.

Moved:	Jacqueline Morrison
Seconded:	Claire Ramlogan-Salanga
Votes in favour:	9 Council Members (6 Professional: 3 Public)
1 Abstention	
CARRIED	

MOTION:

That the proposed Designated Drugs and Substances Regulation be approved for submission to the Ministry of Health.

Moved: Robyn Berman  
Seconded: Marianna Kaminska  
Votes in favour: 9 Council Members (6 Professional: 3 Public)  
1 Abstention  
CARRIED

5. ADJOURNEMENT

The meeting was adjourned at 2:47pm.

MOTION:

That the meeting be adjourned at 2:47pm.

Moved: Marianna Kaminska  
Seconded: Alexia Singh  
CARRIED

# INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

## REPORT TO COUNCIL – Quarter 1

General

Committee Members

Chair	Samantha Heiydt
Professional	Edan Thomas, RM; Hardeep Fervaha, RM; Karen McKenzie, RM;
Public	Judith Murray, Marianna Kaminska
Non-Council	Jillian Evans; Samantha Heiydt; Nadine Robertson; Sarah Kirkland, RM; Maureen Silverman, RM; Emily Gaudreau, RM

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	5	-	-	-	5
Number of Committee Meetings Held	0	-	-	-	0
Number of Trainings	0	-	-	-	0

Notes:

Q1: 5 panel meetings were held by videoconference regarding 9 COINs

Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	25	-	-	-	N/A	0	-	-	-	N/A
New files	9	-	-	-	9	0	-	-	-	0
Closed files	10	-	-	-	10	0	-	-	-	0
Active files at end of reporting period	24	-	-	-	N/A	0	-	-	-	N/A

Notes:

Q1: Nine new complaint files were a result of receiving seven complaints. Two complaints involved more than one midwife.

## Themes of New Matters

Notes:

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

Some complaints involve more than one theme.

## Source of New Matters

	Complaints					Reports				
Source of New Matters	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	7	-	-	-	-	0	-	-	-	0
Family Member	1	-	-	-	-	0	-	-	-	0
Another Midwife	1	-	-	-	-	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	4	-	-	-	-	N/A				
Complaints Withdrawn	0	-	-	-	-	N/A				
Frivolous and Vexatious	0	-	-	-	-	N/A				
No Action	5	-	-	-	-	0	-	-	-	0
Advice & Recommendations	0	-	-	-	-	0	-	-	-	0
Specified Continuing Education or Remediation Program (SCERP)	0	-	-	-	-	0	-	-	-	0
Oral Caution	0	-	-	-	-	0	-	-	-	0
SCERP AND Oral Caution	1	-	-	-	-	0	-	-	-	0
Referral to Discipline Committee	0	-	-	-	-	0	-	-	-	0

Referral to Fitness to Practise Committee	0	-	-	-	-	0	-	-	-	0
Acknowledgement & Undertaking	0	-	-	-	-	0	-	-	-	0
Undertaking to Restrict Practise	0	-	-	-	-	0	-	-	-	0
Undertaking to Resign and Never Reapply	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	1	-	-	-	-	-	-	-	-	-
Communication	1	-	-	-	-	-	-	-	-	-
Conduct/Ethical Behaviour	1									
Record Keeping	-	-	-	-	-	-	-	-	-	-

#### 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. Sub categories represent the concern of the ICRC that required remediation. These categories may change in the next reporting period to reflect any changes to CPMF reporting requirements and/or categories the College wishes to track. Outcomes of some complaints involve more than one theme. Some complaints may involve more than one midwife.*

### Timelines

Closed cases	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed by ADR <60 days	4	-	-	-	4	-	-	-	-	-
Number of files closed by ADR between 60 & 120 days	0	-	-	-	0	-	-	-	-	-
Number of files closed <150 days	3	-	-	-	3	-	-	-	-	-

Number of files closed between 150 days and 210 days	1	-	-	-	1	-	-	-	-	-
Number of files closed >210 days	2	-	-	-	2	-	-	-	-	-
Average: (reported in number of days)	207	-	-	-	-	-	-	-	-	-
Median: (reported in number of days)	155	-	-	-	-	-	-	-	-	-
Average: for ADR cases (reported in number of days)	75	-	-	-						

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
New Files Eligible for ADR	3				3
New files referred to ADR	3	-	-	-	3
Files returned to ICRC due to timeframe	0	-	-	-	0
Files returned to ICRC due to unsuccessful mediation	0	-	-	-	0
Files returned to ICRC - Registrar did not ratify the agreement	0	-	-	-	0

### Appeals

Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	4	-	-	-	-
New HPARB appeals	4	-	-	-	-
Completed HPARB appeals - Confirmed	1	-	-	-	1
Open HPARB appeals (at end of reporting period)	6	-	-	-	-

Notes:

Open files: All appeals are by Complainants.

[Lance v Pelletier CanLII 55218 \(ON HPARB\)](#)

Respectfully Submitted,  
Samantha Heiydt

# REGISTRATION COMMITTEE

## REPORT TO COUNCIL – Quarter 1

### General

#### Committee Members

Chair	Isabelle Milot, RM
Professional	Robyn Berman, RM
Public	Jacqueline Morrison
Non-Council	Maryam Rahimi-Chatrri, RM; Jessica Raison, RM; Anna Boudria; Samantha Heiydt; Nadine Robertson

#### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	5	-	-	-	5
Number of Committee Meetings Held	2	-	-	-	2
Number of Trainings	0	-	-	-	0

In Q1, the Registration Committee addressed the following:

#### REGISTRATION REGULATION

The Registration Committee approved that the Proposed Registration Regulation be presented to Council at their April 26, 2023 meeting with a recommendation to submit to the Ministry of Health by May 1, 2023. Based on the public consultation undertaken, the proposed Registration Regulation presented to Council also included the recommendation to add fetal health surveillance as a new registration requirement.

#### LANGUAGE PROFICIENCY POLICY

The Registration Committee approved a revised Language Proficiency Policy, that would allow flexibility for the College to make changes to the list of providers and test scores as required without needing to seek Council's approval. Subsequently, the Registration Committee agreed to submit the revised policy to Council for approval.

#### ORIENTATION AND ASSESSMENT PILOT PROGRAM

The Registration Committee approved the recommendation and sought Council's approval to continue the Pilot for two more cycles for a total of three cycles. This would enable the College to collect sufficient data on the program's success



before bringing a recommendation to Council with respect to establishing a permanent pathway for registration for internationally educated midwives.

#### COMPETENCY-BASED ASSESSMENT PROJECT

The consultants contracted to carry out this project presented to the Registration Committee. As a next step, the consultants would develop a blueprint for the assessment tool with content matter experts. The Blueprint is intended to guide the development of the assessment tool. In addition, the Committee was advised that the Structured Oral Examination would be chosen assessment tool.

#### EMERGENCY CLASS

The Registration Committee approved the Emergency Class Policy and will seek Council's approval to adopt the policy.

Attachments:

None

Committee, panel, registrant changes and statistics follow:

Midwives by class of registration	#				%
	Q1 (1090)	Q2 (-)	Q3 (-)	Q4 (-)	Total
General	757	-	-	-	69
General with new registrant conditions	86	-	-	-	8
Supervised practice	2	-	-	-	0
Inactive	245	-	-	-	23
Transitional	0	-	-	-	0

New midwives by class of registration	#					%
	Q1 (34)	Q2 (-)	Q3 (-)	Q4 (-)	Total (34)	Total
General	0	-	-	-	0	0
General with new registrant conditions	29	-	-	-	29	85
Supervised practice	0	-	-	-	0	0
Inactive	0	-	-	-	0	0

Transitional	5	-	-	-	5	15
New midwives by route of entry	#					%
	Q1 (34)	Q2 (-)	Q3 (-)	Q4 (-)	Total (34)	Total
Laurentian University graduates	0	-	-	-	0	0
McMaster University graduates	20	-	-	-	20	59
Toronto Metropolitan University graduates	14	-	-	-	14	41
International Midwifery Pre-registration Program (IMPP) graduates	0	-	-	-	0	0
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	0	-	-	-	0	0
Former registrants	0	-	-	-	0	0
Panel Referrals	Q1	Q2	Q3	Q4	Total	
Total Number of referrals to a panel of the Registration Committee	8	-	-	-	8	
Files Reviewed at Panel by Category	Q1 (13)	Q2 (-)	Q3 (-)	Q4 (-)	Total (13)	
Application for registration <sup>1</sup>	0	-	-	-	0	
Class change – Inactive to General <sup>2</sup>	9	-	-	-	9	
Active practice requirements shortfall <sup>3</sup>	3	-	-	-	3	

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

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

Median: (reported in number of days)	42	-	-	-	42
Average: (reported in number of days)	48	-	-	-	48

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

Of those appeals completed, the number of registration decision appeals that:	Q1 (n/a)	Q2 (-)	Q3 (-)	Q4 (-)
Confirmed the decision	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	-	-	-
Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate	n/a	-	-	-
Were referred back for further consideration	n/a	-	-	-

Attrition <sup>7</sup>	#	%
Q1	6	1
Q2	-	-
Q3	-	-
Q4	-	-

Respectfully Submitted,

Isabelle Milot, RM, Chair

*Notes:*

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

*condition or limitation imposed on the member's certificate of registration as a result of a registration proceeding.*

- 7. Attrition rate includes the number of midwives who left the profession (e.g. resignation) and former members' certificates that have been suspended/revoked/expired. It does not include inactive members. The rate of attrition is expressed as a percentage.*

# QUALITY ASSURANCE COMMITTEE

## REPORT TO COUNCIL – Quarter 1

### General

#### Committee Members

Chair	Lilly Martin, RM (Non-Council)
Professional	Alexia Singh, RM
Public	Marianna Kaminska; Donald Strickland
Non-Council	Sabrina Blaise, RM; Kristen Wilkinson, RM

#### Activities of the Committee

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

### Items

The committee did not conduct any business this quarter.

Attachments;

N/A

Respectfully Submitted,

Lilly Martin, Chair



# DISCIPLINE COMMITTEE

## REPORT TO COUNCIL – Quarter 1

### General

#### Committee Members

Chair	Judith Murray
Professional	Edan Thomas, RM; Karen McKenzie, RM; Isabelle Milot, RM; Alexia Singh, RM; Hardeep Fervaha, RM; Jyothy Nair, RM; Robyn Berman, RM
Public	Marianna Kaminska, Donald Strickland, Oliver Okafor, Jacqueline Morrison
Non-Council	Anna Boudria; Lilly Martin, RM

#### Activities of the Committee

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

#### Notes:

#### Items

The Committee did not conduct any business this quarter.

Respectfully Submitted,

Judith Murray, Chair

# FITNESS TO PRACTISE COMMITTEE

## REPORT TO COUNCIL – Quarter 1

### General

#### Committee Members

Chair	Judith Murray
Professional	Edan Thomas, RM; Karen McKenzie, RM; Isabelle Milot, RM; Alexia Singh, RM; Hardeep Fervaha, RM; Jyothy Nair, RM; Robyn Berman, RM
Public Council	Marianna Kaminska, Donald Strickland, Oliver Okafor, Jacqueline Morrison
Non-Council	Anna Boudria; Lilly Martin, RM

#### Activities of the Committee

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

#### Notes:

#### Items

The Committee did not conduct any business this quarter.

Respectfully Submitted,

Judith Murray, Chair

# CLIENT RELATIONS COMMITTEE

## REPORT TO COUNCIL – Quarter 1

### General

#### Committee Members

Chair	Donald Strickland
Professional	Jyothy Nair, RM
Public	Judith Murray
Non-Council	Emily Gaudreau, RM

#### Activities of the Committee

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

#### Items

The Committee did not conduct any business this quarter.

Respectfully Submitted,

Donald Strickland, Chair

# 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).**

# CHAIR REPORT

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## REPORT TO COUNCIL – October 2023

Prepared by: Claire Ramlogan Salanga, RM

### 1. General Highlights

The College is entering a new phase of growth, modernization, and stability. After just over a year of reorganization, the College is settling into its new structure. As we find ourselves at the midpoint of our five-year strategic plan, we look forward to closing some projects such as the Competency-Based Assessment Program and Student Engagement Plan; and continuing on with longer-term projects such as our Data Strategy. This October, when Council comes together for our once-a-year *in-person* training and Council days, we look forward to re-connecting with one another and setting the stage for another year of progress.

### 2. Governance

Weekly meetings with the Registrar continue to keep me well-informed of ongoing work at the College. Additionally, I also have started to meet regularly with the Director of Strategy and Governance, Nadja Gale and the Governance Officer, Zahra Grant, to focus on governance planning. I am happy to report that the Registrar and staff continue to work diligently on strategic priorities.

Last June, our Council training focused on the Midwifery Sustainability Project (MSP). Elizabeth Brandeis, RM, AOM staff and Project Lead of the MSP presented a comprehensive overview of the project's current activities and goals. This presentation sparked thoughts about how the College could address the sustainability of the profession while maintaining our mandate of public protection. The second training session provided a review of some of the key lessons learned from previous training days and how they can be understood and applied in the practice of good governance by Council and committee members. Staff led this discussion and Council members had a chance to voice their opinions.

Our Council surveys were completed after Training and Council days. Overall, Council members enjoyed all sessions, and they reported that all sessions were productive and useful. A key insight that was gleaned from the survey responses was that Council would like to see how several of our initiatives are interconnected to other aspects of our Council and committee work. This suggestion for improvement will be incorporated into future training dates.

I am sad to say goodbye to two of our professional Council members, Karen MacKenzie and Robyn Berman and one public member Oliver Okafor.

Karen has served on Council for one term. In that time Karen has been a member of the Client Relations, Registration, ICRC, Discipline, and Fitness to Practise Committees. Her

contributions to the College's Committees have been thoughtful, constructive and insightful. Council members will miss Karen's kindness, unique perspective and commitment to the College's mandate. Thank you for your time and contributions; we wish you the best!

Robyn has been with the College for one year of her three-year term. She has been a member of the Registration, Discipline, and Fitness to Practise Committees. While on Council, Robyn has voiced her opinions while also making space for others to challenge, agree or disagree. Robyn's inquisitive participation at Council will be missed. Thank you for your time and contributions, Robyn. We look forward to seeing where your talents take you next!

As a result of Robyn's early departure from Council, we will be running a by-election in the month of November for a new professional member. Results of this by-election will be announced in early December after the election closes on November 30.

Oliver has been on Council for two years of his appointed three-year term. In that time Oliver has been a member of the Registration, Client Relations and the Discipline and Fitness to Practise Committees. Oliver's participation in Council meetings has showcased his expertise in accounting and finance. Oliver has been a delight to work with and will be missed. We wish you the best with your continued work at Toronto Metropolitan University.

The election and public appointment process has brought us two new members of Council.

I would like to welcome Tina Walia-Rao as our new public member. Tina comes to us as a corporate operations manager. Her expertise in her industry will help guide the work of Council and committees. We look forward to working with you, Tina.

I would also like to welcome a new professional member, Maryam Rahimi-Chatrri. Maryam has been serving as a non-Council member on the Registration Committee for three years. We look forward to benefitting from Maryam and her expertise as a Council member.

Additionally, Edan Thomas and I have been re-elected for three-year terms. I am grateful to continue to work alongside Edan, and all Council members, as we work towards modernizing governance, completing our strategic priorities, and building capacity within Council.

### 3. Stakeholder Engagement

1. MEP/CMO meeting – June 28<sup>th</sup>
2. QAC – July 13<sup>th</sup>
3. Special Council meeting – July 31<sup>st</sup>
4. CMRC EDI Committee meeting – Sept 6<sup>th</sup>
5. CMRC Board meeting – Sept 12<sup>th</sup>

# REGISTRAR-CEO QUARTERLY REPORT

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REPORT TO COUNCIL – October 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

### Annual Report

Our 2022-23 Annual Report has been submitted to the Ministry of Health and posted to our website and highlights the progress we have made on the strategic priorities as outlined in our 2021-26 Strategic Plan (please see attachment 1 immediately following this report). We are proud of the work that we have accomplished over the last fiscal year and look forward to hearing your comments on this year's report.

### Equity, Diversity & Inclusion

As previously reported, College staff participated in the Health Profession Regulators of Ontario anti-racism project steering committee tasked with developing tools to assess and guide College engagement with equity, diversity and inclusion. We are currently piloting the self-assessment tools and a resulting report with recommendations will be provided to Council at its December meeting. Other initiatives currently underway include the development of a College-specific Equity, Diversity and Inclusion framework that will guide and drive our related activities and goals. A dedicated page on the College website is also under development that will provide information, updates and resources on EDI-related activities of the College.

### 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, 2023, we 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.

On July 31, 2023, at its Special Meeting, Council approved proposed changes to the current Designated Drugs Regulation that expanded the list of drugs midwives can prescribe and substances that midwives can administer by injection or inhalation on a midwife's own authority. At the same meeting, Council directed the Registrar to seek a waiver of the mandatory public consultation to expedite the approval of the regulation and because the drugs listed in the revised proposal did not substantially change from the previously proposed and circulated regulation submitted to the Ministry in 2019. The request for a waiver was made on August 1<sup>st</sup>, 2023 (please see attachment 2) and the waiver was granted to us and confirmed by letter on September 7<sup>th</sup> (please see attachment 3). We made the formal submission to the Ministry on August 14<sup>th</sup>, 2023, and continue to correspond with the Ministry regarding the next steps. Council should note that the formal submission included the addition of Gentamicin as a substance that may be administered by injection, as directed by Council on July 31<sup>st</sup>. In addition, Cloxacillin and Ciprofloxacin were added to drugs a midwife may prescribe as they had appeared in the draft regulation only as substances that may be administered by injection, however, these drugs are listed in the current regulation as drugs a midwife may prescribe and are therefore not considered additions.

Over the summer, we worked with the Ministry of Health to finalize the regulatory language adding an Emergency Class to the current Registration Regulation. As of August 31, 2023, these regulatory provisions came into effect. Council or the government can now request that the College begin issuing certificates of registration under the Emergency Class if it is in the public interest to do so.

The final language found in the Registration Regulation differs slightly from the language that Council had previously considered at their June 27, 2023, meeting. However, the outcome remains the same. Consequently, the Executive Committee approved a revised Emergency Class policy on behalf of Council on September 13, 2023, which reflects the current language of the Regulation (please refer to the Executive Committee report under Agenda item 8).

Following Council's direction, we undertook a second public consultation in the spring. The scope of the consultation was narrow focusing only on adding fetal health surveillance as a new registration requirement for entry to practice in the proposed Registration Regulation (please refer to Agenda item 11 for details).

On September 25, 2023, the [Integrated Community Health Services Centres Act, 2023](#) (ICHSCA) and [O. Reg 215/23](#) made under the Act, came into force. The ICHSCA repeals and replaces the *Independent Health Facilities Act* (IHFA). We recently met with the Ministry and separately with the two Ontario Midwife-Led Birth Centres to discuss the changes. The Midwife-Led Birth Centre Facility Standards and Clinical Practice Parameters, last approved by Council in September 2022, have been updated to reference the new legislation. Since the changes are administrative in nature only, they are not being brought to Council for approval.

## 2. Development and Achievement of Goals



## National Collaboration on a Competency-Based Assessment Program

With the environmental scan complete and the tool selected, work is currently underway to develop the competency-based assessment tool. Assessments will be conducted by way of structured oral examinations using various clinical case scenarios. The next few months will focus on creating a bank of case scenarios and piloting the tool.

The College recruited four different groups to assist in this process:

- Content Development Committee: this group is comprised of subject matter experts from across the country who will guide the development of the assessment tool by reviewing the case scenarios developed by item writers. They will ensure the content validity of the tool, approve the pilot process, and establish a rating strategy. Members of this committee were chosen based on several criteria including experience and representation of diversity in the workforce (practice setting, practice region, roles, and demographics).
- Item writers: This group is responsible for the development of up to 16 case scenarios which will assess an individual's clinical reasoning skills. This will include drafting the scenario and probing questions, and developing the supporting materials required. Item writers were chosen based on their experience writing test items for the CMRE, midwifery education programs, and other competency assessment programs.
- Pilot assessors: After undergoing training, this group will assess up to 4 cases (using current registrants as test subjects), complete the assessment report, and provide feedback on the experience. Pilot assessors have been chosen based on previous and extensive knowledge in sharing and developing assessments linked to the national competency framework.
- Pilot participants: Registered midwives in Ontario who have recently undergone a review by the Registration Committee either due to a shortfall associated with a class change request or active practice requirement. Pilot participants also include midwives who have resigned from the profession for a few years to pursue a career not related to midwifery. The pilot participants will undergo the assessment in front of a panel of pilot assessors.

All Pilot participants will be asked to provide feedback on their experience via survey and will also receive feedback/results after the assessment solely for self-learning purposes. All participants collectively represent a diverse group in terms of their experience, shortfall, and scope of practice. Although the majority of our experts are Ontario registrants, we also recruited individuals from around the country, which would add a pan-Canadian lens to the tool.

The assessment's blueprint has now been developed and the case scenarios are being finalized. The pilot strategy and training for the assessors will be underway before the pilot assessment can take place in November. A total of 8 assessments will be undertaken, followed by an analysis of the tool's success. The Registration Committee should receive a report on the final recommendations by the consultant by the end of the calendar year.

## Digitization of Records

Earlier in the year, we acquired the services of the Perimeter Group to conduct the digitization of paper records. The files have been scanned and converted to searchable PDF files and will be returned to us for online storage by the end of September 2023. The next stage of the project will include an assessment of our data architecture to identify opportunities for improvement. The team will also prepare a plan and process for implementing the Retention and Disposition Policy going forward.

### 3. Reputation and Relationship Management

#### Office of the Fairness Commissioner

The College met with the new compliance analyst and manager at the Office of the Fairness Commissioner to review the 2022 Fair Registration Practices Report. The analyst also came to observe the Orientation and Assessment candidates as they were being assessed during the neonatal resuscitation component at the in-person intensive in September 2023.

The Office of the Fairness Commissioner is also in the process of updating its risk-informed compliance framework and is seeking feedback from regulators. College staff participated in the consultation sessions in September. Once the framework is finalized, all 2024 risk assessments should be completed by April 1, 2024.

#### Orientation and Assessment Program

We are delighted to announce that the first cycle of the pilot Orientation and Assessment program is now complete. The first cohort began this exciting journey earlier this year and completed the program on September 20, 2023.

Eleven candidates were initially enrolled in the program. After completing the three online modules and assessment, nine individuals were eligible to participate in the in-person intensive session held at our office.

All nine candidates successfully completed the program and received the required certificates in the following areas: Emergency Skills, Fetal Health Surveillance, and Neonatal Resuscitation. The candidates were also assessed on other skills and knowledge such as suturing, pap smears, pharmacology, and perinatal pathology. Finally, they were required to successfully complete a comprehensive online exam testing their midwifery knowledge. The nine candidates are now eligible to write the Canadian Midwifery Registration Exam on October 26, 2023 and will hopefully seek registration with the College later this fall. As part of the planned program evaluation, the candidates will be interviewed throughout the next year to gather any important data that could help inform the delivery of the Orientation and Assessment program long-term. In early 2024, Council can expect to receive a presentation focusing on the pilot's successes and challenges.

We are also proud to share that half of the instructors contracted for the in-person intensive were themselves internationally educated registrants. Based on the feedback we received, the practical component of the intensive was the highlight of the program. We are prioritizing building more

capacity in this regard for future cycles and ensuring that the instructors' backgrounds reflect the experiences of the internationally educated candidates.

Applications for the second cycle have already been received and we have extended the closing date to October 20<sup>th</sup> with the hope of increasing the cohort size. We are making improvements to the online modules' content and the in-person intensive content based on lessons learned from the first cycle. The in-person intensive is planned for March 2024, enabling eligible candidates to sit the May offering of the Canadian Midwifery Registration Exam.

### Communications with Registrants and the Public

Regular communications with registrants and the public continue to take place via email, phone calls, social media, and our published newsletter. Our [Summer edition of On Call newsletter](#) was published in July, following the June 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 closed on June 30, 2023. We received 76 comments on the proposal, the large majority of which were in favour of the proposed changes.

On August 1, 2023, we launched our annual renewal process with new website content, a renewal guide, and a page of frequently asked questions. We emailed all registrants and sent several email reminders. This year we have received a number of questions from registrants in the inactive class, so we have also sent targeted information for inactive midwives advising them of their renewal requirements.

### Website Insights

Following our website redesign early this year, staff have been comparing monthly website engagement insights to monitor how the site is being used. Commonly visited pages in the past three months have included the home page; the landing page for internationally educated midwives and the Orientation and Assessment Pilot Program; the midwife status check page which includes information on our public register and unauthorized practice; application for registration; maintaining your registration; registration renewal information; and standards of practice.

### 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 presented a draft student engagement plan to a group of faculty members in the Midwifery Education Program and received positive feedback. We will be engaging with a larger group of faculty, preceptors, students, and recent graduates as our next step.

### Panel Presentation

The College has accepted an invitation to present on registration regulation matters at the next Indigenous Midwifery Education Symposium scheduled to take place in Thunder Bay from October 17 to 19, 2023. This event is hosted by the Association of Ontario Midwives in collaboration with the National Council of Indigenous Midwives. This is an important step for the College to work collaboratively with partners to advance and support actions to address the Truth and Reconciliation Commission's calls to action.

#### 4. Financial Accountability and Management

##### Statement of Operations

The Q1 Statement of Operations was approved by the Executive Committee at its last meeting and is presented under the Executive Committee's report to Council for your information.

The College's 2022-23 Annual Report and approved Financial Statements (approved by Council in June) was submitted to the Deputy Premier and Minister of Health, Hon. Sylvia Jones, as per our requirements under s.6 of the *Regulated Health Professions Act, 1991*.

##### Budget Reforecast

As a result of newly anticipated overspending and underspending in a few areas, we have undertaken a budget reforecasting process. The newly anticipated revenue and expenses were due in part to postponed and delayed activities from the 2022-23 fiscal year. The reforecasting process involved a review of the budget against updated workplans for this fiscal year and a return to the five-year outlook. The revised budget will allow for planning and performance against a more accurate financial picture. Please see agenda item 9 for the revised budget for Council's approval.

#### 5. People and Organizational Leadership

##### Human Resources

The Director of Professional Practice and Policy, Johanna Geraci, has taken a one-year leave starting September 2023. We have completed the recruitment for her replacement and are thrilled to welcome Megan McCarrell to the team on a one-year contract.

Megan became a registered midwife in Ontario in 2011 and has practised in urban, rural, and remote regions of Canada, including in Ontario, British Columbia, and Northern Quebec. Over the last 5 years, Megan has held leadership positions within clinical and administrative settings in health care, including as Patient Care Manager of Labour, Delivery and Obstetrics at Markham Stouffville Hospital, Executive Director of Peterborough 360 Degree Nurse Practitioner-Led Clinic and most recently as Patient Care Manager, Emergency Department at Campbellford Memorial Hospital.

Megan has a Bachelor of Health Sciences in Midwifery from Toronto Metropolitan University, a Master of Public Health and Social Policy from the University of Victoria and a Masters Certificate in Healthcare Management and Leadership from York University.

The College is currently in discussion with AMAPCEO to finalize dates for collective bargaining. It is anticipated that bargaining will get underway in October 2023.

### Downsizing Office Space

As Council is aware, we have reduced our office space by half because of the increase in hybrid working and as a cost-saving strategy. In preparation for the new 5-year lease, which commenced on September 1<sup>st</sup>, the team explored how to best use the reduced office space for College activities. All meeting spaces have been retained which will enable the College to continue to provide space for team meetings, Council meetings, hosting the Orientation and Assessment Program, and other collaborative activities and events. Some individual office space has also been preserved to provide options and flexibility for staff. Going forward, we will continue to review and assess the use of the office space.

### Conferences & Meetings

The Registrar, Council Chair and three staff will be attending the Canadian Network of Agencies for Regulation (CNAR) conference in Vancouver in October. The Registrar and Chair will also attend the Canadian Midwifery Regulators Council (CMRC) annual in-person meeting which is scheduled to occur in Vancouver following the CNAR conference.

## 6. Council Governance and Engagement

### Council Updates

In June we held our annual professional member elections for the College's governing Council. The elections resulted in a 31% voter turnout, and we are pleased to welcome Maryam Rahimi-Chatri on a first term, as well as welcoming back Claire-Ramlogan-Salanga and Edan Thomas on their third terms.

We extend a fond farewell with deep gratitude to Karen McKenzie, whose 3-year term will end after the October Council meeting, to Robyn Berman, who resigned from Council this summer, and to publicly appointed member Oliver Okafor, who officially resigned his seat on Council on August 17, 2023. We thank all three Council members for their meaningful contributions during their time served.

A by-election to fill the vacancy of Robyn Berman's departure will occur throughout the month of November. The deadline for nominations is October 2, 2023.

This summer, we welcomed the appointment of public member Tina Walia-Rao. Tina met the Registrar and College staff to begin the onboarding process on July 24<sup>th</sup> and was also in attendance for the special meeting of Council held on July 31<sup>st</sup>. A formal orientation session is scheduled for October 2<sup>nd</sup> with the two newest members of Council in advance of our next meeting.

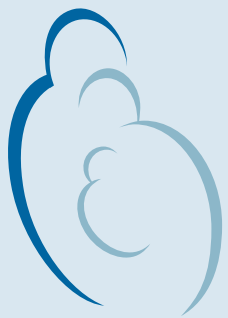
## Executive Elections

The election of officers to the College's Executive Committee will occur at the October 12<sup>th</sup> Council meeting. The deadline for nominations ends October 5<sup>th</sup>. We thank those who have put their names forward for nomination.

### Attachments:

1. College of Midwives of Ontario 2022–2023 Annual Report
2. Letter to the Honourable Sylvia Jones Deputy Premier and Minister of Health dated August 1, 2023
3. Response from the Honourable Sylvia Jones Deputy Premier and Minister of Health dated September 7, 2023





College of  
**Midwives**  
of Ontario

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

# Annual Report 2022-2023

## About the College

Since the proclamation of the *Regulated Health Professions Act, 1991* and the *Midwifery Act, 1991*, the College of Midwives of Ontario has regulated the profession of midwifery in accordance with all governing legislation and regulations. Our work ensures the existence of safe, ethical, high-quality midwifery care.

We are proud to work with the Ministry of Health to optimize midwifery care in Ontario.

## Land Acknowledgment

The offices of the College of Midwives of Ontario are currently situated on traditional lands belonging to the Anishinabewaki, the Wendake, the Haudenosaunee, the Missisauga and Mississaugas of the Credit First Nation, and is covered by Treaty 13 with the Mississaugas of the Credit First Nation.

The College recognizes and respectfully acknowledges the past and present traditional owners of this territory and their role in the life of the region. We commit to honouring the unique cultural and spiritual relationships and practices of Indigenous Peoples to the land and waters, and their rich contributions to society.





# Contents

Letter from the Chair	4
Letter from the Registrar	5
Strategic Framework	6
Regulation that Enables the Midwifery Profession to Evolve.	7
Effective Use of Data to Identify and Act on Existing and Emerging Risks.	11
Building Engagement and Fostering Trust with the Public and the Profession.	13
College Performance Measurement Framework	16
By the Numbers	17
Discipline Decision	22
The College of Midwives of Ontario Council	23
Financial Statements	24

# Letter from the Chair

## Trust in Good Governance

As Chair of the College of Midwives of Ontario Council, I am proud of our Council's commitment to regulating in the public interest and achieving our strategic priorities through good governance. The College's Council members are continually seeking to improve the governance of the College. In the 2022–23 fiscal year we undertook several governance initiatives that I will highlight here.

In self-regulated professions such as midwifery, good governance includes ensuring that registrants are engaged with their regulator and aware of the opportunity to join Council and share their expertise. The College held two online “lunch-and-learn” sessions regarding the 2022 Council elections for midwives. The first offering was open to all midwives, while the second was specifically reserved for midwives who identify as Indigenous, Black and/or racialized. The sessions were well attended, and registrants voiced their appreciation of the opportunity to better understand the role of a Council member. I am delighted to report that there were six candidates nominated for the 2022 election.

For the past two years, Council has worked with a third-party governance consultant to implement an evaluation of Council's effectiveness. Each year, Council members participate in a process of self-evaluation to target areas for improvement in the following year. This evaluation includes a survey and one-on-one interviews that focused on governance and decision-making, leadership, financial performance and risk, council performance, and continuous improvement.

In December 2022, our governance consultant Sam Goodwin and staff led Council in a facilitated discussion to identify our priorities for 2023. The key areas Council adopted for 2023 are:

1. Continuous Focus on Equity, Diversity, and Inclusion;
2. Enriching Council's Understanding of its Governance Role;
3. Ongoing Reform of the College's Governance Policies and Processes.

To help meet our improvement goals, Council ran four targeted training

days. All trainings were intended to challenge Council to learn new ideas and concepts while providing refreshers on key topics for an effective Council. To meet the goal of Continuous Equity, Diversity, and Inclusion, Council attended trainings on Equity and Disability Justice and Equitable Approaches to Regulation. To Enrich Council's Understanding of its Governance Role, Council attended trainings on the Role of the Chair; Discipline Training; Governance Education; Orientation to the Inquiry, Complaints, and Reports Committee; and Orientation to the Registration Committee. Finally, to expand knowledge in the area of Ongoing Reform of the College's Governance Policies and Process, Council attended training sessions on the Regulations Governing Prescribing Drugs and Ordering Laboratory Tests, and Risk-Based Regulation. In total, the College provided 18 hours of continuing education to Council members.

In addition to Council's annual self-evaluation process, Council members participate in post-meeting and training evaluations, and Council and staff regularly review this feedback for insight and changes. I'm pleased to report that members of Council have repeatedly shared that they feel Council meetings continue to evoke a feeling of “safety,” making the environment open to express their opinions and contribute to discussions freely. These self-reflections and feedback Council members provide demonstrate our ongoing growth in building a culture that is conscientious, humble, forward-thinking, and focused on our public interest mandate.

I believe that by collectively maintaining Council's culture we greatly enhance our ability to make inclusive, thoughtful, and responsible decision making. Council and staff have put a lot of effort into building an anti-oppressive environment and we continue to strive towards making our work and space equitable for all.

We have achieved a lot as a Council in this past year. I look forward to continuing our work to achieve regulatory excellence through good governance and moving forward in the College's Strategic Plan.

Sincerely,

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

# Letter from the Registrar

## Guided by our Principles

At the College of Midwives of Ontario, we are pleased to be returning to some stability following a challenging few years in health care and continue to further the work outlined in our Strategic Plan. On the following pages, we document our progress on our three strategic priorities for our 2021–26 Strategic Plan.

We rely on our strategic framework and guiding principles to direct our work and keep us true to our mission – even while navigating challenging external conditions. The framework is detailed on the next page of this report.

In this Strategic Plan, we added equity to our existing guiding principles of accountability, transparency, integrity, proportionality, and innovation. I wanted to take this opportunity to highlight some of the ways that our guiding principle of equity directed our work this past year.

### Equity

In May 2022, as part of our Operational Planning Day activities, College staff participated in an Inclusion, Diversity, Equity and Accessibility (IDEA) workshop led by Council Chair Claire Ramlogan–Salanga where we identified specific commitments, priorities, and strategies for incorporating these values into the College’s operations.

As a result, we prioritized an equity review of our internal and external recruitment procedures and strengthened our equity statement in job postings, diversified where we posted jobs externally, and incorporated questions related to equity into our job interviews.

In October 2022, we revised our organizational structure to better deliver on our strategic priorities. We created a new Governance and Strategy department which includes a governance officer position to lead our College-wide equity, diversity, and inclusion efforts. We also took action to improve accessibility on our College’s website. More details on our website redesign can be found on page 14.

The College participated on a Steering Committee comprised of nine representatives from Health Profession Regulators of Ontario (HPRO) member Colleges to provide support and direction to the HPRO Anti-Racism in Health Regulation Project. The primary objectives of the project served to inform the design and development of a comprehensive set of materials for Colleges to use to build equity, diversity, and inclusion capacity and support anti-racism initiatives in health profession regulation.

The Truth and Reconciliation Commission of Canada’s Call to Action #17 directs all levels of government to enable residential school survivors and their families to reclaim and use their Indigenous names on all government documents. In response to the Call to Action, the College of Midwives of Ontario now waives administrative costs for the name-change process for Indigenous midwives registered with the College reclaiming their Indigenous names.

While we are proud of the initiatives we have taken to create a more equitable organization, we know that this work must be ongoing. I want to thank our staff team for their commitment to upholding our guiding principles in our work, and in particular, the self-reflection that is central to equity work. I welcome hearing from clients, registrants, strategic partners, and members of the public who may have suggestions for ways to advance diversity, equity and inclusion at the College.

Thank you for taking the time to review our annual report.

Sincerely,

Kelly Dobbin  
Registrar and CEO  
College of Midwives of Ontario





College of  
Midwives  
of Ontario

Ordre des  
sages-femmes  
de l'Ontario

# Strategic Framework

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

## Our Vision

A leader in regulatory excellence, inspiring trust and confidence.

## Our Mission

Regulating midwifery in the public interest.

## 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 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.



# 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.

# Regulation that enables the midwifery profession to evolve.

## Registration Regulation

The College has undertaken intensive work to update our Registration Regulation under the *Midwifery Act 1991*, to bring the outdated regulation in line with the current realities of the profession with a specific emphasis on protecting the public by:

- Setting requirements to register safe, competent, and ethical midwives.
- Ensuring fair practices by removing barriers to registration.
- Reflecting modern midwifery practice.

As a result, we proposed to revoke the current regulation and replace it with a new Registration Regulation. The draft was based on consultations on our recommendations regarding new registrant conditions, clinical currency requirements, and feedback received on practice-related matters.

In addition, the proposed Registration Regulation incorporates the recent changes made to the *Regulated Health Professions Act, 1991*.

In the winter of 2023, we launched a public consultation on the proposed Registration Regulation. Additional policies will be created in relation to some sections of the regulation to further elaborate on requirements and processes.

## Proposing Changes to the Designated Drugs Regulation and the *Laboratory and Specimen Collection Centre Licensing Act, 1990*

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

We are pleased to share that we ended our 2022-23 fiscal year working in collaboration with the Ministry of Health to develop an expanded list of laboratory tests that can be ordered by midwives. We were also in consultation with the Ministry about the drugs midwives are able to prescribe and administer for their clients.

Expanding these lists will ensure clients have access to the tests and treatments required during pregnancy, birth, and postpartum, and decrease the number of consultations with other health care providers for routine tests and treatments.

Our original submission to the Ministry was to recommend midwives be able to order laboratory tests and prescribe drugs based on scope rather than a list. While the evidence demonstrates that midwives being able to work to their optimal scope is ultimately in the best interest of Ontarians, expanding the list of labs and drugs that midwives can order and prescribe is a step toward improving client care.



# Regulation that enables the midwifery profession to evolve.

## **Blood Borne Virus Standard - Revised**

On June 1, 2022, the revised Blood Borne Virus Standard came into effect. The standard is designed to protect the public from a preventable infection with a blood-borne virus that may be transmitted from a midwife during care. The revised standard requires midwives to test every three years for Hepatitis C and HIV, and every year for Hepatitis B if no evidence of immunity exists. The revised standard also requires midwives who perform exposure-prone procedures to declare that they are complying with the standard. This declaration is now included with the annual renewal for all registrants.

## **Second Birth Attendant Standard - Revised**

The College's revised Second Birth Attendant Standard came into effect on September 1, 2022 and sets out the minimum requirements for midwives working with a second birth attendant. The Professional Standards for Midwives requires that all births must be attended by a midwife and either a second midwife or a second birth attendant defined as an individual, other than a midwife registered with the College of Midwives of Ontario, who works with a midwife to provide care during labour, birth, and the immediate postpartum. This standard was revised so it is achievable by all midwives by requiring second birth attendants to be competent in neonatal resuscitation.

## **Professional Responsibilities When Supervising Students Standard**

The standard, which came into effect on September 1, 2022, defines the professional responsibilities of midwives who supervise students. Midwives supervising students are accountable

and responsible for clients in the student's care and for their professional decisions and actions.

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

## **Record Keeping Standard - Revised**

The College's Record Keeping Standard was revised at the December 2022 Council meeting and became effective on April 1, 2023.

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

# Regulation that enables the midwifery profession to evolve.

## Language Proficiency Policy

Council passed a Language Proficiency Policy to set out the requirements for language proficiency in English or French that apply to those seeking registration. The policy also aligns with the recent amendments made to the *Regulated Health Professions Act, 1991* (along with the filing of Ontario Regulation 508/22) requiring health professions to recognize the language proficiency tests approved under the *Immigration and Refugee Protection Act*.

## Canadian Midwifery Registration Examination

The College has reinstated the Canadian Midwifery Registration Examination (CMRE) as the qualifying examination to meet the examination requirement outlined in the Registration Regulation.

The in-person exam had been disrupted by the COVID-19 pandemic. As a result, the Registration Committee temporarily lifted the requirement to complete the CMRE prior to registration, with the understanding that all registrants would take the CMRE at the first available opportunity. The Registration Committee approved the final examination from the Midwifery Education Program to serve as the qualifying exam while the CMRE was unavailable.

The CMRE is now offered online which increases accessibility for all applicants and reduces potential disruptions in the future.

## Competency-Based Assessment Program

In 2022-23, we began to develop the College's new Competency-Based 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 the College is

able to adequately assess the clinical competence and skills required of midwives as midwifery practice changes and evolves.







## 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.

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

## Professional Conduct Benchmarks

In 2017, the Professional Conduct Department set internal benchmarks based on historical data.

College staff determined that a review of the benchmarks was needed to ensure they were based on up-to-date data, current case volumes, and streamlined procedures.

New benchmarks were implemented effective April 1, 2022. We have reduced timelines for complaints and reports and have met our new benchmark in 80% of cases in 2022-23.

## Alternative Dispute Resolution Process (ADR)

The College first implemented our ADR program in 2019, and this year staff conducted a review of the program to determine its efficacy and where improvements could be made. At Council, the Inquiries, Complaints, and Reports Committee (ICRC) proposed changes to the way the College administers the ADR program. Council approved the changes, which include expanding criteria to allow more complaints to be eligible for ADR when the practice or conduct concerns do not pose a serious risk of harm to clients and it is in the public interest to do so.

Effective October 1, 2022, the ADR Eligibility Policy was rescinded and replaced with the newly approved ADR Policy. The ADR Facilitator Policy was also revised, and its name was changed to the ADR Mediator Policy, effective October 1, 2022.

## Midwifery Registration Numbers

While the midwifery profession in Ontario grew modestly last year, the number of midwives who resigned or otherwise exited the profession was significantly higher than we have seen in previous years. The College asks resigning registrants to provide some information on why they have chosen to leave the profession and we are analyzing this data. We will continue to monitor the numbers of resignations in the next year and look for ways to address these exits as appropriate and according to our mandate.

	2020-21	2021-22	2022-23
New Registrations	64	76	70
Resignations and Exits	35	40	71

Note: The exit numbers above include registrants who were suspended in previous fiscal years and have since left the profession. Suspended registrants are not counted in the total registrants number provided each year. This accounts for any differences between these numbers and the total number of registrants published on page 18.





## 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.

# Building engagement and fostering trust with the public and the profession.

## Website Redesign

As part of our strategic plan, we committed to promoting understanding of the College's role and to creating greater transparency of our regulatory processes. Our website is our greatest tool for reaching the public and registrants, but we had previously received feedback that our website content could be difficult to navigate. We embarked on a website redesign process in order to better educate the public and registrants on our role and processes.

With our website redesign, we reorganized the information we present on our site to ensure it 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. We improved search functionality to make sure that site users who knew what they were looking for were able to find accurate information quickly. We also reviewed the language we used on each page of our site to consider whether it was accessible for a member of the public.

Another website improvement we made was developing a repository of decision-making tools and flowcharts to improve the transparency of our decision-making and to manage expectations appropriately. We continue to make information about our ongoing requirements, standards, and guidelines available to midwives in an engaging and accessible format.

Finally, we focused on making our public consultations easy to access and engage in to increase opportunities for registrants and members of the public to participate.

## Orientation and Assessment Program

The College developed and launched our Orientation and Assessment Pilot Program for internationally educated midwives.

Internationally educated midwives who successfully complete the College's Orientation and Assessment Program will have met the educational component required for entry into practice and be eligible to write the Canadian Midwifery Registration Exam (CMRE).

The program is designed to orient internationally educated midwives to fundamental midwifery concepts in a Canadian and Ontarian context. For the College, it is also a way to assess their skills and competencies to provide internationally educated midwives a pathway for entry into the profession.

## Changes to ICRC Process

The Inquires, Complaints, and Reports Committee (ICRC) made changes to their process regarding oral cautions for midwives. The language of the oral caution is now provided to the parties within the ICRC's decision and all oral cautions are delivered virtually through a video meeting. Through these changes, midwives are receiving education in a more immediate time frame, and know what to expect. Clients and members of the public benefit from this education happening quickly and effectively.

# Building engagement and fostering trust with the public and the profession.

## Practice Advice

Under this strategic priority, we identified the need to create a repository of practice advisories on our website, which we completed this year. We recognize the importance of providing practice advice to registrants, clients, other professionals, and members of the public. We have published information on our practice advisories on page 19.

## New and Updated Resources

### Guide to Filing a Complaint

The College updated our step-by-step guide for clients and other members of the public who wish to file a complaint with the College to include information on Alternative Dispute Resolution (ADR). This revision combines two previously published guides to create a comprehensive resource for clients, providing considerations for the client to assist them in deciding which process is better for them.

### Resource for Midwives – Complaints and Investigations

The College recognizes that midwives may find it stressful when the College makes inquiries into a midwife's practise, or when the midwife becomes the subject of a complaint or College investigation. The formal process for complaints and investigations are outlined in legislation and each step of the process is designed to ensure fairness for all parties. We updated our previous resource, Complaint Process for Midwives, to include investigations, so midwives know what to expect should they be the subject of a complaint or investigation.

Mandatory Reporting Reference Tool for Midwives. Regulated health professionals, including midwives and those who work with or employ them have legal and ethical obligations to make reports to the College in certain situations. Filing a report when required ensures that the College is aware and able to address concerns related to professional misconduct and capacity which assists the College in achieving its mandate. To help midwives understand their reporting requirements, the College has created a new Mandatory Reporting Reference Tool for Midwives. This easy-to-navigate chart outlines common reporting scenarios, and provides information about when, how, and what information to include when making a report.

## Surveying Our Registrants

### Midwifery Practice Hours

The College surveyed registrants to understand their current midwifery practice, in order to set realistic currency and active practice expectations that all midwives are able to meet. The survey was designed to allow us to collect baseline data on how midwives in Ontario practise, and we conducted it for the second time in 2022, with plans to conduct it annually for at least three years to track how responses change. This year, 361 registrants responded.

### Midwifery Scope of Practice

The Midwifery Scope of Practice document was implemented on June 1, 2021. In the 2022–23 year we surveyed registrants to find out how midwives are using the document and related resources and received 129 responses which will inform future revisions to the document.



# College Performance Measurement Framework

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

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

- perform as an organization,
- register applicants,
- measure practice improvement of regulated health professionals,
- process complaints about their registrants,
- work with external partners, such as other regulatory colleges, educational programs, and the broader healthcare system to improve public protection.

Through the CPMF, the College continues to demonstrate how we are meeting the standards to effectively regulate in the public interest and focus on continuous improvement.

With the ongoing implementation of transparency in our decision-making processes, including clearly identifying the public interest rationale and evidence in all Council and Committee materials, we continue to demonstrate a high regulatory standard. In addition, our structured regulatory policy development process continues to include regulatory impact assessments to ensure these decisions are based on a proper evaluation of risk, solid evidence, and a thorough analysis of options and impacts. This process was used to develop the recommendations for modernizing and updating the Registration Regulation, which was circulated for public consultation in early 2023. The consultation materials included detailed information on the rationale for all proposed changes.

Work on several of our strategic initiatives during the year, such as the website redesign and midwifery scope of practice survey, further support and enhance transparency of our decision-

making processes and our ability to engage with members of the public, registrants, and system partners. This work informs the development, revision, and implementation of standards and regulatory policies, processes, and information.

Throughout this reporting year, the College worked in collaboration with Health Profession Regulators of Ontario (HPRO) partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed, and sustain equity, diversity, and inclusion in our regulatory functions.





## By the Numbers

The following pages provide a summary of some of our work from the past year registering midwives, assisting registrants and the public with practice advice questions, and investigating complaints and reports.

All figures on the following pages are from the April 1, 2022 - March 31, 2023 fiscal year.



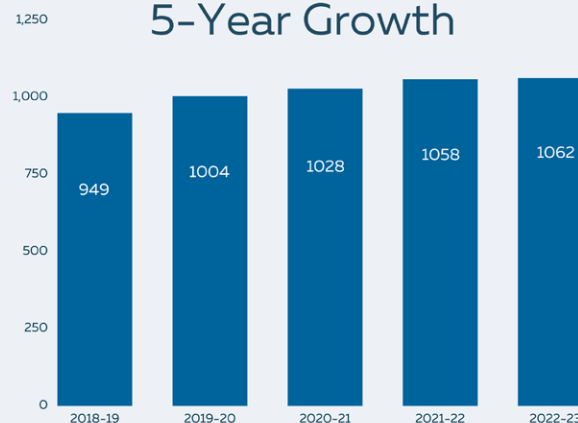
# By the Numbers: Registration

## 1062 Registered Midwives

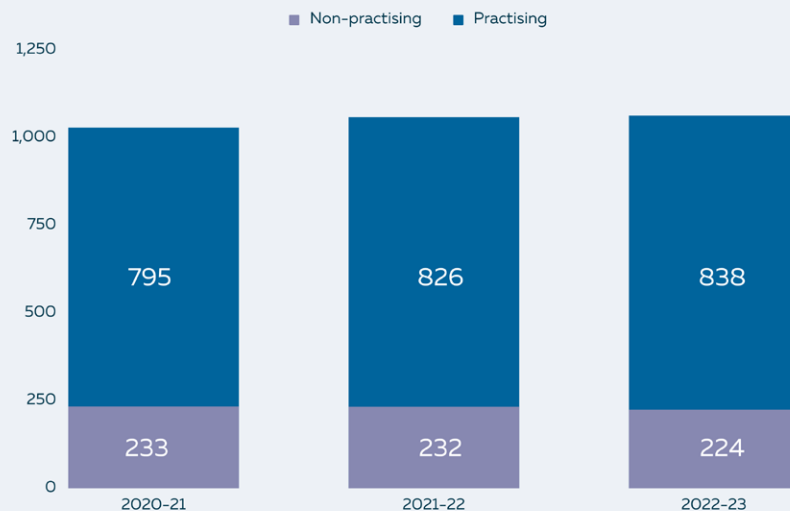
-  765 General Class
-  3 Supervised Practice Class
-  70 General Class with New Registrant Conditions
-  224 Inactive Class



## 5-Year Growth



## Registered Midwives Practising vs. Non-practising



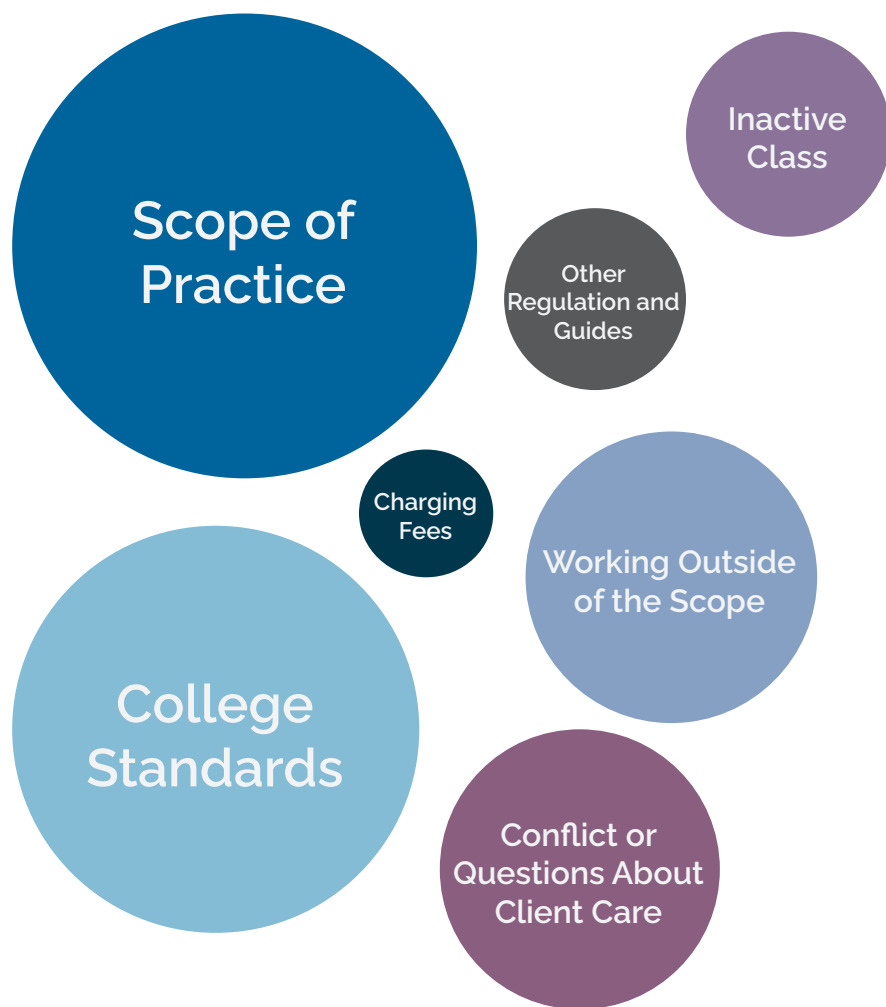
## Source of New Midwives



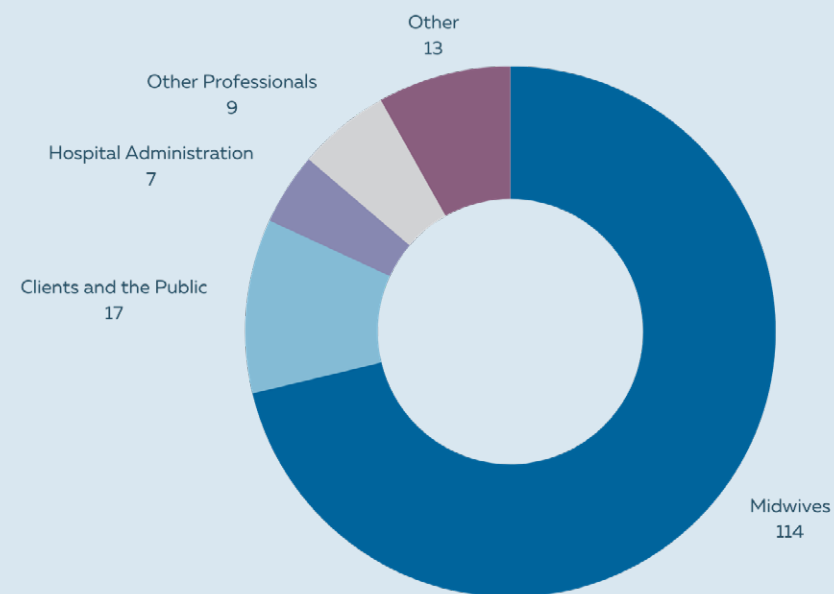


# By the Numbers: Practice Advice

## Topics of Practice Advice Inquiries



## Source of Practice Advice Inquiries



We are pleased to be seen as a trusted resource for registrants and the public. In the last fiscal year we had 160 practice advice conversations via phone calls and emails.

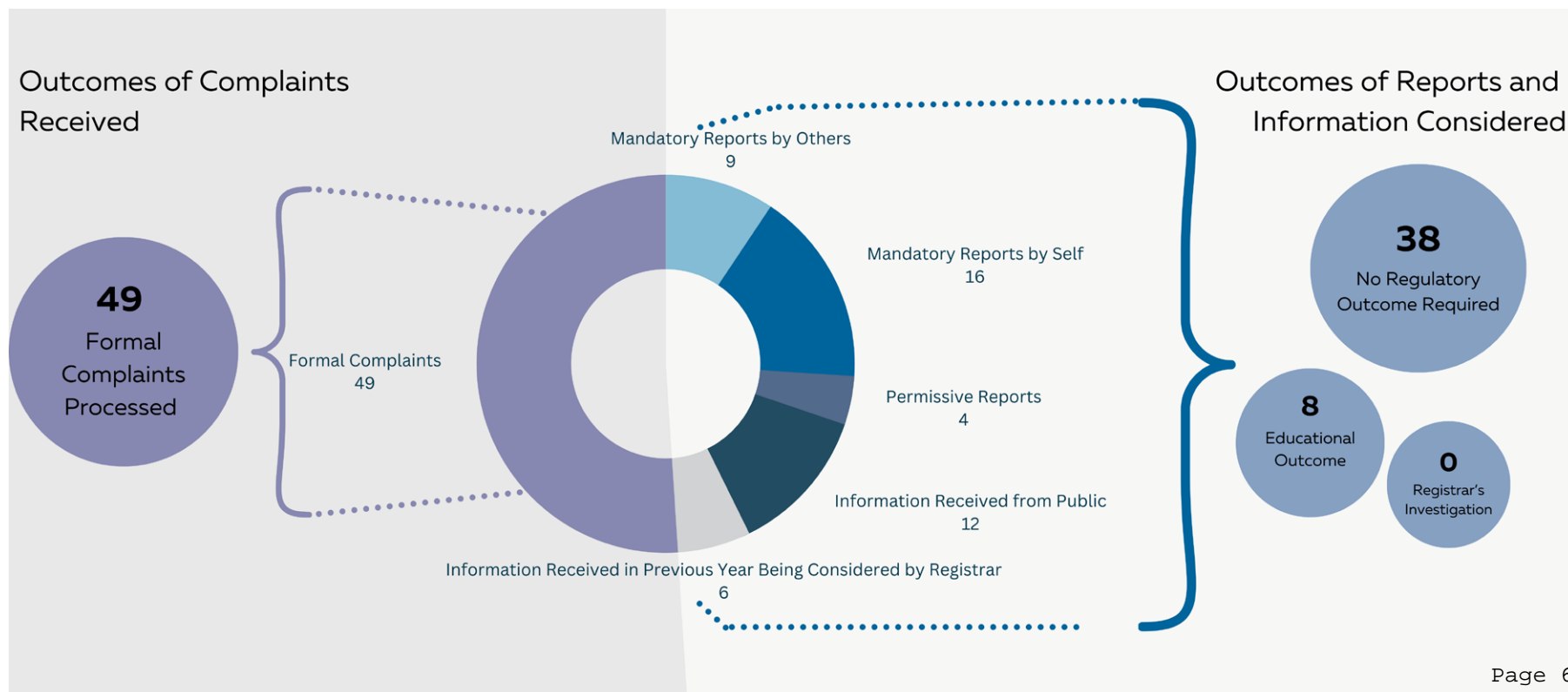
# By the Numbers: Complaints, Reports, and Investigations

The College receives information by way of formal complaints and mandatory and permissive reports from midwives, employers and facility operators, and other members of the public. One aspect of the College's mandate is to address concerns that are raised by clients and other members of the public about midwifery care.

For information that is not a formal complaint, the Registrar will consider the information guided by the Registrar's Investigation Decision Making Tool to determine whether a regulatory outcome or further actions are required in the public interest.

The numbers below demonstrate the source of the information received and how they were processed.

## Sources and Outcomes of Information Received in 2022-23 Regarding the Conduct of Midwives



# By the Numbers: Inquiries, Complaints, and Reports Committee (ICRC)

**23** ICRC cases carried forward from previous fiscal year in 2022-23  
— a decrease from 30 in 2021-22

**25** ICRC cases in progress at fiscal year end in 2022-23  
+ an increase from 22 in 2021-22

**49\*** New ICRC cases in fiscal year  
+ an increase from 34 in 2021-22  
\*Forty-nine new complaint files were a result of receiving 32 complaints. Eight complaints involved more than one midwife.

**46** Closed ICRC cases in fiscal year  
+ an increase from 42 in 2021-22

## Decision Breakdown – Closed Cases

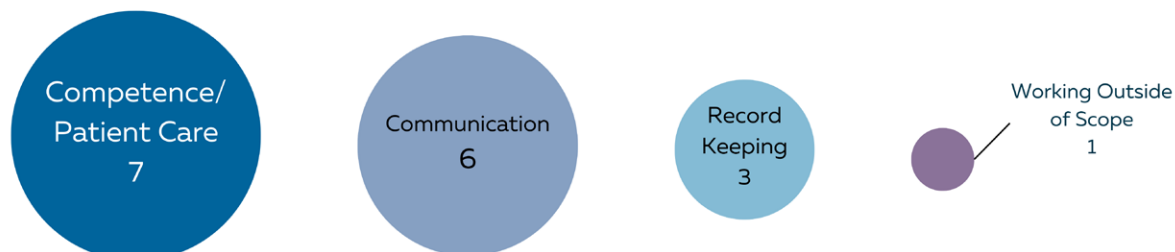


Note: One case had both a SCERP and advice given.

**8**

The Health Professions Appeal and Review Board issued eight decisions on appeals from cases at the College of Midwives of Ontario.  
All eight decisions upheld the decisions of the College.

## Themes of completed matters where action was taken by the ICRC





## Discipline Decision

A contested hearing regarding a registrant's management of hyperbilirubinemia was held in the previous fiscal year on January 10, 11, 12 and February 28, 2022.

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

The College has published the decision on our website. [You can read the document here.](#)

# The College of Midwives of Ontario Council

The College's work is overseen by a Council, which sets the strategic direction of the College and ensures our long-term success. Council also holds staff accountable for the way we fulfill our regulatory mandate and duties.

Council meets a minimum of four times a year to stay accountable to members of the public, registrants of the College, and our sector partners. Meetings are open to all midwives and to the public to attend.

Each year, the College holds online elections for professional member vacancies on Council. These positions are filled by candidates who are registered midwives with the College. At the College of Midwives of Ontario, the Council year begins each October.

## Council Composition from April 2022-October 2022

### Elected Professional Members

Claire Ramlogan-Salanga, RM, Chair  
Edan Thomas, RM, Vice-Chair, Professional  
Hardeep Fervaha, RM  
Claudette Leduc, RM  
Lilly Martin, RM  
Karen McKenzie, RM  
Isabelle Milot, RM  
Alexia Singh, RM

### Appointed Public Members

Donald Strickland, Vice-Chair, Public  
Pete Aarssen  
Marianna Kaminska  
Jacqueline Morrison  
Judith Murray  
Oliver Okafor

## Council Composition from November 2022-March 2023

### Elected Professional Members

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

### Appointed Public Members

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



A photograph of a desk setup. In the upper right, a small green succulent in a white pot sits on yellow gravel. To its left is a black pen. In the lower left, a black Citizen LC-210NR calculator is visible. The background is a light blue gradient.

# Financial Statements

The College engaged Hilborn, L.L.P. financial auditors to perform our annual financial audit. Council approved the Audited Financial Statements for the 2022-23 fiscal year.

A summary of the Audited Financial Statements can be found on the following pages.

# **COLLEGE OF MIDWIVES OF ONTARIO**

## **SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2023**

## **Report of the Independent Auditor on the Summary Financial Statements**

To the Council of the College of Midwives of Ontario

### **Opinion**

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2023, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2023.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

### **Summary Financial Statements**

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

### **The Audited Financial Statements and Our Report Thereon**

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 27, 2023.

### **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.



Toronto, Ontario  
June 27, 2023

Chartered Professional Accountants  
Licensed Public Accountants



# COLLEGE OF MIDWIVES OF ONTARIO

## Summary Statement of Financial Position

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

# COLLEGE OF MIDWIVES OF ONTARIO

## Summary 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	76,618	63,639
	2,722,261	2,588,913
Expenses		
Salaries and benefits	1,404,720	1,523,092
Rent and utilities	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	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	22,163	-
	2,411,173	2,489,448
Excess of revenues over expenses for year	311,088	99,465

# COLLEGE OF MIDWIVES OF ONTARIO

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## Note to Summary Financial Statements

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March 31, 2023

1. **Basis of presentation**

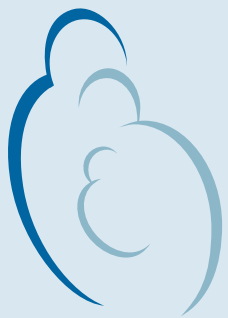
These summary financial statements are derived from the audited financial statements of the College of Midwives Ontario (the "College") for the year ended March 31, 2023, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available to members upon request from the College.





College of  
**Midwives**  
of Ontario

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

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

August 1, 2023

**RE: Request for an exemption from the 60-day public consultation period**

Dear Minister Jones,

On July 31, 2023, College Council approved the Proposed Designated Drugs and Substances Regulation under the *Midwifery Act, 1991*, which is a revision of the existing individual drugs and substances list. The revised list is in line with the previous category-based submission to the Ministry in 2019, which was based on extensive feedback from the public, registrants, and the College Council.

Also, on July 31, 2023, the College Council directed me to seek an exemption from the 60-day circulation period, pursuant to subsection 95(1.6) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991* (Code). Given that the proposed Regulation is an updated version of the current list and is in line with the category-based submission approved by Council and submitted to the Ministry in 2019, we anticipate feedback that will not lead to changes to the Regulation. That said, the proposed changes to the drugs and substances list have been thoroughly discussed and supported by the College Council and Committee members and external partners.

As the Regulation has not been updated since 2010, the exemption ensures that midwifery clients' healthcare needs are met through access to the most current and appropriate treatments and therapies within the midwifery scope of practice. This update will also reduce the need for clients to seek care from a physician or nurse for treatment within the midwifery scope, improving the quality and efficacy of care.

Given the critical nature of the Drugs and Substances Regulation and its direct impact on the scope of midwifery practice, the College seeks an exemption from the code to bring the Regulation up to date without further delay.

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 Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
[www.ontario.ca/health](http://www.ontario.ca/health)

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
[www.ontario.ca/sante](http://www.ontario.ca/sante)



361-2023-6237

September 7, 2023

Kelly Dobbin  
Registrar and CEO  
College of Midwives of Ontario  
303–21 St. Clair Avenue East  
Toronto, Ontario M4T 1L9  
[k.dobbin@cmo.on.ca](mailto:k.dobbin@cmo.on.ca)

Dear Ms. Dobbin:

I am responding to your request to waive the 60-day circulation period for proposed regulation amendments to the Designated Drugs Regulation made under the Midwifery Act, 1991, to revise the drugs and substances that midwives can prescribe.

Your letter notes that significant consultations with the profession and other health system stakeholders on this proposed regulation occurred in 2019 and that the revised proposal has been thoroughly discussed and supported by the College Council and Committee members and external partners. I am aware that the College's previous work on this regulation contemplated using categories of drugs and that the current proposal moves away from that approach to updating the current list.

As you are aware, subsection 95 (1.6) of the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act, 1991, permits the exemption of a proposed regulation from the requirement that it be circulated or the abridgement of the 60-day period with the approval of me, the Minister of Health. In this unique circumstance and because your proposed regulation amendments are consistent with the College's submission in 2019, I am giving my approval to waive the 60-day circulation. Although I am granting this waiver, my ministry will conduct its own consultation on the College's proposal via the government's regulatory registry and will certainly bring forward any additional comments for the College's consideration.

...2

I appreciate the assistance that you and your Council have provided to the ministry to date on ensuring that midwives continue to provide their clients with high quality, safe care.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jones', is positioned above the printed name and title.

Sylvia Jones  
Deputy Premier and Minister of Health

c: Dr. Catherine Zahn, Deputy Minister, Ministry of Health  
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice  
Neeta Sarta, A/Assistant Deputy Minister, Health Programs and Delivery Division  
Allison Henry, Director, Health Workforce Regulatory Oversight Branch  
Angie Wong, Director, Drug Programs Strategy and Policy Branch



# EXECUTIVE COMMITTEE

## REPORT TO COUNCIL - October 2023

### General

#### Committee Members

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

#### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Committee Meetings Held	3	2			5
Number of Trainings	0	0			0

### Committee Meetings

September 13, 2023 | Videoconference  
July memo | Email approval

#### Items

##### Q1 Statement of Operations

The committee reviewed and approved the Q1 Statement of Operations. Revenue is tracking in line with projections and the College is in a good cash flow position with no concerns financially. The statement is attached for reference.

##### Assessment of the Auditor

The committee completed their report for the Annual Assessment of the External Auditor. A summary of the report is attached for approval. The committee is proposing recommendations to change/amend the process and cycle of the assessment. The recommendation is captured in the summary of the report. The committee is also recommending that Council reappoint Hilborn, LLP as the external financial auditor of the College for 2023-24 fiscal period.

##### Cost Approval

As per our Financial Condition and Activities Policy, the committee was asked to approve exceeding the budgeted amount by more than 25% in one of our budget subcategories, Professional Fees – Other (Expert Resources). The costs of the College's digitization project had been underestimated due to the number of files

retained and set to be scanned. Anticipated costs to complete the project would result in an expenditure in the Expert Resources budget line of 30-40% over budget. The Executive approved the overspending with the knowledge that funds would be found elsewhere in the budget where underspending was anticipated. Approval was sought and received by email.

#### Reforecast Budget

Due to postponed and delayed spending from the last fiscal, in addition to newly anticipated overspending and underspending in a few key areas, the Executive Committee reviewed a reforecast budget that will allow for more effective financial monitoring and performance. The Committee is recommending that Council approve the reforecast budget under separate agenda item 9.

#### 2025 Meeting Dates

The committee approved 2025 meeting dates for Executive Committee and Council. The approved dates are attached.

#### Annual Council Competency Self-Assessment & Demographic Representation Survey

The committee recommended the use and pilot of an annual Council competency self-assessment and demographic survey. Administration of the self-assessment and demographic survey will be used to understand what competencies and skills are reflected by Council as a whole and who is represented. Diversity is an important governance strategy that recognizes diverse perspectives and fostering inclusion in decision-making processes is important to the role of protecting and serving the public interest. The demographic survey will be voluntary and anonymized.

#### Emergency Class Policy

The committee approved, on behalf of Council, the revised Emergency Class Policy. The policy had been revised from the version approved by Council to reflect final regulatory language and legislative references of the emergency class provisions that are now part of the Registration Regulation, under the *Midwifery Act, 1991*. The changes do not impact the intent of the policy.

The following motions are being brought forward for approval:

- I. That the Executive report be approved as presented.
- II. That the conclusion and recommendations of the annual assessment of the auditor summary report be approved.
- III. That Hilborn, LLP be appointed as the auditor for the 2023-2024 fiscal year.

Attachments;

1. Q1 Statement of Operations

2. Assessment of External Auditor Report summary conclusions and recommendations
3. 2025 Executive Committee & Council dates
4. Emergency Class Policy

Respectfully Submitted,

Claire Ramlogan-Salanga

The College of Midwives of Ontario

Q1 Statement of Operations (Fiscal April 1, 2023-March 31,2024)

April 1, 2023 - June 30 2023



	F24 Projected Revenue Budget	F24Projected Revenue to end of Q1	Q1 Revenue F24	Q1 Revenue F23	Percentage Variance Against Budget
<b>REVENUE</b>					
Membership Fees	\$ 2,703,230	\$ 675,808	\$ 642,721	\$ 652,061	24%
Administration & Other	\$ 81,097	\$ 20,274	\$ 69,394	\$ 19,786	86%
Project Funding - Birth Centres	\$ 65,063	\$ 16,266	\$ 16,266	\$ 42,986	25%
O & A Program	\$ 11,200	\$ 2,800	\$ 18,275	\$ -	0%
Competency Based Assessment Program			\$ 14,688		
<b>TOTAL REVENUE</b>	<b>\$ 2,860,590</b>	<b>\$ 715,148</b>	<b>\$ 761,344</b>	<b>\$ 714,833</b>	<b>27%</b>

	F23 Budget Expenses	F23 Budget to end of Q1	Q1 Spending F23	Q1 Spending F22	Percentage Variance Against Budget
<b>EXPENSES</b>					
Salaries & Benefits	\$ 1,816,418	\$ 454,105	\$ 344,628	\$ 292,531	19%
Professional Fees	\$ 356,430	\$ 89,108	\$ 92,731	\$ 27,323	26%
Council and Committee	\$ 150,431	\$ 37,608	\$ 28,972	\$ 28,766	19%
Office & General	\$ 125,848	\$ 31,462	\$ 12,210	\$ 11,790	10%
Information Technology, Security & Data	\$ 135,291	\$ 33,823	\$ 38,431	\$ 29,594	28%
Rent & Utilities	\$ 157,517	\$ 39,379	\$ 57,596	\$ 46,990	37%
Conferences, Meeting Attendance & Membership Fees	\$ 84,652	\$ 21,163	\$ 58,461	\$ 63,310	69%
Panel & Programs	\$ 343,329	\$ 85,832	\$ 15,500	\$ 1,983	5%
Birth Centre Assessment & Support	\$ 65,063	\$ 16,266	\$ 15,482	\$ 16,600	24%
O & A Program Expenses			\$ 11,095		
Competency Based Assessment Program Expenses			\$ 26,673		
Capital Expenditures	\$ 66,009	\$ 16,502	\$ 10,766	\$ 10,766	16%
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,300,988</b>	<b>\$ 825,247</b>	<b>\$ 712,543</b>	<b>\$ 529,651</b>	<b>22%</b>
<b>PROJECTED GAIN / (LOSS)</b>	<b>\$ (440,398)</b>	<b>\$ (110,100)</b>	<b>\$ 48,800</b>	<b>\$ 185,181</b>	

ADDITIONAL NOTES

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

Total Accrual	\$ 70,643
Accrual Budget to end of Q1	\$ 17,661
Accrual Spending to end of Q1	\$ 16,929

## APPENDIX A

### ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting year:	April 1, 2022 – March 31, 2023
Summary observations:	<p>Overall, the Executive committee felt well informed by Hilborn LLP during all stages of the audit process. This was the fourth year in which the audit was virtual. EC members remained engaged in the online audit process and continues to feel comfortable with the format. Hilborn's staff continue to provide rational for their approaches and decision-making process.</p> <p>Council and the EC were able to meet with both Blair (manager) and Geoff (lead auditor) to ask questions and ensure that a quality audit had occurred.</p> <p>Auditing processes were fully explained, and questions were candidly answered. The auditor again appears to have had a very professional and positive working relationship with the new Director of Operations and support staff.</p> <p>Both the Engagement letter and the Final Opinion letter gave a detailed explanation of the audit process, with the rendering of a clean Opinion on the financial statements of the College.</p> <p>We look forward to working with Hilborn again next year and recommend comprehensive review in F2025/2026.</p>
Recommendations made to the auditor:	None.
Recommended audit structure for the following year (FOR APPROVAL BY COUNCIL):	<input checked="" type="checkbox"/> Comprehensive Assessment in 3 years. <input type="checkbox"/> Annual Assessment
Any recommended changes to the assessment process for	The External Auditor Tool has been in use by the EC since 2017. Over this time the EC has had an opportunity to conduct both the annual and

future:	<p>comprehensive reviews. Both of these reviews processes are thorough and useful; however, they are also time consuming and disproportionate to the EC's needs. Therefore, the EC is recommending that the annual review be reduced to include questions that are specific and targeted and should be used as a tool for the EC to remain risk-aware and financially responsible during the audit. This abridged report will be shared with Council as normal. The comprehensive review will be used every three years to reflect any industry updates, best practices, and an extensive assessment of the auditor. This change to our current process will better utilize EC member and staff time and energy.</p>
---------	--

## Proposed 2025 Executive Committee and Council Meeting Dates

### Executive Committee Dates

February 26, 2025

May 7, 2025

September 10, 2025

November 12, 2025

### Council Dates

March 25-26, 2025

June 24-25, 2025

October 7-8, 2025

December 9-10, 2025



# EMERGENCY CLASS POLICY

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## 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 Regulation, the Government can request that the College begin issuing Emergency certificates of registration.

The Emergency class provision also delegates the same authority to Council, whereby it “must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.”

In accordance with section 12(1) of the RHPA, the Executive Committee can also make this determination.

## 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.

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 **paragraph 4 of subsection 14.3 (1)**, 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  
**Ontario Regulation 168/11**

Approved by: Executive Committee  
Approval date: September 13, 2023  
Implementation Date: September 13, 2023  
Last reviewed and revised: June 27, 2023

# BRIEFING NOTE FOR COUNCIL

---

Subject: Revised Budget 2023-24

## Summary

Staff are proposing a revised budget for 2023-24. Due to postponed and delayed spending from the last fiscal, in addition to newly anticipated overspending and underspending in a few key areas, the current budget does not provide the most accurate financial position. A revised budget will allow for more effective financial monitoring and performance.

## Background

In February, the budget was presented to the Executive Committee for a detailed review in advance of its presentation to Council. This was an opportunity for the Executive Committee to discuss the details of the one-year budget and its implications on the College's long-term financial position. The budget was presented to and approved by Council in March.

The 2022-23 fiscal delivered a surplus against an originally projected deficit. This was due in part to postponed and delayed activities that have since been carried over to the current fiscal and therefore, impact the budget. In addition, the College has identified areas where we anticipate underspending and overspending. The Executive Committee is proposing a revised budget for 2023-24.

In undertaking the reforecasting process, the Executive Committee has examined projected revenues and expenses against updated workplans. This has been analyzed against previous years' spending and the five-year outlook.

## Key Considerations and Public Interest Rationale

The increase in revenue in the revised budget reflects deferred program funding for the Competency Based Assessment program and the revenue from the planned second cohort of the Orientation and Assessment program. As you will recall, the Council approved a second cohort for the Orientation and Assessment program in June 2023 which commenced in September 2023. The Competency Based Assessment program has been added as a separate revenue line. Going forward, projects that receive revenue from outside of existing revenue sources, will be tracked separately.

The changes to expenses in the revised budget reflect updated strategic priority activities, in addition to new estimates based on actual and planned expenditures across categories. While there is an increase in strategic priority expenses in the revised budget, this will result in a decrease in anticipated expenses in the next, and final, two years of the five-year costed Strategic Plan. The revised budget delivers a deficit of (299,429) against a previously planned deficit of (440,398).

In preparing the revised budget, staff returned to the five-year outlook with analysis against the Internally Restricted and Unrestricted Net Asset Policy. When reviewing the five-year outlook,

different considerations and scenarios were explored, including potential strategic activities, emerging trends, and a freeze on registrant fees. The updated five-year outlook delivers a breakeven year as early as next year or 2025–26 compared to a previously planned breakeven year in 2026–27. The revised budget and updated five-year outlook maintain the recommended amount of unrestricted net assets within our policy. The staff will return to the five-year outlook ahead of the next fiscal budget planning process and will continue to use data, including trends in registrant data, to inform future planning.

The revised budget presented enables the College to continue to deliver its mandate and strategic priorities while also measuring its performance against a more accurate budget.

## Recommendations

The Executive Committee recommends Council to:

Approve the revised Budget for the 2023–24 fiscal year.

## Implementation Date

Revised budget to be implemented November 1, 2023

## Legislative and Other References

None.

## Attachments

College of Midwives of Ontario Budget Reforecast 2023–24

Submitted by:

Staff (Lieran Docherty, Director of Operations) under the direction of the Executive Committee

# The College of Midwives of Ontario

## Budget Reforecast

April 1, 2023 - March 31, 2024



	2022-23 APPROVED BUDGET	2023-24 PROJECTED BUDGET	2023-24 REFORECAST	EXPLANATORY NOTES
<b>REVENUE</b>				
Registrant Fees	\$ 2,632,432	\$ 2,703,230	\$ 2,703,230	Based on Registrant fee projections and includes 2% annual adjustment in fees
Administration & Other	\$ 78,973	\$ 81,097	\$ 81,097	Calculated on the Registrant fee base/volume
Project Funding - Birth Centres	\$ 64,347	\$ 65,063	\$ 65,063	Contract confirmed July 2021 and updated revenue reflected
Competency Based Assessment Program			\$ 14,688	Based on deferred project funding
O&A Program		\$ 11,200	\$ 98,750	Based on two cohorts going through the O&A program
<b>TOTAL REVENUE</b>	<b>\$ 2,775,752</b>	<b>\$ 2,860,590</b>	<b>\$ 2,962,828</b>	
<b>EXPENSES</b>				
<b>Salaries &amp; Benefits</b>				
Salaries & Benefits	\$ 1,631,035	\$ 1,816,418	\$ 1,694,658	Salaries based on actuals and a removal of .5FTE HR/Finance position; Reduced org design and recruitment fees; Replaced with actuals/closer estimates on benefits
<b>Professional Fees</b>				
Finance	\$ 28,420	\$ 28,846	\$ 28,846	Includes updated costs for Financial Audit and Statements
Legal	\$ 56,802	\$ 143,929	\$ 143,929	Reduced general experience, increasing labour relations legal costs due to collective bargaining
Other (Expert Resources)	\$ 174,125	\$ 183,655	\$ 154,500	Based on updated strategic plan costs, including increased expenses related to scanning project. O&A and Competency Based Assessment Program expenses moved to new expense lines.
<b>Council &amp; Committee</b>				
Council & Committee	\$ 148,208	\$ 150,431	\$ 150,431	Inflationary increase of 1.5%
<b>Office &amp; General</b>				
Insurance	\$ 9,787	\$ 9,934	\$ 9,934	Inflationary increase of 1.5%
Printing & Postage	\$ 15,225	\$ 5,000	\$ 5,000	Introduction of PayEdge reduces use of Couriers and Stamps using 22-23 as new baseline
Equipment Rental	\$ -			
Telecommunications	\$ 23,212	\$ 23,560	\$ 17,000	Based on new estimates, including reduced IT services at office
Office Supplies & Resources	\$ 40,600	\$ 22,992	\$ 22,992	Amount reduced by \$10K in 2021, rebaseline to 22-23 and inflationary increase of 1.5%
Bank & Credit Card Processing Fees	\$ 52,273	\$ 64,362	\$ 64,362	Rebaseline to 22-23 amount to reflect higher credit card charges, higher electronic payment volume
<b>Information Technology, Security &amp; Data</b>				
IT & Network Support	\$ 60,900	\$ 61,814	\$ 61,814	Inflationary increase of 1.5% for support services
Database Development & Maintenance	\$ 98,423	\$ 73,477	\$ 73,477	Cover costs of maintenance while waiting for Thentia 2.0
<b>Rent &amp; Utilities</b>				
Rent & Utilities	\$ 202,602	\$ 157,517	\$ 157,517	Full year savings begins 2024-25
<b>Conferences, Meeting Attendance &amp; Membership Fees</b>				
Conferences & Meeting Attendance	\$ 22,500	\$ 22,838	\$ 22,838	We readjusted to pre-pandemic activity in 2022-23 and now maintaining
Membership Fees	\$ 60,900	\$ 61,814	\$ 61,814	Inflationary increase of 1.5%
<b>Panel &amp; Programs</b>				
Professional Conduct - Cases & Panels	\$ 149,893	\$ 208,181	\$ 150,000	Based on estimates of costs per case and average cases
Professional Conduct - Hearings	\$ 74,517	\$ 75,635	\$ 75,635	Inflationary increase of 1.5%
Unauthorized & Illegal Practice	\$ 2,030	\$ 2,060	\$ 25,000	Based on increasing legal expenses related to these cases
Client Relations - Counselling Support	\$ 2,030	\$ 2,060	\$ 2,060	Inflationary increase of 1.5%
Quality Assurance - Assessments & Panels	\$ 44,420	\$ 45,091	\$ 45,091	Inflationary increase of 1.5%
Registration - Panels	\$ 10,150	\$ 10,302	\$ 10,302	Inflationary increase of 1.5%
<b>Birth Centre Assessment &amp; Support</b>				
Birth Centre Assessment & Support	\$ 64,347	\$ 65,063	\$ 65,063	Based on updated contracted costs
<b>Competency Based Assessment Program</b>				
Competency Based Assessment Program			\$ 91,849	Based on estimated expenses for consultants
<b>O&amp;A Program</b>				
O&A Program			\$ 98,145	Based on expenses for two cohorts going through the O&A program
<b>Capital Expenditures</b>				
Capital Expenditures	\$ 44,344	\$ 66,009	\$ 30,000	Based on expected depreciation and no new purchases
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,016,742</b>	<b>\$ 3,300,988</b>	<b>\$ 3,262,257</b>	
<b>NET LOSS</b>	<b>\$ (240,991)</b>	<b>\$ (440,398)</b>	<b>\$ (299,429)</b>	

# BRIEFING NOTE FOR COUNCIL

Subject: Sexual Abuse Prevention Policy - 2023 review and revisions

## Background

College Council last approved revisions to the Sexual Abuse Prevention Policy (SAPP) in June 2019.

The SAPP was scheduled for review this year in accordance with the College's regular cycle of reviewing policies to ensure currency. The Client Relations Committee (the "Committee") met on September 25, 2023 to review the SAPP. The Committee approved revisions to the SAPP and directed that it be brought forward to Council for approval.

The SAPP sets out the College's definition of the beginning and end of a midwife-client relationship and explains the types of actions by a midwife that would be considered sexual as outlined in the *Regulated Health Professions Act, 1991* (RHPA). It also includes policy statements on the prohibition of a sexual relationship during the midwife-client relationship, and the timeframe of how long a former client is deemed to be a client for the purpose of the sexual abuse provisions.

The following changes were made to the policy:

- Under "Definitions", the RHPA's definition of "Spouse" is now included.
- Under, "The Beginning and Termination of a Midwife-Client Relationship":
  - The existing bullet points were arranged in the order of what a client may most understand a direct interaction to be (see highlighted area in blue), and
  - A clarification was made of what is not considered a direct interaction.

No other changes were considered at this time.

## Key Considerations and Public Interest Rationale

- There has been no change in the legislation to warrant making any further changes to the SAPP, and there is no available data to suggest that substantive changes should be made to any of the policy statements.
- It is best practice in policy drafting to define any terms that may be vague within the policy itself.
- Thus far, the College has not heard of any difficulty on the part of registrants in understanding the SAPP.
- The College has observed that some midwifery clients are unsure of the beginning of the midwife-client relationship (albeit not in the context of sexual abuse).

## Recommendations

The following recommendation is submitted for approval:

- That the SAPP be approved as revised.

## Implementation Date

October 12, 2023

## Legislative and Other References

- *Regulated Health Professions Act, 1991* (RHPA)

## Attachments

- Revised SAPP with highlighted revisions

Submitted by: Don Strickland, Chair, Client Relations Committee



# Sexual Abuse Prevention Policy

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## Purpose

This policy sets out the College's definition of the beginning and end of a midwife-client relationship and assists midwives in complying with the provisions of the *Regulated Health Professions Act, 1991* (RHPA) that address sexual abuse.

## Scope

This policy applies to all midwives registered with the College.

## Definitions

"Direct Interaction" is:

- the first in-person meeting between a midwife and client, even if the client does not ultimately retain the midwife for midwifery services; or
- the first instance of communication in relation to clinical care being provided by a midwife to a client.

In the preceding definition:

- "Clinical Care" is care provided to a client by a midwife within the scope of midwifery practice or outside the scope under delegation
- "Communication" refers to dialogue or authorization for an assessment that takes place in-person, electronically, through mail or through a mobile device between a midwife and client.

A "spouse", in relation to a midwife, means a person who is the midwife's spouse as defined in section 1 of the *Family Law Act*<sup>1</sup>, or a person who has lived with the midwife in a conjugal relationship outside of marriage continuously for a period of not less than three years.

A "minor" health care service consists of episodic or short-term care provided for a condition that is not serious, complex or urgent in nature.

"Reasonable steps" are those steps that correspond to the level of risk at hand, which includes the health condition of the spouse or sexual partner and the surrounding circumstances.

"Reasonable opportunity" involves a consideration of the amount of time that is available to transfer care, given the level of risk at hand, including the health condition of the spouse or sexual partner and the surrounding circumstances.

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<sup>1</sup> s. 1(1) and (2), *Family Law Act*, R.S.O. 1990, c. F.3

“Sexual abuse” of a client by a midwife is:

- Sexual intercourse or other forms of physical sexual relations between the midwife and the client,
- Touching, of a sexual nature, of the client by the midwife, or
- Behaviour or remarks of a sexual nature by the midwife towards the client.<sup>2</sup>

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.<sup>3</sup>

## Policy Statement

### **The Beginning and Termination of a Midwife-Client Relationship**

A midwife-client relationship begins when there is a direct interaction between a midwife and an individual at the earliest occurrence of the following events:

- the midwife has contributed to a health record or file for that individual
- the individual has consented to the health care service recommended by the midwife
- the midwife prescribed a drug for which a prescription is needed to the individual<sup>4</sup>
- the midwife has, in respect of a health care service provided by the midwife to the individual, charged or received payment from the individual or a third party on behalf of the individual

Note that a midwife-client relationship does not begin with a direct interaction with an administrator of a midwifery practice. The College does not regulate midwifery practices, it only has jurisdiction over individual midwives.

A midwife-client relationship ends at the latest occurrence of the preceding events.

### **Sexual Relationship Prohibited During the Midwife-Client Relationship**

A midwife must not become sexually involved with a client. Sexual involvement with a client is considered to be sexual abuse under the RHPA, regardless of whether the midwife believes there is consent from the client.

Pursuant to the RHPA, a midwife cannot provide midwifery care to their spouse.<sup>5</sup> As such, a midwife-client relationship cannot exist between a midwife and their spouse.

A midwife can only provide care to a sexual partner, and not be considered as sexual abuse, if all of the following conditions are satisfied:

- There is, at the time the midwife provides the health care services, a sexual relationship between the individual and the midwife
- The midwife provided the health care service to the individual in emergency circumstances or in circumstances where the service was minor in nature

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<sup>2</sup> s. 1(3), Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O., 1991, c. 18.

<sup>3</sup> *Ibid*, s. 1(4).

<sup>4</sup> *Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code*, O.Reg. 260/18, s. 1.1.

<sup>5</sup> *Supra* note 1, s. 1(5) and (6).

- The midwife has taken reasonable steps to transfer the care of the individual to another midwife or regulated health professional and there is no reasonable opportunity to transfer care to another regulated midwife or regulated health professional<sup>6</sup>

In these circumstances, the sexual partner to whom care is being provided is not considered to be a client of the midwife.<sup>7</sup>

### **Sexual Relationship Following Termination of the Midwife-Client Relationship**

Pursuant to the RHPA, a former client is deemed to remain a client for the purposes of the sexual abuse provisions for a period of one year from when the former client would otherwise cease to be a client.<sup>8</sup>

As a result, if one year has passed since the latest occurrence of events that could occur in a midwife-client relationship as listed above, the former client will no longer be considered a client and a sexual relationship with the former client after that year has passed would not be prohibited.

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

1. Health Professions Procedural Code, Schedule 2, to the *Regulated Health Professions Act*
2. *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18
3. *Family Law Act, R.S.O. 1990, c. F.3*

Approved by: Council

Approval date: June 26, 2019

Implementation Date: June 26, 2019

Last reviewed and revised: **October 12, 2023**

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<sup>6</sup> *Supra* note 3, s. 1.2.

<sup>7</sup> *Ibid.*

<sup>8</sup> *Supra* note 3, s. 1(6).

# BRIEFING NOTE FOR COUNCIL

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Subject: Proposed Registration Regulation

## Background

Under the Regulated Health Professions Act (RHPA) and Registration Requirements Regulation (O. Reg. 508/22), all health professions were mandated to submit proposed regulations to create an Emergency Class of registration by May 1, 2023.

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 as requested by the government.

A public consultation on the proposed Registration Regulation was initially undertaken in February 2023 and the feedback received included a recommendation to add Fetal Health Surveillance training (“FHS”) as a new registration requirement for entry-to-practise. After considering this recommendation, the Registration Committee (“RC”) added this requirement to the proposed Registration Regulation for Council’s approval.

Since any substantive changes to a regulation require a mandatory public consultation under the *Regulated Health Professions Act*, Council approved the addition and directed that the College circulate the proposed FHS requirement for a mandatory 60-day consultation.

Council also directed the College seek an exemption or abridgment from the consultation requirement from the government. Given that the Ministry of Health had imposed a May 1, 2023 deadline, Council agreed to submit the proposed Registration Regulation with the inclusion of the FHS requirement.

The proposed Registration Regulation was submitted to the Ministry on May 1, 2023. The second consultation was open from May 1 to June 30, 2023, and the feedback received is set out in Appendix A.

On June 1, 2023, the Ministry of Health informed health colleges that the government would only be moving forward with the Emergency Class provisions and that any other proposed regulatory changes would be addressed in the fall. Consequently, the College did not receive an exemption or abridgment since the FHS requirement was not related to the emergency class.

The intent of this briefing note is to seek final confirmation from Council to approve the final amendments to the proposed Registration Regulation (as submitted on May 1, 2023) after having considered the feedback heard from the second circulation.

#### Key Considerations & Public Interest Rationale

The College received a total of 76 comments as part of the public consultation:

- The majority of the feedback was in favour of adding FHS as a registration requirement.
- A handful of comments opposed this registration requirement, indicating that the onus is on the midwife to ensure that they are competent and have the knowledge and skills required for practice.

It is important to highlight that the FHS requirement would only apply for entry-to-practise. In considering the feedback received in the first round of consultation, the RC took the position that FHS is a core function in the practice of midwifery. In addition, FHS is already embedded in the Midwifery Education and the Orientation and Assessment programs. The RC believed that this requirement would not add any additional barrier to applicants since most applicants would have already satisfied this requirement at the time of registration.

- More than half of the comments recommended adding FHS as a requirement for renewal/recertification.

RC considered this option during their discussion and felt that it was not reasonable to impose FHS on all registrants for the following reasons: based on their own awareness, midwives are expected to be competent and adhere to the standards of the profession at all times. In addition, there is an increasing trend of registrants practising in alternate models of care. However, the RC noted that FHS can be part of a mandatory requalification program when an inactive registrant is seeking to move back into the General class or returning to the profession after resigning, depending on the circumstances. For that reason, this was not recommended to Council in the initial proposal nor following the second round of consultation.

- Based on the two consultations undertaken, the RC continues to recommend that FHS should be a registration requirement in the proposed Registration

Regulation because it is a fundamental entry-to-practise competency that helps ensure applicants can provide safe and competent care in the interest of public protection.

#### Recommendations

THAT Council approve the inclusion of the fetal health surveillance competency requirement for general class registration in the Proposed Registration Regulation to replace Ontario Regulation 168/11 made under the *Midwifery Act, 1991*, and direct an amended submission to the Ministry of Health.

#### Implementation Date

N/A

#### Legislative and Other References

Ontario Regulation 168/11, made under the *Midwifery Act, 1991*.

#### Attachments

Appendix A: Public consultation feedback

#### Submitted by:

Isabelle Milot, Chair of the Registration Committee

## Appendix A

### Public Consultation Feedback

Fetal Health Surveillance

May 1, 2023-June 30, 2023

The comments displayed below were posted verbatim.

1. I completely agree.
2. I agree and would prefer a recertification every 3-5 years.
3. I wholeheartedly agree with this requirement for registrants. The ability to interpret fetal health surveillance using appropriate assessment skills and terminology is critical for intrapartum care providers. Sadly, I repeatedly observe other allied health professionals, particularly physicians, using outdated terminology and assessment methods.
4. I agree with the addition
5. I agree to this inclusion that there is a New Registrant Requirement that “applicants must provide satisfactory evidence of competency in fetal surveillance” at time of registration. This because EFM is used frequently in clinical practice and while EFM by itself does not guarantee a safe/healthy outcome and we know that intervention of EFM can increase risk for cesarean section when used, I believe midwives should have the knowledge, skills and judgement to interpret a trace to the best of their ability/knowledge and be able to determine timely intervention if needed. It is an art to correctly interpret an EFM tracing and one that is learned with years of review in clinical practice scenarios in the context of “bigger picture” care. Midwives should unite in their practices supporting each other in acquiring this knowledge to safely interpret EFM.  
The timing of how frequent afterwards is a separate entity to the initial question and an additional question that may be proposed to members of the CMO in the future.
6. I completely agree
7. I agree with adding this in to competency.  
Fetuses should be monitored throughout their whole time as a fetus. I though this already was a requirment to practice. we do not want most a positive pregnancy and child birth, we want most to be alive with our baby at the end, monitoring of the fetus for any and all of that time is central in my mind.
8. I agree with the change and would be happy to see it as a regular, re-certification requirement similar to ESW, NRP, CPR.
9. I support this recommendation. I further think that midwives should provide evidence of education/training in fetal health surveillance every two years. Apart from the clinical issues, FHS interpretation and response to FHS is one of the primary contributors to legal claims, to cases reviewed by the Coroner’s Committee and an area of increasing concern in intrapartum care. Hospitals increasingly seek evidence of FHS competence from staff. It would be well if the CMO were a step ahead.





10. I oppose this change, as I feel it will not improve public safety, rather it will serve only to give the wrong impression that FHS/EFM guarantees better/safe outcomes and therefore if poor outcomes occur involving the use of FHS/EFM tools, therefore it must be the competency of the Midwife that should be brought under question.
11. I am opposed to this requirement. The FHS course has SIGNIFICANT content on EFM which even the SOGC acknowledges "there is insufficient evidence to recommend or not recommend the use of EFM" (from the 2020 guideline #396).  
Our hospital is also beginning to require this course. Just because the hospital endorses it, does not mean it makes sense.
12. Absolutely not. This should NOT be a mandatory course for registration. Me saying this does not mean I don't believe this is a useful course to take and upkeep. It is the responsibility of a midwife to ensure they are competent in all aspects of midwifery. More registration rules become more punitive for midwives and require more work for the college to enforce. Short sighted
13. Full agreement with this change in regulation with ongoing recertification similar To NRP.
14. Yes, I agree to requiring midwives to recertify in FHS every 2 years. Hospitals require this and makes sense in terms of competencies for midwives.
15. I agree with adding fetal health surveillance competency to registration, for NR, and continued q2-3 years.
16. This should be a requirement. It was at one point for about 2 years and then rescinded. Never understood that. It should be required every 2 years whether the midwife works in full scope or not. Some hospitals already require it.
17. I agree this should be an NR requirement, with recertification every 2-3 years while working in a role requiring FHS competency.
18. In absolute support of this requirement. I think there are some issues with availability of courses, but this is one that can be addressed and will be if it becomes a college requirement.
19. The Ontario Fetal Health Surveillance Steering Committee recommends recertification every 2 years for all OBS providers, as per the Canadian Fetal Health Surveillance Steering Committee. This is an important opportunity for critical interdisciplinary discourse and discussion with our colleagues on a regular basis, especially as FHS is high priority for HIROC.
20. It would be better if the college can make it in a such a way that, it be within a standard or guidelines and a professional development  
Which be discussed in mandatory workshops and seminars for all midwives.
21. I totally agree to adding this as a registration requirement and would support re-certifying a 1-2 years. This is an important skill and necessary to be competent. Refreshers, if taught well are an amazing refresher!
22. I agree that it should be something required for registration as well as an ongoing 2-3 year recertification process, however I think either the CMO or AOM needs to make a



course (and preferably one that can be done online like what UBC has) so that we can do this recertification. It's been very challenging finding courses through hospitals that are available when we are off call.

23. Completely agree
24. I agree that FHS competency should be demonstrated by all midwives, whether NR or GR. If it is made a part of the requirements for renewing one's license every year, then it should be required every 2 to 3 years, as mentioned by others. I also don't think it should matter if you are working the traditional midwifery route or in an ECM...if you are a midwife registered with the college, you should be required to meet the same competencies.
25. I agree with the proposed addition. And agree with many others, that evidence of competency should be renewed q2 or 3 years. Research is ongoing & national guidelines change. Midwives must maintain currency in FHS skill.
26. I agree this requirement for NR for sure for entry and for RM q 2-3 years for those who can run oxytocin for IOL/Augmentation and doing NST.
27. I agree.
28. I agree this should be a component of registration for NR's. It should be a mandatory requirement every 3-5 years thereafter.
29. I support this requirement. However, it should be a rolling recertification every 2-3 years, similar to NRP, CPR & ESW, applicable to both NR & GRs, regardless if full or part scope.
30. Yes I agree, and support ongoing renewal for competency as with NRP, ESW and CPR.
31. I agree to add FHS as a requirement for CMO re certification on a 3 year base.
32. Initial registration – yes. Every NR should have FHS (being able to properly discern IA and cEFM). I see this need as many RMs do not have “full scope” in hospitals and this skill might be lost. I personally feel adding it yearly is a lot. Many hospitals require it if new on-boarding midwives – or when their scope expands to induction, etc. I have not found courses easily and readily available. Especially the full 8 Hr in person. It would be nice if CMO had an online option that offered the 8hr and the refresher.
33. I agree that it should be added with a recertification every 2-3 yrs
34. I agree that it should be a requirement for initial registration BUT only ongoing every 3 years for Registered Midwives who are required to interpret EFM as part of their role. For example, midwives working in EMCs who do not do NSTs or provide intrapartum care should be exempt with a clause to recertify if they resume attending births.
35. I support this requirement for registration. In addition, I think recertification Q 2 years is a good idea unless not providing this clinical care
36. I agree this should be added. Especially as knowledge of FHS is required for the CMRE. I also agree with the comments stating it should require recertification every few years  
**\*\*BUT\*\*** only for those midwives working in roles requiring interpretation of EFM

37. I agree that it should. We took on an internationally trained midwife once only to find out this skill was completely lacking. Fetal Health Surveillance encompasses both proper IA and EFM which guides every labour.
38. Yes I agree this should be included.
39. Very important to remain current with these guidelines. (As an aside NRP every year is alot! Why are our standards for this higher than any other provider)
40. Yes I agree, with ongoing renewal for competency q2-3 years
41. I support FHS for NRs and also GRs every 2-3 years
42. I support this requirement. However, it should be a rolling recertification process similar to NRP, CPR.
43. I do support a CMO registration requirement to show competency in fetal health surveillance (which includes IA and EFM interpretation). In my opinion, it should not only be mandatory as an initial registration requirement, but similar to CPR and ESW, to be renewed every 2-3 years.
44. I fully support adding FHS course to the competency requirement part along with NRP, ESW and CPR. FHS is an essential part of practicing midwifery.
45. There needs to be a distinction between Fetal Health Surveillance and Electronic Fetal Monitoring. Being specific about the objective is really important.  
Fetal health surveillance could be interpreted as a generalized term to include monitoring fetal wellbeing throughout pregnancy and labour. This could include interpretation of u/s, monitoring growth and FHR/NST/EFM at any point in the pregnancy and/or labour.  
I do feel that competency in EFM is very important but question the need to attach a requirement to a Regulation. Prescribing specific competencies can be problematic if the landscape or competency changes and it has proven to be very difficult to update or change Regulations in a timely manner. Also courses in EFM are fairly limited and this further restricts access to acceptable courses.  
Does the College feel the argument to including EFM in the Regulations is compelling enough to risk locking it in a Reg? Would it not be better suited to keep within a Standard or Guideline or an integral part of the professional development portfolio and the peer and practice assessments.
46. Yes, every 2 years
47. This is a definite requirement. Midwives who do not work in full scope or who transfer care for oxytocin will not be able to obtain this competency through day to day management. It should also be required to be renewed every 2 to 3 years.
48. I agree that this should be a college requirement, with recertification required every 3 years.
49. This is a very good step, and ongoing 2- or 3-year certification should be added.
50. Yes – annual competency in fetal health surveillance should be mandatory.
51. I agree, and recertification regularly in a short refresher.

52. I agree to adding the fetal surveillance requirement to Registration – as well as required periodic recertification.
53. I am in agreement with this addition to the registration regulation.
54. Fetal Surveillance should definitely be a part of initial registration and an on going competency at annual registration like CPR , NRP , ESW .
55. I agree with FHS being a required competency at initial registration and think it should be an ongoing competency with regular recertification required.
56. I'm in agreement that this should be required when registering but also should be done as a refresher every 2-3 years
57. I agree that at initial registration this is a good idea, but we all become more competent as we use fetal surveillance day in and day out. There are so many other competencies that we have to keep up, that it becomes overwhelming.
58. Agree. Ongoing competency. But once you've done 10 times can it be required less often ?
59. Totally makes sense. I support this change as a requirement for new registrant midwives.
60. FHS should be a requirement for initial registration and ongoing every 2 years.
61. Agree
62. I agree competency in EFM should be required for registration and definitely proof of fluent competency should be necessary to keep practicing as a registered midwife.
63. I don't object to this requirement in principle, since I think this is probably something we all recognize as essential, but I'm curious about why this skill would be singled out. Midwives should be able to demonstrate competence in a wide variety of skills not covered by the courses required for registration. We should be able to start IVs, safely prescribe medications within our scope, and conduct normal births, for example. I would like to better understand why this skill specifically is being highlighted as a requirement. I would hope that "satisfactory evidence of competency" would also be clearly defined.
64. I agree
65. I disagree with this being mandatory.  
This is part of understanding that a midwife should have knowledge about and keep her/himself updated as necessary.
66. The program has changed three times since I registered. Recertifying should be required every 2-5 years
67. I agree and it should be a regular requirement on renewal every 2-3 years.
68. Should be required for certification and recertification.
69. I agree with FHS being a required competency at initial registration and I would recommend that it become an ongoing competency with regularly recertification required (such as every 2 years, like emergency skills).



- 70. I am in support of the recommendation of adding the new registration requirement to show competency in fetal health surveillance
  - 71. I agree.
  - 72. This should absolutely be required.
  - 73. If this is going to be added, it should be required to re-certify every few years. Just doing one course for initial registration isn't going to ensure competency...needs to be ongoing and updated every so often.
  - 74. Should require ongoing recertification
  - 75. I agree this need to be added as part of competency requirement
  - 76. I am in support of adding the new registration requirement to show competency in fetal health surveillance
-

## SCHEDULE 1

### Process for Election of Officers

The elections will be supervised by the Registrar. The Registrar may be assisted by scrutineers.

A member of Council is eligible for election to the Executive Committee if, on the date of the election, the member has served, wherever possible, at least twelve (12) months on Council.

The term of office of a member of the Executive Committee shall commence on the day of the first meeting of the Executive Committee after the election and shall continue for approximately one (1) year, until the term of office of the subsequently elected Executive Committee commences or until they resign or are removed from their office or from Council, or until such other time designated by Council, whichever occurs first.

At least forty-five (45) days before the date of the election, the Registrar shall notify every member of Council of the date of the election and of the procedure, criteria and deadline for Council members to submit, in writing, their candidacy for a position as a member of the Executive Committee and any personal statement that the member wishes to be circulated to the Council in support of their candidacy.

Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, the Registrar shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the Chair, Vice-Chair (Professional), Vice-Chair (Public) and Executive Committee member(s) to indicate so, in writing, to the Registrar.

A Council member's written intent must be returned to the Registrar no later than 11:59 p.m. on the day one week before the meeting of Council when the election of officers shall take place. The Registrar may, at any time, inform a Council member about any other Council member's written intent that has been submitted before the deadline. At least five (5) days prior to the meeting of Council when the election of officers shall take place, the Registrar shall circulate to the Council a list of the eligible candidates for election to the offices of the Chair, Vice-Chair (Professional), Vice-Chair (Public) and Executive Committee members.

A Council member may withdraw as a candidate at any time before the election.

At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of Chair.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded



and reported by the Registrar. Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

Where no candidate is nominated for a position or, in the case of Executive Committee members at large, where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.

In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.

The results of each election will be tabulated and reported by the Registrar, with the number of votes accorded to each candidate to remain confidential.

Once the Chair is elected, the Vice-Chair (Professional), shall be nominated and elected in a similar manner. Once the Vice-Chair (Professional) has been elected, the Vice-Chair (Public) shall be nominated and elected. The remaining Executive Committee positions shall be filled in a similar manner.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots.





## 2023-2024 Slate of Council Members

### **Elected Professional Members**

- Claire Ramlogan-Salanga, RM
- Edan Thomas, RM
- Isabelle Milot, RM
- Alexia Singh, RM
- Hardeep Fervaha, RM
- Jyothy Nair, RM
- Maryam Rahimi-Chatrri, RM
- Vacancy

### **Appointed Public Members**

- Marianna Kaminska
- Judith Murray
- Donald Strickland
- Jacqueline Morrison
- Tina Walia-Rao

### Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

KAREN MCKENZIE

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

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

☐ DO have a conflict of interest (please explain)

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KAREN MCKENZIE

Name (please print)

K McKenzie

Signature

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)

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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 Fenchha

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

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

☐ DO have a conflict of interest (please explain)

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Hardeep Fenchha  
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)

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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)

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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)

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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,

JACQUELINE MORRISON

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

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

☐ DO have a conflict of interest (please explain)

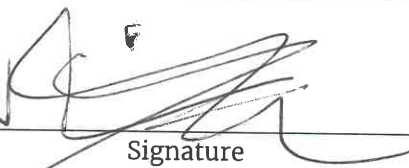
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JACQUELINE MORRISON  SEPTEMBER 28, 2022  
Name (please print) Signature Date

\*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)

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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,

Judith Murray

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

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

☐ DO have a conflict of interest (please explain)

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Judith Murray

Name (please print)

J Murray

Signature

20-11-20

Date

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

### Disclosure of Conflict of Interest

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

To the best of my knowledge, I,

Isabelle Milot

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

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

☐ DO have a conflict of interest (please explain)

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<u>ISABELLE Milot</u>	<u>[Signature]</u>	<u>Sept 30/21</u>
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,

TINA WALIA-RAO

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

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

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

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TINA WALIA-RAO  
Name (please print)

  
Signature

JULY 21<sup>ST</sup>, 2023  
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)

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\_\_\_\_\_

Edan Thomas  
Name (please print)

  
Signature

October 8, 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.