

Council Meeting March 27, 2024



NOTICE OF MEETING OF COUNCIL

AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, March 27, 2024 from 11:00 AM to 5:00 PM by videoconference.

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

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 11 h 00 à 5 h 00, le 27 mars, 2023.

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

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Kelly Dobbin, Registrar & CEO/ Registrateure et PDG



CMO Council Meetings – Guidelines for Observers

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

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

Strategic Framework



The 2021–2026 Strategic Framework is a highlevel 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

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

Our Vision

A leader in regulatory excellence, inspiring trust and confidence

Our Mission

Regulating midwifery in the public interest

Our Guiding Principles

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



Accountability

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



Equity

We identify, remove and prevent systemic inequities.



Transparency

We act openly and honestly to enhance accountability.



Integrity

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



Proportionality

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



Innovation

We translate opportunity into tangible benefits for the organization.

COUNCIL AGENDA

Wednesday, March 27, 2024 | 11:00 am to 5:00 pm via Zoom videoconference

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome & Land Acknowledgement	C. Ramlogan- Salanga	11:00	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan- Salanga	11:05		-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan- Salanga	11:07	MOTION	3.0 Agenda	5
4.	Consent Agenda - Draft Minutes of December 6, 2023 Council Meeting Q3 reports of: - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee	C. Ramlogan- Salanga	11:10	MOTION	 4.0 Draft Minutes of December 6, 2023 4.1 ICRC report 4.2 RC report 4.3 QAC report 4.4 DC report 4.5 FTP report 4.6 CRC report 	7
5.	IN CAMERA		11:15	MOTION	-	-
		LUNCH 12:15				
6.	Chair Report	C. Ramlogan- Salanga	1:00	APPROVAL	6.0 Chair report	32
7.	Registrar's Report	K. Dobbin	1:10	APPROVAL	 7.0 Registrar's report 7.1 TPA Termination 7.2 2024 Operational Plan 7.3 OFC Risk Letter 7.4 Coalition Letter 7.5 Response to Coalition 	34

Discussi	on Topic	Presenter	Time	Action	Materials	Pg
Executive Commit	tee Report	C. Ramlogan- Salanga	1:40	APPROVAL	 8.0 EC report 8.1 Q3 SOP 8.2 Audit Plan and Engagement Letter 8.3 CEO Performance Review 	62
I. II.	Draft 2024-2025 Budget Internally Restricted and Unrestricted Net Asset Policy	L. Docherty	2:00	APPROVAL	 8.4 Briefing Note Budget 8.5 Draft 2024-25 Budget 8.6 Briefing Note Net Asset Policy 8.7 Revised Net Asset Policy 	115
		BREAK 3:00				
.	General By-law	N. Gale	3:15	APPROVAL	8.8 Briefing Note General Bylaw 8.9 Revised General By- law	140
IV.	Fees and Remuneration By-law	L. Docherty	4:00	APPROVAL	 8.10 Briefing Note Fees Bylaw 8.11 Revised Fees and Remuneration By-law 	
Degistration Comp	nittoo	M Dabinai	414 5			
Registration Comr		Chatri	4:15			
I.	Equivalent Qualifications Policy	N. Tran		APPROVAL	9.0 Briefing Note 9.1 CAMEd Accreditation Standards	228
		NL Quite				
Housekeeping		N. Gale	4:45		-	-
Adjournment		C. Ramlogan- Salanga	5:00	MOTION	-	-
Next Meetings:				INFORMATION		
October 1–2, 2024 December 10–11,	4 (IN PERSON) 2024					
	Executive Commit	II. Internally Restricted and Unrestricted Net Asset Policy III. General By-law IV. Fees and Remuneration By-law Registration Committee I I. Equivalent Qualifications Policy Housekeeping Adjournment	Executive Committee Report C. Ramlogan-Salanga I. Draft 2024-2025 Budget II. Internally Restricted and Unrestricted Net Asset Policy III. General By-law IV. Fees and Remuneration N. Gale IV. Fees and Registration Committee M. Rahimi-Chatri I. Equivalent Qualifications N. Tran Housekeeping N. Gale Adjournment C. Ramlogan-Salanga Next Meetings: June 25-26, 2024 June 25-26, 2024 October 1-2, 2024 (IN PERSON) December 10-11, 2024 Salanga	Executive Committee ReportC. Ramlogan-Salanga1:40I.Draft 2024-2025 BudgetL. Docherty2:00II.Internally Restricted and Unrestricted Net Asset PolicyL. Docherty2:00III.General By-lawN. Gale3:15IV.Fees and Remuneration By-lawL. Docherty4:00IV.Fees and Remuneration By-lawL. Docherty4:00IV.Fees and Remuneration By-lawN. Gale4:15IV.Fees and Remuneration By-lawN. Tran4:15IV.Equivalent Qualifications PolicyN. Tran4:15IV.Equivalent Qualifications PolicyN. Gale4:45IV.M. Gale14:1514:15IV.Fees and Remuneration By-lawN. Tran14:15IV.Fees and Remuneration By-lawN. Tran14:15IV.Fees and Remuneration By-lawN. Gale4:45IV.Fees and Remuneration By-lawN. Tran14:15IV.Fees and Remuneration Remuneration By-lawN. Gale4:45IV.Fees and Remuneration Remuneration Remuneration Remuneration By-lawN. Gale4:15IV.Fees and Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration Remuneration14:15IV.Fees and Remuneration Remuneration Remuneration	Executive Committee Report C. Ramlogan-Salanga 1:40 APPROVAL I. Draft 2024-2025 Budget L. Docherty 2:00 APPROVAL II. Internally Restricted and Unrestricted Net Asset Policy L. Docherty 2:00 APPROVAL BREAK 3:00 III. General By-law N. Gale 3:15 APPROVAL IV. Fees and Remuneration By-law L. Docherty 4:00 APPROVAL IV. Fees and Remuneration By-law M. Rahimi- Chatri 4:15 APPROVAL Registration Committee M. Rahimi- Qualifications Policy 4:15 APPROVAL Housekeeping N. Gale 4:45 4:45 Adjournment C. Ramlogan- Salanga 5:00 MOTION Next Meetings: INFORMATION INFORMATION June 25-26, 2024 October 1-2, 2024 (IN PERSON) December 10-11, 2024 INFORMATION INFORMATION	Executive Committee Report C. Ramlogan-Salanga 1:40 APPROVAL 8:0 EC report 1:40 APPROVAL 8:0 EC report 8:10350P 1:40 APPROVAL 8:0 EC report 1:40 Draft 2024-2025 L. Docherty 2:00 APPROVAL 8:4 Briefing Note 1:10 Internally Restricted and Unrestricted 2:00 APPROVAL 8:4 Briefing Note 1:11 General By-law N. Gale 3:15 APPROVAL 8:8 Briefing Note 1:10 General By-law N. Gale 3:15 APPROVAL 8:8 Briefing Note 1:10 Fees and L. Docherty 4:00 APPROVAL 8:8 Briefing Note 1:10 Fees and L. Docherty 4:00 APPROVAL 8:8 Briefing Note 1:10 Fees and N. Gale 3:15 APPROVAL 8:8 Briefing Note 1:10 Fees and L. Docherty 4:00 APPROVAL 8:10 Briefing Note 1:10 Ecereal By-law Briefing Note Sees Bylaw

Held on December 6, 2023 9:30 am to 1:30 pm Zoom Videoconference

Chair:	Claire Ramlogan-Salanga
Present:	Alexia Singh, RM; Don Strickland; Edan Thomas, RM; Isabelle Milot, RM; Hardeep Fervaha, RM; Judith Murray; Jyothy Nair, RM; Marianna Kaminska; Maryam Rahimi- Chatri, RM; Naa Yoyo Nartey-Khama, RM; Tina Walia-Rao
Regrets:	Jacqueline Morrison
Staff:	Kelly Dobbin, Lieran Docherty; Megan McCarrell; Michele Pieragostini; Nadja Gale; Nancy Tran; Victoria Marshall; Abinaya Kalanandan
Observers:	Deborah Bonser (AOM); RM; Vivian Pang (MOH)
Recorder	Zahra Grant

1. Call to Order, Welcome and Land Acknowlegement

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:30 am and welcomed all present and provided a land acknowledgement.

2. Declaration of Conflict of Interests

No conflicts of interest were declared.

3. Proposed Agenda

Motion:	THAT the proposed agenda be approved as presented.
Moved:	Jyothy Nair
Seconded:	Don Strickland
CARRIED	

4. Consent Agenda

MOTION: THAT the consent agenda consisting of:

- Draft Minutes of October 12, 2023 Council Meeting, and Q2 Reports of:
 - o Inquiries, Complaints and Reports Committee
 - Registration Committee
 - Quality Assurance Committee
 - Discipline Committee

• Fitness to Practise Committee

• Client Relations Committee

Be approved as presented.

Moved:	Alexia Singh
Seconded:	Hardeep Fervaha
CARRIED	_

5. IN CAMERA

Pursuant to the Health Professions Procedural Code of the *Regulated Health Professions Act*, 1991, section 7(2)(b)

MOTION:	BE it resolved that Council move in-camera at 9:42 am.
Moved:	Tina Walia-Rao
Seconded:	Isabelle Milot
MOTION: Moved: Seconded: CARRIED	BE it resolved that Council move out of in-camera at 10:11 am. Jyothy Nair Don Strickland

6. Chair Report

Claire Ramlogan-Salanga, Chair, introduced her report as provided in the December 6th, 2023, Council meeting materials and summarized highlights related to her attendance at the 2023 Canadian Network of Agencies of Regulation (CNAR) conference in Vancouver and the Canadian Midwifery Regulators Council (CMRC) annual board meeting. In addition, the report provides a summary of recent Council trainings, evaluation, quality improvement, and stakeholder engagement. Council approved the Chair report as presented.

MOTION: THAT the Chair's Report to Council be approved as presented.

Moved: Jyothy Nair Seconded: Tina Walia-Rao CARRIED

7. Registrar's Report

Kelly Dobbin, Registrar & CEO, introduced the Registrar's Report as included in the December 6th, 2023, Council meeting materials and provided an update related to the College's work on the draft proposed Designated Drugs and Substances Regulation. She also highlighted the launch of the College's Equity, Diversity, and Inclusion (EDI) webpage, which includes the College's EDI framework, initiatives, a glossary, and some helpful resources. Following a brief discussion, the Council approved the Registrar's Report as presented.

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

Moved: Jyothy Nair Seconded: Tina Walia-Rao CARRIED

8. Executive Committee Report

The Executive Committee Report for December 2023 was included in the meeting materials. The report provides a summary of meetings held since the last Council meeting, items reviewed, and any decisions made by the Executive Committee, including the Quarter 2 Statement of Operations and an update on revisions to the Assessment of the External Auditor Tool. The following motions were presented.

MOTIONS: I. THAT the Executive Committee Report be approved as presented.

II. THAT the proposed committee composition for 2023–2024 be approved as recommended, including the appointment of the following individuals as non-Council committee appointees:

Professional: Sabrina Blaise Emily Gaudreau Jessica Raison Lilly Martin Karen McKenzie Maureen Silverman

Public: Samantha Heiydt Nadine Robertson Anna Boudria Jennifer Lemon Richard Yampolsky Rebecca Forte

And that Sarah Kirkland (professional) and Jillian Evans (public) remain as non-Council committee members on the ICRC to complete any outstanding panel work.

III. THAT Council approve the year end Council evaluation report and identified areas for continuous improvement for ongoing work and, that Council approves the recommended changes to the Council and committee annual evaluation process.

Moved: Seconded: CARRIED Marianna Kaminska Hardeep Fervaha 9. Equity, Diversity and Inclusion Report

Zahra Grant, Governance Officer, provided an overview of the Equity, Diversity and Inclusion (EDI) Update report that was included in the Council meeting materials circulated in advance of the meeting. The briefing note provided an overview of the College's work in our commitment to EDI, what has been achieved, what is ongoing and a vision for the future. Staff explained that this work is guided by our strategic framework, governance policies and organizational culture statements.

Staff introduced Council to the College's new EDI Framework that will guide and ground our work in four specific areas of focus: Governance, Organizational, Strategic Relations and Regulatory Objectives, which includes priorities and desired outcomes. The Framework has been established to provide a foundation for our EDI work within the context of being a health regulatory College with a specific mandate and obligations, while helping to keep us focused on broader equity priorities and initiatives, areas that have long been identified as a priority of the Council.

In addition, results of the College's implementation of the Health Profession Regulators of Ontario's (HPRO) EDI Organization Self-Assessment tool were provided in the meeting materials and an overview was provided by staff at the meeting. Initiatives and activities are organized by domains in the self-assessment and aligned with the College's EDI framework.

This report was provided for information purposes and there were no motions associated with this item.

10. Quality Assurance Committee

I. Waiver Policy – Standards

The Standards' Waiver Policy exists to provide registrants with the means to request a waiver from College Standards of Practice. At the November 7th Quality Assurance Committee (QAC) Meeting, the Committee decided to renew the Standards' Waiver Policy with minor revisions. A briefing note explaining the key considerations and public interest rationale related to the proposed revisions was included in the Council meeting materials, as was the updated policy with tracked changes. The following motion was presented.

MOTION: THAT Council approve the revised Waiver Policy – Standards.

Moved: Marianna Kaminska Seconded: Judith Murray CARRIED

II. Vaginal Birth After Caesarean Section and Choice of Birthplace Position Statement

College of Midwives of Ontario Minutes of Council Meeting Held on December 6, 2023 The 2018 Vaginal Birth After Caesarean Section and Choice of Birthplace Position Statement was due for review. Following discussion at its November 7th meeting, the QAC recommended to Council that the position statement be rescinded. The key considerations and public interest rationale for this recommendation were outlined in briefing note included in the Council meeting materials. The following motion was presented.

MOTION: THAT Council rescind the Vaginal Birth After Caesarean Section and Choice of Birthplace Position Statement.

Moved: Hardeep Fervaha Seconded: Isabelle Milot CARRIED

III. Course on Administering Controlled Substances for Midwives

In August 2023, the College made its most recent submission to the Ministry proposing changes to the Designated Drugs Regulation. Since then, the College has been working on the necessary materials and processes to be able to effectively implement the regulation when it is approved and comes into force (expected but not confirmed for early 2024). To that end, College staff have been working with the QAC to develop a course for midwives to meet the requirements of the proposed regulation related to administering controlled substances. A briefing note and course outline were included in the Council meeting materials with key considerations and public interest rationale. The following motion was presented.

MOTION: THAT Council approve the proposed Administering Controlled Substances for Midwives course for the purpose of fulfilling the requirements of section 5(b) of the proposed Designated Drugs and Substances Regulation under the *Midwifery Act*, 1991.

Moved: Marianna Kmainska Seconded: Judith Murray CARRIED

11. Slate of Council

The proposed 2023-24 Slate of Council was included with the December 6, 2023, Council meeting materials. The following motion was presented.

MOTION: THAT the following slate be approved as representative of the College of Midwives of Ontario's Council:

Professional Elected Members: Claire Ramlogan-Salanga; Edan Thomas; Isabelle Milot; Alexia Singh; Jyothy Nair; Maryam Rahimi-Chatri, Hardeep Fervaha; Naa Yoyo Nartey-Khama **Appointed Public Members:** Marianna Kaminska; Judith Murray; Donald Strickland; Jacqueline Morrison; Tina Walia-Rao

Moved: Claire Ramlogan-Salanga Seconded: Marianna Kaminska CARRIED

12. ADJOURNEMENT

MOTION:THAT the meeting be adjourned at 12:49 pm.Moved:Don StricklandSeconded:Jyothy NairCARRIED

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

REPORT TO COUNCIL – Quarter 3

General	
Committee Members	
Chair	Samantha Heiydt
Professional	Hardeep Fervaha, RM; Karen McKenzie, RM (until December 6, 2023); Edan Thomas, RM
Public Council	Marianna Kaminska, Judith Murray (until December 6, 2023), Tina Walia-Rao (as of December 6, 2023), Jennifer Lemon (as of December 6, 2023)
Non-Council	Jillian Evans (until December 30, 2023); Emily Gaudreau, RM; Samantha Heiydt; Sarah Kirkland, RM (until January 30, 2023); Nadine Robertson; Maureen Silverman, RM, Karen McKenzie, RM (as of December 6, 2023)

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	5	6	7	-	18
Number of Committee Meetings Held	0	0	0	_	0
Number of Trainings	0	0	0	_	0

Notes:

Q1: Five panel meetings were held by videoconference regarding nine COINs

Q2: Four panel meetings were held by videoconference regarding eleven COINs, one panel meeting was held by email, and one oral caution was issued.

Q3: Seven panel meetings were held by videoconference regarding fourteen COINs

Caseload Work of the ICRC

Cuscioud work of t													
			Com	plaints		Reports							
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			
Files Carried Over from previous reporting period	25	24	24		N/A	0	0	1		N/A			
New files	9	8	6		23	0	1	0		1			

Closed files	10	8	14	32	0	0	0	0
Active files at end of reporting period	24	24	16	N/A	0	1	1	N/A

Notes:

Q1: Nine new complaint files were a result of receiving seven complaints. Two complaints involved more than one midwife. Q2: Eight new complaint files were a result of receiving eight complaints. Q3: Six new complaint files were a result of receiving four complaints.

Source of New Matters

		С	ompla	aints		Reports				
Source of New Matters	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	7	6	6		19	0	0	0		0
Family Member	1	1	0		2	0	0	0		0
Health Care Provider	0	1	0		1	0	0	0		0
Information rec'd	0	0	0		0	0	1	0		1
Another Midwife	1	0	0		1	0	0	0		0

Outcomes/Completed Cases

Number of Resolved			Compla	aints		Reports				
Cases and Outcomes	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
ADR Resolution	4	0	1		5			Ν	/A	
Complaints Withdrawn	0	0	0		0			Ν	/A	
Frivolous and Vexatious	0	0	1		1			Ν	/A	
No Action	5	11	3		19	0	0	0		0
Advice & Recommendations	0	2	8		10	0	0	0		0
Specified Continuing Education or Remediation Program (SCERP)	0	0	0		0	0	0	0		0
Oral Caution	0	0	0		0	0	0	0		0
SCERP AND Oral Caution	1	0	0		1	0	0	0		0
Referral to Discipline Committee	0	0	0		0	0	0	0		0
Referral to Fitness to Practise Committee	0	0	0		0	0	0	0		0

Acknowledgement & Undertaking	0	0	1	1	0	0	0	0
Undertaking to Restrict Practise	0	0	0	0	0	0	0	0
Undertaking to Resign and Never Reapply	0	0	0	0	0	0	0	0

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

Themes of New Matters

		С	Compl	aints				Repor	ts	
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	0	0	0		0	0	0	0		0
Billing and fees	0	0	0		0	0	0	0		0
Communication	4	1	2		7	0	0	0		0
Competence / Patient Care	7	6	2		15	1	0	0		1
Fraud	0	0	0		0	0	0	0		0
Professional Conduct & Behaviour	3	2	3		8	1	0	0		1
Record Keeping	0	0	0		0	0	0	0		0
Sexual abuse /Harassment / Boundary Violations	0	0	0		0	0	0	0		0
Unauthorized Practice	0	0	0		0	0	0	0		0

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 to reflect any changes to CPMF reporting requirements and/or categories the College wishes to track.

Some complaints involve more than one theme.

		С	ompla	aints		Reports					
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	
Competence / Patient Care	1	0	1		2	0	0	0		0	
Communication	1	2	4		7	0	0	0		0	
Conduct/Ethical Behaviour	1	0	1		2	0	0	0		0	
Record Keeping	0	2	2		4	0	0	0		0	
Boundary Violation	0	0	1		1	0	0	0		0	

Themes of Completed Matters where action was taken by the ICRC

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, oral caution, or an undertaking. 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 which may change 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		Co	omplai	nts				Repo	orts	
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed by ADR <60 days	4	0	0		4	0	0	0		0
Number of files closed by ADR between 60 & 120 days	0	0	1		1	0	0	0		0
Number of files closed <150 days	3	1	2		6	0	0	0		0
Number of files closed between 150 days and 210 days	1	7	5		13	0	0	0		0
Number of files closed >210 days	2	0	6		8	0	0	0		0
Average: (reported in number of days)	207	169	191		189	0	0	0		0
Median: (reported in number of days)	155	204	212		204	0	0	0		0
Average: for ADR cases (reported in number of days)	75	n/a	102							

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	2	4		11
New files referred to ADR	3	2	1		6
Files closed with Resolution Agreement	4	0	0		4
Files returned to ICRC due to timeframe	0	0	0		0
Files returned to ICRC due to unsuccessful mediation	0	1	1		2
Files returned to ICRC - Registrar did not ratify the agreement	0	0	0		0

Appeals					
Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	4	6	3		_
New HPARB appeals	4	0	0		4
Completed HPARB appeals - Confirmed	1	3	0		4
Open HPARB appeals (at end of reporting period)	6	3	3		-

Notes:

All appeals received are by Complainants.

- Q1 Lance v Pelletier CanLII 55218 (ON HPARB) Q2 HG v Bulstrode CanLII 85941 (ON HPARB)
- Q2 <u>H.G. v Rostam CanLII 85939 (ON HPARB)</u>
- Q2 H.G. v Murray CanLII 85952 (ON HPARB)

Respectfully Submitted,

Samantha Heiydt, Chair

REGISTRATION COMMITTEE

REPORT TO COUNCIL – Quarter 3

General	
Committee Memb	bers
Chair	Isabelle Milot, RM (up to December 5, 2023), Maryam Rahimi- Chatri, RM, Council (as of December 6, 2023)
Co-Chair	Isabelle Milot, RM (as of December 6, 2023)
Professional	Jyothy Nair, RM (as of December 6, 2023)
Public	Jacqueline Morrison, Donald Strickland (as of December 6, 2023)
Non-Council	Anna Boudria, Samantha Heiydt, Jessica Raison, RM, Karen McKenzie, RM (as of December 6, 2023), Nadine Robertson (up to December 5, 2023), Richard Yampolsky as of December 6, 2023)

Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	5	3	3	-	11
Number of Committee Meetings Held	2	1*	1	-	4*
Number of Trainings	0	0	0	-	0

*Registration Committee meeting held electronically.

RATIFICATION OF MOTION

Following Council's directive to carry out a second public consultation to include fetal health surveillance as a registration requirement in the proposed Registration Regulation, the Registration Committee reviewed the feedback received. A motion was subsequently approved electronically on September 8, 2023, to present these results to Council and request that the package submitted to the Ministry of Health be amended with this new information. Consequently, this decision was ratified at the Registration Committee Meeting of November 2nd, 2023.

REGISTRATION POLICY FOR ORIENTATION AND ASSESSMENT PROGRAM CANDIDATES

The Registration Committee approved a policy to assess the clinical experience of internationally educated applicants who recently completed the Orientation and Assessment Pilot Program and are seeking registration with the College. The Committee considered a number of factors including compliance with the legislation, principles of fairness and equity, protection of the public, and reputational risk for the College. After

making a slight revision, the Policy was approved as amended by the Registration Committee.

REQUALIFICATION PROGRAM POLICY

The Registration Committee reviewed a 2021 policy related to approving requalification programs for registrants seeking class changes from inactive to general with the College. The focus of the revised policy looked at streamlining the class change process for registrants who fall under the "no" to "low risk" categories due to a minimal shortfall in birth numbers. The Registration Committee had previously approved a similar policy for registrants who were unable to meet their active practice requirements. Since both policies have a similar focus in that they are intended to streamline the process for those who have a shortfall in clinical experience, the Registration Committee agreed that both policies should be aligned. The Registration Committee also agreed that all requalification programs will only be determined on a case-by-case basis by the Registration Committee. In shaping the proposed policy, the Registration Committee made revisions and approved the policy electronically.

COMPETENCY-BASED ASSESSMENT PROJECT

The Director of Registration provided a status update of the competency-based assessment project. With the draft assessment tool now in place, the next phase involves piloting the tool to gather feedback to refine the tools and process.

Midwives by class		#	<i>‡</i>		%
of registration	Q1 (1090)	Q2 (1104)	Q3 (1093)	Q4 (-)	Total
General	757	774	774	-	71
General with new registrant conditions	86	77	74	-	7
Supervised practice	2	0	2	-	0
Inactive	245	253	243	-	22
Transitional	0	0	0	-	0

Registrant changes and statistics follow:

New midwives by class of registration			%			
	Q1 (34)	Q2 (26)	Q3 (5)	Q4 (-)	Total (65)	Total
General	0	1	0	-	1	1.5
General with new registrant conditions	29	21	3	_	53	81.5

Supervised practice	0	1		1	-		2			3
Inactive	0	3		1	-		4			6
Transitional	5	0		0	-		5			8
	1							I		
				:	#					%
New midwives by route of entry		Q1 (34)	Q2 (26)	Q3 (5)	Q (-	-	Tot (65			Total
Laurentian University graduates		0	0	1	-	-	1			1.5
McMaster University graduates		20	8	0	-	-	28	3		43
Toronto Metropolitan University graduates		14	14	1	-	-	29)		45
Out of province certifica holders (midwife applica from other Canadian regulated midwifery jurisdictions		0	4	1	-	-	5			7.5
Orientation and Assessr Program (OAP) graduate		0	0	2	-	-	2			3
Former registrants		0	0	0	-		0			0
Panel Referrals			Q1		Q2	C	y 3	(Q4	Total
Total Number of referra of the Registration Com		anel	8		8		13		-	29
Files Reviewed at Panel	by Cate	egory	Q1 (1	3) (2 (8)	Q	3 (7)	Q	4 (-)	Total (28)
Application for registrat	ion1		0		0		1		-	1
Class change – Inactive	to Gene	eral ²	9		7		6		-	22
Active practice requirements shortfall ³			3		0		0		-	3
Re-issuance of a Superv certificate of registration	1 ⁴	actice	0		0		0		-	0
Reinstatement within or following revocation ⁵	-		0		0		0		-	0
Variation of terms, cond limitations ⁶	litions ar	nd	1		0		0		-	1

Other ⁷	0	1	0	-	1
Panel Outc	omes by	Category	/		
Panel Outcomes by Application for Registration ¹	Q1 (0)	Q2 (0)	Q3 (1)	Q4 (-)	Total (1)
Application approved – Registrar directed to issue certificate of registration	0	0	1	-	1
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	0	-	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	0	0	-	0
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	ο	-	0
Application not approved – Registrar directed to refuse to issue certificate	0	0	0	-	0
Panel Outcomes by Class change – Inactive to General ²	Q1 (6)	Q2 (7)	Q3 (7)	Q4 (-)	Total (20)
Requalification program approved – General certificate to be re-issued	3	5	1	-	9
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	3	1	6	-	10
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	1	0	-	1
Panel Outcomes by Active Practice Requirements Shortfall ³	Q1 (1)	Q2 (0)	Q3 (0)	Q4 (-)	Total (1)
Exception granted – extenuating circumstances demonstrated	0	0	0	-	0

Shortfall plan required	0	0	0	-	0
Shortfall plan and undertaking imposing terms, conditions and limitations	1	0	0	-	1
Panel Outcomes by Re-issuance of a Supervised Practice certificate of registration ⁴	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (-)	Total (0)
Re-issuance approved – supervised practice extended	0	0	0	-	0
Re-issuance not approved	0	0	0	-	0
Panel Outcomes by Reinstatement within one year following revocation ⁵	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (-)	Total (0)
Requalification program approved – no supervised practice required	0	0	0	-	0
Requalification program approved – supervised practice required	0	0	0	-	0
Panel Outcomes by Variation of terms, conditions and limitations ⁶	Q1 (1)	Q2 (0)	Q3 (0)	Q4 (-)	Total (1)
Application refused	0	0	0	-	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	0	-	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	1	ο	0	-	1
Panel Outcomes: Other ⁷	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (-)	Total (1)
Request approved	0	1	0	-	1
Timelines: from referral to a panel, to a written decision	Q1 (8)	Q2 (8)	Q3 (8)	Q4 (-)	Total (24)
Files closed within 30 days	2	4	6	-	12
Files closed within 60 days	3	4	2	-	9
Files closed beyond 60 days	3	0	0	-	3
Median: (reported in number of days)	42	23	19	-	23

Average: (reported	in number	of days)	4	8	30	2	21	-		33
Registration Decis appealed to the H Professions Appea Review Board (HP	ealth al and	Q1 ((5)	(Q2 (O)		Q3 (0)			Q4 (-)
Open HPARB appe quarter end	eals as of	0			0	0			-	
New HPARB appe	als	0			0		0		-	
Completed HPARE appeals		0			0		0		-	
Open HPARB appe quarter end	eals at	0			0		0			-
Of those appeals completed, the nu registration decision appeals that:		Q1 (r	n∕a)	C)2 (n/a)		Q3 (n.	/a)		Q4 (-)
Confirmed the dec	cision	n/	a		n/a		n/a	à		-
Required the Collection issue a certificate of registration to the upon successful completion of any examinations or trans Registration Comm may specify	of applicant aining the	n/	a		n/a		n/a	à		-
Required the Com issue a certificate registration to the with any terms, co and limitations the considers appropr	of applicant, nditions HPARB iate	n/	a		n/a		n/a	à		-
Were referred bac further considerati		n/	a		n/a	n/a		à		-
Attrition ⁸	#		%	/)						
Q1	6		1							
Q2	12		1							
Q3	17		2							
Q4	-		-							

Respectfully Submitted,

Maryam Rahimi-Chatri, 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. Under section 8(1.1.) of the Registration Regulation (Ontario Regulation 168/11), a panel of the Registration Committee must first specify the education or training an applicant must complete before attempting the qualifying examination

(CMRE) for a fourth time. In this particular case, the individual was already registered with the College but sought request from the panel to approve an educational/training plan because they were required to successfully complete the CMRE due to an undertaking.

8. 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 3

General						
Committee Memb	pers					
Chair Professional	Lilly Martin, RM (Non-C Alexia Singh, RM; Kriste	•	on, RM (u	ntil Decer	nber 6); N	laa Yoyo
	Nartey-Khama, RM (as	of Decemb	per 6)			
Public Council	Donald Strickland (unti December 6); Tina Wal				inska (unt	il
Non-Council Activities of the Co	Sabrina Blaise, RM; Richard of December 6) ommittee	Yampolsky	r (as of De	cember 6); Jennifei	Lemon (as
		Q1	Q2	Q3	Q4	Total
Number of Pane	l Meetings Held	0	0	0	-	0
Number of Comr	nittee Meetings Held	0	1	1	-	2
Number of Train	ings	0	0	0	-	0

Items

Designated Drugs Regulation Course

The Committee reviewed the briefing note and the course outline for the Controlled Drugs and Substances Course developed by the College. There were questions about the course not providing clinical training and not containing a formative assessment. However, it was reminded that midwives already have the required knowledge, skills, and judgment to safely administer drugs and substances.

The Committee decided to approve and bring the proposed course outline developed by the College on administering controlled substances for midwives to the Council in December for approval.

VBAC and Choice of Birthplace Position Statement

The Director of Professional Practice and Policy submitted a briefing note explaining the position statement and provided a rationale for why it had been in place. It was recommended that the VBAC and Choice of Birthplace Position Statement be retired, as the Professional Standards for Midwives provided enough information and guidance to reflect the position statement's goals.

Committee members voted to recommend retiring the 2018 VBAC position statement, with the caveat that targeted and clear communication be provided directly to the membership, and to the public on the College website.

Waiver Standards Policy

The Director of Professional Practice and Policy submitted a briefing note explaining the policy and provided a rationale for why it was historically in place. Additional information was provided regarding keeping the standard due to proactive risk prevention/management as the standard, while not used much now, could be necessary in other unknown circumstances (and did not impact midwives or the public significantly at this time).

Committee agreed to renew the Waiver Standards policy without further issue.

Peer and Practice Assessment Results

The committee approved the results of the 2023 Peer and Practice Assessments.

Attachments;

None

Respectfully Submitted,

Lilly Martin, Chair

DISCIPLINE COMMITTEE

REPORT TO COUNCIL – Quarter 3

General	
Committee Membe	ers
Chair	Judith Murray
Professional	Robyn Berman, RM (until August 21, 2023); Hardeep Fervaha, RM; Karen McKenzie, RM (until December 6, 2023); Isabelle Milot, RM; Jyothy Nair, RM; Alexia Singh, RM; Edan Thomas, RM, Maryam Rahimi-Chatri (on December 6, 2023), Naa Yoyo Narley- Khama (on December 6, 2023)
Public Council	Marianna Kaminska, Jacqueline Morrison, Oliver Okafor (until December 6, 2023), Donald Strickland, Tina Walia-Rao (on December 6, 2023)
Non-Council	Anna Boudria, Lilly Martin, RM, Jessica Raison, RM (as at December 6, 2023), Rebecca Forte (as at December 6, 2023)
Activities of the Co	mmittee

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

Items

The Committee did not conduct any business this quarter.

Respectfully Submitted,

Judith Murray, Chair

FITNESS TO PRACTISE COMMITTEE

REPORT TO COUNCIL – Quarter 3

General	
Committee Member	S
Chair	Judith Murray
Professional	Robyn Berman, RM (Until August 21, 2023); Hardeep Fervaha, RM; Karen McKenzie, RM; Isabelle Milot, RM; Jyothy Nair, RM; Alexia Singh, RM; Edan Thomas, RM, Maryam Rahimi-Chatri (on December 6, 2023), Naa Yoyo Narley-Khama (on December 6, 2023)
Public Council	Marianna Kaminska, Jacqueline Morrison, Oliver Okafor (until December 6, 2023), Donald Strickland, Tina Walia-Rao (on December 6, 2023)
Non-Council	Anna Boudria, Lilly Martin, RM, Jessica Raison, RM (as at December 6, 2023), Rebecca Forte (as at December 6, 2023)

Activities of the Committee

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

Items

The Committee did not conduct any business this quarter.

Respectfully Submitted,

Judith Murray, Chair

CLIENT RELATIONS COMMITTEE

REPORT TO COUNCIL – Quarter 3

General						
Committee Membe	ers					
Chair Professional	Donald Strickland Jyothy Nair, RM (until Decer December 6, 2023; Naa Yoy 2023)					
Public Council Non-Council	Judith Murray (until Decem Emily Gaudreau, RM (until E (as of December 6, 2023)			3); Rebe	cca Fort	e
A othuition of the C						
Activities of the C	Committee					
Activities of the C	Committee	Q1	Q2	Q3	Q4	Total
Number of Panel N		Q1 0	Q2 0	Q3 0	Q4 -	Total 0
Number of Panel N					Q4 - -	
	Meetings Held ittee Meetings Held	0	0	0	Q4 - -	0
Number of Panel Number of Comm	Meetings Held ittee Meetings Held	0	0	0	Q4 - -	0
Number of Panel Number of Comm Number of Comm Number of Trainin	Meetings Held ittee Meetings Held	0 0 0	0 1 0	0	Q4 - -	0

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'S REPORT

REPORT TO COUNCIL – March 11, 2024. Prepared by: Claire Ramlogan-Salanga RM

1. General Highlights

We are quickly approaching the end of another fiscal year and I am pleased to report that the College has continued to produce quality work that collectively move us toward achieving the College's strategic priorities. Projects that are in progress include finalizing the Designated Drugs and Substances Regulation, delivering the second cohort of the Orientation & Assessment program, and implementing the Competency–Based Assessment Program. Council will continue to direct the College with its efforts in completing the remaining projects.

2. Governance

As part of our scheduled annual governance procedures, both the External Auditor Review and the annual Registrar/CEO performance review were initiated at the February Executive Committee meeting. We look forward to attending the virtual audit in May with Hilborn LLP and working with Sam Goodwin of Goodwin Consulting over the next couple of months.

In December, the Council was presented with two training sessions. The first training session was led by Lieran Docherty, Director of Operations. Lieran led Council and non-Council members in financial literacy training. A review of Council members' fiduciary duties regarding financial oversight, how to effectively review financial statements, expectations of the external audit process, and reviewing the financial controls that are in place at the College. Feedback was positive and it was suggested that this training could be used as part of Council member onboarding.

The second training session focused on bias and was led by Zahra Grant, Governance Officer. This session was a peer learning experience that defined bias, discussed its impact on decision making and introduced ways to mitigate the influence of bias while working as a Council and committee member. Once again, members provided positive feedback and welcomed the opportunity to address bias in ourselves and in the work that we do.

3. Council Governance Quality Improvement

During the past quarter, I have worked with Nadja Gale, Director of Strategy and Governance, to co-develop a 2024-2025 governance strategy incorporating board and committee assessments and evaluation, EDI initiatives, governance learning priorities, and data collection.

In my past Chair reports, I have highlighted three key areas for governance improvement and modernization as identified in the December 2023 Council survey. These areas include (1) Continuous Equity, Diversity, and Inclusion, (2) Enriching the Council's understanding of its governance role, and (3) Ongoing Reform of College Governance Policies and Processes. Moving forward, reports on the progress of governance-related work will be reported in the Executive Committee report as the Executive Committee is responsible for leading governance-related initiatives.

- 4. Stakeholder Engagement
- Ex-Officio Registration Committee Feb 5
 CMRC EDI Committee Feb 15
- 3. CNAR Workshop Prep meeting Feb 16
- 4. CMO/MOH/AOM meeting Feb 20
- 5. CNAR Panel upcoming March 20

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – March 27, 2024. Submitted by: Kelly Dobbin

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

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

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

1. Strategic Leadership and Direction Setting

Legislative and Regulatory Updates

Considerable progress has been made since our last Council meeting regarding the approval and implementation of the proposed Designated Drugs and Substances Regulation. We have worked closely with Ministry colleagues to ensure the regulation can be approved and implemented as soon as possible. A final version of the regulation has been signed by the Council Chair and the College Registrar, allowing for the government committee to meet to approve the proposed regulation. The regulation will be implemented at the time it is filed, which is now expected to be sometime in April. We have finalized our communications strategy to be launched on the day of filing. In addition, we are in the final stages of development of the Safe Prescribing and Administration of Controlled Drugs and Substances for Ontario Midwives course that was approved by Council in December 2023.

Recently, we have been contacted by our Ministry colleagues regarding proposed changes to the Professional Misconduct Regulation (O.Reg. 388/09) under the *Midwifery Act*, 1991, which was formally submitted in 2017. Work that is related to these changes is expected to take place this year.

As previously reported, on March 27, 2023, we submitted to the Ministry the list of laboratory tests, approved at the March 2023 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*. Since that time, communications with Ministry colleagues have been sporadic, however, we are still hopeful that changes will be made as soon as possible.

We have no recent updates to provide regarding proposed changes to the Registration Regulation that was submitted in May 2023.

Proposed regulations to the Integrated Community Health Services Centre Act, 2023 names Accreditation Canada as the new inspecting body for Integrated Community Health Services Centres that perform surgeries, procedures, and diagnostic imaging outside of hospitals, including the Toronto Birth Centre and the Ottawa Birth and Wellness Centre. The inspection roles of the College of Physicians and Surgeons of Ontario and the College of Midwives of Ontario will therefore be removed as of April 1, 2024. We have been working closely with our Ministry colleagues and Accreditation Canada since the fall of 2023 to ensure a comprehensive and effective handover. The two birth centres have been informed of the transition. In addition, since our facility oversight role will come to an end, the Ministry provided us with notice of termination of our funding agreement. Our 2024–2025 proposed budget reflects this change. Please see the letter from the Ministry at the end of this report.

Scope of Practice

We have met on three occasions with the Ministry and the Association of Ontario Midwives to discuss possible changes to the midwifery scope of practice. These meetings are Ministry-led and we have had the opportunity to raise the scope of practice changes that have been formally requested in previous submissions to the Ministry, as well as some additional changes that may help the government address the health human resource crisis that Ontario is facing. While these discussions are preliminary, they have been collaborative. We look forward to learning from the Ministry if there is a commitment to make changes to the *Midwifery Act* to enable scope of practice changes. Additionally, we are meeting regularly with several other Colleges and Associations of health professions with prescribing authority to develop a proposal for an improved regulatory framework for prescribing and administering drugs and substances.

The Health Profession Regulators of Ontario

The Health Profession Regulators of Ontario (HPRO) has recently started working with the government relations firm, Rubicon Strategy, to provide strategic advice related to our 2024 government relations objectives. They will help us identify collective priorities across our 26 health Colleges for HPRO to present to the government.

College Performance Measurement Framework (CPMF)

The Ministry of Health introduced the College Performance Measurement Framework (CPMF) in 2020. The CPMF was developed by the Ministry in collaboration with health regulatory colleges, members of the public and subject matter experts. The CPMF sets standards against which all Colleges are measured. The 2023 CPMF cycle ended on December 31st and our 2023 CPMF report will be submitted to the Ministry and posted to our website by March 31st, 2024. We look forward to again demonstrating compliance with the standards and reporting on our continuous improvement efforts.

As of the date of posting this report, we have not received the 2021 or the 2022 Summary Reports which provides a system-level overview of all 26 Colleges' CPMF reports. We will share those with Council when they are received.

2. Development and Achievement of Goals

Operational Plan

Each year, the Council approves an annual operational plan that outlines planned initiatives to meet the desired outcomes of the strategic plan. In February and March of this year, College staff met in person to plan out our 2024-2025 strategic and operational initiatives. Council is presented with a progress report that visually represents the work that was accomplished in 2023 and outlines our planned activities for 2024 and 2025. Please refer to the attached Operational Plan Progress Report following this report. Council will note that we continue to identify two areas that may be at risk of not being achieved, both related to the development of an online portal to provide complainants and midwives, who are subject to a complaint or investigation, access to key information about the process and the status of their specific case. We will work with our database vendor to realize this goal however, we are unsure if we will meet the timelines previously proposed.

Under Strategic Priority 1: Regulation that enables the midwifery profession to evolve, the College completed the development of an assessment tool and piloted the Competency-Based Assessment Program this past year. The Registration Committee and the Canadian Midwifery Regulators Council were provided with a summary of the activities that were undertaken, as well as the next steps to be accomplished in 2024-2025.

Under Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks, the College committed to creating data management strategies and systems including digitization of all appropriate records to ensure that data resources are easily accessible and effectively structured, assisting in the management, retention, and disposal of data assets in a sustainable manner. This past year we converted all of our paper records (which included historical registrant files, case files, and financial records) to searchable, Adobe PDF files. In doing so, we were also able to downsize our office and storage space and end our off-site storage contract, resulting in considerable cost savings that will be realized fully in the 2024-2025 fiscal year and beyond.

Under Strategic Priority 3: Building engagement and fostering trust with the public and the profession, we conducted informal surveys for midwifery students, midwives in their first three years of practice, midwifery faculty, and preceptors. We asked each group about key midwifery concepts, whether midwives were entering the profession with a solid understanding of each concept, and whether more or less time should be spent educating midwifery students on each concept. We are currently reviewing the feedback to inform our final plan for engaging students, new registrants, faculty, and preceptors about our regulatory work.

<u>Registration - Equivalent Qualifications</u>

Under the current Registration Regulation, there are three distinct pathways to registration. The first and most common pathway is to have completed an Ontario midwifery education program (MEP). Alternatively, an applicant can pursue registration if they are already registered in another Canadian jurisdiction. Lastly, applicants can be eligible to register by holding qualifications that are equivalent to an Ontario MEP.

It is worth noting that the pilot Orientation and Assessment Program (OAP) was officially recognized by the Council as falling within the category of qualifications equivalent to an Ontario

MEP. Last fall, the Registration Committee approved a policy that delineates how candidates from the OAP will fulfill the clinical experience requirement for entry-to-practise.

During their February meeting, the Registration Committee met to address a gap in the pathway for registration for individuals who have completed a Canadian MEP, outside of Ontario, who did not also hold an active registration in another Canadian jurisdiction. To address this issue, the Registration Committee is recommending a motion for the Council's approval to formalize a pathway for graduates of other Canadian MEPs (see Agenda item 9). In anticipation of the Council's decision and recognizing the potential emergence of an additional applicant group, the Registration Committee expanded their clinical experience policy to encompass any applicant who may eventually seek registration under the equivalent qualifications pathway.

Risk-informed Compliance Framework (RICF)

In November 2023, the Office of the Fairness Commissioner (OFC) launched the second iteration of its Risk-informed Compliance Framework (RICF). Under this framework, each regulated profession is assessed against <u>five risk factors</u> that may impede the regulator's ability to apply fair registration practices. The OFC then assigns a risk category to the regulator. This classification determines the degree of intervention and the compliance tools that the OFC employs to ensure that the regulator meets its legislative obligations and establishes fair and innovative registration practices.

		Risk Category	
Compliance tools	Low	Moderately Low	Moderate to High
Meeting with regulators	\checkmark	\checkmark	\checkmark
Provision of education and best practices	\checkmark	\checkmark	\checkmark
Completion and submission of Fair Registration Practices Reports		\checkmark	\checkmark
Completion of compliance action plan and other reports		\checkmark	\checkmark
Letter from Fairness Commissioner to the CEO / Registrar, Council and/or Responsible Minister			\checkmark
Publicizing non-compliance issues / opportunities for improvement in annual report or other publications			\checkmark
OFC initiated review of registration practices			\checkmark
Compliance assessment			\checkmark
Audit			\checkmark
Compliance order (for FARPACTA regulators)			\checkmark

Based on our annual Fair Registration Practices Report and our responses to the RICF questionnaire, I am pleased to announce that that we were placed in the low-risk category for the period of April 1, 2024 to March 31, 2026 (please see letter dated February 20, 2024 attached to this report).

3. Reputation and Relationship Management

The College of Midwives of Ontario is thrilled to be celebrating 30 years of midwifery regulation in Ontario. For 30 years, we have worked to ensure that midwives in Ontario are qualified, skilled, and competent to practise so that all Ontarians can be confident in the care they receive from registered midwives. We have supported midwives in providing their best care to clients, and we've been there for clients when they needed us. Throughout 2024 we have been sharing posts on our social media channels celebrating milestones of the last 30 years.

Our winter newsletter was published in December 2023 and included updates on the Designated Drugs and Substances Regulation, information about the College's Professional Development Portfolio, and highlights from previous Council meetings.

We have recently increased the number of posts we have been sharing on our social media channels to see how it affects our engagement. Engagement reports over the first months of 2024 have shown an increase in engagement in our Twitter, Facebook, and LinkedIn channels. We will continue to post at an increased frequency and monitor engagement over the coming months.

In January, the College received a letter from the Coalition of Ontario Leadership, Academic and Research Midwifery Professionals requesting the College to consider an academic (or similar) class of registration. Our response acknowledges the challenges that midwives in leadership, academia, and research positions face in maintaining their active practice requirements outlined in the current registration regulation. We shared that the proposed regulation submitted in May 2023, does not propose a new class of registration but rather addresses these challenges by proposing more flexible regulatory approaches to currency requirements while maintaining public safety. We invited the coalition members to engage with us as we establish a policy that sets out the minimum currency requirement that sufficiently protects the public and that can be reasonably achieved by midwives working in different capacities. Our response was well received. Please refer to the letters at the end of this report.

On January 29, 2024, we held two informational webinars about the College's Quality Assurance Program requirements, including the Professional Development Portfolio. In the webinars we shared FAQs, sample learning plans, case review requirements, and explained the exemption process. We also provided a recording of the webinar for midwives who were not able to attend.

The College met with the Association of Ontario Midwives (AOM) on February 6, 2024 to discuss issues of mutual interest including the changes to the Designated Drugs and Substances Regulation, the AOM's sustainability project and upcoming symposium, and the College's submitted proposal to amend the Registration Regulation.

4. Financial Accountability and Management

Statement of Operations

A Q3 Statement of Operations was approved by the Executive Committee at its last meeting and is presented under the Executive Committee's report to Council for your information. <u>2024-2025 Budget</u>

The 2024–25 proposed budget was presented to the Executive Committee in February. The budget development process was a collaborative process that involved engaging with staff to forecast anticipated revenue and expenses based on assumptions and estimates. The College is pleased to propose a balanced budget and a freeze on registrant fees as of October 1, 2024. The Executive Committee is presenting the proposed budget to Council for approval. Please refer to the briefing note and proposed 2024–2025 budget under Agenda item 8.i. in your Council materials.

In consideration of the draft 2024-25 budget, the Executive Committee also recommends revising the Internally Restricted and Unrestricted Net Asset Policy to reflect a change in best practices for the financial sustainability of not-for-profit organizations. The proposed changes and a briefing note are attached for the Council's review and approval under Agenda item 8.ii.

5. People and Organizational Leadership

<u>Recruitment</u>

We are pleased to announce that Inaara Qamber commenced her role as Coordinator, Professional Conduct on March 4, 2024. Inaara has a Bachelor of Health Studies from York University and has been working in community health services, coordinating a range of health programs for immigrants and refugees across the city of Toronto, including cancer screening and vaccine engagement.

Organizational Effectiveness Survey

The College conducted our annual Organizational Effectiveness Survey in December 2023. The survey is an opportunity to gather feedback from staff on what is working well and areas for improvement. The findings will inform organizational activities and actions throughout the year.

6. Council Governance and Engagement

Onboarding and Training

All new committee members were onboarded with information regarding the College's privacy and security policies and practices, as well as our honorarium procedures.

The newly appointed Registration Committee convened for the first time in early February, starting their meeting with a training session. Facilitated by an external legal counsel, the training emphasized procedural fairness in relation to the work of the Registration Committee panels.

The newly appointed ICRC members are actively participating in panel work after receiving onboarding and training in February.

The newly appointed Quality Assurance Committee met to review its Terms of Reference, conflicts of interest, confidentiality, and the importance of acknowledging bias in decision-making.

On March 26th, the Discipline and Fitness to Practise Committees are scheduled to meet and receive annual training provided by Luisa Ritacca of Stockwoods, LLP.

All Council and committee members will receive training on March 26th and 27th on traumainformed regulation, led by external consultants Edan Dales, Registered Social Worker, Director, Eden Dales Social Work (EDSW) and Anita Ashton, Deputy Registrar/Chief Operating Officer of the College of Physiotherapists of Ontario.

Attachments:

- 1. CMO TPA Termination Letter dated February 1, 2024
- 2. 2024 Operational Plan Progress Report
- 3. 2024 Office of the Fairness Commissioner Risk Letter dated February 20, 2024
- 4. Coalition of Ontario Leadership dated January 17, 2024
- 5. Response to the Coalition January 29, 2024



Ministry of Health

Health Programs and Delivery Division Health Insurance Branch 49 Place d'Armes Kingston ON K7L 5J3

Telephone:613 548-6637Facsimile:613 548-6734

Ministère de la Santé

Division des programmes de santé et de la prestation des services Direction de l'assurance-santé 49 Place d'Armes Kingston ON K7L 5J3

Téléphone :613 548-6637Télécopieur :613 548-6734

February 1, 2024

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

Dear Ms. Dobbin:

Re: Notice of Termination for Agreement between Her Majesty the Queen in right of Ontario as represented by the Minister of Health (the "Province") and the College of Midwives of Ontario (the "Recipient") for quality assurance program, effective April 1, 2021, as amended (the "Agreement")

As you are aware, Accreditation Canada would become the inspecting body for current and future community surgical and diagnostic centres licensed in Ontario effective April 1, 2024, if the proposed amendment to O. Reg. 213/23 under the *Integrated Community Health Services Centres Act, 2023* (ICHSCA) is approved. The proposed regulatory amendment was posted on the regulatory registry for public comments and feedback on January 17, 2024.

The Ministry would like to thank the College of Midwives of Ontario for your historic role and many years of excellent service provided through the Quality Assurance Program. Your role in the Birthing Centres has ensured patient safety and well-being over the last decade.

Given the above, I am writing to give you notice that the Province will be terminating the Agreement, effective as of **March 31, 2024**, in accordance with section A11.1 of this Agreement.

If you have any questions, please do not hesitate to contact Kim Lamers-Bellio, Senior Program Consultant, ICHSC Program (<u>Kim.Lamers-Bellio@ontario.ca</u>).

Sincerely,

Laura fishny

Laura Pinkney Director Health Insurance Branch

c. Christina Barker, Integrated Community Health Services Centres Manager, Ministry of Health



Ordre des sages-femmes de l'Ontario

Operational Plan Progress Report March 27, 2024

STRATEGIC PRIORITY 1 Regulation that enables the midwifery profession to evolve

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

1.1 Competency-Based Assessment Program

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

1.2 Educational Intervention Programs

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

STRATEGIC PRIORITY 1 Regulation that enables the midwifery profession to evolve

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







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

2.1 Understand/Address Client Needs

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

2.2 Data-Driven Regulatory Activities

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

2.3 Collaborative Data Sharing

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

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

2.4 Publish Insights

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

2.5 Data Management Strategies and Systems

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

	2021	2022	2023	2024	2025
2.1 Understand/Address Client Needs					
Develop a data strategy framework and analytics strategy					
Develop and conduct surveys with midwifery clients					
• Analyze the results. Using the findings develop a program of action					
Execute the program of action					
2.2 Data-Driven Regulatory Activities					
Develop a data strategy framework and analytics strategy					
Prepare the data for analysis					
• Analyze the results. Using the findings to develop a program of action					
Execute the program of action					





	2021	2022	2023	2024	2025
2.3 Collaborative Data Sharing					
Conduct needs assessment and jurisdictional scan					
• Work with partner organizations to explore ways to share the data we collect					
Formalize data sharing agreements					
2.4 Publish Insights					
 Publish data and insights drawn from surveys conducted with midwifery clients and midwives 					
2.5 Data Management Strategies and Systems					
Revise Records Retention and Disposition Policy					
Create and implement data management strategy and systems					





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

3.1 Promote Understanding of the College's Role

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

3.2 Greater Transparency of Regulatory Processes

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

3.3 Introduce Orientation Workshops

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

3.4 Professional Regulation Workshops

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

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

3.5 Collect Feedback on Public Perception

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

3.6 Report on Regulatory Performance

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

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

Complete





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





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



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER 180 Dundas Street W., Suite 300, Toronto ON M7A 2S6

BUREAU DU COMMISSAIRE À L'ÉQUITÉ 180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

February 20, 2024

Sent via e-mail

Dear Regulator,

RE: Risk Rating for the College of Midwives of Ontario

The purpose of this letter is to communicate the 2023 / 24 risk rating for the College of Midwives of Ontario (CMO). This letter includes background information on the risk assessment process, identifies any specific issues that Office of the Fairness Commissioner (OFC) may wish to raise and articulates next steps.

Background:

In November 2023, the OFC implemented the second iteration of its <u>Risk-informed Compliance</u> <u>Framework</u> (RICF). Under this framework, the OFC assesses each regulator's operations against five risk factors that may impede the regulator's ability to apply fair registration practices for the licensure of domestic and internationally trained applicants.

The risk assessment process may produce one of three risk ratings: low, moderately low, and moderate to high. The OFC tailors its compliance strategy according to the risk rating obtained, so that we can work with regulators to address the most significant risks and barriers to fair registration practices.

For the 2023 / 24 risk assessment cycle, the five risk factors are set out below:

- 1. Organizational capacity.
- 2. The overall control that a regulator exerts over its assessment and registration processes.
- 3. The impact of major changes to registration practices and relations with third-party service providers.
- 4. The ability of the regulator to comply with newly introduced legislative and/ or regulatory obligations.
- 5. Public policy considerations:
 - i. Addressing labour market shortages.

ii. The ability to promote inclusion and address anti-racism concerns in registration processes.

Further detail on the indicators associated with these risk factors can be found in the OFC's <u>Risk-informed Compliance Framework and Policy</u>.

In undertaking a risk analysis for the CMO, your compliance analyst Sola Joseph carefully examined your responses to the 2022 Fair Registration Practices Report and the supplementary 2023 RICF questionnaire. For each of the risks identified above, they assessed both the probability that the risk will occur and the significance of the consequences.

For quality assurance purposes, your risk analysis has been reviewed by another staff member and discussed with the Fairness Commissioner and OFC management.

Following completion of the risk review process, the OFC has determined that the CMO should be placed in the low-risk category for the period April 1, 2024, to March 31, 2026.

Congratulations on achieving this result. As a low-risk regulator, the OFC will arrange to meet with your college on an annual basis and you will be required to submit an annual Fair Registration Practices Report. Your compliance analyst will be in touch to schedule this meeting and identify any issues for discussion arising from this risk assessment.

We look forward to continuing to work with you to advance fair registration practices in the midwifery profession.

Sincerely,

Ming-Young Tam Director, Office of the Fairness Commissioner

cc. Irwin Glasberg, Fairness Commissioner for Ontario Tanya Chute-Molina, Manager of Business and Operational Planning, OFC Sola Joseph, Compliance Analyst, OFC Coalition of Ontario Leadership, Academic and Research Midwifery Professionals

January 17, 2024

CMO President and Registrar 21 St. Clair Avenue East, Suite 303 Toronto, Ontario, M4T 1L9

Dear CMO President and Registrar;

We are writing to you as a collective of Registered Midwives (and former Registered Midwives) to request that Council consider the creation of a class of registration, similar to the CPSO's Academic Practice Certificate of Registration for midwives in leadership, academic and research positions within Ontario institutions who would otherwise be challenged to meet active practice requirements, but who might be interested in exploring some opportunity to continue with clinical practice while functioning primarily as educators, researchers or leaders.

Given the current healthcare climate generally, and more specifically given the challenges with sustainability and attrition within our profession, we feel that opportunities to keep midwives in clinical practice in any capacity are desirable.

Thirty years into midwifery in Ontario, our profession has reached a level of maturity that sees midwives being recruited to and being considered for leadership, academic and research positions, that by their nature, require a reduction in clinical caseload that can lead to active practice challenges. These midwives are still contributing to the profession and healthcare more generally but the scope of their other work makes the practice of midwifery consistent with current regulatory requirements a challenge. We are at a crossroads in which more flexibility and creative options are available for folks to consider in terms of continuing with clinical practice in a way that they might not have been in the past, and these options can be incompatible with caseload midwifery and active practice requirements.

The creation of a category that supports academics, leaders and researchers to maintain registration would support a limited amount of clinical practice without having to jump through additional hoops related to not meeting active practice requirements and having to go before a registration panel. This would allow for leadership capacity building, academic pursuits and a focus on research without midwives having to make choices about EITHER doing clinical work or other work that is essential and valuable to the profession of midwifery. This would enable a connection to clinical practice for leaders, academics, researchers and policy makers who might otherwise become more distanced over time from front line work and would allow for mentorship and support within the profession. Facilitating a category that would support midwives who are at a stage in which they could transition temporarily or permanently to such a category while undertaking research, academic or leadership work could create a cohort of folks who would be able to focus primarily on those areas while maintaining a connection to clinical work.

It's our understanding that the CMO has expressed openness in the past to considering an Academic registration category but that with competing priorities a proposal for such a category has never come to fruition. Our vision of who would meet the requirements of this category would be those who had an appointment/position with a university or research institution, a hospital, the AOM, CMO, NCIM, CAM or government, wherein their primary role and function would be significant enough that clinical practice consistent with existing regulatory requirements would not be possible, but who WANT to continue with some amount of clinical practice. We have expanded the category beyond that of Academic Practice to include Research and Leadership because in other professions health care providers can maintain registration without specific clinical requirements while holding Research and Leadership positions.

We would propose that CMO staff and Council would develop the wording but having looked at the CPSO wording for their Academic Category, we would propose wording similar to what we have drafted below.

Academic/Research/Leadership practice certificate of registration

General Requirements

- 1. A midwifery degree from an accredited school or from an acceptable international program.
- 2. A teaching, leadership or research appointment to the academic staff of an accredited school in Ontario at the rank of assistant, associate or full professor or to a recognized institution (Hospital, Professional Association, Government Organization).

Terms, Conditions and Limitations

The holder of this certificate of registration may practise midwifery only to the extent required by the teaching, leadership or research requirements of the academic or leadership appointment, and only in a setting formally affiliated with the department of the midwifery program or organization where the holder has an appointment.

Thank you in advance for your time and consideration of our request. We look forward to hearing your response and to participating as indicated in whatever process is required to move this request forward.

Warmly,

Remi Ejiwunmi MSc, RM (Jan 17, 2024 12:59 EST)

'Remi Ejiwunmi MSc, RM

Bandis

Claire Dion Fletcher Claire Dion Fletcher (Jan 17, 2024 14:11 EST) Elizabeth Brandeis

Claire Dion Fletcher

noh Manavi Handa (Jan 17, 2024 13:17 EST)

Manavi Handa

ell (Jan 21, 2024 17:52 EST)

Z

Abigail Corbin RM (Jan 17, 2024 13:14 EST)

ro Lauren Columbus, RM (Jan 17, 2024 12:54 EST)

Karline Wilson-Mitchell

Liz Darling

Beth Murray Davis

Christie Lockhart

Abigail Corbin RM

Lauren Columbus, RM



January 29, 2024

Dear members of the Coalition of Ontario Leadership, Academic and Research Midwifery Professionals,

Thank you for your letter addressed to the College of Midwives of Ontario Chair and Registrar received on January 24, 2024.

We recognize the challenges that midwives in leadership, academia, and research positions face in maintaining their active practice requirements as outlined in the current Registration Regulation (O. Reg 168/11). As you are aware, on May 1, 2023, the College formally proposed and submitted to the Ministry of Health substantial changes to the Registration Regulation that, if implemented, will result in more flexible regulatory approaches while maintaining confidence in public safety.

While the proposed Registration Regulation does not propose a new class of registration, we have incorporated innovative approaches that address the challenge that you have raised.

We invite you to review the attached Regulatory Impact Assessment on the Clinical Currency Requirements for Practising Midwives that was submitted by the Registration Committee to Council in March 2022 and details the rationale for related changes to the proposed and submitted Registration Regulation. You will see that substantial changes have been proposed which will result in improved, fair, and equitable registration practices for midwives.

Our proposed approach removes specificity from the regulation and establishes the requirements in policy, resulting in a great opportunity for flexibility over time. Changes include a proposed regulatory scheme that replaces the active practice requirements that specify numbers of births attended and settings required with a new scheme that will require a minimum number of hours of practice that does not necessarily include attendance at births. It is expected that the hours that midwives will be allowed to count towards clinical currency requirements will be those in which they either provided clinical care to clients (including care that does not include direct client care, such as lab work, consults, etc.) or acted as a supervisor, mentor, or a preceptor. Practice hours will reflect the midwifery scope of practice set out in the Midwifery Act, 1991 but midwives will not be required to practise to full scope.

Page 1/2

In addition, under the current Registration Regulation, it is a condition of the general certificate of registration to maintain certifications NRP, CPR, and ES regardless of practice. Therefore, any midwife who maintains a general certificate must be current in these continuing competencies, even if they are providing care that in no way requires them to use these skills. Under the proposed regulation, these continuing competencies are removed from the regulation for ongoing practising registration (they will still be required upon entry-to-practice), and the College will rely instead on the Professional Standards for Midwives (standard #2) which requires midwives to maintain competence in all areas of practice. This means that midwives will be expected to take action to address any gaps in their knowledge, skill or judgment related to NRP, CPR, and ES as needed.

Over the past three years, the College has surveyed registrants annually to collect data on practice hours and intends to use this data to inform the development of a fair and equitable policy to establish clinical currency requirements that must be met every two years. As you can appreciate, it is in the public's interest for health professionals to maintain currency to deliver safe care. We aim to establish a minimum currency requirement set out in policy that sufficiently protects the public and can be reasonably achieved by midwives in the general class of registration working in different capacities. We will gladly consult with your Coalition when we embark on the development of this policy in the coming year in anticipation of the proposed regulation being implemented.

We are confident that this new regulatory scheme, once implemented by the Ministry, will better enable midwives who are primarily functioning as midwifery educators, researchers, or leaders to continue to engage in safe clinical practice throughout their careers.

Please let us know if you would like to discuss this further.

Kind regards,

dat life

Kelly Dobbin Registrar & CEO

Claire Ramlogan Salanga Council Chair

Attachment in email includes the Regulatory Impact Assessment on the Clinical Currency Requirements for Practising Midwives.

EXECUTIVE COMMITTEE

REPORT TO COUNCIL – March 27, 2024.

General

Committee Members

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

Activities of the Committee

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

Committee Meetings

December 19, 2023 | Electronic Meeting February 28, 2024 | Videoconference

Items

Committee Appointments 2023

Following the approval of the 2023 Committee Appointments by Council on December 6, 2023, the Executive Committee met electronically on December 19, 2023, to review and approve minor typographical corrections to the final Committee Appointments table. The approved committee composition is available in BoardEffect.

Q3 Statement of Operations

The Executive Committee reviewed and approved the Q3 Statement of Operations at its February 28th meeting. The statement is attached for reference.

Meeting with the Financial Auditors

The College's auditors, Geoff Clute and Blair McKenzie of Hilborn LLP joined the Executive Committee meeting on February 28th and provided an overview of the audit plan for the fiscal year ending March 31, 2024. The Committee met in-camera with the auditors to pose any further questions without staff present, as per the usual process. The Executive Committee will complete audit shadowing in May and

College of Midwives of Ontario Executive Committee Report March 2024 will review the draft financial statements with the auditors prior to the June Council meeting. The Audit Plan and Letter of Engagement are attached for information.

Registrar/CEO Annual Evaluation Update

Claire Ramlogan-Salanga, Chair, and Kelly Dobbin, Registrar, provided an update to inform the Committee that the third-party governance consultant had confirmed their ability to conduct this year's Registrar/CEO evaluation which commences in April. The Committee had an opportunity to move in-camera to discuss the plan for this year's evaluation process.

Governance Update

Nadja Gale, Director of Governance and Strategy, provided an update on ongoing governance work. Nadja Gale and Claire Ramlogan–Salanga have met in person on two occasions to work on a governance strategy for the upcoming year. As various initiatives are developed, information and details will be brought forward to the Executive Committee for review and shared with Council.

Draft 2024-2025 Budget

The draft 2024–25 budget was presented to the Committee at its February 28th meeting by Lieran Docherty, Director of Operations. The Committee reviewed the budget in detail. The Committee is recommending that Council approve the proposed budget at its March 27th meeting. A briefing note and draft 2024–25 budget are attached for Council's review and consideration.

In consideration of the draft 2024-25 budget, the Committee also recommends revising the Internally Restricted and Unrestricted Net Asset Policy. The proposed changes and a briefing note are attached for Council's review and approval.

Proposed Changes to the College's General By-law

Proposed changes to the General By-law were reviewed by the Committee at its February 28th meeting. A briefing note outlining the proposed changes and rationale, as well as the updated General By-law with track changes are attached for Council's consideration.

Proposed Changes to the College's Fees and Remuneration By-law Revisions to the Fees and Remuneration By-law were bought forward to the Committee at its February 28th meeting. A briefing note outlining the proposed amendments and rationale for the recommendations, as well as the Fees and Remuneration By-law with tracked changes are attached for Council's consideration.

The following motions are being brought forward for approval:

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

II. That the proposed Budget for the 2024–25 fiscal year be approved.

- III. That the changes to the Internally Restricted and Unrestricted Net Asset Policy be approved.
- IV. That the proposed amendments to the General By-law be approved for a 60-day consultation.
- V. That the proposed amendments to the Fees and Remuneration By-law be approved for a 60-day consultation.

Attachments;

- 1. Q3 Statement of Operations
- 2. Audit Plan and Letter of Engagement
- 3. Draft 2024–2025 Budget
- 4. Revised Internally Restricted and Unrestricted Net Asset Policy
- 5. Proposed Changes to the College's General By-law
- 6. Proposed Changes to the College's Fees and Remuneration By-law

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

The College of Midwives of Ontario Q3 Statement of Operations (Fiscal April 1, 2023 - March 31, 2024) April 1, 2023 - Dec 31, 2023



	F24 Projected Revenue Budget	F24 Proje Revenue to of Q3	o end	Q3 Revenue F24	Rev	23 enue 23	Percentage Variance Against Budge
REVENUE							
Membership Fees	\$ 2,703,230	\$ 2,027	7,423	\$1,983,362	\$1,96	8,665	73%
Administration & Other	\$ 81,097	\$ 60	0,823	\$ 110,772	\$ 4	3,297	137%
Project Funding - Birth Centres	\$ 65,063	\$ 48	3,797	\$ 48,797	\$ 4	8,914	75%
O & A Program	\$ 98,750	\$ 74	4,063	\$ 51,379	\$	-	52%
Competency Based Assessment Program	\$ 14,688	\$ 11	1,016	\$ 14,688	\$ 2	26,840	100%
TOTAL REVENUE	\$ 2,962,828	\$ 2,222	2,121	\$2,208,998	\$2,08	37,716	75%

	F24 Budget Expenses	E	24 Budget to end of Q3	S	Q3 Spending F24	S	Q3 Spending F23	Percentage Variance Against Budget
EXPENSES								
Salaries & Benefits	\$ 1,694,658	\$	1,270,994	\$	1,071,632	\$	974,201	63%
Professional Fees	\$ 327,275	\$	245,456	\$	209,873	\$	85,190	64%
Council and Committee	\$ 150,431	\$	112,823	\$	73,703	\$	96,872	49%
Office & General	\$ 119,288	\$	89,466	\$	102,321	\$	88,438	86%
Information Technology, Security & Data	\$ 135,291	\$	101,468	\$	95,511	\$	76,449	71%
Rent & Utilities	\$ 157,517	\$	118,138	\$	123,193	\$	148,246	78%
Conferences, Meeting Attendance & Membership Fees	\$ 84,652	\$	63,489	\$	74,668	\$	66,998	88%
Panel & Programs	\$ 308,088	\$	231,066	\$	65,266	\$	33,192	21%
Birth Centre Assessment & Support	\$ 65,063	\$	48,797	\$	48,096	\$	49,655	74%
O & A Program Expenses	\$ 98,145	\$	73,609	\$	53,242			54%
Competency Based Assessment Program Expenses	\$ 91,849	\$	68,887	\$	95,602			104%
Capital Expenditures	\$ 30,000	\$	22,500	\$	26,182	\$	25,107	87%
TOTAL EXPENDITURES	\$ 3,262,257	\$	2,446,693	\$2	2,039,289	\$`	1,644,346	63%
PROJECTED GAIN / (LOSS)	\$ (299,429)	\$	(224,572)	\$	169,709	\$	443,369	

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:

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Total Accrual	\$ 70,643
Accrual Budget to end of Q2	\$ 52,982
Accrual Spending to end of Q2	\$ 34,993



Audit Plan for the year ended March 31, 2024



HILBORNLLP

A message from Blair MacKenzie to the Executive Committee

I am pleased to present our audit plan for the financial statements of the College of Midwives of Ontario ("the College") for the year ended March 31, 2024.

Our audit plan is designed to highlight and explain key issues, which we believe to be relevant to the audit and to initiate effective two-way communication with you regarding our audit. This will assist the Executive Committee in understanding the terms of the engagement; our proposed audit strategy and the level of responsibility assumed by Hilborn LLP under Canadian Auditing Standards ("CAS").

This communication has been prepared to comply with the requirements outlined in CAS 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Executive Committee, Council and management and should not be distributed to others without our consent.

We hope our audit plan is of assistance to you, and we look forward to discussing it in detail as well as any other matters that you may consider appropriate at our meeting scheduled for February 28, 2024.

Hilbon LLP

Blair MacKenzie, CPA, CA Managing Partner Hilborn LLP February 22, 2024

"We are committed to open communication through early, meaningful dialogue."



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Appendix A – Engagement Letter

Appendix B – Management Representations Letter

Your client service team

Blair MacKenzie, CPA, CA Engagement Partner bmackenzie@hilbornca.com

Geoff Clute, MASc, MBA Principal <u>gclute@hilbornca.com</u>

Sabrina Mackel, CPA Supervisor smackel@hilbornca.com

"At Hilborn, we make it our mission to maintain solid relationships with our clients. We value open, honest communication, and we listen carefully to what matters to you most.

Executive Summary



Objective

Our objective is to express an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The performance of this audit does not relieve management or those charged with governance of their responsibilities. Our engagement letter, contained in Appendix A, contains discussion regarding our responsibilities and your responsibilities.

Materiality

Materiality has been calculated based on qualitative and quantitative factors. Materiality is \$110,000 for the year ended March 31, 2024.

Our materiality calculation is preliminary. In the event that actual results vary significantly from those used to calculate materiality, we will communicate these changes to you in our audit findings communication.



Recently Issued and Adopted Accounting and Auditing Standards

There are no recently issued accounting or auditing standards that impact the College.



Fraud Discussion and Other Inquiries

We are not currently aware of fraud affecting the College. If you are aware of actual, suspected or alleged fraud affecting the College, we request that you provide us with this information. See page 5 for further discussions related to fraud.

Please bring to our attention any significant matters of which you are aware, including but not limited to:

- Business risks;
- Non-compliance with laws and regulations;
- Significant communications with external parties such as regulatory authorities, suppliers and legal counsel.



Independence

We are independent. We have complied with relevant ethical requirements regarding independence. We will communicate all relationships and matters that may reasonably be thought to bear on our independence, if any, and where applicable, related safeguards.



Audit Approach

Our audit is risk-based in design. See pages 7-8 for significant risks and areas of focus.

Materiality

Materiality is used to scope the audit, identify risks of material misstatement and evaluate the level at which we think misstatements will reasonably influence the economic decisions of users of the financial statements. The calculation of materiality considers both quantitative and qualitative factors.

Materiality determination	Comments	Amount
Overall materiality	Overall materiality is based on the users of the financial statements and is calculated with reference to quantitative and qualitative factors.	\$110,000
Performance materiality	Performance materiality is used to reduce (to an acceptably low level) the probability that the aggregate of uncorrected/undetected misstatements exceeds overall materiality and is calculated as 75% of overall materiality.	\$83,000
Trivial misstatements	The threshold for misstatements that would be clearly trivial to the overall financial statements. It is calculated as 10% of performance materiality.	\$8,000

We will communicate, in our audit findings communication, any uncorrected audit misstatements identified and any material corrected misstatements identified that we think are relevant to the responsibility of the Executive Committee to oversee the financial reporting of the College.

Risk of Fraud

Canadian Auditing Standards require us to discuss fraud risk with the College on an annual basis. We will have detailed fraud discussions with management during the course of the audit. We inquire with you about your views on fraud; whether you have knowledge of fraud, either actual, suspected or alleged, including those involving management, including what fraud detection or protection measures are in place?

At the conclusion of the audit, we will request written representations from management that they have disclosed to us management's fraud risk assessment and their knowledge of actual, suspected or alleged fraud affecting the College.



"The fraud triangle is commonly used by auditors to explain the motivation behind an individual's decision to commit fraud."

- Corporate Finance Institute

Definitions

Opportunity refers to circumstances that allow fraud to occur such as weak internal controls, poor tone at the top and inadequate accounting policies.

Incentives or pressures refer to an individual's mindset towards committing fraud. Examples of incentives include bonuses that are based on financial metrics or personal incentives such as wanting to earn more money.

Rationalization refers to the individual's justification for committing fraud. Common examples of rationalization include an individual that is spiteful towards their manager or employer and feeling as if there are no other solutions.

Independence

We last communicated our independence to you through our audit findings communication dated June 8, 2023. We have remained independent since that date and through the date of this communication.

The following table explains the threats to independence identified by us and the safeguards put in place to eliminate or reduce the threats to an acceptably low level.

Identified threat	Safeguard	Why effective
Self-review	 Independent reviews of the financial statements by Hilborn LLP as well as by management and the Executive Committee. 	Provides an objective evaluation of the significant judgments made and the conclusions reached by the engagement team.
Objectivity and familiarity threats	 Emphasis on exercising professional skepticism throughout the audit by the Engagement Partner and audit team. 	Results in an audit carried out with a respectful, but questioning mindset to dispel any perceived familiarity threats.
Provision of non-assurance services	 We obtain pre-approval of all services from management and the Executive Committee. 	No services beyond the audit have been provided.
	 We obtain management's acknowledgement of its responsibility for the results of the work performed by us regarding non-assurance services, if any. 	We do not make any management decisions or assume any responsibility for such decisions.

Audit Approach

Our overall audit strategy involves extensive partner and manager involvement in all aspects of the planning and execution of the audit. We will perform a risk-based audit, which allows us to focus our audit effort on significant risks and other areas that may be of concern to management and those charged with governance.

At this time, we predict our audit will be conducted virtually through the use of a dedicated secure portal through which the information needs of each party will be addressed. We anticipate no significant disruptions to the audit process or to the quality of the audit evidence we will obtain.

If there are any areas where you would like to request additional procedures to be performed, please let us know.

Internal Control

Our audit includes gaining an understanding of internal control. We use this understanding to determine the nature, timing and extent of our audit procedures. We will communicate any significant deficiencies in internal control that we identify. Our consideration of internal controls will not be sufficient to enable us to render an opinion on the effectiveness of internal control over financial reporting.

Significant Risks

Risk Area	Why	Our Audit Approach
Revenue recognition	This is a presumed fraud risk for all entities under Canadian Auditing Standards.	Our audit methodology incorporates the required procedures in the CASs to address this risk. We design and execute tests of details and analytical procedures to reduce the risk of a material misstatement to an acceptably low level.

Risk Area	Why	Our Audit Approach
Management override of controls	This is a presumed fraud risk for all entities under Canadian Auditing Standards. We have not identified any specific additional risks of management override relating to this audit.	We perform testing over journal entries and other adjustments, review estimates and evaluate the rationale of significant or unusual transactions. We incorporate an element of unpredictability in the nature, timing and extent of our audit procedures.

Other Areas of Focus

Other significant areas	Audit response	
Deferred revenue	Analytical and variance review, review of registration fees received in the current fiscal year on account of the registration year ending in the next fiscal year	
Investigations and hearings	Review case continuity reconciliation, average cost determination and amounts accrued for open cases, retrospective analysis and cost analytical procedures	
Expenses / Accounts Payable Expenses / Accounts Payable Expenses / Accounts Payable Accounts Payable Expenses. Perform tests of a predictive nature. Confirm reported facts, circumstance and transaction terms.		

Regulatory Health Colleges – College Performance Measurement Framework

The College Performance Measurement Framework ("CPMF") was developed collaboratively by the Ministry of Health, health regulatory colleges, members of the public and subject matter experts to strengthen the accountability and oversight of Ontario's health regulatory colleges. Each college posts its completed CPMF Reporting tool on its website.

The CPMF requires colleges to report on five domains, most of which are unrelated to the financial statement audit. However, to reinforce the importance of developing and implementing a formal reserve policy, the CPMF requires each college to report on its financial reserve policy under Domain 2: Resources, Measure 4.1, and evidence the following:

The College:

- i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue, and
- ii. possesses the level of reserve set out in its "financial reserve policy".

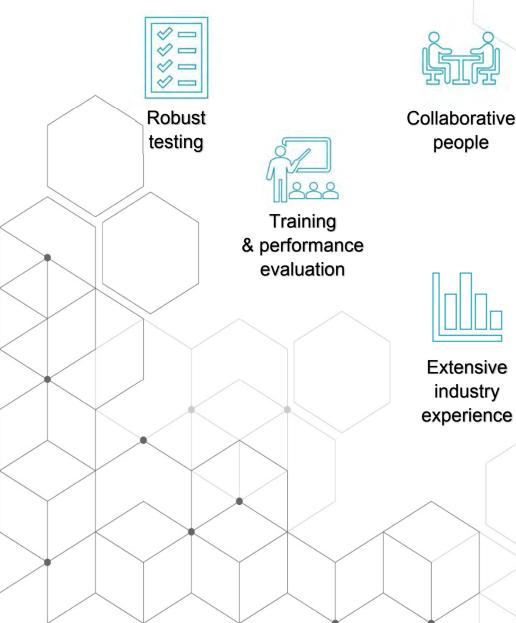
The CPMF requires the College to confirm whether the "financial reserve policy" has been validated by a financial auditor.

When an auditor is associated with information outside of the audited financial statements, the auditor is required to perform certain procedures. If the College has not established a formal financial reserve policy, then we will assist the College in developing a formal financial reserve policy, and we will determine whether the College's reserves are in accordance with the formal policy at March 31, 2024, so that this question may be responded to positively. We will communicate the results of these procedures to you in our Audit Findings Communication.

We request that any information with respect to the auditor's validation of the College's financial reserve policy be discussed with us prior to submission.

Hilborn | Audit Plan

How We Deliver High-Quality Audits





Collaborative people

> Two-way communication



Engagement quality reviews

Timely deliverables

Internal Monitoring

Audit Timeline

The following schedule outlines the anticipated timing of the audit of the financial statements of the College.

Audit Timeline	Date
Present the audit plan to the Executive Committee	February 28, 2024
Perform year-end fieldwork	May 6 – 10, 2024
Review audit results with management	End of May 2024
Present our audit findings to the Executive Committee	Mid June 2024
Approval of financial statements by Council	June 26, 2024
Release the financial statements	Following approval by Council

Required Communications

In accordance with Canadian Auditing Standards, there are a number of communications that are required in connection with an audit relevant to those charged with governance's oversight of the financial reporting process. Those communications will primarily be written in the form of our Audit Plan and Audit Findings communication. We may also communicate orally through discussions. The table below indicates the nature of the communications and when you can expect to receive the communication.

 Pre-audit and planning stage	Execution, conclusion and reporting stages
Auditor's responsibilities	Significant findings or issues arising from the audit*
Auditor independence	Significant difficulties, if any, encountered*
Planning and timing of the audit	Qualitative aspects of the significant accounting policies and disclosures
Matters related to fraud*	Subsequent events and going concern matters
Non-compliance with laws and regulations*	Written representations requested from management
Expected form of the Auditor's Report and management representations letter*	Significant deficiencies in internal control*

*Indicates communications that may occur during the pre-audit/planning phase of the audit and/or at the conclusion of the audit, or at the time at which we identify such matters, based on our judgment. Management will provide us in writing with confirmation of significant representations provided during the engagement (See Appendix B for draft management representations letter).

APPENDIX A



PRIVATE AND CONFIDENTIAL

Ms. Kelly Dobbin, Registrar - CEO College of Midwives of Ontario 21 St. Clair Avenue East Suite 303 Toronto, Ontario M4T 1L9 Ms. Claire Ramlogan-Salanga, Chair College of Midwives of Ontario 21 St. Clair Avenue East Suite 303 Toronto, Ontario M4T 1L9

re: College of Midwives of Ontario (the "College")

Dear Ms. Dobbin and Ms. Ramlogan-Salanga:

The purpose of this letter (the "Agreement") is to confirm the understanding between the College of Midwives of Ontario and Hilborn LLP (the "Firm") in respect of our engagement to audit the financial statements of the College of Midwives of Ontario for the year ended March 31, 2024, which comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies. We also plan to issue a report on the summary financial statements derived from the financial statements referred to above.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

Objective, Scope and Limitations

Our audit will be conducted with the objective of forming and expressing our opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Our statutory function as auditor of the College is to report to the Council by expressing an opinion on the annual financial statements of the College. We will conduct our audit in accordance with Canadian generally accepted auditing standards.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

An auditor conducting an audit in accordance with Canadian generally accepted auditing standards obtains reasonable assurance that the financial statements taken as a whole are free of material misstatement, whether caused by fraud or error. It is important to recognize that an auditor cannot obtain absolute assurance that material misstatements in the financial statements will be detected because of:

February 22, 2024

Objective, Scope and Limitations (continued)

- (a) factors such as use of judgment, and the use of testing of the data underlying the financial statements;
- (b) inherent limitations of internal control; and
- (c) the fact that much of the audit evidence available to the auditor is persuasive rather than conclusive in nature.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

Furthermore, because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material fraud. While effective internal control reduces the likelihood that misstatements will occur and remain undetected, it does not eliminate that possibility. For these reasons, we cannot guarantee that fraud, error and illegal acts, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

In making our risk assessments, we consider internal control relevant to the preparation and fair presentation of the financial statements by management in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

Reporting

Unless unanticipated difficulties are encountered, our reports will be substantially in the following form. If we conclude that a modification to our opinion on the financial statements is necessary, we will discuss the reasons with you in advance.

Financial Statements

Independent Auditor's Report

To the Council of the College of Midwives of Ontario

Opinion

We have audited the financial statements of the College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Reporting (continued)

Financial Statements (continued)

Independent Auditor's Report (continued)

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Reporting (continued)

Financial Statements (continued)

Independent Auditor's Report (continued)

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

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

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

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

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

Toronto, Ontario Date Chartered Professional Accountants Licensed Public Accountants

Summary Financial Statements

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, 2024, 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, 2024.

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 TBD.

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 Date Chartered Professional Accountants Licensed Public Accountants

Our Responsibilities

We will perform our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements present fairly, in all material respects, the financial position, operations, changes in net assets and cash flows of the College in accordance with Canadian accounting standards for not-for-profit organizations. Accordingly, we will plan and perform our audit to provide reasonable, but not absolute, assurance of detecting fraud and errors, including illegal acts, which have a material effect on the financial statements taken as a whole.

Our Responsibilities (continued)

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Accordingly, except for information that is in or enters the public domain, we will not provide any third party with confidential information concerning the affairs of the College without the prior consent of the College, unless required to do so by legal authority, or the Chartered Professional Accountants of Ontario Code of Professional Conduct.

We have considered the relationships between us and the College (including related entities) that, in our professional judgment, may reasonably be thought to bear on our independence. We confirm our independence with respect to the College.

The objective of our audit is to obtain reasonable assurance that the financial statements are free of material misstatement. However, if we identify any of the following matters, they will be communicated to the appropriate level of management:

- (a) misstatements, resulting from error, other than trivial errors;
- (b) fraud or any information obtained that indicates that fraud may exist;
- (c) any evidence obtained that indicates that an illegal or possibly illegal act has occurred;
- (d) significant deficiencies in the design or implementation of internal control to prevent and detect fraud or error; and
- (e) related party transactions identified by us that are not in the normal course of operations and that involve significant judgments made by management concerning measurement or disclosure.

The matters communicated will be those that we identify during the course of our audit. Audits do not usually identify all matters that may be of interest to management in discharging its responsibilities. The type and significance of the matter to be communicated will determine the level of management to which the communication is directed.

We will consider the internal control of the College to identify types of potential misstatements, consider factors that affect the risks of material misstatement, and design the nature, timing and extent of audit procedures to be executed. This consideration will not be sufficient to enable us to render an opinion on the effectiveness of the internal control of the College.

Management's Responsibilities

Our audit will be conducted on the basis that management acknowledges and understands that they are responsible for:

Financial statements

(a) the preparation and fair presentation of the financial statements of the College in accordance with Canadian accounting standards for not-for-profit organizations;

Management's Responsibilities (continued)

Summary financial statements

- (b) the preparation of the summary financial statements prepared on a basis that is consistent, in all material respects, with the audited financial statements;
- (c) making the audited financial statements available to the intended users of the summary financial statements and;
- (d) including the auditor's report on the summary financial statements in any document that contains the summary financial statements and that indicates that the auditor has reported on them;

Completeness of information

- (e) providing us with complete financial records and related data, and copies of all minutes of meetings of Council and Committees;
- (f) providing us with information relating to any known or probable instances of noncompliance with legislative or regulatory requirements, including financial reporting requirements;
- (g) providing us with information relating to any illegal or possibly illegal acts, and all facts related thereto;
- (h) providing us with information regarding all related parties and related party transactions;
- (i) providing us with any additional information that we may request from management for the purpose of this audit;
- (j) providing us with unrestricted access to persons within the College from whom we determine it necessary to obtain audit evidence;

Fraud and error

- (k) designing, implementing, and maintaining internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- (I) providing us with an assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- (m) providing us with information relating to fraud or suspected fraud affecting the College involving:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others, where the fraud could have a non-trivial effect on the financial statements;
- providing us with information relating to any allegations of fraud or suspected fraud affecting the financial statements of the College as communicated by employees, former employees, regulators or others;

Management's Responsibilities (continued)

Fraud and error (continued)

(o) communicating its belief that the effects of any uncorrected financial statement misstatements, including misstatements related to financial statement presentation and disclosure, aggregated during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole;

Recognition, measurement and disclosure

- (p) providing us with its assessment of the reasonableness of significant assumptions underlying fair value measurements and disclosures in the financial statements;
- (q) providing us with details of any plans or intentions that may affect the carrying value or classification of assets or liabilities;
- (r) providing us with information relating to the measurement and disclosure of transactions with related parties;
- (s) providing us with an assessment of all areas of measurement uncertainty known to management that are required to be disclosed in accordance with Canadian accounting standards for not-for-profit organizations;
- (t) providing us with information relating to claims and possible claims, whether or not they have been discussed with legal counsel of the College;
- (u) providing us with information relating to other liabilities and contingent gains or losses, including those associated with guarantees, whether written or oral, under which the College is contingently liable;
- (v) providing us with information on whether the College has satisfactory title to assets, whether liens or encumbrances on assets exist, or whether assets are pledged as collateral;
- (w) providing us with information relating to compliance with aspects of contractual agreements that may affect the financial statements;
- (x) providing us with information concerning subsequent events; and

Written confirmation of significant representations

- (y) providing us with written confirmation of significant representations communicated to us during the engagement on matters that are:
 - i) directly related to items that are material, either individually or in aggregate, to the financial statements;
 - ii) not directly related to items that are material to the financial statements but are significant, either individually or in aggregate, to the audit engagement; and
 - iii) relevant to your judgments or estimates that are material, either individually or in aggregate, to the financial statements.

Management's Responsibilities (continued)

Written confirmation of significant representations (continued)

If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.

We will communicate any misstatements identified during the audit engagement other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Terms and Conditions

Use of Personal Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our audit engagement. Our services are provided on the basis that:

- 1. You represent to us that management has obtained any required consents for the collection, use and disclosure to us of personal information required under applicable privacy legislation; and
- 2. We will hold all personal information in compliance with our Privacy Policy, which is viewable on our website at www.hilbornca.com.

Use and Distribution of Our Reports

Our independent auditor's report on the financial statements and independent auditor's report on the summary financial statements (referred to as our reports) will be issued solely for the use of the College and those to whom our independent auditor's reports are specifically addressed by us. We make no representations of any kind to any third party in respect of the financial statements or summary financial statements and we accept no responsibility for their use by any third party.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to in writing by us.

Reproduction of Our Reports

If reproduction or publication of our reports (or reference to our reports) is planned in an annual report or other document, including electronic filings or posting of the annual report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the financial statements and summary financial statements, the reports and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either the full or summary financial statements that we have audited.

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the audited financial statements.

Terms and Conditions (continued)

Working Papers

The working papers, files, other materials, reports and work created, developed or performed by our Firm during the course of the engagement are the property of our Firm, constitute confidential information and will be retained by us in accordance with our Firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations and by Firm policy, our client files must periodically be reviewed by CPA Ontario practice inspectors and other file quality reviewers to ensure that we are adhering to professional and Firm standards. File reviewers are required to maintain confidentiality of client information.

Accounting Advice

Except as outlined in this letter, this audit engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the College. Such services, if requested, would be provided under a separate agreement.

Other Services

In addition to the audit services referred to above, we may, as allowed by our provincial Code of Professional Conduct, provide other services (for example, preparation of special reports or other reporting services) as required. Management will provide the information necessary to complete these other services. Management is responsible for filing all reports with the appropriate authorities on a timely basis. We will discuss such services with you prior to undertaking any work and will establish an appropriate fee arrangement with you before incurring any costs.

Governing Legislation

This Agreement is subject to and governed by the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this Agreement and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts, to claim that the action has been brought in an inappropriate forum, or to claim that those courts do not have jurisdiction.

Terms and Conditions (continued)

Estimated Fees

Our fees for the audit described above and the preparation of the Federal income tax return and Non-Profit Organization Return for fiscal 2024 will be \$22,000 plus HST.

Any fee estimates and commitments to the timing of deliverables by us take into account the agreedupon level of preparation and assistance from personnel of the College. This assistance will facilitate our work and will help to minimize our costs. We undertake to advise management in a timely manner should this preparation and assistance not be provided or should any other circumstances arise which cause actual time to exceed our fee estimates. Any failure to provide us with information and assistance on a timely basis may impede our services and require us to suspend our services or withdraw from the audit engagement. If, for any reason, the College is unable to provide us with schedules, information and assistance, we and the College will mutually revise the fee estimate to reflect additional services, if any, required of us to complete our audit engagement.

Costs of Responding to Government Information Requests, etc.

If, with respect to this audit engagement or related services, we are required as a result of actions or demands placed upon or initiated by the College, government regulation, subpoena, or other legal process to produce our working papers, or to respond to information requests, such work will be outside the scope of this audit engagement. We will discuss such matters with you prior to undertaking any work and will establish an appropriate fee arrangement with you before incurring any costs.

Communications

You agree that in connection with this audit engagement, we may communicate with you or others via telephone, facsimile, post, courier, email, and other means. As all communications may be intercepted or otherwise communicated to an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee.

Termination

Management acknowledges and understands that failure to fulfill its obligations as set out in this Agreement will result, upon written notice, in the termination of this Agreement.

Either party may terminate this Agreement for any reason upon providing written notice to the other party not less than 30 calendar days before the effective date of termination. If early termination takes place, the College shall be responsible for all time and expenses incurred up to the termination date.

If we are unable to complete the audit engagement or are unable to come to a conclusion on the financial statements, we may withdraw from the engagement before issuing our audit report, or we may issue a denial of assurance on the financial statements. If this occurs, we will communicate the reasons and provide details.

College of Midwives of Ontario Toronto, Ontario February 22, 2024

Other Matters

Neither party to this Agreement will directly or indirectly agree to assign, transfer or sell to anyone any claim against the other party arising out of this Agreement, except that the College may assign its rights to any such claim to its insurer.

Hilborn LLP is a limited liability partnership. The individuals involved in the audit engagement and related services will be partners, employees and agents of the partnership. The total aggregate liability of Hilborn LLP and any of its partners, employees and agents for all claims, losses, liabilities and damages as a result of breach of contract, tort (including negligence), or otherwise, arising from any professional services performed or not performed by Hilborn LLP or by any of its partners, employees and agents for you, shall be limited to the amount of professional liability insurance available for your claim. You further acknowledge and agree that this provision may be pleaded as a complete estoppel to any claim by you for damages in excess of the foregoing amount.

Our liability shall be several and not joint and several. We shall only be liable for our proportionate share of any loss or damage, based on our contribution relative to the others' contributions. In addition, we will not be liable in any event for consequential, incidental, indirect, punitive, exemplary, aggravated or special damages, including any amount for loss of profit, data or goodwill, whether or not the likelihood of such loss or damage was contemplated.

We will use all reasonable efforts to complete the audit engagement as described in this Agreement within the agreed upon time frames. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by the College of its obligations.

Conclusion

This Agreement reflects the entire agreement between the College and Hilborn LLP relating to the services described herein and supersedes any previous proposals, correspondence and understandings, whether written or oral. The agreements of the College and Hilborn LLP contained herein shall survive the completion or termination of this Agreement.

College of Midwives of Ontario Toronto, Ontario February 22, 2024

Acknowledgement

Please confirm your agreement with the above terms by signing a copy of this Agreement in the space provided and return it to us.

We are pleased to have this opportunity to serve you and assure you that this audit engagement will be given our close attention.

Yours very truly,

Hilbon LLP

Chartered Professional Accountants

I.B. MacKenzie/sm

The services and terms set out above are as agreed.

College of Midwives of Ontario

Ms. Kelly Dobbin, Registrar - CEO

Ms. Claire Ramlogan-Salanga, Chair

APPENDIX B

College of Midwives of Ontario

21 St. Clair Avenue East, Suite 303, Toronto, Ontario, M4T 1L9

Hilborn LLP Chartered Professional Accountants 401 Bay Street, Suite 3100 P.O. Box 49 Toronto, Ontario M5H 2Y4

Dear Sirs/Madams:

This representation letter is provided in connection with your audit of the financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2024, for the purpose of expressing a conclusion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we are responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design, implementation and maintenance of internal controls to prevent and detect fraud and error. We understand that your audit was planned and conducted in accordance with Canadian generally accepted auditing standards so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to detect fraud, shortages, errors or other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, having made such inquiries as we consider necessary for the purpose of informing ourselves as of TBD, the following representations made to you during your audit:

Financial Statements

- 1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated February 22, 2024.
- 2. The financial statements referred to above comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies. These financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

- 3. We acknowledge our responsibility for the design, implementation, and maintenance of internal controls to enable us to prepare financial statements that are free from material misstatement, whether due to fraud or error. We are not aware of any significant deficiencies in internal control of the College.
- 4. We have reviewed and approved the adjusting journal entries and trial balance.
- 5. The financial statements have been produced by you, and we have designated someone in management with the suitable skill, knowledge and financial expertise to accept responsibility for the preparation of the financial statements. We hereby approve the financial statements for issuance.

Going Concern

6. The financial statements have been prepared on a going concern basis, which we believe to be appropriate and consistent with our assessment of the College.

Completeness of Information

- 7. We have made available to you all financial records and related data and all minutes of the meetings of Council and Committees through TBD.
- 8. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- 9. We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.
- 10. We are unaware of any violations or possible violations of laws or regulations, including illegal and possibly illegal acts, the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.
- 11. We are aware of the environmental laws and regulations that impact the College and we are in compliance. There are no known environmental liabilities that have not been accrued for or disclosed in the financial statements.
- 12. We have disclosed to you the identity of all known related parties and all related party relationships and transactions, including guarantees, non-monetary transactions and transactions for no consideration. We have appropriately accounted for and disclosed such relationships and transactions in the financial statements in accordance with Canadian accounting standards for not-for-profit organizations.
- 13. We have disclosed all material non-monetary transactions or transactions for no consideration undertaken by the College.

Fraud and Error

14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

- 15. We have no knowledge of fraud or suspected fraud affecting the College involving management; employees who have significant roles in internal control; or others, where the fraud could have a material effect on the financial statements.
- 16. We have no knowledge of any allegations of fraud or suspected fraud affecting the College's financial statements as communicated by employees, former employees, analysts, regulators or others.
- 17. There are no uncorrected financial statement misstatements or uncorrected presentation and disclosure departures

Recognition, Measurement and Disclosure

- 18. We believe that the significant assumptions used by us in making accounting estimates, including those relating to fair value measurements included and disclosed in the financial statements, are reasonable and appropriate in the circumstances.
- 19. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
- 20. The nature of all material measurement uncertainties has been appropriately disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.
- 21. We have informed you of all outstanding and possible claims, whether or not they have been discussed with legal counsel.
- 22. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
- 23. The College has satisfactory title to all assets, and there are no liens or encumbrances on the College's assets, nor has any asset been pledged except as disclosed in the financial statements.
- 24. We have disclosed to you, and the College has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

25. There have been no events subsequent to the date of the financial statements through to the date of this letter that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and the related notes.

Yours very truly,

College of Midwives of Ontario

Ms. Kelly Dobbin, Registrar - CEO

Ms. Lieran Docherty, Director of Operations

HILBORN

401 Bay Street · Suite 3100 - P.O. Box 49 · Toronto · ON · CA · M5H 2Y4 · P416 · 364 - 1359 · F416 - 364 - 9503 · hilbornca.com



REGISTRAR- CEO PERFORMANCE EVALUATION COUNCIL MEMBER GUIDE

March 2024



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Part 1 describes the major components of the review process, including the following:

- Performance Review Period and Timing
- Key Roles and Responsibilities
- Evaluation Criteria
- Weighting
- Registrar-CEO's Year End Summary Report
- Council Member Input
- External Stakeholder Input
- Staff Input

Part 2 focuses on the major stages in the process and the key points where action is required – what that action is and who should take it (e.g. the Chair, Executive Committee, the Registrar-CEO, individual Council members, the external advisor).



The Council establishes the governing policies of the organization and it delegates authority for its management and operations to the Registrar-CEO. Consequently, evaluation of the Registrar-CEO is one of the most critical processes used by Council to maintain accountability for the actions of the Registrar-CEO and performance of the College.

Council views Registrar-CEO performance as identical to organizational performance. Regular performance reviews against the College's operational and strategic goals strengthen organizational effectiveness and ensure that Council and the Registrar-CEO have a clear consensus on the organization's goals and objectives, as well as the job expectations and performance measures.

Other purposes and benefits of the performance review include:

- Providing a mechanism to assess how effectively the Registrar-CEO has performed their duties.
- Providing a basis for future Registrar-CEO performance expectations.
- As a formal system for Registrar-CEO professional development.
- Communicating Council expectations and evaluations to the Registrar-CEO in a formal process.
- Establishing parameters for Registrar-CEO performance that enable the Council to create and retain records that could be used as reference during a termination.
- Giving the Registrar-CEO an opportunity to share her reflections, questions, concerns, and/or personal goals.

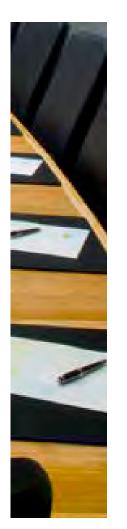
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Part 1:

Major Components of the Performance Evaluation





Performance Review Period and Timing

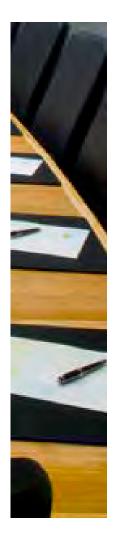
Council will evaluate the performance of the Registrar-CEO annually. The process typically begins at the end of the business year (March 31) and is completed at the June Council meeting. The stages in the process are described in Part 2 of this guide.

Key Roles and Responsibilities

While all Council members participate in the evaluation process, the following are key roles to ensure the process is timely and effective:

- The Council delegates authority to the Executive Committee through their Terms of Reference to lead the evaluation process. The Committee oversees the evaluation process, including reviewing and assessing the evaluation input, engaging in discussions with the CEO including with respect to compensation changes, and making recommendations to Council.
- The CEO is an active participant in the review process, providing input on any changes to evaluation criteria, weighting, selection of external stakeholders, and providing supporting documentation.
- The Committee and the CEO receive advice and facilitation support from a third party governance advisor, who supports the process through activities such as: providing advice on the process, developing and administering surveys, conducting interviews, and preparing analysis and reports.





Registrar-CEO Performance Evaluation Criteria

Council has approved a set of Registrar-CEO performance evaluation criteria. From time to time, and in consultation with the CEO, Executive Committee, may make minor changes to the criteria to reflect current circumstances. Major changes must be approved by Council. There are six categories of criteria:

- 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

In addition there is a seventh "Overall" category that is an open opportunity for Council members to provide additional feedback.

Weighting

At the beginning of the business year, Executive Committee in consultation with the CEO, decides whether there will be any priority weighting of any of the performance evaluation criteria.

For example, if strategic planning was going to be a key part of the year ahead, the category of **Strategic Leadership and Direction Setting** might receive additional weighting in the evaluation compared to other criteria.

The weighting is applied when Council member evaluation survey results are being tabulated for that business year.

Registrar-CEO's Year End Summary Report

Each year, the Registrar-CEO prepares a comprehensive year end report to Council that summarizes and reflects on their performance under each category of performance criteria. This is a confidential document prepared for Council's use only, as part of the performance evaluation. The year end summary report is a key resource for Council members to review in advance of completing the evaluation.



Council Member Input

Each Council member participates in the performance evaluation by completing an online evaluation survey.

To assist them in completing the evaluation survey, Council members receive an information package that includes (but would not necessarily be limited to):

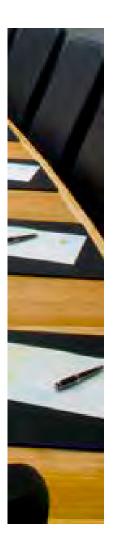
- A copy of the Registrar-CEO's year end summary report.
- A copies of other reports that provide useful performancerelated information, such as the Registrar-CEO's Operational Plan Final Progress Report and copies of the Registrar's and Administrative Quarterly Reports submitted at each Council meeting during the year
- A summary of the results of the annual Organizational Effectiveness Survey as a means of providing Council members with insight into the Registrar-CEO's people and organizational leadership effectiveness.

Council members have the option to provide their input through an interview with the external advisor instead of completing the online survey.

The external advisor is also available to Council members if they have questions or want to discuss an issue or concern. The external advisor may also reach out to individual Council members to get more information about their assessment and comments.

The external advisor also conducts interviews with three to four Council members following completion of the surveys by Council members, in order to validate the results and explore specific issues or themes.





External Stakeholder Input

External stakeholder input into the Registrar-CEO's performance evaluation is collected through one or more of the following means as determined by Executive Committee in consultation with the Registrar-CEO:

- The results of an annual stakeholder engagement survey to be shared with Council and inform their competition of the evaluation survey.
- The results of other stakeholder surveys that may have been conducting during the year.
- An online survey of selected external stakeholders.

Staff Input

Staff input into the performance evaluation is provided in two ways:

- Indirectly, through the results of the annual Organizational Effectiveness Survey. As noted earlier, a summary of the results is shared with Council members as a way as a means of providing them with insight into the Registrar-CEO's people and organizational leadership effectiveness.
- Directly, through confidential interviews with the two Directors, conducted by the external advisor.



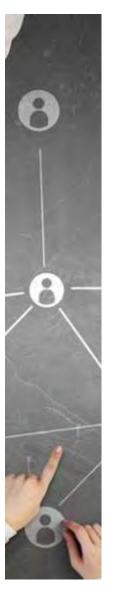


Registrar-CEO Reflection

In preparation for meeting with Executive Committee to review the results of the evaluation, the Registrar-CEO will consider a number of lines of inquiry that may inform the discussion, including but not limited to:

- Professional development needs or opportunities.
- Whether the governance model of the College continues to provide the right tools and resources to perform the job duties?
- Whether there are any challenges in the area of relationships with Council, committees, stakeholders, or staff that require discussion?
- Any challenges related to the strategic goals or any issues with meeting those goals in the timeline established.
- Ways in which the Executive Committee could provide more effective support.
- Possible changes that should be considered to the job description to ensure it remains relevant and reflection of the job.



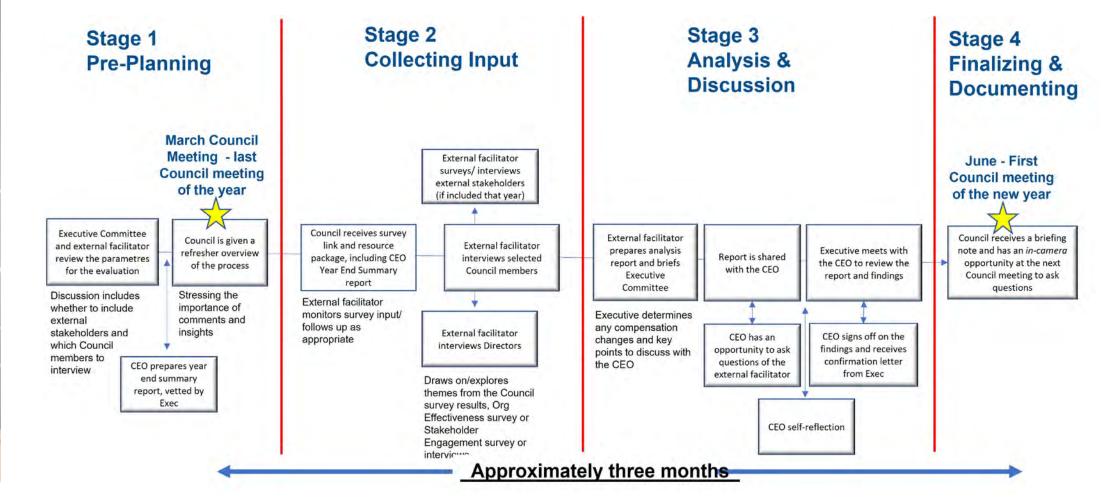


Part 2: Stages in the Process



The whole process

The evaluation process takes place over a period of approximately 3 months, from early March through to early June. Below is the whole process laid out in a timeline, showing four stages of activity. Each stage is described in more detail in the pages that follow.



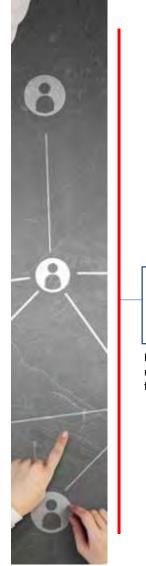
College of Midwives of Ontario





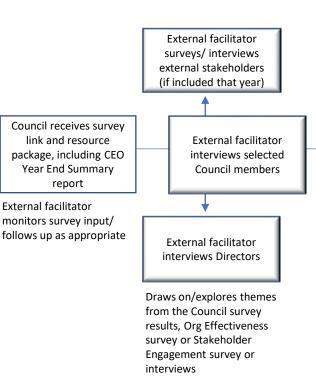
- Executive Committee, the Registrar-CEO, and the external advisor meet to:
 - Confirm the evaluation process, including discussion of any potential refinements to the process and/or criteria, including confirmation of survey questions.
 - Identify whether/which external stakeholders will be invited to participate in the review – the external advisor drafts invitation emails for the Chair.
 - Confirm the package of reports that Council members will receive to assist them in completing the evaluation survey.
- The Registrar-CEO drafts their year end summary report. The report is vetted by Executive Committee for overall completeness and accuracy as a means of providing assurance to Council members that the report is appropriate for evaluation purposes.
- At the March Council meeting, Council receives an overview of the process.

Stage 2: Collecting Input Midwives of Ontario de l'Ontario



College of

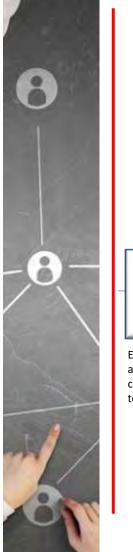
Stage 2 **Collecting Input April-May**



Most of the key steps in this part of the process are carried out by the external advisor, keeping the Chair advised of current status.

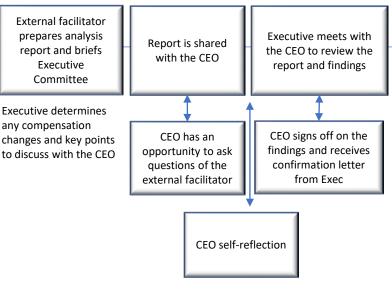
- Council members receive the survey link and resource packaging, including the Registrar-CEO's year end summary report, and other documents.
- Council members are given the option to provide their input via an interview with the external advisor, rather than complete the survey.
- The external advisor monitors survey competition and follows up with reminders. The external advisor may also follow-up with individual Council members to get more information about a specific comment or issue.
- External stakeholders receive the survey link from the external advisor, who monitors completion and follows up with reminders.
- The Directors are interviewed confidentially by the external advisor. Where appropriate, the advisor may draw on themes arising from the Council member and external stakeholder input.

College of Midwives of Ontario Stage 3: Analysis and Discussion



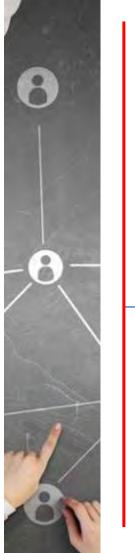
Stage 3 Analysis & Discussion

May-June



- The external advisor analyzes and synthesizes all of the input into a report to Executive Committee. This report provides Executive Committee with the information it needs to assess and reach a decision about the Registrar-CEO's performance, including information related to potential compensation changes.
- The external advisor briefs Executive Committee on the results and facilitates a discussion of the key messages and themes that Executive Committee with raise with the Registrar-CEO.
- Following discussion by Executive Committee and any changes that arise from that discussion, the report is shared with the Registrar-CEO and they have an opportunity to be briefed on the results and ask questions, prior to their meeting with Executive.
- Executive Committee and the Registrar-CEO meet to discuss the results, including the compensation changes.
 - The Registrar-CEO has an opportunity to ask questions, share her reflections, and challenge any findings or conclusions.
 - The discussion also would typically include discussion of any special priorities for the Registrar-CEO, including professional development.
- In the absence of any unresolved issues, Executive Committee and the Registrar-CEO formally indicate their agreement on the findings and decisions.

College of Midwives Sages-femmes Stage 4: Finalizing and Documenting



Stage 4 Finalizing & Documenting



Council receives a briefing note and has an *in-camera* opportunity at the next Council meeting to ask questions

- A letter from the Chair to the Registrar-CEO summarizing the results of the evaluation is drafted by the external advisor, for review and sign-off by Executive Committee. The letter is signed by the Chair and sent to the Registrar-CEO.
- The Chair advises the Director of Operations by email to make the compensation changes, including the effective date (typically, that date would be April 1 of the current year).
- Executive Committee reviews and approves a briefing note for Council that summarizes the results of the evaluation, prepared by the external advisor. The briefing note is sent to Council members as part of the *in camera* portion of the Council meeting package.
- At the June Council meeting, in an *in camera* discussion, the Chair provides an overview of the results and Council members have an opportunity to ask questions.





Getting more information

If you have any questions about the information in this Guide, please contact the external advisor, Sam Goodwin, at <u>sam@sgoodwin.ca</u>. You may also wish to speak with the Registrar/CEO or the Chair of Council.

BRIEFING NOTE FOR COUNCIL

Subject: Budget 2024-25

Summary

Each year in March, the Council reviews and approves the annual operating budget. The budget was reviewed by the Executive Committee in February in advance of its presentation to the Council. In preparing the budget, staff conducted a detailed analysis of past expenses, reassessed strategic initiatives and operational plans, and projected net assets alongside a five-year outlook.

Background & Key Considerations

The fiscal year 2023-24 saw progress on key operational and strategic initiatives, including office downsizing, the digitization of all files, and the Competency-Based Assessment Program. Investments were made in certain projects, such as downsizing and the digitization project, with anticipated long-term savings for the College. Operating with reduced space and primarily remotely has provided us with insight into any changes in our day-to-day operational expenses.

The development process for the 2024-25 budget has been collaborative. The budget has been developed with a focus on key strategic and operational priorities including, advancing our Equity Framework, ensuring effective resource allocation, promoting staff learning and development and aiming to reduce registrant fees. It includes dedicated resources for our Equity Framework and Learning and Development plan. The budget continues to include some cushion for uncertain or variable expenses, including panels and programs and material impacts of the first Collective Agreement.

While the previous five-year outlook proposed a balanced budget by 2026-27, we are currently able to propose a balanced budget in the fiscal year 2024-25 and the next five years. This outlook includes a planned freeze on registrant fees for at least the next three fiscal years.

The College's projected financial position at year end slightly exceeds the Internally Restricted and Unrestricted Net Asset Policy of 3 to 6 months operating costs. Based on a scenario of breaking even at the end of fiscal 2023–24, the College is projected to hold \$1,959,075 in unrestricted net assets. This represents just over 7 months of operating costs. This is an addition to \$16,000 in internally restricted assets for counselling and therapy, and \$300,000 in internally restricted assets for Investigations and Hearings.

Recommendations

The Executive Committee recommends Council to:

1. Approve the proposed Budget for the 2024–25 fiscal year.

Implementation Date

April 1, 2024

Legislative and Other References

None.

Attachments

2024-25 Annual Budget 27 March 2024

Submitted by:

Lieran Docherty, Director of Operations



Draft Budget

April 1, 2024 to March 31, 2025

Presented to Council March 27, 2024, for approval

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Introduction

Current position and financial sustainability

The fiscal year 2023-24 saw progress made on key strategic and operational initiatives, including office downsizing, the digitization of all files and new projects, including the Competency-Based Assessment Program and the Orientation and Assessment Program. The investments in downsizing and digitizing files will have long-term savings for the College. The progress made on key strategic priorities from our 2021-2026 Strategic Plan in 2023-24 will result in reduced expenses for strategic activities over the next two years.

The College team has actively worked to manage costs and position the College for the future. We are continuously enhancing our understanding of the financial implications and resources needed to support a primarily remote workforce. We are investing in initiatives that support the well-being, engagement, and productivity of staff. We are also strengthening our technological infrastructure and systems to reinforce communication, systems, and data security, and address the risks and challenges associated with remote work.

The Council approved a revised budget in October 2023 that proposed a smaller deficit than previously planned. Although the final quarter is not yet closed, and there may be some variable expenses to come, we are projecting a surplus at the end of the 2023–24 fiscal year. The projected deficit for 2023–24 was to be offset by the College's unrestricted net assets, and this is unlikely to happen. Based on a scenario of breaking even at the end of fiscal 2023–24, the College is projected to hold \$1,959,075 in unrestricted net assets at year end. This represents just over 7 months of operating costs. This is an addition to \$16,000 in internally restricted assets for Counselling and Therapy, and \$300,000 in internally restricted assets for Investigations and Hearings. The College's projected financial position at year end slightly exceeds the Internally Restricted and Unrestricted Net Asset Policy of 3 to 6 months operating costs.

Year	Estimated Loss/Gain at Close of Fiscal	Revised Unrestricted Net Asset Number at Close of Fiscal
2020-21	\$207,391	\$1,488,280
2021-22	\$99,465	\$1,626,107
2022-23	\$311,088	\$1,959,075
2023-24	\$0 ¹	\$1,959,075
2024-25	\$3,984	\$1,963,059
2025-26	\$53,327	\$2,016,286
2026-27	\$29,482	\$2,045,868

¹ Important: This is an estimate, the actual year end could have a loss or gain depending on expenses in the final months of the year, the accrual result, and deferred revenue calculations.

Budget development process

The budget development process spans approximately five months, starting from initial planning through to Council approval. It is a collaborative process that involves engaging with staff to forecast anticipated revenue and expenses based on assumptions and estimates. Additionally, it involves analyzing past expenditures and reviewing strategic priorities and operational plans. The Director of Operations gathers this information, drafts budget scenarios, and consults again with staff to confirm their planned activities and expenses. The Registrar provides the final direction for the budget before it is presented to the Executive Committee.

The College entered the budget development process with the following objectives:

- Meet our regulatory mandate.
- Advance the priorities set out in our Strategic Plan 2021 2026.
- Foster a healthy, engaged, and productive workplace.
- Invest in operational improvements and efficiencies.
- Freeze registration and renewal fees for registrants.

Summary

The College is proposing a balanced budget with a freeze on registrant fees as of October 2024. As a reminder, the College has increased registrant fees annually by 2% since 2018. The proposed budget for 2024-25 forecasts higher revenue than 2023-24, along with reduced expenses, particularly in legal expenses, rent and utilities, and strategic initiatives. The budget still accounts for uncertain and variable expenses, mainly related to panels and programs, such as hearings, and the first collective agreement.

Previously, the College was anticipating a balanced budget in 2026-27. As the College achieves a balanced budget earlier than anticipated, we will consider scenarios in which registrant fees could be reduced while also continuing to ensure we achieve our mandate, advance strategic priorities, promote learning and innovation, and foster engagement, productivity, and well-being across our workforce.

2024-25 Proposed Budget

April 1, 2024 – March 31, 2025

REVENUE		2023-24 App	rove	d Budget		2024-25 Prop	osed	Budget
Membership Fees			\$	2,703,230			\$	2,779,752
Administration & Other			\$	81,097			\$	182,992
Investment Income								
Project Funding - Birth Centres			\$	65,063				
Competency Based Assessment Program			\$	14,688				
Orientation and Assessment Program			\$	98,750			\$	33,200
TOTAL REVENUE			\$	2,962,828			\$	2,995,944
EXPENSES								
Salaries & Benefits			\$	1,694,658			\$	1,811,894
Professional Fees								
Finance	\$	28,846			\$	30,510		
Legal	\$	143,929			\$	90,000		
Other (Expert Resources)	\$	154,500			\$	100,500		
Total			\$	327,275			\$	221,010
Council and Committee			\$	150,431			\$	132,105
Office & General								
Insurance	\$	9,934			\$	10,048		
Printing & Postage	\$	5,000			\$	3,000		
Equipment Rental								
Telecommunications	\$	17,000			\$	13,512		
Office Supplies & Resources	\$	22,992			\$	22,992		
Bank & Credit Card Processing Fees	\$	64,362	*	440.000	\$	70,067	¢	440.040
Total			\$	119,288			\$	119,619
Information Technology, Security & Data IT & Network Support	\$	61,814			\$	67,800		
Database Development & Maintenand		73,477			э \$	46,693		
Total	φ	73,477	\$	135,291	φ	40,093	\$	114,493
Rent & Utilities			\$	157,517			\$	107,030
Conferences, Meeting Attendance & Membership Fees			Ψ	157,517			φ	107,030
Conferences & Meeting Attendance	\$	22,838			\$	15,000		
Membership Fees	\$	61,814			\$	60,800		
Total	Ψ	01,014	\$	84,652	Ψ	00,000	\$	75,800
Panel & Programs			÷	0-1,0 0 2			Ŧ	. 0,000
Professional Conduct - Cases & Pane	els \$	150,000			\$	150,000		
Professional Conduct - Hearings	\$	75,635			\$	75,000		
Unauthorized & Illegal Practice	\$	25,000			\$	30,000		
Client Relations - Counselling Suppor		2,060			\$	2,060		
Quality Assurance - Assessments &		45,091			\$	39,748		
Registration - Panels	\$	10,302			\$	20,000		
Total			\$	308,088			\$	316,808
Birth Centre Assessment & Support			\$	65,063			\$	-
Competency Based Assessment Program			\$	91,849			\$	25,000
Orientation and Assessment Program			\$	98,145			\$	33,200
Capital Expenditures			\$	30,000			\$	35,000
Total Expenditures			\$	3,262,257			\$	2,991,960
Net Income or Loss			\$	(299,429)			\$	3,984

Revenue and Registrant Fee Projections

General Information

The College's revenue is comprised of registrant fees, additional administrative fees, interest earned and special projects. The number of new midwives per year is comprised of successful applicants from Ontario Midwifery Education Programs (MEP), internationally educated midwives, and registered midwives from other provinces and territories, less attrition. The Ontario MEP enrollment numbers are set provincially, however, the number of Ontario graduates exceeds the number of applicants the College receives, as many graduates leave the province to practise in other Canadian jurisdictions.

The College has data on trends and projections related to registrants and our ability to project numbers increases with every year of data. Our projected numbers are based on actual registrant numbers and change rates from previous years, as indicated in the table below. During 2022-23, we experienced a higher-than-expected attrition rate. Despite an overall decrease in the annual change rate over the past 10 years, the attrition rate in 2023-24 returned to levels like those in previous years.

The estimated revenue in the proposed budget is based on estimations against a freeze on registrants' fees effective October 1, 2024.

Year	General Members	Inactive Members	Total Members	Increase Over Prior Year	Annual % Change	Note
2028-29	965	318	1283	38	3.05%	estimate
2027-28	942	303	1245	38	3.15%	estimate
2026-27	919	288	1207	38	3.25%	estimate
2025-26	896	273	1169	38	3.36%	estimate
2024-25	873	258	1131	40	3.48%	estimate
2023-24	850	243	1093	29	2.73%	projected
2022-23	843	221	1064	5	0.47%	actuals
2021-22	833	226	1059	31	3.02%	actuals
2020-21	811	217	1028	36	3.63%	actuals
2019-20	801	191	992	43	4.53%	actuals
2018-19	777	172	949	42	4.63%	actuals
2017-18	748	159	907	51	5.96%	actuals
2016-17	707	149	856	49	6.07%	actuals
2015-16	681	126	807	46	6.04%	actuals
2014-15	655	106	761	60	8.56%	actuals
2013-14	613	88	701	62	9.70%	actuals
2012-13	564	75	639	55	9.42%	actuals
2011-12	513	71	584	55	10.40%	actuals
2010-11	475	54	529	41	8.40%	actuals
2009-10	436	52	488	42	9.42%	actuals
2008-09	405	41	446	35	8.52%	actuals
2007-08	368	43	411	46	12.60%	actuals

Reference: Registrant Numbers by Year

Administration & Other includes such items as initial application fees, Letters of Professional Conduct, duplicate documents, incorporation charges, and late penalty fees. The College has again estimated a calculation of 3% of the total registrant fees as administration and other fees. The Administration & Other also includes estimated interest earned on investments.

The College previously received funding for oversight of the Birth Centre Assessment Program. However, the funding agreement with the Ministry of Health for Birth Centres has been terminated as Accreditation Canada will become the inspecting body for community surgical and diagnostic centres under the Integrated Community Health Services Centres Act. This represents a loss of approximately \$65,000 in revenue from previous years.

The College does not expect any further revenue related to the Competency-Based Assessment Program. As a key strategic priority, the College does expect associated expenses in this fiscal. Revenue for one cohort of participants in the Orientation and Assessment program is reflected in the budget. The program has been developed to be cost recovery.

Registrant Fee Freeze

The College is proposing a freeze on registrants' fees as of October 1, 2024. Due to deferred revenue, this will impact the proposed budget and the 2025-26 budget.

Summary

The College estimates revenue from registrant fees, administrative fees, and project revenue to be \$2,995,944.

Realigning Costed Strategic Initiatives

In March 2021, Council approved a new Strategic Plan for 2021-26. The College had carefully assessed costs associated with the plan to create a costed strategic plan. The strategic budget was projected at \$425,000 over 5 years. During the budget reforecasting process in 2023-24, the strategic priorities were revisited with changes to the projected expenses and the overall cost.

	Re-baselined Strategic Priorities – August 2023				
	Y1	Y2	Y3	Y4	Y5
	2021-22	2022-23	2023-24	2024-25	2025-6
Strategic Priority 1		\$12,000	\$92,000	\$25,000	
Strategic Priority 2	\$10,000		\$145,000	\$25,000	
Strategic Priority 3	\$10,000	\$40,000		\$20,000	
Total	\$20,000	\$52,000	\$237,000	\$70,000	
Total cost					\$379,000

To account for the strategic initiatives carried out in 2023-24 and to create room for the initiatives that were not completed, the College has realigned the timing of costed strategic priorities. Of the \$25,000 budgeted for developing and conducting surveys under Strategic Priority 2 in 2023-24, \$12,500 and will be carried over to 2024-25. These strategic initiative expenses can be found in the Professional Fees, Other – Expert Resources and Competency Based Assessment program expenses lines. The timing and costs of the realignment are as follows:

Re-baselined Strategic Priorities – 2024-25 Budget					
	Y1	Y2	Y3	Y4	Y5
	2021-22	2022-23	2023-24	2024-25	2025-6
Strategic Priority 1		\$12,000	\$92,000	\$25,000	
Strategic Priority 2	\$10,000		\$120,000	\$37,500	
Strategic Priority 3	\$10,000	\$40,000		\$20,000	
Total	\$20,000	\$52,000	\$212,000	\$82,500	
Total cost					\$366,500

The key activities reflected in the 2024–25 strategic priority budget include:

- Strategic Priority 1 As part of the Competency Based Assessment Program, we will conduct a scan to identify remedial and educational programs to address knowledge and skills gaps in midwives. Several midwifery regulators across Canada have contributed to this project. This revenue was captured in previous fiscal years.
- Strategic Priority 2 We will survey the public, midwives, and midwifery students to track their perceptions of the College of Midwives of Ontario so we can better understand the impact of our work and how we can communicate more effectively with them.
- Strategic Priority 3 We will develop an online portal for complaints.

Expense Projections by Category

Category: Salaries & Benefits

Objectives

- To provide staff compensation at market value to promote quality and inclusionary recruitment, retention, and engagement.
- To attract, promote and maintain a diverse workforce.
- To meet the requirements of the College's first collective agreement.
- To ensure internal capacity, skills, and knowledge to meet the strategic priorities and operational activities.

- To provide health and professional development benefits to foster a healthy, engaged, and motivated team.
- To operate within the College's resources benchmarked against a comparable peer group of regulatory organizations.

Results

- An engaged, motivated, and diverse workforce.
- Operating successfully within a new unionized environment.
- Meeting the expectations of the public to regulate midwifery in a transparent and effective manner.
- Internal capacity to meet regulatory obligations.

Budget

A total Salaries & Benefits cost of \$1,811,894 is projected. This represents the required increase to salaries, benefits cost increase, professional development, wellness programs, and a contingency budget to address the outcomes of the collective bargaining process ensuring we meet our set objectives.

Narrative

For the fiscal year 2024–25, the College continues to have 13 regular full-time positions.

The College assesses its salaries externally with the assistance of an expert consultant every few years with a commitment to staff that it be done every 3 to 5 years depending on market conditions and changes to ensure its market competitiveness. The last salary assessment was conducted in 2023.

The College continues to provide extended health benefits in addition to professional development funds. While our external market position with respect to salaries and group benefits remains competitive, we will continue to review workforce needs.

Category: Professional Fees

Objective

- Ensure access to adequate expert consultants to complement staff and Council resources.
- Support the College's collective bargaining process.
- Achieve our strategic priorities.
- Advance our equity, diversity, and inclusion goals.
- Enhance learning and development opportunities for the team.

Result

- Advance our Equity Framework through a dedicated budget for expert resources and support.
- Increased knowledge, skills, and competencies of the staff.
- Negotiated first collective agreement.
- Risk mitigated approach for the College.

Budget

A total Professional Fees cost of \$221,010 is projected. This represents a decrease in projected expenses in Legal support and Other expert resources. Finance support has increased by an inflationary amount.

Narrative

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

- Operational legal counsel related to collective bargaining and regulatory responsibilities (excluding Professional Conduct case-specific costs and legal costs associated with panels in all program areas- those costs are captured under the Panel & Program area).
- The required year-end financial audit as well as financial consultation throughout the year.
- Dedicated resources for advancing our Equity Framework have been included.
- Dedicated resources to support our Learning and Development plan have been included.
- Expert consultants for planned strategic priorities are included.

The College has committed to using expert consultants only when necessary and specialized expertise is needed to mitigate possible risks to the College on a temporary or ad hoc basis.

Category: Council & Committee

Objectives

- An available Chair to lead the College and participate, as necessary, in stakeholder meetings and engagement projects.
- Adequate succession planning to ensure continued stability and strength on the Council.
- Effective and efficient Council and Committees equipped to meet the needs of the College and make decisions in the public interest.

- Regular training and education to support Council and Committees and further governance modernization.
- Maximize efficient use of technology in a hybrid environment.

Results

- An engaged and effective Council and Committee structure that will have the capacity to achieve the College's objectives.
- Advance governance-related equity, diversity, and inclusion objectives.
- Council and Committee members have access to education, training, and support.
- The College receives necessary oversight and advice towards meeting its mandate.
- Performance is measured by reaching milestones set out in the Strategic Plan, quarterly updates are provided, and bylaws are met.

Budget

A total Council & Committee cost of \$132,105 is projected, representing a decrease from previous years. This is based on revisiting actuals from previous years and planned activities for the upcoming fiscal year.

Narrative

This budget and future projections assume there will be two Council meetings onsite a year and four training opportunities throughout the year.

Per diems were reviewed in February 2024 as part of the review of the Fees by-law. As a reminder, CPP deductions do apply for any professional Council members with billings over \$3500. Here, the College must match these deductions.

Category: Office & General

Objective

- Efficient operations that provide the infrastructure and materials required for a hybrid work environment to function effectively.
- Support collaboration and information sharing across the organization.
- Increase our leverage of electronic tools to reduce the need for office supplies and traditional printing/processing.
- Mitigate risks associated with processes such as manual cheques.

Result

• Strong and effective operations to support the College's work.

- Increase sustainable approaches to work by reducing the reliance on paper and printing which creates additional record retention and storage costs.
- Continue to increase the use of electronic payables and receivables.

Budget

A total Office & General cost of \$122,583 is projected. This budget is maintained from 2023-24.

Narrative

While savings have been made in this area in telecommunications, the increase in bank and credit card processing fees reflects the continuous shift to electronic payments and credit card fees.

In 2023-24, the College has digitized all of our files which has resulted in savings to storage related costs.

Category: Information Technology, Security & Data

Objectives

- Efficient information technology resources that provide adequate infrastructure.
- Strengthen network security and minimize disruption to ongoing operations.
- Systems that allow for appropriate storage and dissemination of data.
- A registrant portal and public register that meets legislative requirements and best practices.
- Systems that fulfil the enhanced requirements under the College's privacy and security policies.

Results

- Strong and effective information technology infrastructure to support the College's work, especially in a hybrid environment.
- Appropriate protection of the College's data and information.
- Leverage cloud-based approaches requiring less equipment, maintenance, and replacement costs.

Budget

A total Information Technology, Security & Data cost of \$114,493 is projected. This represents a reduction of approximately \$20,000 over last year's budget.

Narrative

This budget is based on the cost of 12 months of information technology, security, data expenses, and support of our regular operations and approved/costed strategic priorities for the year. This includes the contracting of a third-party IT support provider to support the College and ensure its privacy and security. Our IT & Network support has increased because of the hosting the server off-site with our third-party IT provider.

The reduction in budget is a reflective of less projected expenses related to our database. This year, we plan to transition to Thentia 2.0 and will maintain the service contract but with reduced additional support required.

Category: Rent & Utilities

Objective

- Appropriate space from which the College can conduct its business including hosting any in-person meetings and addressing needs for future operational needs.
- Maintain reduction in overall footprint while stabilizing planned costs for the balance of the next five years and responsibly evaluating hybrid space/work options.

Results

- Evaluated set of options positioning the College with strong and effective central operations that support the College's work, the outcomes of the collective agreement, and an engaged workforce.
- Appropriate location to allow for staff recruitment and retention, easy hybrid model commute if / when necessary.
- Appropriate location to allow for collaboration with stakeholders and attendance at industry and Ministry meetings.
- Supporting regular in person staff meetings and activities.
- Hosting meetings/events when best done in person with stakeholders.

Budget

A total Rent & Utilities cost of \$107,030. This reflects a full year at the reduced space rent.

Narrative

The College reduced its footprint by 50% in September 2023. The reduced office space will save the College approximately \$100K per year over the next five years starting September 2023.

The College will continue to assess the use and need for this office space.

Category: Conferences, Meeting Attendance & Membership fees

Objectives

- Active participation in member organizations that benefit the College through access to the resources and expertise in the sector.
- Continued work on inter-professional collaboration initiatives.
- Partnership with other organizations on joint information-sharing, education, and mutual interest initiatives
- Optimize the economies of scope and scale in work required in response to legislative changes.
- Having a voice at the table of important decisions that affect the safe practice of midwifery.

Results

- Continued participation in and collaboration with closely related organizations to the College.
- Continued acquisition of current knowledge and best practices
- Attendance at relevant educational events and programs including the resumption of a few in-person events.
- Keeping abreast of trends and changes in regulation

Budget

A total Conferences, Meeting Attendance & Membership Fees cost of \$75,800 is projected representing a decrease of approximately \$8,800.

Narrative

Involvement in professional regulatory associations allows the College to access important resources across the country. As result, the College continues to maintain membership in several key organizations. Detailed below are the organizations to which most of the membership fees are paid:

Health Profession Regulators of Ontario (HPRO)

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

Projected HPRO Membership Costs - \$10,000

Canadian Midwifery Regulators Council (CMRC)

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

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

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

Projected CMRC Membership Costs - \$47,000

These two elements account for the majority of the College's membership costs for the year. The College continues to promote and accommodate staff attendance at in-person conferences and meetings. The balance of the budget, comprised of conferences and meeting attendance (virtual or in-person), accounts for the other \$15,000.

Conferences

Participating in educational initiatives enables the College to ensure that it has access to current knowledge and best practices. Conferences chosen include (but are not limited to) both provincial and national conferences addressing professional self-regulation, discipline, governance, privacy/confidentiality. Some examples of the conferences attended are:

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

Category: Panel & Programs

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

PROFESSIONAL CONDUCT

Objectives

• Access to adequate funds to conduct investigations and hearings as needed for inyear costs, accruals for cases carried forward year over year. • Access to adequate hearings support to close cases.

Results

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

Budget

As we prepare for 2024-25 activity and anticipate volumes, Professional Conduct costs of \$150,000 is planned to cover cases and panels with an additional \$75,000 in hearing costs.

Narrative

The proposed budget provides a reasonable allowance for the likely volume of investigation, hearing, audit, and discipline activities. Costs encompass the following: panel meetings of the Inquiries, Complaints and Reports Committee (ICRC) to review complaints and reports; legal and investigation costs associated with each case, and expert opinions. The budget projection is based on data on the average number of cases per year and the average expenses related to cases.

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

In 2020, the Council approved an internal restriction to cover unforeseen expenses such as investigations, discipline hearings, and fitness and practise hearings. Also, in 2019, the College launched an Alternative Dispute Resolution program. Both have resulted for better projection and management.

With the implementation of our Restricted and Unrestricted Net Asset Policy, the College has access to its \$300,000 in internally restricted net asset envelope for Investigations and Hearings if our budgeting is too conservative against what will be the actual experience next year.

UNAUTHORIZED AND ILLEGAL PRACTICE

A budget of \$30,000 has been included to cover reasonable allowance for the likely volume of costs associated with unauthorized and illegal practice. During the 2023-24 budget reforecasting process, the budget was increased from \$2,000 to \$25,000. This was because of the increased legal costs related to unauthorized and illegal practice. The budget has been increased in the 2024-25 budget to reflect actual expenses in 2023-24.

CLIENT RELATIONS – COUNSELLING SUPPORT

The budget provides a reasonable allowance of funds to cover expenses associated with counselling support related to allegations of sexual abuse by registrants. The budget has been maintained from 2023-24.

QUALITY ASSURANCE

Objectives

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

Results

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

Budget

A total Quality Assurance – Assessments & Panels cost of \$39,748 is estimated. This is a slight increase from the previous budget based on previous expenses and anticipated activities.

Narrative

In 2023-24, the College will incur costs in four main areas namely committee-ordered peer and practice assessments, panel costs and their associated legal costs, random peer and practice assessments and assessor training.

REGISTRATION

The College separately tracks costs associated with administering the Registration Program. These involve costs for registration panels under the Registration Committee, and their associated legal costs. The budget has increased from \$10,302 in 2023-24 to \$20,000 in 2024-25 to account for additional training and legal costs under the Registration Committee.

Category: Capital Expenditures

Objectives

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

Results

- Continued successful evergreening program.
- Technology remains current and effective.
- Updated tools and electronic equipment are available for operations.
- Support staff collaboration and communication in a hybrid environment.

Budget

A total Capital Purchases cost of \$35,000 is projected.

Narrative

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

BRIEFING NOTE FOR COUNCIL

Subject: Internally Restricted and Unrestricted Net Asset Policy

Summary

The Internally Restricted and Unrestricted Net Asset Policy has undergone review by staff and the Executive Committee, with changes proposed. The proposed change is to uphold unrestricted net assets in the amount of 6 to 12 months of the annual operating budget. The current policy states that unrestricted assets should be in the amount of 3 to 6 months of the operating budget.

Background

The Internally Restricted and Unrestricted Net Asset Policy was developed in December 2020.

The purpose of the policy is to provide clarity and intention on why there is an accumulation of net assets, clearly describe what they will be used for, and outline any requirements for reporting and monitoring. Restricted and unrestricted reserve funds support the long-term financial stability and adaptability of the College. Reserve funds are set aside to cover unforeseen expenses and operational costs when presented with income-related changes, and enable us to seize opportunities for strategic growth or change.

Our current policy states that the College will maintain internally restricted funds that are set aside to respond to unexpected expenses related to 1) Investigations and Hearings and 2) Therapy and Counselling. While we make the best efforts to anticipate the expenses related to these matters and include them in our annual budget, the internally restricted net assets provide cushion should we incur costs beyond our projected expenses.

Our currently policy also states that the College will maintain internally unrestricted funds in the amount of 3 to 6 months of operating expenses to cover variable and/or unforeseen expenses. Staff are proposing that unrestricted funds should amount to 6 to 12 months of operating expenses to align with recommendations made by our auditor, to reflect our five-year financial outlook and remain prepared for unexpected costs and risks.

As per our current policy, the policy is to be reviewed every three years by the Executive Committee and presented to the Council for their approval of changes or renewal.

Key Considerations & Public Interest Rationale

Best practice

Unrestricted net assets serve as a financial cushion for organizations during times of uncertainty, or unanticipated expenses. By maintaining a healthy level of unrestricted net assets, the College can ensure stability and adaptability. In 2023, our auditors, Hilborn LLP, recommended that the College consider increasing our unrestricted net assets to align with current common practice and to be better prepared for unforeseen circumstances. They recommended, that the College consider maintaining at least 6 to 9 months of operating funds in reserve. The pandemic was an example of

unforeseen circumstances that tested the organization's financial adaptability. Staff undertook a review of literature from CPA Canada¹ and other non-profit organizations and found that a range of 3 to 12 months of operating funds is consistent across organizations.

The Canadian Revenue Agency takes the position that not-for-profit organizations can accumulate net assets as long as they are reasonable and accompanied by a policy that documents intentionality about why it accumulates net assets and what they will be used for. In addition to having a policy, the College presents a breakdown of our net assets in our financial statements to demonstrate compliance with the policy.

Current financial position

The College's current financial position and five-year outlook would comply with the proposed change to the policy. Based on current estimates of our year end, we are projected to hold \$1,959,075 at the end of this fiscal year. This represents just over 7 months of operating costs. This is an addition to \$16,000 in internally restricted assets for Counselling and Therapy, and \$300,000 in internally restricted assets for Investigations and Hearings.

The table below provides an updated estimated outlook on the unrestricted net assets at close of fiscal and over the next three years. It should be noted that this is an estimate. However, it predicts that we will maintain 7 months of operating funds in the coming years. The range of 6 to 12 months provides a range that is attainable for the College and falls within the recommended practice.

Year	Estimated Loss/Gain at Close of Fiscal	Revised Unrestricted Net Asset Number at Close of Fiscal
2020-21	\$207,391	\$1,488,280
2021-22	\$99,465	\$1,626,107
2022-23	\$311,088	\$1,959,075
2023-24	\$0 ²	\$1,959,075
2024-25	\$3,984	\$1,963,059
2025-26	\$53,327	\$2,016,286
2026-27	\$29,482	\$2,045,868

Recommendations

The following motion is submitted for approval by Council:

1) Approve the changes to the Internally Restricted and Unrestricted Net Asset Policy

Implementation Date

¹ CPA Canada Canadian Accounting Standards for Not-for-Profit Organizations (ASNPO)

² Important: this is an estimate, the actual year end could have a loss or gain depending on expenses in the final months of the year, the accrual result, and deferred revenue calculations.

April 1, 2024

Legislative and Other References

N/A

Attachments

Internally Restricted and Unrestricted Net Asset Policy Feb 2024 draft

Submitted by:

Lieran Docherty, Director of Operations

INTERNALLY RESTRICTED AND UNRESTRICTED NET ASSET POLICY

Purpose

To establish internally restricted and unrestricted net assets to provide for the long-term financial stability of the College and to thereby fulfill the mandate of the College to protect the public.

Policy Statement

The College maintains internally restricted and unrestricted net assets in order to cover variable and/or unforeseen expenses.

Internally Restricted Net Assets

Standing internal restrictions are related to professional conduct matters. The College makes best efforts to anticipate the costs associated with professional conduct matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, Council has internally restricted net assets to fund expenses related to these matters as follows:

(1) Investigations and Hearings Internal Restriction

- (a) The Investigations and Hearings Internal Restriction is designed to cover unforeseen expenses such as investigations, discipline hearings, and fitness to practise hearings.
- (b) The amount to be maintained is \$300,000.
- (c) In any fiscal year in which the expenses of the activities set out in (a) above exceed the budget, net assets may be transferred from this internal restriction to unrestricted net assets to cover the cost overrun.

(2) Therapy and Counselling Internal Restriction

- (a) The Therapy and Counselling Internal Restriction is designed to cover unforeseen expenses of the program for Funding for Therapy and Counselling.
- (b) The amount to be maintained is \$16,000.
- (c) In any fiscal year in which the expenses of the activities set out in (a) above exceed the budget, net assets may be transferred from this internal restriction to unrestricted net assets to cover the cost overrun.

A draw-down of internally restricted net assets related to professional conduct below the established threshold should include, wherever possible, a plan for replenishing the net assets to the established threshold.

Additionally, at the request of Council, other internal restrictions can be set but only for capital projects or strategic initiatives that are specifically identified.

Internal restrictions for strategic initiatives or capital projects should be tied to specific projects or initiatives, approved by a Council motion, and a plan to use the net assets in their entirety within a set timeframe should accompany the restriction. If net assets remain after projects or initiatives reach completion they will be reallocated to unrestricted net assets.

Unrestricted Net Assets

In addition to internally restricted net assets, the College will maintain unrestricted net assets which may be used before internally restricted net assets, to cover other variable and/or unforeseen expenses.

When the College projects a deficit in its budget, the unrestricted net assets should be an amount within 3 and 6 months 6 to 12 months of the annual operating expense budget, plus net assets in the amount of the deficit.

When the College does not project a deficit in its budget, the unrestricted net assets should be an amount within 3 and 6 months 6 to 12 months of the annual operating expense budget.

In the event that unrestricted net assets (as presented through audited financial statements) fall outside the established range, a plan for returning unrestricted net assets to the range should be implemented by Council.

Accountability

Council is responsible for establishing all restrictions of net assets, and authorizing transfers to and from restrictions. Council is responsible for approving this policy and any alterations to this policy.

The Registrar-CEO has the responsibility of ensuring compliance with this policy.

The Executive Committee will regularly receive reports on net assets and report to Council as it deems necessary but always in situations where the net assets fluctuate outside of what has been established in this policy.

Policy Review Schedule

The Executive Committee will review this policy every three years, or sooner if conditions warrant, and present to Council for their approval any alterations to the policy the Committee deems necessary, or the policy as it stands for renewed approval.

Approved by Council Approval Date: December 9, 2020 Implementation Date: December 9, 2020 Last reviewed and revised: December 9, 2020

BRIEFING NOTE FOR EXECUTIVE COMMITTEE

Subject: Proposed Amendments to the General By-law

Summary

The General By-law has undergone a review with proposed changes being brought to Council for consideration. The goal of the review was to update the General By-law to reflect current inclusive language, governance reforms, best practices, and updates to align with other governing legislation.

Background

The General By-law was last revised in December 2020.

The General By-law covers many important governance and procedural matters that guide the operations of the Council, committees, and the College.

The proposed changes are brought forward for consideration following a review by staff in all departments, a review by legal counsel, an environmental scan of other health college by-laws and review of other current governing legislation, guided by ensuring the protection of the public interest in administering the College affairs.

It is commonplace for colleges to review and update their by-laws on a regular basis. Opening the by-law provides an opportunity to identify changes that can be implemented now and future changes that require further research and planning.

In all cases, the approved proposed changes will be circulated to the public and registrants for a 60-day consultation. Feedback from the consultation will be reviewed and considered by the Executive Committee and final changes will be brought to Council for review and approval in June 2024.

Key Considerations & Public Interest Rationale

Summary of Proposed Changes

Please see below for a table outlining the proposed changes, reasons, and public interest rationale.

In accordance with section 94(1) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act*, 1991, the Council may make by–laws relating to the administrative and internal affairs of the College.

In reviewing the by-laws, the following changes were applied throughout to update: *Language and definitions*

- 'Council' to 'Board'
- 'Member' to 'Registrant'
- 'inactive' to 'inactive/non-practising' to include the wording in the proposed Registration Regulation that was submitted to the Ministry in May 2023.
- Accessible and inclusive language the By-law had already been reviewed to use gender-inclusive language in 2018.

Aligning with current best practice

- Removing sections that no longer apply.
- Simplifying and aligning with other governing legislation, such as the *Regulated Health Professions Act* and the Health Professions Procedural Code, by removing duplicate language and/or adding references for clarity.
- Building in flexibility where possible to enable governance modernization, procedural fairness, and equitable practices.

Existing provisions in the by- law	Proposed amendments	Rationale
Article 1 – Interpretation 1.01 Definitions "Council" means the Council of the College.	Article 1 – Interpretation "Board" means the Board of Directors which is the Council of the College as established under section 6 of the <i>Midwifery</i> <i>Act</i> , 1991.	Rationale "Council" to "Board" - to align with current governance modernization initiatives at health regulatory Colleges. We have already changed President and Vice-President to Chair, and Vice-Chair.
"Member" means a member of the College as that term is used in the RHPA and the Act unless otherwise indicated.	"Registrant" means a member of the College within the meaning of subsection (1) of the RHPA and section 1 of the Act unless otherwise indicated.	"Member" to "Registrant" – to align with previous decisions regarding the use of member vs registrant. Any midwife who holds a certificate of registration with the College of Midwives of Ontario is considered a registrant.

"Spouse" means either of two persons who are married to each other and includes a common law spouse and a same sex partner of the person	"Spouse" in relation to a registrant, means, (a) a person who is the registrant's spouse as defined in section 1 of the Family Law Act, or (b) a person who has lived with the registrant in a conjugal relationship outside of marriage continuously for a period of not less than three years.	Definition of "spouse" changed based on advice to use the Family Law Act definition which is inclusive of relationships between people of all gender identities.
1.03 - Consistency with RHPA and Act All provisions of these and all by-laws of the College shall be interpreted in a manner consistent with the RHPA and the Act and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from the by-law.	Repeal: 1.03	Legal Counsel confirmed this section is not necessary as Acts always supersede bylaws.
Article 5 – Council	Article 5 - Board	Rationale
5.06 – Election Date An election of members to the Council shall be held in the month of June each year.	5.06 – Election Date An election of members to the Board shall be held annually on a date determined by the Registrar.	Provides flexibility to adjust the governance calendar (and Board terms start and end dates) in the future by removing the specific month for an election to be held while still requiring an annual election.
5.08 – Eligibility for Election a) the Member holds a certificate of registration other than a certificate in the Transitional class;	 5.08 – Eligibility for Election 5.08 (1) A registrant is eligible for election to the Board if, on the deadline for the receipt of nominations and up to and including the final date for voting in the election, a) the registrant holds a certificate of registration other than a certificate in the transitional, emergency, or supervised class; 	Adding the additional classes to this section to account for the classes in the current and proposed Registration Regulation where the certificate is limited by an expiration date and therefore these registrants should not vote in an election.

 q) the Member has not been a director, board member, officer or employee of a Professional Association in the preceding 12 months; r) the Member has not been director, owner, or board member of an educational institution relating to midwifery in the preceding 12 months; u) the registrant is not and has not been an employee of the College during the previous two (2) years; 	 q) the registrant has not been a director, board member, officer, or employee of a Professional Association in the preceding three (3) years; r) the registrant has not been director, owner, or board member of an educational institution relating to midwifery in the preceding three (3) years; u) the registrant is not and has not been an employee of the College during the previous three (3) years; 	Extending the timeframe in sections q), r) and u) to ensure a sufficient cooling off period for a registrant to become eligible for election to avoid a possible conflict of interest, where the individual may have a vested interest in the profession versus the College, due to a former position, or having been a former employee of the College. The Executive Committee recommended three years to align with terms and other eligibility timeframes. The College Performance Measurement Framework (CPMF) required by the Ministry of Health includes the following standard: The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).
	 5.08(1) Additions: y) the registrant is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent related to the College or their role as an employee or agent of the College; 	To mitigate against the possibility of a candidate for election being or having been a party to litigation against the College, to protect the public and College interest, legal counsel recommended adding the wording in section y).

5.08(1) Additions:	One of the measurement
bb) the registrant meets the pre-defined competencies and suitability criteria that may be approved by the Board;	standards in the CPMF Governance Domain requires where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills and commitment prior to becoming a member of Council or a Statutory Committee. Evidence required, includes: a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria;
	Therefore, suggest adding the wording in section bb) to the by-laws to enable Council to begin the work of establishing these criteria. Election candidates are currently asked to self-disclose as identifying with key demographic populations to encourage diverse representation on Council. The Executive Committee contemplated whether this should be added at this time or if it should be added at a later date once the work has been completed. The Ministry has recommended that Colleges be as ready as possible to implement governance modernization changes as they expect that once a direction is made the timelines will be short.
5.08(1) Addition: cc) The registrant has not served as a College Board member for an aggregate of	The Regulated Health Professions Act already establishes that a Council member cannot serve on Council for more than nine

nine or more years in their lifetime. Or cc) The registrant has not completed three consecutive three-year terms as a College Board member within the past three years.	consecutive years (three consecutive three-year terms). However, after an undefined break from Council, a registrant is eligible to be elected for an unlimited number of three consecutive three-year terms (with a break in between) throughout their lifetime. Staff has recommended adding a maximum lifetime term limit of a total of nine years which better aligns with public member appointments process and governance best practices. Best practice for term limits is six years. Term limits are considered to be more equitable in that "power" is shared with more people and access to Board positions is increased. The Executive Committee, however, considered whether the profession remains too small to draw from and proposed considering a cooling off period instead. See suggested optional wording in blue.
Addition: 5.08(2) A registrant is not eligible for election to the Board who, if elected, would be unable to serve completely the three- year term prescribed by subsection 5.04 by reason of (a) the nine-consecutive-year term limit prescribed by subsection 5(2) of the Health Professions Procedural Code, or (b) the total nine-year term limit prescribed by subsection 5.08(cc) of this by-law.	 5.08(2) is wording recommended by legal counsel to address the term limit to prevent a candidate from running for election if they would not be able to complete their term if elected as they would exceed the maximum term limit. If Council decides on cooling off period instead of a lifetime term-limit, then the section in blue would be removed.

5.09 – Eligibility to Vote A Member is eligible to vote in an election for members of Council if, on the day the election opens, the Member, a) holds a certificate of registration other than a certificate in the Transitional class;	 5.09 – Eligibility to Vote A registrant is eligible to vote in an election for members of the Board if, on the day the election opens, the registrant, a) holds a certificate of registration other than a certificate in the transitional, emergency, or supervised class; 	Adding the additional classes to this section to account for the classes in the current and proposed Registration Regulation where the certificate is limited by an expiration date and therefore these registrants should not vote in an election.
5.14 – Conflict of Interest Questionnaire The Registrar shall request every eligible nominee to complete and return a conflict of interest questionnaire and any nominee who fails to complete and return the questionnaire in the form and by the deadline set by the Registrar, shall not be eligible for election.	5.14 – Conflict of Interest Declaration The Registrar shall request every eligible nominee to complete and return a conflict of interest declaration and any nominee who fails to complete and return the declaration in the form and by the deadline set by the Registrar, shall not be eligible for election.	Simple change in wording to better reflect the current process and language.
5.22 – Number of Votes Cast A Member may cast as many votes in an election of Members to the Council as there are Members to be elected but shall not cast more than one (1) vote for any candidate.	5.22 – Number of Votes Cast A registrant may cast as many votes in an election of professional Board members as there are candidates to be elected but shall not cast more than one (1) vote for any candidate.	Simple wording change for clarity. No change in intent.
Article 6 - Committees 6.12 - Eligibility for Appointment a) A Member is eligible for appointment to a Committee, if on the date of the appointment, i. the Member holds a certificate of registration other than a certificate in the	 Article 6 - Committees 6.12 - Eligibility for Appointment a) A registrant is eligible for appointment to a Committee, if on the date of the appointment, i. the registrant holds a certificate of registration other than a certificate 	Rationale Adding the additional classes to this section to account for the classes in the current and proposed Registration Regulation where the certificate is limited by an expiration date and therefore these registrants should not be eligible for appointment to committees.
Transitional class;	in the transitional, emergency, or supervised class;	

 6.12 – Eligibility for Appointment a) xvii. the Member has not been a director, board member, officer or employee of a Professional Association in the previous 12 months. xviii. the Member has not been a director, board member or owner of a midwifery educational institution in the previous 12 months. xxi. the Member is not and has not been an employee of the College during the previous two (2) years; 	 6.12 – Eligibility for Appointment a) xvii. the registrant has not been a director, board member, officer or employee of a Professional Association in the previous three (3) years. xviii. the registrant has not been a director, board member or owner of a midwifery educational institution in the previous three (3) years. xxi. the registrant is not and has not been an employee of the College during the previous three (3) years; 	Extending the timeframe in sections xvii, xviii, and xxi to ensure a sufficient cooling off period for a registrant to become eligible for appointment to committees to avoid a possible conflict of interest, where the individual may have a vested interest in the profession versus the College, due to a former position, or having been a former employee of the College. The Executive Committee recommended three years to align with terms and other eligibility timeframes.
	6.12 a) Additions: xxiv. the registrant is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent related to the College or their role as an employee or agent of the College;	To mitigate against the possibility of a candidate for appointment to a committee being or having been a party to litigation against the College, to protect the public and College interest, legal counsel recommended adding the wording in section xxiv.
	6.12 a) Additions: xxvi. the registrant meets the pre-defined competencies and suitability criteria approved by the Board;	One of the measurement standards in the CPMF Governance Domain requires where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills and commitment prior to becoming a member of Council or a Statutory Committee and have met pre- defined competency and suitability criteria. Therefore,

6.12 – Eligibility for	6.12 – Eligibility for	suggest adding the wording in section xxvi to the by-laws to enable Council to begin the work of establishing these criteria, in addition to the criteria outlined in this section. The Executive Committee contemplated whether this should be added at this time or if it should be added at a later date once the work has been completed. The Ministry has recommended that Colleges be as ready as possible to implement governance modernization changes as they expect that once a direction is made the timelines will be short. Wording added to b) to clarify
 b) A person who is not a Member is eligible for appointment to a Committee if, on the date of the appointment, they meet the eligibility criteria as the Council may from time to time determine. 	 b) A person who is not a registrant and not a former registrant is eligible for appointment to a Committee if, on the date of the appointment, they meet the eligibility criteria as the Board may from time to time determine. 	that resigned/former registrants would not be able to be appointed as non-Board public members to committees. This supports the public interest in not having former professional registrants acting as public members on a committee.
6.13 – Removal of Non- Council Committee Members The Council may remove a non-Council member of a Committee at its discretion. Article 7 – Meetings of Council	6.13 – Removal of Committee Members The Board may remove a non Council -member of a Committee at its discretion. Article 7 – Meetings of Board	The proposed changes broaden the section to enable the removal of a member, whether Council or non- Council, from a Committee if warranted. Rationale
and Committees7.02 – Provision ofInformation RegardingDiscipline CommitteeHearingsa) The Registrar shall ensurethat information concerning ahearing by a panel of theDisciplineCommitteerespectingallegationsofprofessionalmisconductor	and Committees Repeal: 7.02	This provision was previously found in the General Regulation under the <i>Midwifery Act.</i> It was removed from the General Regulation in November 2020 and the Ministry recommended that we consider adding it to our Bylaws, which we did. However, the College is not

 incompetence by a Member is given to every person who requests it, i. at least 30 days before the intended date of the hearing, if possible; or ii. for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made. b) The information shall be available in English or French as requested. c) The information shall include, i. the name of the Member against whom the allegations have been made; ii. the Member's principal place of practice; iii. the intended date, time and place of the hearing; iv. a statement of the purpose of the hearing; and v. a notation that the hearing is open to the public. If the panel makes an order that the public be excluded from a hearing or any part of it a potation to that 		permitted to make a bylaw of this nature as the bylaws can only contain what is authorized under section 94(1) of the Code. It is sufficient that this simply be a process we follow.
7.03 – Council Meetings Council meetings shall, wherever possible, be held in the Toronto area on dates set in advance and shall occur at regular intervals and at such frequency as necessary for Council to conduct its business but shall, in any	7.02 – Board Meetings Board meetings may be held on dates set in advance and shall occur at regular intervals and at such frequency as necessary for the Board to conduct its business but shall, in any event, occur at least three (3) times per year.	This section becomes 7.02 due to the removal of 7.02 above. The proposed wording changes are recommended to account for the shift to the majority of Board meetings now being held virtually and no longer needing to refer to the location nor in person.

event, occur at least three (3)		
times per year. 7.04 – Committee Meetings Committee meetings shall, wherever possible, be held in the Toronto area on dates set in advance and without limiting the generality of the foregoing, shall occur at such frequency as necessary for the Committee to conduct its business but shall, in any event, occur at least one (1) time per year.	7.03 – Committee Meetings Committee meetings may be held on dates set in advance and without limiting the generality of the foregoing, shall occur at such frequency as necessary for the Committee to conduct its business.	This section has been updated to reflect that most committee meetings are now held virtually and that a minimum frequency does not need to be specified in the by-laws as some committees may not meet at all, such as Discipline or Fitness to Practise – committee members may instead meet for training purposes only which is not considered a meeting.
7.09 – Meetings by Other Means Any meeting of the Council or a Committee, other than a hearing that is held in accordance with the Code, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other, and persons participating in the meeting by such means are deemed to be present at the meeting.	7.08 – Meetings by Other Means Any meeting of the Board or a Committee may be conducted by means of teleconference or any other electronic means that permits all persons participating in the meeting to communicate with each other, and persons participating in the meeting by such means are deemed to be present at the meeting.	This section has been updated to address that Council and committee meetings may be held by any electronic means.
Article 8 – Conflict of Interest 8.05 – Conflict Relating to Role Where a member of Council or a Committee member believes that they may have a conflict of interest with respect to their overall role as a Council or Committee member, they shall advise the Chair of the nature of the potential conflict as soon as possible.	Article 8 - Conflict of Interest 8.05 - Conflict Relating to Role Where a member of the Board or a Committee member believes that they may have a conflict of interest with respect to their overall role as a Board or Committee member, they shall advise the Chair or a designated member of staff of the nature of the potential conflict as soon as possible.	Rationale This section has been updated to provide flexibility for the matter to be addressed with the Chair and/or a member of staff.
8.12 – Declaration of Conflict Relating to Committee Matters Where a Committee member believes that they may have a conflict of interest with respect to a specific	8.12 – Declaration of Conflict Relating to Committee Matters Where a Committee member believes that they may have a conflict of interest with respect to a specific matter that will be	This section has been updated to provide flexibility for the matter to be addressed with the Chair and/or a member of staff.

matter that will be the subject of discussion, deliberation or action by the Committee, they shall consult with the Committee Chair at the earliest opportunity and accept the Chair's direction as to whether there is a conflict of interest as defined in section 8.01 and any action the Chair undertakes to	the subject of discussion, deliberation or action by the Committee, they shall consult with the Committee Chair or a designated staff person at the earliest opportunity and accept the Chair's direction as to whether there is a conflict of interest as defined in section 8.01 and any action the Chair undertakes to address the	
address the conflict. Article 9 –Duties of Council	conflict. Article 9 -Duties of Board and	Rationale
Article 9 Duties of council and Committee Members 9.02 – Disqualification of Council Members The Council shall disqualify a member of Council, if the Member,	 Article 9 "Duffes of Doard and Committee Members 9.02 – Disqualification of Board Members The Board shall disqualify a member of the Board, if the member, 9.02 Additions: q) is a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent related to the College or their role as an employee or agent of the College 	To mitigate against the possibility of a current Board member being a party to litigation against the College, to protect the public and College interest, legal counsel recommended adding the wording in section q).
	9.02 Additions: r) fails to continue to meet the pre-defined competencies and suitability criteria approved by the Board;	As noted above, one of the measurement standards in the CPMF Governance Domain requires where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills and commitment prior to becoming a member of Council or a Statutory Committee. Evidence required, includes: a. Professional members are

		eligible to stand for election to Council only after: i. meeting pre- defined competency and suitability criteria; and Therefore, adding the wording in section 9.02 r) to the by- laws if Council agrees to add this section to the eligibility criteria for election of Board Members outlined in article 5.08. As outlined in 9.04 there is a process for dealing with possible disqualifications. The Executive Committee contemplated whether this should be added at this time or if it should be added at a later date once the work has been completed. The Ministry has recommended that Colleges be as ready as
9.08 – Consideration by Council If, after reviewing the Council member's response, the Executive Committee believes that the information warrants formal consideration by Council, it shall raise the matter at the next scheduled Council meeting or, if in the opinion of the Executive Committee the matter should be addressed sooner, shall call a meeting of the Council to determine whether the member meets one or more of the criteria for disqualification set out in section 9.02 or otherwise requires sanction.	9.08 – Consideration by Board If, after reviewing the Board member's response, the Executive Committee believes that the information warrants formal consideration by the Board, it shall raise the matter at the next scheduled Board meeting or, if in the opinion of the Executive Committee the matter should be addressed sooner, shall call a meeting of the Board to determine whether the member fails to discharge their duties under section 9.01 or meets one or more of the criteria for disqualification set out in section 9.02 or otherwise requires sanction.	Colleges be as ready as possible to implement governance modernization changes as they expect that once a direction is made the timelines will be short. This section has been updated to include reference to section 9.01 (Expectations and Duties of Board and Committee members) in addition to 9.02 (Disqualification of Board Members) so that the Board may consider any matter where the Executive Committee has determined that a member of the Board is failing to discharge their duties or meets one or more disqualification criteria. This enables procedural fairness.

 9.10 - Voting by Alternative Means If a Council member is not present at the meeting where a vote is being conducted regarding the disqualification or sanction of another Council member, they may vote by mail, facsimile, teleconference or email. 9.13 - Effect of Disqualification An elected Council member who is disqualified by Council ceases to be a member of the Council and ceases to be a member of any Committee of which they are a member. 	Repeal: 9.10 9.12 – Effect of Disqualification An elected Board member who is disqualified by the Board ceases to be a member of the Board and ceases to be a member of any Committee of which they are a member. A request for removal of a non- elected member of the Board who is disqualified by the Board who is disqualified by the Board who is disqualified by the Board will be made to the Public Appointments Secretariat and ceases to be a member of any committee.	Legal Counsel has confirmed that this section can be removed as "alternative" or absentee voting should not be permitted for Board members voting on disqualification or sanction. Only those at attendance at the meeting can vote. This supports procedural fairness. Proposed wording has been added to clarify what will occur should a non-elected Board member be disqualified. This provides additional clarity and transparency.
Article 12 – Duties of	Article 12 – Duties of	Rationale
Members 12.01 – Professional Liability Insurance Every Member, other than those in the inactive class shall maintain professional liability insurance acceptable to the College and provide evidence of coverage upon request by the College.	Registrants 12.01 – Professional Liability Insurance Every registrant, other than those in the inactive/non- practising class shall maintain professional liability insurance acceptable to the College such that it covers the practise of midwifery in Ontario and must provide evidence of coverage upon request by the College.	The additional proposed wording provides more specificity as to what is required to be acceptable to the College with respect to professional liability insurance. Ensures the insurance covers practice of the profession in Ontario. This protects the public.
Article 14 – The Register	Article 14 – The Register	Rationale
14.01 – Register Information Required by the Code The Registrar shall maintain a register in accordance with section 23 (1) of the Code.	14.01 – Register Information Required by the Code The Registrar shall maintain a register in accordance with section 23 (1) and 23 (2) of the Code. See Appendix B.	Appendix B is added to provide easy reference as to what is required by the Heath Profession Procedural Code to be published in the public registered.
14.02 – Additional Register Information	14.02 – Additional Register Information	

In addition to the information required to be contained in the register pursuant to section 23(2) of the Code, the register shall contain the following information known to the College with respect to each Member:	In addition to the information required to be contained in the register pursuant to section 23(2) of the Code, the register shall contain the following information known to the College with respect to each registrant:	Repealing section r) as the College no longer uses written cautions as a separate disposition.
r) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, includes a written caution, i. a notation of that fact, ii. a summary of the concern and a summary of the concern and a summary of the contents of the caution, iii.the date of the panel's decision, College of Midwives of Ontario Page 33 of 43 General By-law iv. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, v. the information placed on the register pursuant to paragraph (r) shall be removed from the public register two (2) years from the date of the panel's decision (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it	Repeal: r)	
will be removed);		

dd)all past midwifery practice locations in Ontario, including the Member's position at that location;	Repeal: dd)	Repealing section dd) as it is covered in section e) (the name, business address and business telephone number of every current and past practice with which the registrant is or was affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;) and is redundant.
dd)a summary of any Alternate Practice Arrangements approved by the College with respect to the Member;	Repeal: ee)	Repealing section ee) as the College no longer has Alternate Practice Arrangements.
ff)if the member resigned while under investigation by the College, a notation of that fact; and	ff) if the registrant resigned while under investigation by the College, a notation of that fact if there is a compelling interest in disclosing this information;	Recommending the proposed wording changes to ff) to provide discretion to determine when it is warranted to include such information in the public register.
		For example: Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Registrant is under investigation.
		The proposed wording will continue to support information posting that is in the public interest. It will also provide flexibility to enable a registrant who is under investigation and wishes to resign for unrelated reasons, such as health related matters, to not have to stay registered only to avoid a

 14.05 - Member to Provide Information A Member shall provide the College annually and upon request by the College, unless a different timeline is required by the RHPA, the Act or the Regulations, with the following information in the form and manner determined by the Registrar: c) the name, address and telephone number of the Member's principal place of practice as well as all past practice locations; 	14.05 – Registrant Reporting Requirements A registrant shall provide the College annually and upon request by the College, unless a different timeline is required by the RHPA, the Act or the Regulations, with the following information in the form and manner determined by the Registrar: Repeal: c) d)	permanent public register posting. Medium to high risk matters would generally otherwise result in a public register posting, thereby ensuring transparency for the public. Repealing sections c) and d) as they are covered in a) (information required to be maintained in the register or provided to the College pursuant to the by-laws, the RHPA, the Act or the Regulations;).
d) the name address and telephone number of all other places where the Member practices midwifery, not including the private residences of clients;		
Article 15 – Professional	Article 15 – Professional	Rationale
Corporations 15.01 – Required Information Every Member shall, for every professional corporation of which the Member is a	Corporations 15.01 – Required Information Every registrant shall, for every professional corporation of	Section has been updated to reflect current Ministry name.
which the Member is a shareholder, provide the following information, in the form and in the manner requested, within thirty (30) days of receiving a written request from the Registrar: a) the name of the professional	professional corporation of which the registrant is a shareholder, provide the following information, in the form and in the manner requested, within thirty (30) days of receiving a written request from the Registrar:	
corporation as registered with the Ministry of Consumer and Business Services,	a) the name of the professional corporation as registered with the Ministry of Public and	

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Consultation

All proposed changes will be posted for a 60-day public consultation in accordance with section 94(2) of the Health Professions Procedural Code, *Schedule 2 of the Regulated Health Professions Act*, 1991.

Future Key Considerations and Additional Changes

By virtue of this review, College staff have identified several areas for further review, research and planning, including but not limited to:

- Additional changes to enable governance modernization, specifically related to Board and committee elections and appointments. Work is already underway to develop competency and demographic profiles and processes which would enable the College to potentially move away from elections to a competency and suitability appointment process. The details will be worked on in the coming year and discussed with the Executive Committee prior to proposing any further changes to the By-laws.
- As the College continues to act on implementing our Equity, Diversity and Inclusion Framework, we will continue to review our practices, policies and procedures towards our governance outcome of fair, consistent and defensible decisions, incorporating diverse and inclusive views.
- As the College moves to an updated database and data strategy, another review of related sections of the By-laws can be undertaken at that time to align with best practice in relation to the collection and publishing of information on the public register.

Recommendations

That the proposed amendments to the General By-law be approved for a 60-day consultation.

Implementation Date

Following the 60-day consultation, the General By-law will be brought to Council for final review and approval at its June 2024 meeting.

Legislative and Other References

General By-law Fees and Remuneration By-law Regulated Health Professions Act, 1991 Midwifery Act, 1991

Attachments

General By-law with track changes

Submitted by:

Nadja Gale, Director of Governance and Strategy, on behalf of the Executive Committee

Style Definition: TOC 2



General By-law

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GENERAL BY-LAW

ARTICLE 1 – INTERPRETATION

1.01 – Definitions

In these by-laws:

"Act" means the *Midwifery Act*, 1991, S.O. 1991, c. 31, as amended from time to time, and includes the Regulations thereunder.

"Code" means the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act*, 1991, as amended from time to time.

"College" means the College of Midwives of Ontario/L'Ordre des sage-femmes de l'Ontario.

"Committee" means a committee of the College and includes statutory, standing, and ad hoc committees; and any committee established by the <u>Board</u> under these by-laws, including planning groups and working groups.

"<u>Board</u>" means the Board of Directors which is the <u>Council</u> of the College as established under section 6 of the <u>Midwifery Act</u>, 1991.

"Director" means the person on staff in a senior position with oversight responsibilities <u>who</u> has been assigned the designation.

"<u>Registrant</u>" means a member of the College <u>within the meaning of subsection (1) of</u> the RHPA and <u>section 1 of</u> the Act unless otherwise indicated.

"Professional Association" means an organized group of individuals who promote and advocate for the interests of the profession related to midwifery but does not include an institution whose sole purpose is to educate.

"Related Corporation" means a corporation wholly or substantially owned or controlled by the <u>registrant</u> or a person related to the <u>registrant</u>.

"Related Person" means a person connected with a <u>registrant</u> by blood relationship, marriage, cohabitation, or adoption and includes a spouse, and

- a) persons are connected by blood relationship if one is the child or other descendant of the other or one is the sibling of the other;
- b) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other;
- c) persons are connected by cohabitation if they live together in a conjugal relationship, whether inside or outside of marriage; and
- d) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is so connected by blood relationship, except as a sibling, to the other.

"Registrar" means the person appointed by the <u>Board</u> as Registrar for the College and includes an Acting Registrar.

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"Regulations" means the regulations made under the RHPA and the Act, as amended from time to time.

"RHPA" means the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18, as amended from time to time, and includes the regulations thereunder.

"Spouse" in relation to a registrant, means, (a) a person who is the registrant's spouse as defined in section 1 of the *Family Law Act*, or (b) a person who has lived with the registrant in a conjugal relationship outside of marriage continuously for a period of not less than three years.

-either of two persons who are married to each other and includes a common law spouse and a same sex partner of the person.

1.02 – Legislative References

Any reference in these and all by-laws of the College to a statute, a Regulation or a section of a statute or Regulation shall be deemed to apply to any re-enactment or amendment of that statute, Regulation or section, as the case may be.

1.03 - Consistency with RHPA and Act

All provisions of these and all by laws of the College shall be interpreted in a manner consistent with the RHPA and the Act and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from the by-law.

1.04 – Calculating Time

A reference to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

1.05 – Holidays

A time limit that would otherwise expire on a holiday or a weekend is extended to include the next day that is not a holiday or a weekend.

ARTICLE 2 – GENERAL

2.01 – Head Office

The head office of the College shall be in the City of Toronto, in the Province of Ontario, at such place therein or at such other location in the Province of Ontario as <u>the Board</u> may determine from time to time.

2.02 – Forms

Certificates of registration and other forms issued by the College shall be in such form or forms as the Registrar shall approve from time to time.

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ARTICLE 3 – EXECUTION OF CONTRACTS AND OTHER DOCUMENTS

3.01 – General Signing Authority

Documents requiring execution by the College may be signed by the Chair, Vice-Chair, Registrar, Director or other such person as the <u>Board</u> may designate, and all documents so signed are binding upon the College without further authorization or formality.

3.02 - Other Signing Authority

The <u>Board</u> may appoint, from time to time, any one or more officers or persons to sign contracts, documents and instruments in writing on behalf of the College, either generally or in relation to specific contracts, documents or instruments in writing.

3.03 – Seal

The seal, an impression of which is appended in Appendix A of these by-laws, shall be the seal of the College.

3.04 – Use of Seal

The seal of the College shall be affixed to any document that requires the College seal by a person authorized to sign the document on behalf of the College.

ARTICLE 4 - BANKING AND FINANCE

4.01 – Fiscal Year

The fiscal year of the College shall commence on the first day of April and conclude on the last day of March.

4.02 – Appointed Bank

The <u>Board</u> shall appoint, from time to time, one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.

4.03 – Authorized Signatories for Amounts Less Than \$10,000

All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 shall be signed authorized by any two (2) of the following: Registrar, Director, Chair, Vice-Chair.

4.04 - Authorized Signatories for Amounts of \$10,000 or More

All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$10,000 or more shall be <u>authorized</u>

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signed by at least one (1) of the following: Chair or Vice-Chair and two (2) of the following: Registrar, Director, Chair, Vice-Chair. Written authorization can be given at each instance of signing for the Registrar or Director to sign on behalf of the Chair or Vice-Chair.

4.05 - Borrowing

Subject to any limitation set out in these or any other by-laws of the College, the **Board** may, by resolution,

- a) borrow money on the credit of the College;
- b) limit or increase the amount or amounts that may be borrowed;
- c) issue, sell, or pledge debt obligations of the College, including, but not limited to, bonds, debentures, notes, or other liabilities, whether secured or unsecured; and
- d) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, including book debts, rights, powers, franchises, and undertakings, to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College.

4.06 - Delegation of Borrowing Authority

The <u>Board</u> may, from time to time, authorize one or more officers, <u>Board</u> members, or employees of the College to exercise any or all of the powers set out in section 4.05 in such manner as <u>Board</u> shall determine.

4.07 – Indemnification

Every <u>Board</u> member, Committee member, and officer or employee of the College, including assessors, and each of their heirs, executors, and administrators and estate and effects, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:

- a) all costs, charges, and expenses whatsoever that are sustained or incurred in any action, suit or proceeding that is brought, commenced, or prosecuted against them in respect of any act, deed, matter, or thing whatsoever made, done, or permitted by them in or about the execution of the duties of their office; and
- b) all other costs, charges, and expenses that are sustained or incurred in or about or in relation to the affairs of the College except such costs, charges, or expenses as are occasioned by their own willful neglect or default.

4.08 - Appointment of Auditor

The <u>Board</u> shall appoint a chartered accountant or a firm of chartered accountants to audit the accounts of the College and to prepare financial statements for the fiscal year.

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4.09 - Term of Office

The Auditor shall remain in office until removed by the **<u>Board</u>**.

4.10 – Audited Financial Statements and Report

The audited financial statements of the College together with a signed and certified copy of the Auditor's report shall be presented annually to the **Board**.

4.11 – Deadline for Report

The report of the Auditor shall be prepared within one hundred and ten (110) days of the close of the fiscal year for presentation to the <u>Board</u> unless <u>Board</u> has approved a later deadline.

ARTICLE 5 - BOARD

5.01 – Authority of the Board

The **Board** shall manage and administer the affairs of the College.

5.02 – Honoraria

The amount payable to members of the <u>Board</u> and Committees who are <u>registrant</u>s for attendance at, travel to and preparation for the transaction of College business, shall be equivalent to the amounts set out in Schedule 1 to the Fees and Remuneration By-laws.

5.03 - Composition of Board

In accordance with the requirements set out in the Act, the <u>Board</u> shall be composed of at least seven (7) and no more than eight (8) persons who are members of the <u>Board</u> elected_in accordance with these by-laws and at least five (5) and no more than seven (7) persons who are appointed to the <u>Board</u> by the Lieutenant Governor in Council.

5.04 - Term of Office

The term of office of a elected professional member of the Board shall, subject to section 5.34, commence on the day of the first regular Board meeting after the election and shall continue for approximately three (3) years until their successor takes office in accordance with these by-laws, or until they resign their office or are removed from the Board, or until such other time designated by the Board, whichever occurs first.

5.05 - Electoral Districts

The College shall have one electoral district, which shall be the Province of Ontario.

5.06 – Election Date

An election of members to the <u>Board</u> shall be held in the month of June each year annually on a date determined by the Registrar.

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5.07 – Number of Registrants Elected

The number of Board members elected each year shall correspond to the sum of,

- a) the number of <u>elected Board</u> members whose term of office has expired or will expire on the day of the first Board meeting after the election, and
- b) the number of elected <u>Board</u> members whose seat has become vacant and not been filled before <u>June the election</u>.

5.08 - Eligibility for Election,

<u>5.08(1)</u> A registrant is eligible for election to the Board if, on the deadline for the receipt of nominations and up to and including the final date for voting in the election,

- a) the registrant holds a certificate of registration other than a certificate in the transitional, <u>emergency</u>, <u>or supervised</u> class;
- b) the <u>registrant</u> is not in default of payment of any fees prescribed by College by-law;
- c) the <u>registrant</u> is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
- d) the <u>registrant</u> has not been the subject of any professional misconduct or incompetence finding, in any jurisdiction;
- e) the <u>registrant</u>'s certificate of registration has not been revoked or suspended, in any jurisdiction for any reason other than non-payment of fees;
- f) the <u>registrant</u> does not have a notation on the register of a finding of professional negligence or malpractice made against the <u>registrant</u>;
- g) the <u>registrant</u> does not have a notation on the register of a criminal charge or a charge under the *Health Insurance Act, <u>1990</u>* or the *Controlled Drugs and Substances Act, <u>1996</u>;*
- h) the <u>registrant</u> does not have a notation on the register of a criminal finding of guilt or a finding of guilt under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u>;
- i) the <u>registrant</u> does not have a notation on the register of a charge in relation to any provincial or federal offence;
- the <u>registrant</u> does not have a notation on the register of a finding of guilt made by a court in relation to any provincial or federal offence;
- k) the <u>registrant</u> is not subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;
- the <u>registrant</u>'s certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practice Committee;

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- m) the registrant does not have a notation on the register of an undertaking provided to the College in relation to a matter involving the registrant's conduct or capacity;
- n) the registrant is not currently the subject of an interim order made by a panel of the Inquiries, Complaints, and Reports Committee;
- o) the registrant does not have a notation on the register of having been ordered to appear before a panel of the Inquiries, Complaints₁ and Reports Committee to be cautioned in the preceding three (3) years;
- p) the registrant does not have a notation on the register of having been ordered to complete a specified continuing education or remediation program required by a panel of the Inquiries, Complaints, and Reports Committee in the preceding three (3) years;
- q) the registrant has not been a director, board member, officer, or employee of a Professional Association in the preceding 12 months three (3) years;
- r) the <u>registrant</u> has not been director, owner, or board member of an educational institution relating to midwifery in the preceding 12 months three (3) years;
- s) the <u>registrant</u> has not been disqualified from <u>the Board</u> within the preceding three (3) years;
- t) the <u>registrant</u> is not a member of a <u>Board</u> of any other college regulated under the RHPA;
- u) the <u>registrant</u> is not and has not been an employee of the College during the previous two (2) <u>three (3)</u> years;
- v) the <u>registrant</u> has been nominated in accordance with the by-laws;
- w) the <u>registrant</u> has completed and returned the conflict of interest <u>questionnaire</u> <u>declaration</u> and the <u>registrant</u> does not have a conflict of interest to serve as a member of <u>Board</u>;
- <u>x</u>) the <u>registrant</u> is not in any default of returning any information or form required under the Regulations or the by-laws to the College;
- y) the registrant is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- z) the <u>registrant</u> principally practises or principally resides in Ontario;
- aa) the registrant has successfully completed the College's training program relating to the duties, obligations, and expectations of <u>Board</u> and Committee members prior to the date of nomination;
- bb)the registrant meets the pre-defined competencies and suitability criteria that may be approved by the Board; and

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cc) The registrant has not served as a Board of Director for an aggregate of nine or more years in their lifetime.

5.08(2) A registrant is not eligible for election to the Board who, if elected, would be unable to serve completely the three-year term prescribed by subsection 5.04 by reason of (a) the nine-consecutive-year term limit prescribed by subsection 5(2) of the Health Professions Procedural Code, or (b) the total nine-year term limit prescribed by subsection 5.08(cc) of this by-law.

5.09 – Eligibility to Vote

A <u>registrant</u> is eligible to vote in an election for members of <u>the Board</u> if, on the day the election opens, the <u>registrant</u>,

- a) holds a certificate of registration other than a certificate in the <u>transitional</u>, <u>emergency</u>, <u>or supervised</u> class;
- b) principally practices or principally resides in Ontario;
- c) is not in default of any fees or other amounts owed the College; and
- d) is not in default of returning any information or form required under the Regulations or by-laws to the College.

5.10 – Disputes Decided by Registrar

Any disputes regarding a <u>registrant</u>'s eligibility to vote in an election shall be decided by the Registrar.

5.11 – Notice of Election and Nominations

At least ninety (90) days before the final date for voting in an election, the Registrar shall notify every <u>registrant</u> of the date of the election, and of the nomination procedure including the deadline for returning nominations to the College.

5.12 – Nomination Deadline

The nomination of a candidate for election as a member of the <u>Board</u> shall be in writing and shall be received by the Registrar at least sixty (60) days before the final date for voting in the election.

5.13 – Confirmation of Eligibility

The Registrar shall request every nominee to confirm their eligibility for election to the <u>Board</u> in writing and any nominee who fails to provide such confirmation in the manner and by the deadline set by the Registrar, shall not be eligible for election.

5.14 – Conflict of Interest Questionnaire Declaration

The Registrar shall request every eligible nominee to complete and return a conflict of interest questionnaire declaration and any nominee who fails to complete and return the questionnaire declaration in the form and by the deadline set by the Registrar, shall not be eligible for election.

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5.15 – Personal Statement

The Registrar shall invite every eligible nominee to provide a personal statement in the form and manner and by the deadline established by the Registrar, and any personal statement that is not submitted in the form and manner and by the deadline set by the Registrar shall not be included with the materials sent to <u>registrant</u>s under section 5.20.

5.16 – Withdrawal of Nominations

A candidate may withdraw their nomination for election to the <u>Board</u>, in writing, up to the end of the seventh (7^{th}) day after the nomination deadline, after which time the withdrawal of nominations shall be at the discretion of the Registrar.

5.17 – Acclamation

If, following the deadline for the return of the conflict of interest questionnaire and the written confirmation of eligibility, the Registrar determines that the number of eligible candidates is less than or equal to the number of members to be elected, the Registrar shall declare those candidates who are eligible for election to be elected by acclamation and shall notify the candidates and the membership of this result in the manner that the Registrar deems most expedient and practical.

5.18- Where There Are No Candidates

If there are no candidates who are eligible for election, the Registrar shall, as soon as possible, call a by-election.

5.19 – Registrar's Electoral Duties

The Registrar shall supervise and administer the election of candidates and, without limiting the generality of the foregoing, the Registrar may, subject to the by-laws,

- a) appoint returning officers and scrutineers;
- b) establish procedures and any necessary deadlines including procedures and deadlines relating to the receipt of nominations, personal statements and online votes;
- c) establish procedures for the counting of online votes;
- d) provide for the notification of all candidates and <u>registrant</u>s of the results of the election;
- e) do anything else that the Registrar deems necessary and appropriate to ensure that the election is fair and effective, including the modification of election procedures.

5.20 - Voting Process

No later than thirty (30) days before the final date of voting in an election, the Registrar shall send every <u>registrant</u> a list of the eligible candidates, the personal statement of every eligible candidate who has submitted a personal statement in the College of Midwives of Ontario Page 15 of 47 General By-law form and manner and by the deadline established by the Registrar, a link to online voting and an explanation of the voting process.

5.21 – Online Vote Verification

Online votes submitted to the College must be received by the College on or before the election date in order to be counted in the vote.

5.22 – Number of Votes Cast

A <u>registrant</u> may cast as many votes in an election of <u>professional Board members to</u> the_as there <u>are candidates to be elected</u> but shall not cast more than one (1) vote for any candidate.

5.23 - Results

As soon as practicable after the online votes have been counted, the Registrar shall advise the membership of the results of the election and shall advise each eligible candidate of the results of the election, the number of votes they received and the candidate's right to request a recount in accordance with section 5.25.

5.24 – Tie Votes

In the event that a winner cannot be declared because two (2) or more candidates have received the same number of votes, the Registrar shall break the tie, by lot.

5.25 – Request for Recount

A candidate may require a recount by delivering a written request to the Registrar no more than seven (7) days after receiving notification of the election results and paying the recount fee. (See Fees and Remuneration By–Law)

5.26 – Manner of Recount

The Registrar shall hold a recount no more than fifteen (15) days after receiving a written request and the required fee and the recount shall be conducted in the same manner as the original counting of the online votes.

5.27 – Change in Results

In the event that the recount changes the election outcome, the candidate requiring the recount is entitled to the reimbursement of their recount fee.

5.28 – Referral of Disputes to <u>the</u> Executive Committee

If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of <u>the Board</u>, the Executive Committee shall hold an inquiry into the validity of the election of the member of <u>the Board</u> in question and, following the inquiry, shall make a report and recommendation to the <u>Board</u>.

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5.29 – Options Available to the Board

The <u>Board</u> may, after reviewing the report and recommendation of the Executive Committee and subject to section 5.26, do one of the following:

- a) declare the election result in question to be valid; or
- b) declare the election result in question to be invalid; and either
 - i. declare another candidate to have been elected; or
 - ii. direct that another election be held.

5.30 – Minor Irregularities Not Fatal

<u>The Board</u> shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of the by-laws or a procedure established by the Registrar.

5.31– Filling of Vacancies

If the seat of an elected <u>Board</u> member becomes vacant less than twelve (12) months before the expiry of the member's term of office, the <u>Board</u> may,

- a) leave the seat vacant;
- appoint as an elected member, the candidate, if any, who had the most votes of all the unsuccessful candidates in the applicable election of <u>the Board</u> members; or
- c) direct the Registrar to hold a by-election in accordance with this by-law.

5.32 – By-Election

If the seat of an elected <u>Board</u> member becomes vacant more than twelve months before the expiry of the member's term of office, a by-election shall be held in accordance with this by-law.

5.33 – Manner of Holding By-Elections

A by-election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.

5.34 – Term of Office for Registrants Filling Vacancies

The term of office of a <u>registrant</u> appointed or elected to fill a vacancy shall continue until the date that the former <u>Board</u> member's term would have expired.

ARTICLE 6 – COMMITTEES

6.01 – Duties and Responsibilities

The duties and responsibilities of each Committee shall be those set out in these bylaws, the RHPA, the Code and the Terms of Reference for that Committee, as approved by <u>the Board</u>, where applicable.

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6.02 – Creation of Non-Statutory Committees

In addition to the statutory Committees required by the Code, the **Board** shall establish and maintain any additional standing or special Committees, including Sub-Committees, Ad-hoc Committees, planning groups and working groups, deemed necessary for the efficient function of the College.

6.03 - Election of Executive Committee

The members of the Board shall elect five (5) members to the Executive Committee from amongst their number on the day of the first regular Board meeting after the Board election (Schedule 1).

6.04 - Composition of Executive Committee

The Executive Committee shall be composed of three (3) members of the Board who are <u>registrants</u> and two (2) members of the <u>Board</u> appointed by the Lieutenant Governor in Council.

6.05 - Role of Past Chair

Where the **Board** determines that the immediate Past-Chair of <u>the</u> Board may serve as a member of the Executive Committee, in addition to the five (5) elected members, the immediate Past-Chair may serve for up to one year as an ex-officio member of the Executive Committee and shall not be entitled to vote.

6.06 - Composition of Other Committees

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

6.07 - Chairs

Unless stated otherwise in these by–laws, the Chair or Chairs of each Committee shall be appointed by the <u>Board</u>.

6.08 - Ex-Officio Committee Members

The Chair of the Board shall be a non-voting ex-officio member of every Committee, with the exception of the Executive Committee of which they are a voting member, and the Registrar shall be a non-voting ex-officio member of every Committee.

6.09 - Appointment and Term of Office of Committee Members

Unless otherwise stated in the by-laws, every Committee member shall be appointed by the <u>Board</u>, shall serve for a term of office of approximately one (1) year, and may, subject to <u>the Board</u>'s discretion, be re-appointed to the same Committee or to another Committee at the expiration of their term if they meet the eligibility requirements at that time.

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6.10 – Appointment of Non-Board Members to Committees

The <u>Board</u> may, at its discretion, appoint a <u>registrant</u> who is not a member of the <u>Board</u> and a person who is not a <u>registrant</u> to any Committee.

6.11 – Decisions Regarding Appointments

In making an appointment under section 6.09 or 6.10, the **Board** shall take into consideration the location of practice or residence, experience, expertise, availability and other qualifications and characteristics of the candidate for appointment, in order to complement the attributes of the other Committee members.

6.12 – Eligibility for Appointment

- a) A <u>registrant</u> is eligible for appointment to a Committee, if on the date of the appointment,
 - i. the <u>registrant</u> holds a certificate of registration other than a certificate in the <u>transitional</u>, <u>emergency or supervised</u> class;
 - ii. the <u>registrant</u> is not in default of payment of any fees prescribed by College by-law;
 - iii. the <u>registrant</u> is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
 - iv. the <u>registrant</u> has not been the subject of any professional misconduct or incompetence finding in any jurisdiction;
 - v. the <u>registrant</u>'s certificate of registration has not been revoked or suspended in any jurisdiction for any reason other than non-payment of fees;
 - vi. the <u>registrant</u> does not have a notation on the register of a finding of professional negligence or malpractice made against the <u>registrant</u>;
 - vii. the <u>registrant</u> does not have a notation on the register of a criminal charge or a charge under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u>;
 - viii. the <u>registrant</u> does not have a notation on the register of a criminal finding or a finding of guilt under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u>;
 - ix. the registrant does not have a notation on the register of a charge in relation to any provincial or federal offence;
 - x. the <u>registrant</u> does not have a notation on the register of a finding of guilt made by a court in relation to any provincial or federal offence;
 - xi. the registrant is not subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;

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- xii. the <u>registrant</u>'s certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practice Committee;
- xiii. the <u>registrant</u> does not have a notation on the register of an undertaking provided to the College in relation to a matter involving the <u>registrant</u>'s conduct or capacity;
- xiv. the <u>registrant</u> is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- xv. the <u>registrant</u> does not have a notation on the register of having been ordered to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned in the preceding three (3) years;
- xvi. the <u>registrant</u> does not have a notation on the register of having been ordered to complete a specified continuing education or remediation program required by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;
- xvii. the <u>registrant</u> has not been a director, board member, officer or employee of a Professional Association in the previous <u>12 months</u> three (3) years.
- xviii. the <u>registrant</u> has not been a director, board member or owner of a midwifery educational institution in the previous <u>12 months</u> three years.
- xix. the <u>registrant</u> has not been disqualified from <u>Board</u> within the preceding three (3) years;
- xx. <u>registrant</u> is not a member of a <u>Board</u> of any other college regulated under the RHPA;
- xxi. the <u>registrant</u> is not and has not been an employee of the College during the previous two (2) three years;
- xxii. the <u>registrant</u> has completed and returned the conflict of interest <u>declaration questionnaire</u> and the <u>registrant</u> does not have a conflict of interest to serve as a member of a committee;
- xxiii. the <u>registrant</u> is not in any default of returning any information or form required under the Regulations or the by-laws to the College;
- xxiv. the registrant is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- <u>xxv.</u> the <u>registrant</u> principally practices or principally resides in Ontario;
- xxvi. the registrant meets the pre-defined competencies and suitability criteria approved by the Board ;
- xxvii. the <u>registrant</u> has successfully completed the College's training program relating to the duties, obligations and expectations of <u>the Board</u> and committee members prior to the date of appointment<u>: and</u>

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xxviii. A person who is not a <u>registrant and not a former registrant</u> is eligible for appointment to a Committee if, on the date of the appointment, they meet the eligibility criteria as the <u>Board</u> may from time to time determine.

6.13 – Removal of Non-Council Committee Members

The **Board** may remove a non-Council member of a Committee at its discretion.

ARTICLE 7 – MEETINGS OF **BOARD** AND COMMITTEES

7.01 – Notice of **Board** Meetings

- a) The Registrar shall ensure that notice of every <u>Board</u> meeting that is required to be open to the public posted on the College's website at least 14 days before a regular <u>Board</u> meeting and as soon as reasonably possible days before a special <u>Board</u> meeting.
 - i. The notice shall be provided in English and French; and
 - ii. The notice shall include the intended date, time and place of the meeting.
- b) The Registrar shall give a copy of the notice to every person who requests it.

7.02 Provision of Information Regarding Discipline Committee Hearings

- a)—The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it,
 - i. at least 30 days before the intended date of the hearing, if possible; or
 - ii. for requests made less than 30 days before the meeting, as soon as reasonably possible after the request is made.
- b)-The information shall be available in English or French as requested.
- c)-The information shall include,
 - i. the name of the member against whom the allegations have been made;
 - ii.—the member's principal place of practice;
 - iii. the intended date, time and place of the hearing;
 - iv. a statement of the purpose of the hearing; and
 - v.— a notation that the hearing is open to the public. If the panel makes an order that the public be excluded from a hearing or any part of it, a notation to that effect.

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7.02 – Board Meetings

Board meetings shall, wherever possible, be held in the Toronto area may be held in person on dates set in advance and shall occur at regular intervals and at such frequency as necessary for the Board to conduct its business but shall, in any event, occur at least three (3) times per year.

7.03 - Committee Meetings

Committee meetings shall, wherever possible, be held in the Toronto area may be held in person on dates set in advance and without limiting the generality of the foregoing, shall occur at such frequency as necessary for the Committee to conduct its business but shall, in any event, occur at least one (1) time per year.

7.04 - Chair of Board Council

The Chair acts as Chair of <u>the Board</u> and, in the Chair's absence, a Vice-Chair appointed by the Chair, shall serve as Chair of <u>the Board</u>. In the event that the Chair is unable or unwilling to appoint a Vice-Chair to serve as Chair, the <u>Board</u> shall elect, from amongst their number, a member to serve as Chair at that meeting.

7.0<u>5</u> – Quorum

Unless otherwise required by the Code or the by-laws, a simple majority of members of the <u>Board</u> or a Committee that includes, in both cases, at least one member of the who is a <u>registrant</u> and one <u>non-registrant</u> member of the <u>who is appointed to Board</u> by the Lieutenant Governor in Council, shall constitute a quorum for the purpose of a meeting.

7.0<u>6</u> – Simple Majority

Unless otherwise required by the Code or the by-laws, <u>Board</u> and Committee members shall, when making decisions, make every effort to reach a consensus, defined as a state of mutual agreement among members of a group where all legitimate concerns of individuals have been addressed to the satisfaction of the group but, where a decision cannot be reached by consensus, a conventional voting process shall be used and the decision shall be made by a simple majority of the votes cast by the members present.

7.07 – Minutes

The Chair <u>of the Board</u> and all Committee Chairs shall ensure that accurate and approved records of all <u>Board</u> and Committee <u>proceedings meetings</u> are recorded and maintained at <u>by</u> the College-<u>office</u>.

7.08 – Meetings by Other Means

Any meeting of the <u>Board</u> or a Committee, other than a hearing that is held in accordance with the <u>Code</u>, may be conducted by means of teleconference or any other

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<u>electronic</u> means that permits all persons participating in the meeting to communicate with each other, and persons participating in the meeting by such means are deemed to be present at the meeting.

ARTICLE 8 - CONFLICT OF INTEREST

8.01 - Definition of Conflict of Interest

For the purposes of this and all College by-laws, a conflict of interest may be real or perceived, actual or potential, direct or indirect.

8.02 - Perception of Conflict

A member of the Board or a Committee member would be perceived to have a conflict of interest in a matter if a reasonable person, knowing the relevant facts, would believe that the Board or Committee member's position or relationship with another organization, or the Board or Committee member's personal interests, whether financial or otherwise, would be sufficient to influence the objective discharge of the Board or Committee member's official duties.

8.03 – Interests of Family

For the purposes of this by-law, the personal or financial interests, direct or indirect, of a Related Person or a Related Corporation, are interpreted to be the interests of the member of the Board or the Committee member, as the case may be.

8.04 - Where Conflict Shall Not be Deemed

Members of <u>the Board</u> and Committee members shall not be deemed to have a conflict of interest with respect to issues relating to the indemnification of other <u>Board</u> members, or the acquisition of insurance for the indemnification of <u>Board</u> members.

8.05 - Conflict Relating to Role

Where a member of <u>the Board</u> or a Committee member believes that they may have a conflict of interest with respect to their overall role as a <u>Board</u> or Committee member, they shall advise the Chair <u>or a designated member of staff</u> of the nature of the potential conflict as soon as possible.

8.06 - Investigations Relating to Conflict of Role

Where the Chair has been advised by a <u>Board</u> or Committee member that they may have a conflict of interest with respect to their overall role under section 8.05, the Chair shall advise the Executive Committee and, if the Executive Committee believes that the member may have a conflict of interest, it shall ask the Chair to investigate the matter.

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8.07 – Report to Board

The Executive Committee shall report the results of its investigation to the **Board** and the **Board** shall determine whether there is a conflict of interest as defined in section 8.01 with respect to the overall role of the **Board** or Committee member in question.

8.08 - Where a Conflict of Interest Relating to Role Exists

Where the <u>Board</u> determines that a member of <u>the Board</u> or a Committee member is in a conflict of interest with respect to their overall role, the <u>Board</u> shall,

- a) in the case of a Committee member, remove the individual from the Committee; or
- b) in the case of a member of the Board, either
 - i. remove the member from the **Board** and from any Committee of which they are a member, if the individual is an elected member of **Board**; or
 - ii. send a report to the Public Appointments Secretariat requesting the removal of the member concerned from the <u>Board</u>, if the member was appointed to the <u>Board</u> by the Lieutenant Governor in Council.

8.09 – Declaration of Conflict Relating to Board Matters

Where a member of <u>the Board</u> believes that they may have a conflict of interest with respect to a matter that will be or is the subject of discussion, deliberation or action by the <u>Board</u>, they shall consult with the Chair or the Registrar at the earliest opportunity and, if there is any doubt about the matter, declare the potential conflict to the <u>Board</u> and accept the <u>Board</u>'s decision as to whether there is a conflict of interest as defined in section 8.01.

8.10 – Where a Conflict Exists

Where a member of <u>the Board</u> or a Committee member believes that they have a conflict of interest, or where <u>the Board</u> has decided that the member has a conflict of interest under section 8.09, with respect to a matter that is the subject of discussion, deliberation or action by the <u>Board</u> or a Committee, the member of <u>the Board</u> shall:

- a) prior to any consideration of the matter at the meeting, disclose the fact that they have a conflict of interest;
- b) not take part in the discussion of, or vote on, any question in respect of the matter;
- c) absent themselves from the portion of the meeting relating to the matter; and
- d) not attempt, in any way, to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

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8.11 – Declarations Recorded in Minutes

Every declaration of conflict of interest shall be recorded in the minutes of the meeting.

8.12 - Declaration of Conflict Relating to Committee Matters

Where a Committee member believes that they may have a conflict of interest with respect to a specific matter that will be the subject of discussion, deliberation or action by the Committee, they shall consult with the Committee Chair <u>or a designated staff</u> <u>person</u> at the earliest opportunity and accept the Chair's direction as to whether there is a conflict of interest as defined in section 8.01 and any action the Chair undertakes to address the conflict.

8.13 - Use of College Property

A member <u>of the Board</u> or a Committee member shall not use College property or information of any kind to advance their own interests, either directly or indirectly.

8.14 - Staff Positions

A member of <u>the Board</u> or a Committee member may not hold any other position, contract or appointment with the College while serving as a member of <u>the Board</u> or as a Committee member.

8.15 - Confidentiality Agreement

<u>Members</u> of <u>the Board</u> and Committee members are required to sign the confidentiality agreement approved by <u>the Board</u>.

ARTICLE 9 - DUTIES OF **BOARD** AND COMMITTEE MEMBERS

9.01 – Expectations and Duties

Every member of <u>Board</u> and every Committee member shall, in the performance of their duties:

- a) familiarize themselves with the Act, the RHPA, the Code, the by-laws and any policies of the College;
- b) familiarize themselves with any other records, documents and guidelines that may be necessary for the performance of their duties;
- c) comply with the provisions of the Act, the RHPA, the Code, the by-laws, any policies of the College and rules that are adopted by <u>the Board</u>, from time to time;
- d) regularly attend meetings on time, be prepared and participate constructively in discussions;
- e) ensure that confidential matters coming to their attention as a member of the <u>Board</u> or as a member of a Committee are not disclosed, except as required for

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the performance of their duties, as directed by the $\underline{\text{Board}}$ or the Chair, or in accordance with the RHPA¹;

- f) conduct themselves in an appropriate manner with College staff, other members of <u>Board</u> or members of the Committees, <u>registrant</u>s and members of the public;
- g) avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the by-law; and
- h) perform the duties associated with their position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

9.02 – Disqualification of **Board** Members

The **Board** shall disqualify a member of the Board, if the member,

- a) resigns from the **Board**;
- b) ceases to hold a certificate of registration;
- c) is in default of payment of any fee prescribed by College by-law for a period of more than thirty (30) days;
- d) has a certificate of registration in any jurisdiction outside of Ontario revoked or suspended for any reason other than non-payment of fees;
- e) is the subject of any professional misconduct, incompetence or incapacity proceeding, in any jurisdiction;
- f) is the subject of any professional misconduct or incompetence finding, in any jurisdiction;
- g) has a notation on the register of a finding of professional negligence or malpractice made against the <u>registrant</u>;
- h) has a notation on the register of a criminal charge or a charge under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u>;
- i) has a notation on the register of a criminal finding of guilt or a finding of guilt under the Health Insurance Act, <u>1990</u> or the Controlled Drugs and Substances Act, <u>1996</u>;
- j) has a notation on the register of a charge in relation to any provincial or federal offence;
- k) has a notation on the register of a finding of guilt made by a court in relation to any provincial or federal offence;
- is subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;

 ^a Section 36 of the RHPA permits disclosure in a number of specific circumstances and members of the <u>Board</u>. Committee members, staff and persons retained or appointed by the College are expected to obtain advice if they believe that one of the exceptions under section 36 may apply.
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- m) has a term, condition or limitation imposed by the Discipline Committee or the Fitness to Practice Committee;
- n) has a notation on the register of an undertaking provided to the College in relation to a matter involving the <u>registrant</u>'s conduct or capacity;
- o) is the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- p) is required to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned;
- g)_is required by a panel of the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program;
- r) is a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the Collegeor their role as an employee or agent of the College;
- s) fails to continue to meet the pre-defined competencies and suitability criteria approved by the Board;
- t) is in default of returning any information or form required under the Regulations or the by-laws to the College;
- u) becomes a director, board member, officer or employee of a Professional Association.
- v) becomes a director, board member or owner of a midwifery educational institution.
- w) becomes a member of a **Board** of any other college regulated under the RHPA;
- x) fails, without reasonable cause, to attend two (2) meetings of the <u>Board</u> in any twelve-month period;
- y) fails, without reasonable cause, to attend two (2) meetings of a Committee in any twelve-month period;
- z) fails, without reasonable cause, to attend a hearing of which they are a panel member.
- <u>aa</u>)fails, in the opinion of the <u>Board</u>, to discharge properly or honestly any office to which they have been elected or appointed;

bb)ceases to either principally practise or principally reside in Ontario.

9.03 – Contravention of Duties

A complaint about a member of <u>the Board</u> alleging a contravention of one or more of the duties and expectations set out in section 9.01 shall be in writing and shall be filed with the Registrar. The Registrar shall advise the Chair, who shall bring the complaint to the attention of the Executive Committee.

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9.04 - Registrar's Receipt of Information

If the Registrar receives information, in writing, which suggests that an elected <u>or</u> <u>appointed</u> member of <u>the Board</u> meets one or more of the criteria for disqualification set out in 9.02, the Registrar shall advise the Chair, who shall bring the information to the attention of the Executive Committee.

9.05 - Subject Member_Not Involved

If the information received by the Registrar under sections 9.03 or 9.04 relates to the Chair, the Registrar shall bring the information directly to the attention of the Executive Committee and if the information relates to a member of the Executive Committee, the Chair shall bring the information to the attention of the remaining members of the Executive Committee.

9.06 - Opportunity to Respond

If the Executive Committee believes that the information may warrant formal consideration by <u>the Board</u>, the member of <u>the Board</u> whose conduct is the subject of concern shall be given a reasonable opportunity to respond to the information before the Executive Committee makes a decision in this regard.

9.07 Report to Board

If, after reviewing the <u>Board</u> member's response, the Executive Committee believes that the information does not warrant formal consideration by <u>Board</u>, it shall update <u>the Board</u> at its next regularly scheduled <u>Board</u> meeting of the Executive Committee's recommendation that no action is warranted.

9.08 - Consideration by Board

If, after reviewing the <u>Board</u> member's response, the Executive Committee believes that the information warrants formal consideration by the <u>Board</u>, it shall raise the matter at the next scheduled <u>Board</u> meeting or, if in the opinion of the Executive Committee the matter should be addressed sooner, shall call a meeting of the <u>Board</u> to determine whether the member <u>fails to discharge their duties under section 9.01 or</u> meets one or more of the criteria for disqualification set out in section 9.02 or otherwise requires sanction.

9.09 - Two-thirds Majority

A two-thirds majority of all <u>Board</u> members<u>present</u>, but not including the member whose conduct is the subject of concern, is required to disqualify or sanction a member of the <u>Board</u>.

9.10 Voting by Alternative Means

If a Board member is not present at the meeting where a vote is being conducted regarding the disqualification or sanction of another <u>Board</u> member, they may vote by mail, facsimile, teleconference or email.

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9.10 - Recording of Votes

The Chair of the <u>Board</u> meeting shall ensure that the number of votes in favour of a motion to disqualify or sanction a member of <u>the Board</u>, the number of votes against the motion and the number of abstentions are recorded.

9.11 - Subject Member Not Entitled to Vote

The elected member of <u>the Board</u> who is the subject of a motion for disqualification or sanction shall not be present during the discussion or vote and shall not vote on the motion.

9.12 – Effect of Disqualification

An elected <u>Board</u> member who is disqualified by <u>the Board</u> ceases to be a member of the <u>Board</u> and ceases to be a member of any Committee of which they are a member. <u>A</u> request for removal of a non-elected member of the Board who is disqualified by the Board will be made to the Public Appointments Secretariat and ceases to be a member of any committee.

9.13 - Sanction

Following consideration by <u>the Board</u>, the appropriate sanction can include one or more of the following:

- a) censure of the **<u>Board</u>** member,
- b) removal of the <u>Board</u> member from any Committees upon which they are a member, and
- c) disqualification of an elected member from the <u>Board</u> or a report requesting removal of the member concerned from the <u>Board</u> to the Public Appointments Secretariat.

ARTICLE 10 - OFFICERS

10.01 – Officer Positions

The officers of the College shall include the Chair, the Vice-Chair (Professional), the Vice-Chair (Public) and such other officers as <u>the Board</u> may determine from time-to-time.

10.02 – Election of Officers

The election of officers shall take place as set out in Schedule 1 to these by-laws.

10.03 – Duties of Chair

The Chair shall, when present, preside at all meetings of the <u>Board</u> and all meetings of <u>members</u>, chair the Executive Committee, develop agendas, sign such contracts, documents or instruments in writing as require their signature, and have such other powers and duties as may be assigned to them by the <u>Board</u> from time to time.

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10.04 – Duties of Vice-Chair

The duties of the Vice–Chairs shall include all the powers and all the duties of the Chair in the absence or inability or refusal to act by the Chair and any such duties as may from time to time be assigned by the Board.

10.05 – Duties of Other Officers

The duties of all other officers of the College, if any, as determined by the Board under section 10.01, shall be such as the terms of their engagement call for or the Board requires of them.

10.06 – Delegation of Duties

In the event that an officer is absent or otherwise unable or unwilling to perform their duties, or for any other reason that the <u>Board</u> deems sufficient, the <u>Board</u> may delegate any or all of the officer's duties and powers to any other officer or to any <u>Board</u> member, for whatever period of time the <u>Board</u> sees fit.

ARTICLE 11 - THE REGISTRAR

11.01 – Duties of the Registrar

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, the Code, the Regulations, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by <u>the Board</u>.

ARTICLE 12 – DUTIES OF REGISTRANTS

12.01 – Professional Liability Insurance

Every <u>registrant</u>, other than those in the inactive <u>non-practising</u> class shall maintain professional liability insurance acceptable to the College <u>such that it covers the</u> <u>practise of midwifery in Ontario</u> and <u>must</u> provide evidence of coverage upon request by the College.

ARTICLE 13 - REGISTRATION RENEWAL

13.01 – Annual Renewal

On or before October 1st each year, every <u>registrant</u> shall complete and submit to the Registrar an annual registration renewal form in the manner set out by the Registrar.

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13.02 – Annual Registration Card

The College shall make available an Annual Registration card to each <u>registrant</u> whose certificate of registration is not subject to a suspension and who has completed an annual renewal application and paid any fees owed to the College (Fees and Remuneration By-Law).

13.03 – Terms, Conditions and Limitations

The Annual Registration Card of a member whose certificate of registration is subject to a term, condition or limitation shall include a notation to that effect.

ARTICLE 14 - THE REGISTER

14.01 - Register Information Required by the Code

The Registrar shall maintain a register in accordance with section 23 (1) and 23 (2) of the Code. See Appendix B.

14.02 – Additional Register Information

In addition to the information required to be contained in the register pursuant to section 23(2) of the Code, the register shall contain the following information known to the College with respect to each <u>registrant</u>:

- a) any change to the <u>registrant</u>'s name that has been made in the register of the College from the date of the <u>registrant</u>'s initial registration with the College and any names other than the proper legal name of the <u>registrant</u>, including any common names or abbreviations that the <u>registrant</u> uses in any place of practice;
- b) the **registrant**'s certificate of registration number;
- c) the classes of certificate of registration held by each <u>registrant</u>, the date on which each class of registration the <u>registrant</u> holds was obtained and, if applicable, the date on which each was terminated or expired;
- d) if the <u>registrant</u> ceased to be a <u>registrant</u> as a result of resignation, a notation to that effect and the date that the resignation occurred;
- e) the name, business address and business telephone number of every current and past practice with which the <u>registrant</u> is or was affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;
- f) the name of each hospital, birth centre and health facility in Ontario where the registrant has privileges;

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- g) any revocations, suspensions or restrictions of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code and the date the revocation, suspension or restriction took effect;
- h) any information that the College and the <u>registrant</u> have jointly agreed will be included in the register;
- i) where the <u>registrant</u>'s certificate of registration is subject to an interim order under section 25.4(1), 59 or 62 of the Code, a notation of that fact, the nature of the order and the date that it took effect;
- j) where the <u>registrant</u>'s certificate of registration is subject to a suspension or is revoked for failure to pay a fee, or where the <u>registrant</u>'s certificate of registration is suspended or revoked in accordance with the Registration Regulation_<u>Ontario Regulation 168/11, under the Midwfery</u>, made under the Act, a notation of the suspension or revocation, and the date that the suspension or revocation took effect;
- k) where a decision of the Discipline Committee has been published by the College with the <u>registrant</u>'s name or former name included,
 - i. a notation of that fact, and
 - ii. identification of the specific publication of the College that contains the information;
- where a finding of professional misconduct or incompetence has been made against the <u>registrant</u> by another regulatory body, inside or outside of Ontario,
 - i. a notation of the fact,
 - ii. the date of the finding,
 - iii. the name of the regulatory body that made the finding and the place where it was made,
 - iv. a brief summary of the facts upon which the finding was based,
 - v. any orders made relative to the finding,
 - vi. if applicable, a notation that the decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of;
- m) where the <u>registrant</u>'s registration or licensure is subject to a restriction made by another regulatory body, inside or outside of Ontario,
 - i. a notation of the fact,

disposed of;

- ii. the date the restriction was imposed,
- iii. the name of the regulatory body that made the restriction and the place where it was made,
- iv. a brief summary of the facts upon which the restriction was based,v. if applicable, a notation that the restriction is under review or appeal, which notation shall be removed once the review or appeal is finally

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- n) where a finding of incapacity has been made against the <u>registrant</u> by another regulatory body, inside or outside of Ontario, to the extent that the information is made public by the other regulatory body,
 - i. a notation of the fact,
 - ii. the date of the finding, the name of the regulatory body and the place where it was made,
 - iii. any orders made relative to the finding,
 - iv. if applicable, a notation that the finding is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of;
- o) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:
 - i. a notation of that fact, including the date of the referral,
 - ii. the specified allegations,
 - iii. the notice of hearing,
 - iv. the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced,
 - v. if the hearing is awaiting scheduling, a statement of that fact, and
 - vi. if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;
- p) a notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;
- q) if a finding of incapacity has been made in respect of the <u>registrant</u>, the date of the finding;
- where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member<u>registrant</u> resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, includes a written caution,
 - i.—a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the caution,
 - iii. the date of the panel's decision,
 - iv. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - v. the information placed on the register pursuant to paragraph (r) shall be removed from the public register two (2) years from the date of the panel's decision (unless the panel decision was overturned on appeal

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or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed);

- s) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the <u>registrant</u> resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a caution in person, as authorized by paragraph 3 of subsection 26(1) of the Code,
 - i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the caution,
 - iii. the date of the panel's decision,
 - iv. once the <u>registrant</u> has received the caution, a notation to that effect and the date the member received the caution,
 - v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register;
- t) for decisions released prior to May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the <u>registrant</u> resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program that includes a monitoring component, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:
 - i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program,
 - iii. the date of the panel's decision,
 - iv. once the program is completed, a notation to that effect and the date on which the program was completed,
 - v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register;
- u) for decisions released on or after May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the <u>registrant</u> resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:
 - i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program,

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- iii. the date of the panel's decision,
- iv. once the program is completed, a notation to that effect and the date on which the program was completed,
- v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
- vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register;
- v) where a <u>registrant</u> has terms, conditions or limitations in effect on their certificate of registration, the effective date of those terms, conditions or limitations and, where applicable, the Committee responsible for the imposition of those terms, conditions or limitations;
- w) where an application for reinstatement has been referred to the Discipline Committee for a hearing,
 - i. a notation of that fact,
 - ii. the status of the hearing, and
 - iii. the result of the hearing;
- x) where a criminal finding of guilt or a finding of guilt under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u> was made against the <u>registrant</u> on or after March 1, 2016,
 - i. a notation of that fact,
 - ii. a summary of the finding and penalty,
 - iii. the date of the decision,
 - iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of,
 - any such summary shall be removed if the decision on finding and penalty is overturned or if the <u>registrant</u> is pardoned or obtains a record suspension, unless the <u>registrant</u> wishes the summary and fact of successful appeal to be maintained on the register for a period,
 - vi. no information shall be included in contravention of a court-imposed publication ban known to the College;
- y) where a finding of guilt is made by a court against the <u>registrant</u> on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of
 - the Registrar is relevant to the <u>registrant</u>'s suitability to practise,
 - i. a notation of that fact,
 - ii. a summary of the finding and penalty,
 - iii. the date of the decision,
 - iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of,
 - any such summary shall be removed if the decision on finding and penalty is overturned or if the registrant is pardoned or obtains a record suspension, unless the registrant wishes the summary and fact of successful appeal to be maintained on the register for a period,

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- vi. no information shall be included in contravention of a court-imposed publication ban known to the College;
- z) where a criminal charge or a charge under the *Health Insurance Act*, <u>1990</u> or the *Controlled Drugs and Substances Act*, <u>1996</u> was laid against the <u>registrant</u> on or after March 1, 2016,
 - i. a notation of that fact,
 - ii. a summary of the charge including the date it was laid,
 - iii. provided that any such summary shall be removed if the <u>registrant</u> is acquitted, the charge is withdrawn or stayed, or the charge has been superseded by a finding, and no information shall be included in contravention of a court-imposed publication ban known to the College;
- aa) where a charge is laid against the <u>registrant</u> on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of the Registrar is relevant to the <u>registrant</u>'s suitability to practise,
 - i. a notation of that fact,
 - ii. a summary of the charge including the date it was laid,
 - iii. provided that any such summary shall be removed if the <u>registrant</u> is acquitted, the charge is withdrawn or stayed, or the charge has been superseded by a finding, and no information shall be included in contravention of a court-imposed publication ban known to the College;
- bb) a summary of any currently existing conditions or restrictions, including the effective date, relating to the custody or release of the <u>registrant</u> imposed by a court or other lawful authority on or after March 1, 2016, excluding any information that would contravene a court-imposed publication ban known to the College;
- cc) where the <u>registrant</u> is or has been registered or licensed by a regulatory body in any profession in any jurisdiction, a notation to that effect, including the name of the regulatory body, the effective date of registration or licensure, and the effective date of any termination of that registration or licensure;
- dd) all past midwifery practice locations in Ontario, including the Member<u>registrant</u>'s position at that location;
- ee) a summary of any Alternate Practice Arrangements approved by the College with respect to the Member<u>registrant</u>;
- ff) if the <u>registrant</u> resigned while under investigation by the College, a notation of that fact <u>if there is a compelling interest in disclosing this information;</u> and
- gg) where a notation of a finding of professional negligence or malpractice made against the <u>registrant</u> is in the register,
 - i. the date of the finding,

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- ii. the name and location of the court that made the finding against the registrant, and
- iii. the status of any appeal respecting the finding.

14.03 – Additional Register Information Public

For the purpose of subsection 23(5) of the Code, all of the information listed in section 14.02 is designated as public.

14.04 – Registrar's Discretion

All of the information in the register is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

14.05 - Registrant to Provide Information Reporting Requirements

A <u>registrant</u> shall provide the College annually and upon request by the College, unless a different timeline is required by the RHPA, the Act or the Regulations, with the following information in the form and manner determined by the Registrar:

- a) information required to be maintained in the register or provided to the College pursuant to the by-laws, the RHPA, the Act or the Regulations;
- b) information relating to any complaint against the <u>registrant</u> or investigation of the <u>registrant</u> in process by another regulatory body, inside or outside of Ontario, and the outcome of the complaint or investigation;
- c) the name, address and telephone number of the Member<u>registrant</u>'s principal place of practice as well as all past practice locations;
- d) the name address and telephone number of all other places where the Member<u>registrant</u> practices midwifery, not including the private residences of clients;
- e) the registrant's residential address, telephone number and personal email address;
- f) with respect to each hospital, birth centre and health facility in Ontario where the registrant has privileges, the date that each privilege was granted, restricted, suspended, revoked, resigned or otherwise terminated, if applicable;
- g) information required by the Quality Assurance Committee; and

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h) information required by the Minister for the purpose of health human resource planning or for the purpose of compiling statistical data.

14.06 – Changes to Information

A <u>registrant</u> shall inform the College, in a form acceptable to the Registrar, of a change to any previously provided information under paragraphs (a) to (<u>f</u>) of section 14.05 within fourteen (14) days of the change.

ARTICLE 15 - PROFESSIONAL CORPORATIONS

15.01 – Required Information

Every <u>registrant</u> shall, for every professional corporation of which the <u>registrant</u> is a shareholder, provide the following information, in the form and in the manner requested, within thirty (30) days of receiving a written request from the Registrar:

- a) the name of the professional corporation as registered with the Ministry of <u>Public and Consumer and</u> Business Service <u>Delivery</u>,
- b) any business names used by the professional corporation,
- c) the name, as set out in the register, and registration number of each shareholder of the professional corporation,
- d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director,
- e) the principal practice address, telephone number, facsimile number and email address of the professional corporation,
- f) the address and telephone number of all other practice locations, other than the private residences of clients, at which the professional services offered by the professional corporation are provided, and
- g) a brief description of the professional activities carried out by the professional corporation.

15.02 – Information Public

The information specified in section 15.01, and any changes to that information under section 15.0<u>3 and 15.04</u> are designated as public for the purposes of paragraph 14 of subsection 23(2) of the Code. <u>Including:</u>

a) The date of issue of a certificate of authorization for a professional corporation.

b) All changes in the status of a certificate of authorization for a professional corporation and the effective date.

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15.03 – Changes to Information

Every registrant shall, for every professional corporation of which the registrant is a shareholder, advise the College, in writing, of any changes to the information required under section 15.01 within fourteen (14) days of the change.

15.04 – Change of Shareholder

A corporation that holds a certificate of authorization issued by the College is required to notify the College, in writing, of every change of shareholders of the corporation within fourteen (14) days of the date that the change of shareholders takes effect.

ARTICLE 16 – FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE

16.01 - Confirmation of Therapy or Counselling

For the purpose of granting funding pursuant to s. 85.7 of the Code, a person receiving therapy or counseling for sexual abuse must, in order to receive funding from the College, sign a document:

- a) confirming that they are aware of the therapist's or counselor's training and experience;
- b) confirming that if the therapist or counselor is not a regulated health professional, they understand that the therapist or counselor is not subject to professional discipline;
- c) confirming that the therapy or counseling is being provided;
- d) confirming that they do not have a familial relationship to the therapist or counselor or any other potential conflict of interest;
- e) confirming that they understand that funding shall only be paid to the therapist or counselor;
- f) confirming that they understand that the maximum amount of funding payable to any therapist or counselor is the amount that Ontario Health Insurance Plan (OHIP) would pay for 200 half hour sessions of individual out-patient psychotherapy with a psychiatrist;
- g) confirming that they will use other sources of funding for therapy and counseling that are available to them first, such as that available through a private insurer;
- h) confirming that to their knowledge, neither OHIP nor any public or private insurer is required to pay for the therapy or counseling received from the therapist or counselor and that if any time OHIP or a private insurer becomes required to pay for the therapy or counseling, they will notify the College;

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- confirming that they understand that the funding available from the College does not cover late appointments, missed appointments or other expenses incidental to receiving therapy or counseling;
- j) confirming that the funds received are being used only for therapy or counseling;
- k) confirming that they will keep confidential all information obtained through the funding application process, including, if funding is granted, the fact that funding has been granted and any reasons given by the Client Relations Committee for granting the funding, and to refrain from using that information for any other purpose; and
- confirming that they understand that a decision by the Client Relations Committee regarding their eligibility for funding does not constitute a finding of guilt against the member who has been alleged to have committed sexual abuse and will not be considered by any other committee of the College dealing with the member.

16.02– Confirmation from Therapist or Counselor

For the purpose of granting funding pursuant to s.85.7 in the Code, the therapist or counselor of a person receiving therapy or counseling for sexual abuse must, in order for the person receiving therapy to obtain funding from the College, sign a document;

- a) confirming that they have not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature;
- b) confirming that they do not have a familial relationship to the person receiving therapy or any other potential conflict of interest;
- c) detailing their training and experience;
- d) confirming that the therapy or counseling is being provided;
- e) confirming that the funds received are being used only for therapy or counseling;
- f) confirming that they understand that the maximum amount of funding payable to any therapist or counsellor approved under the program is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half hour sessions of individual out-patient psychotherapy with a psychiatrist;
- g) confirming that to their knowledge, neither OHIP nor any public or private insurer is required to pay for the therapy or counselling that they provide or propose to provide to the person applying for funding;
- h) confirming that they understand that there will be no payment from the College for any late or missed appointments; and
- confirming that they will keep confidential all information obtained through the funding application process, including, if funding is granted, the fact that funding has been granted and the reasons given by the Client Relations Committee for granting the funding.

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ARTICLE 17 - MEMBERSHIPS IN OTHER ORGANIZATIONS

17.01 – Authorization by Board

The <u>Board</u> may authorize membership in a provincial, national or international organization of bodies with similar functions and may authorize the payment of such annual fees and costs for representation at meetings of the organization.

ARTICLE 18 - BY-LAWS AND AMENDMENTS

18.01 – Effective Date

These by-laws shall become effective as of <u>October 11, 2018 June 26, 2024</u>.

18.02 - Prior By-Laws Revoked

Upon these by-laws becoming effective, all prior General by-laws of the College are revoked, but such revocation shall not affect the previous operation of such by-laws or affect the validity of any act done or right, privilege, obligation or liability acquired or incurred under, or the validity of any contract or agreement made pursuant to the by-laws, prior to their repeal.

18.03 – Amendments

The by-laws of the College or any section thereof may be enacted, amended, or revoked by a two-thirds majority of the <u>Board</u> members present and voting at a meeting of the <u>Board</u> called for that purpose.

Passed and enacted by the <u>Board</u> of the College in accordance with the Code, on the _____ day of

Witness the corporate seal of the College

Chair

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Registrar

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APPENDIX A

Seal of the College of Midwives of Ontario

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APPENDIX B

SCHEDULE 2 HEALTH PROFESSIONS PROCEDURAL CODE Note: This Code is deemed by section 4 of the *Regulated Health Professions Act*, 1991, to be part of each health profession Act.

Register

23 (1) The Registrar shall maintain a register. 2007, c. 10, Sched. M, s. 28.

Contents of register

(2) The register shall contain the following:

- 1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
- 2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
- 3. The name, business address and business telephone number of every health profession corporation.
- 4. The names of the shareholders of each health profession corporation who are members of the College.
- 5. Each member's class of registration and specialist status.
- 6. The terms, conditions and limitations that are in effect on each certificate of registration.
- 7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).
- 8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
- <u>9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.</u>
- 10. Every result of a disciplinary or incapacity proceeding.
- <u>11. A notation and synopsis of any acknowledgements and undertakings in relation</u> to matters involving allegations of professional misconduct or incompetence

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before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

- 12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
- 13. A notation of every revocation or suspension of a certificate of registration.
- 14. A notation of every revocation or suspension of a certificate of authorization.
- 15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
- 16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
- 18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
- 19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991.*
- 20. Information that is required to be kept in the register in accordance with the bylaws. 2017, c. 11, Sched. 5, s. 11 (1)

SCHEDULE 1 Process for Election of Officers

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

A member <u>of theBoard</u> 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 <u>the Board</u>.

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 the Board, or until such other time designated by the Board, whichever occurs first.

At least forty-five (45) days before the date of the election, the Registrar shall notify every member of the Board of the date of the election and of the procedure, criteria and deadline for the Board 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 Board in support of their candidacy.

Before the first regular meeting of the newly elected <u>Board</u> each year or any other <u>Board</u> meeting designated for the purpose by <u>Board</u> resolution, the Registrar shall send an invitation to all <u>Board</u> 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 <u>Board</u> 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 <u>the Board</u> when the election of officers shall take place. The Registrar may, at any time, inform a <u>Board</u> member about any other <u>Board</u> member's written intent that has been submitted before the deadline. At least five (5) days prior to the meeting of <u>the Board</u> when the election of officers shall take place, the Registrar shall circulate to the <u>Board</u> 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 <u>Board</u> member may withdraw as a candidate at any time before the election.

At the meeting of <u>the Board</u> 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.

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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 the Board 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.

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BRIEFING NOTE FOR COUNCIL

Subject: Amendments to the Fees and Remuneration By-law

Summary

The Fees and Remuneration By-law has undergone a review with proposed changes. The Executive Committee has reviewed and discussed these changes in advance of their presentation to the Council.

Background

The Fees and Remuneration By-law was last reviewed in June 2019.

The goal of the review is to:

- Ensure that fees and fee practices are equitable and proportional.
- Ensure that fees reflect operational resources and to streamline fee practices and processes.
- Alignment the by-law with other College governing documents.

The review was a collaborative process that engaged staff and analyzed data. Staff also reviewed the by-law through an equity lens and to consider potential unintended consequences. Lastly, in reviewing the by-law, an environmental scan took place to compare fees, fee practices and per diems across other regulated health Colleges.

As required, the proposed changes to the by-law will be circulated to registrants and the public for a 60-day consultation following approval by Council.

Key Considerations & Public Interest Rationale

Significant recommended amendments

Elimination of installment payments: Staff are proposing the removal of the installment payment plan in article 4.8. Current practice involves allowing payment plans by cheques in two or more installments. The process is time-consuming, requiring the receipt of cheques, manual entry into the database, and preparation of deposit reports. During the latest renewal period, 6% (68) of registrants opted to pay in installments. Discontinuing installment payments will free up additional operational resources.

Registrants facing financial challenges will still have the option to request a modified payment plan. We would make sure that the procedure for requesting a payment plan is clearly communicated and transparent on the website when registrants are submitting fees, including registration and renewal fees.

Summary of recommended amendments

The comparison table below outlines the current provisions in the by-law, along with proposed changes and their respective rationales.

Existing provisions in the by-law	Proposed amendments with rationale
Current language:	Proposed changes to language:
'Council' 'Member' 'Initial membership'	Amend 'Council' to 'Board of Directors' Amend 'Member' to 'Registrant' Amend 'Initial membership' to 'Initial registration'
'Annual membership'	Amend 'Annual membership' to 'Annual renewal'
'Inactive'	Amend 'inactive' to 'inactive/non-practising'
Article 2 – Application Fees Article 2.1 A person who submits an application for a certificate of registration in any class shall pay an application fee of \$100.	Article 2 – Application Fees Article 2.1 A person who submits an application for a certificate of registration in any class shall pay an application fee of \$125. Rationale: The proposed amendment reflects inflation and the operational resources required to process an application. The fee is in line with the environmental scan.
Article 4 – Annual membership and Administration fees	Article 4 – Annual renewal and Administration fees
Article 4.4 Every registrant who holds a certificate of registration in any class other than inactive shall pay to the College an annual renewal fee of \$2,500 on or before October 1 of 2019. Each year thereafter until this by-law is further amended inflationary increases of 2% may apply to the annual renewal fee.	Article 4.4 Every registrant who holds a certificate of registration in any class other than inactive/ non-practising shall pay to the College an annual renewal fee of \$2706 on or before October 1 of 2024. Each year thereafter until this by-law is further amended, the annual renewal fee may be increased by up to 2% each year, rounded up to the nearest dollar. Rationale: The amended Article reflects the updated renewal fee and allows for consideration of an inflationary increase that may be up to 2% and rounded up to the nearest dollar.
Article 4.5 Every registrant who holds a certificate of registration in the inactive class shall pay to the College an annual renewal fee of \$1075 on or before October 1 of 2018. Each year thereafter until this by-law is further amended inflationary increases of 2% will	Article 4.5 Every registrant who holds a certificate of registration in the inactive/non- practising class shall pay to the College an annual renewal fee of \$1187 on or before October 1 of 2024. Each year thereafter until this by-law is further amended the annual

apply to the annual renewal fee.	renewal fee may be increased by up to 2% each year, rounded up to the nearest dollar.
	Rationale: The amended Article reflects the updated renewal fee and allows for consideration of an inflationary increase that may be up to 2% and rounded up to the nearest dollar.
Article 4.8 Registrants may pay their annual membership fees and administration fees in	Repeal
instalments. Instalment amounts will be set by the College at least 60 days before the fees are due.	Rationale: The elimination of installment payments is being proposed as it is a time intensive process with increasing logistical challenges. The College will continue to allow
The instalment due dates are as follows: i. if paying the amount owing in one instalment: October 1 ii. if paying the amount owing in two instalments: October 1 and February	registrants experiencing financial difficulty to apply to the Registrar for an altered payment plan.
Article 6 – Non-payment of fees	Article 6 – Non-payment of fees
Article 6.1 When a registrant is suspended due to non-payment of fees, the suspension will remain in effect until such time as all outstanding fees plus an additional administration fee of \$50 are received. If the suspension is not lifted, the registrant's certificate of registration is revoked, without further notice, one year after the day the suspension began.	Article 6.1 When a registrant is suspended due to non-payment of fees, the suspension will remain in effect until such time as all outstanding fees plus an additional lifting of suspension administration fee of \$200 are received. If the suspension is not lifted, the registrant's certificate of registration is revoked, without further notice, one year after the day the suspension began.
	Rationale: The proposed amendment reflects inflation and the operational resources required to process the lift of a suspension. The fee is in line with the environmental scan.
Article 6.2 When a registrant is revoked for non-payment of fees the former registrant shall pay any fee, penalty or other amount owing to the College to rectify the revocation in addition to the fees required for registration.	Article 6.2 When a registrant is revoked for non-payment of fees the former registrant shall pay any fee, penalty or other amount owing to the College to rectify the revocation in addition to the fees required for registration.
	Rationale: The proposed changes to language are to clarify the process and ensure consistent language with the General By-law and Regulation.

Article 8 – Committee and Registration Fees	Article 8 – Committee and Program Fees
 Article 8 - Committee and Registration Fees Article 8.2 Committee or program fees include, but are not limited to the following: For assessments and evaluations ordered by the Quality Assurance Committee or Specified Continuing Education or Remediation Programs ordered by the Inquiries, Complaints and Reports Committee or the Quality Assurance Committee: A) A member shall pay up to \$2500 for each assessment and each follow-up assessment. B) For programs delivered by a third party, the fee charged by that party; For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor. For Requalification Programs the applicant or member bears all costs 	 Article 8 – Committee and Program Fees Article 8.2 Committee or program fees include, but are not limited to the following: i. Assessments, re-assessments, evaluations, education and remediation programs, monitoring, supervision ordered by a Statutory Committee. ii. Program fees related to assessments of applicants. 8.3 The College may require a registrant, applicant, health profession corporation or other person to pay a committee or program fee, including an annual fee, that is not set out in section 8.2, in which case the College shall provide the registrant, applicant, health profession corporation or other person with an invoice setting out the fee. Rationale: The proposed amendment is to encompass any Statutory Committee and program. The proposed change also broadens the application of the Article to include registrants, applicants, corporations and applicants to the O&A program who are neither applicants nor registrants.
Article 9 – Alternate Practice Arrangements	Repeal
 9.1 The fee for the application for approval of an alternate practice arrangement is \$100 and is due at the time of application. 9.2 The fee for the annual renewal of an 	Repeal Rationale: Removing as no longer in existence.
 alternate practice arrangement is \$50 and is due at the time of the application for renewal. 9.3 Application and renewal fees are non-refundable, either in whole or in part. 	
Article 10 – Professional Corporations	Article 10 – Professional Corporations
10.4 The fee for the annual renewal of a certificate of authorization is \$250.	10.4 The fee for the annual renewal of a certificate of authorization is \$300.
	Rationale: The proposed amendment reflects inflation and the operational resources required to process an application. The fee is in line with the environmental scan.

10.8	10.8 The fee for a revised certificate of authorization is \$100.
	Rationale: The proposed article introduces an administration fee for revising a certificate of authorization. This fee would cover actions such as adding or removing a shareholder from the corporation or changing the corporation's name. Previously, a name change administration fee, which is now being eliminated, was applied.
Article 12 – Other fees and miscellaneous provisions	Article 12 – Other fees and miscellaneous provisions
12.1 Fees for change of class A registrant requesting a change from the inactive/non-practising class to the general class will be charged \$50	12. 1 Fees for change of class A registrant requesting a change from the inactive/non-practising class to the general class will be charged \$100.
	Rationale: The proposed amendment reflects inflation and the operational resources required to process an application. The fee is in line with the environmental scan.
12.2 Fees for Letters of Professional Conduct The fee for the college to issue a letter of professional conduct for a member is \$40 if the member requests that the letter be issued in fifteen (15) days or less and it is so issued,	12.2 Fees for Letters of Professional Standing The fee for the college to issue a letter of professional standing for a registrant in 7 days is \$50.
and \$60 if the member requests that the letter is issued in five (5) days or less and it is so issued.	Rationale: The proposed change simplifies the process and creates a uniform fee and delivery timeline.
12.3 Fees for Letters of Standing and Professional Conduct The fee for the college to issue a letter of standing and professional conduct for a member is \$40 if the member requests that the letter be issued in fifteen (15) days or less and it is so issued, and \$60 if the member requests	12.3 Fees for Letters of Standing and Professional Conduct The fee for the college to issue a letter of professional Standing and Professional Conduct standing for a registrant in 7 days is \$50.
that the letter is issued in five (5) days or less and it is so issued.	Rationale: The proposed change simplifies the process and creates a uniform fee and delivery timeline.
12.4 Fee for Jurisprudence Course The registration fee for the jurisprudence course for midwifery in Ontario is \$300.	12.4 Fee for Jurisprudence Course The registration fee for the jurisprudence course for midwifery in Ontario is \$150.

	Rationale: The proposed change to the fee updates the by-law to reflect the current cost of the course.
12.8 Name Change	Repeal
A fee of \$100 will apply in order to re-issue registration documents and update records as a result of a name change.	Rationale: The proposed change eliminates a cost for a process that disproportionately impacts women.
 12.9 Duplicate Documents A fee of \$25 per document will be charged to issue duplicate documents. 12.5 Request for Receipts, Tax Receipts or Letters A person who requests a hard copy of a receipt, tax receipt or letter shall pay a fee of \$50 for the provision of the hard copy document which is otherwise available electronically. 	 12.9 Copies and Duplicate Documents A fee of \$30 will be charged to issue paper or digital duplicate documents or the hard copy of a document that is otherwise available electronically. A flat rate of \$30 applies to the first 20 pages of a paper copy and \$0.25 per page thereafter. Rationale: The proposed change consolidates two articles and standardizes document costs, considering the expenses associated with
	providing paper versus digital copies.
12.11 Access to Registration Applicant Records The fee for a registration applicant to receive a copy of their digital file is \$50.	12.11 Access to Registration Applicant File The fee for a registration applicant to receive a copy of their digital file is \$100.
	Rationale: The proposed change updates language to reflect language used in practice by the College and to reflect the operational resources required to prepare an applicant file.
12.14 Application for Reinstatement A person who submits an application for reinstatement in any class shall pay an application fee of \$100.	12.14 Application for Reinstatement A person who submits an application for reinstatement in any class shall pay an application fee of \$125.
	Rationale: The proposed change reflects inflation and the operational resources required to process an application. The change aligns the application for reinstatement fee to the proposed initial application fee.
12.16 Request For File From Member Or Former Member A member or former member shall pay a fee of \$100 to obtain a copy of their registration file.	12.16 Request For Registrant File A registrant or former registrant shall pay a fee of \$250 to obtain a copy of their digital registrant file.

	Rationale: The proposed changes reflections inflation and the operational resources required to prepare a registration file.
Schedule 1 – Per Diems and Expenses	Schedule 1 – Per Diems and Expenses
Meal Allowances & Travel	Meal Allowances & Travel
Breakfast \$10	Breakfast \$23.60
Lunch \$12.50	Lunch \$23.90
Dinner	Dinner \$58.60
\$22.50	47¢/per km
40¢/per km	
	Rationale: The proposed changes have been updated to reflect the CRA reasonable rates and can be adjusted accordingly going forward.

Recommendations

That the proposed amendments to the Fees and Remuneration By-law be approved for a 60-day consultation.

Implementation Date

Following the 60-day consultation, the Fees and Remuneration By-law will be brought to Council for final review and approval at its June 2024 meeting.

Legislative and Other References

Fees and Remuneration By-law General By-law

Attachments

Fees and Remuneration By-law proposed changes 2024

Submitted by:

Lieran Docherty, Director of Operations



Fees and Remuneration By-law

June 26, 2019 Under review: February 2024

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1 ARTICLE 1 – INTERPRETATION

1.1 Definitions

In these by-laws:

"Act" means the *Midwifery Act*, 1991, S.O. 1991, c. 31, as amended from time to time, and includes the Regulations thereunder.

"College" means the College of Midwives of Ontario/L'Ordre des sage-femmes de l'Ontario. "Committee" means a committee of the College and includes statutory, standing and ad hoc committees and any committee established by the Council under these by-laws, including planning groups and working groups, but does not include a Board of Inquiry or a panel of the Inquiries, Complaints and Reports Committee.

"Board of Directors" means the Council of the College.

<u>"Registrant"</u> means a member of the College. The term "member" is used in the RHPA and the Act unless otherwise indicated.

"Registrar" means the person appointed by the Council as Registrar for the College and includes an Acting Registrar.

"RHPA" means the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18, as amended from time to time, and includes the regulations thereunder.

1.2 Consistency with RHPA and Act All provisions of these and all by-laws of the College shall be interpreted in a manner consistent with the RHPA and the Act and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from the by-law.

2 ARTICLE 2 – APPLICATION FEES

- 2.1 A person who submits an application for a certificate of registration in any class shall pay an application fee of \$100, \$125.
- 2.2 Application fees are due at the time the application is submitted. Application fees are non-refundable, either in whole or in part.

3 ARTICLE 3 – INITIAL MEMBERSHIP REGISTRATION AND ADMINISTRATION FEES

- 3.1 Initial registration fees for certificates of registration issued in October shall be the same amount as the annual registration fee payable for that year, and an administration fee of \$50.
- 3.2 Initial registration fees for certificates of registration issued in a month other than October will be 1/12 of the annual fee for each month of registration between the month of initial registration and the following October, and an administration fee of \$50.

4 ARTICLE 4 – ANNUAL MEMBERSHIP RENEWAL AND ADMINISTRATION FEES

- 4.1 The College's registration cycle runs from October 1 to September 30 each year.
- 4.2 Every registrant who holds a certificate of registration in any class, shall pay an annual registration fee and an annual administration fee, which are due on or before October 1 of each year, regardless of the date of initial registration.
- 4.3 The amount of the annual administration fee for every class of certificate is \$50.
- 4.4 Every registrant who holds a certificate of registration in any class other than inactive/ non-practising shall pay to the College an annual renewal fee of \$2500 \$2706 on or before October 1 of 2019 2024. Each year thereafter until this by-law is further amended, the annual renewal fee may be increased by up to 2% each year, rounded up to the nearest dollar. inflationary increases of 2% will apply to the annual renewal fee.
- 4.5 Every registrant who holds a certificate of registration in the inactive/<u>non-practising</u> class shall pay to the College an annual renewal fee of \$1075 \$1187 on or before October 1 of 2018 2024. Each year thereafter until this by-law is further amended <u>the annual renewal fee may be increased by up to 2% each year, rounded up to the nearest dollar.</u> inflationary increases of 2% will apply to the annual renewal fee.
- 4.6 The annual renewal fee will be prorated depending on when in the year the registrant receives their certificate of registration.
- 4.7 The Registrar shall notify every registrant of the amount of the fees due and the day on which they are due, at least sixty (60) days before the fees are due.
- 4.8—Registrants may pay their annual membership fees and administration fees in instalments. Instalment amounts will be set by the College at least 60 days before the fees are due. The instalment due dates are as follows:
 - i.—_if paying the amount owing in one instalment: October 1
 - ii. if paying the amount owing in two instalments: October 1 and February

- 5.1 If a registrant fails to pay the annual registration fee, on or before the day on which the fee is due, the registrant shall pay, in addition to the outstanding balance owed, a penalty equivalent to fifteen percent (15%) of the annual registration fee. If a registrant chooses to pay a fee by instalment, where allowed, the late penalty fee owing will still be fifteen percent (15%) of the annual membership fee (rather than fifteen percent (15%) of the late instalment). The entire late penalty fee will be levied each and every time the registrant is late with an instalment payment.
- 5.2 If a registrant fails to submit a fully completed application, including any certifications or proof of competency that may be required, on or before the day on which the application is due, the registrant shall pay a penalty equivalent to fifteen percent (15%) of the annual registration fee. If a member chooses to pay a fee by instalment, where allowed, the late penalty fee owing will still be fifteen percent (15%) of the annual membership fee (rather than fifteen percent (15%) of the annual membership fee (15\%) of the annual membership fe
- 5.3 If a registrant is granted an alternate payment arrangement for their annual registration fee by the Registrar and fails to meet the obligations under that plan then the registrant shall pay, in addition to the outstanding balance owed, a penalty equivalent to fifteen percent (15%) of the annual fee.
- 5.4 If a registrant fails to pay any committee, program, or administrative fee, the College may charge interest at a rate of 1.5% per month on any committee, program or administration fee, that is unpaid as of the applicable due date, and the College shall consider the accrued interest on any unpaid fee as part of the fee itself.

6 ARTICLE 6 - NON-PAYMENT OF FEES

- 6.1 When a registrant is suspended due to non-payment of fees, the suspension will remain in effect until such time as all outstanding fees plus an additional lifting of suspension administration fee of \$50 \$200 are received. If the suspension is not lifted, the registrant's certificate of registration is revoked, without further notice, one year after the day the suspension began.
- 6.2 When a registrant is revoked for non-payment of fees the former registrant shall pay all outstanding fees upon reinstatement. any fee, penalty or other amount owing to the College to rectify the revocation in addition to the fees required for registration.

7 ARTICLE 7 – RECEIPTS

- 7.1 Official tax receipts are issued by the College for total annual registration and administration fees received during a taxation year.
- 7.2 Tax receipts shall be available to registrants by the end of February the following year.

- 7.3 The tax receipt will indicate the registration period for which the fees apply.
- 8 ARTICLE 8 COMMITTEE AND PROGRAM REGISTRATION FEES
- 8.1 The College may charge a registrant a fee in connection with decisions or activities that the College or a College committee are required or authorized to make or do in respect to a registrant.
- 8.2 Committee or program fees include, but are not limited to the following:
 - i. Assessments, re-assessments, evaluations, education and remediation programs, monitoring, supervision ordered by a Statutory Committee.
 - ii. Program fees related to assessments of applicants.
 - i.

ii.For assessments and evaluations ordered by the Quality Assurance-Committee or Specified Continuing Education or Remediation Programsordered by the Inquiries, Complaints and Reports Committee or the-Quality Assurance Committee:

a.——A member shall pay up to \$2500 for each assessmentand each follow-up assessment.

b.——For programs delivered by a third party, the feecharged by that party;

- ii. For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor.
- iii. For Requalification Programs the applicant or member bears all costs
- 8.3 The College may require a registrant, applicant, professional corporation or other person to pay a committee or program fee, including an annual fee, that is not set out in section 8.2, in which case the College shall provide the registrant, applicant, professional corporation or other person with an invoice setting out the fee.

9-ARTICLE 9-ALTERNATE PRACTICE ARRANGEMENTS

- 9.1—The fee for the application for approval of an Alternate Practice Arrangement is \$100and is due at the time of application.
- 9.2—The fee for the annual renewal of an Alternate Practice Arrangement is \$50 and isdue at the time of the application for renewal.
- 9.3—Application and renewal fees are non-refundable, either in whole or in part.
- 10 ARTICLE 10 PROFESSIONAL CORPORATIONS
- 10.1 The certificate of authorization is valid from April 1 to March 31 each year.

- 10.2 The renewal of a certificate of authorization is due on or before April 1 of each year.
- 10.3 The fee for the application for a certificate of authorization, including on any reinstatement of a certificate of authorization is \$500.
- 10.4 The fee for the annual renewal of a certificate of authorization is $\frac{250}{300}$
- 10.5 A professional corporation, or a registrant listed in the College's records as a shareholder of the professional corporation, shall pay an administrative fee of \$50 for each notice sent by the Registrar to the corporation or registrant for failure of the corporation to renew its certificate of authorization on time.
- 10.6 The administrative fee is due within thirty (30) days of the date that the notice was sent and, if the fee is not received by the College within that time, an additional notice may be issued and an additional administrative fee may be required at that time and after every subsequent thirty (30) day period.
- 10.7 The fee for the issuing of a duplicate document or certificate respecting a professional corporation, other than the first certificate of authorization is \$100.
- 10.8 The fee for a revised certificate of authorization is \$100.

11 ARTICLE 11 -COUNCIL AND COMMITTEE MEMBER REMUNERATION

11.1 Council members and committee members shall be paid honoraria for participation in and preparation for meetings and other expenses reasonably incurred in relation to the performance of their duties in accordance with the honoraria and expense policy as approved from time to time by Council. (Schedule 1)

12 ARTICLE 12 - OTHER FEES AND MISCELLANEOUS PROVISIONS

- 12.1 FEES FOR CHANGE OF CLASS A registrant requesting a change from the inactive/non-practising class to the General class will be charged \$50 \$100.
- 12.2 FEES FOR LETTERS OF PROFESSIONAL STANDING The fee for the College to issue a Letter of Professional Standing for a registrant in 7 days is \$40 **\$50**.
- 12.3 FEES FOR LETTERS OF STANDING AND PROFESSIONAL CONDUCT The fee for the College to issue a letter of Standing and Professional Conduct for a registrant in 7 days is \$50.

12.4 FEE FOR JURISPRUDENCE COURSE

The registration fee for the jurisprudence course for midwifery in Ontario is \$300 \$150. A person who requests the Registrar to do anything that the Registrar is required or authorized to do by statute, regulation, by-law, or policy shall pay, if a fee is specified, the specified fee; or if no fee is specified and if the Registrar has set a fee, the fee set by the Registrar.

12.6 REGISTRAR'S DISCRETION

The Registrar may reduce the amount of any fee payable to the College or alter the timing or manner in which a fee is payable in accordance with Council policy or where the Registrar is satisfied that there are exceptional circumstances which warrant the exercise of discretion.

12.7 FEES FOR RETURNED CHEQUES AND INSUFFICIENT FUNDS

A registrant, who pays a fee owed to the College by cheque, shall pay a fee of \$40, in addition to any outstanding balance, in the event that any payment is returned to the College for non-payment.

12.8-NAME CHANGE

A fee of \$100 will apply in order to re-issue registration documents and updaterecords as a result of a name change.

12.9 COPIES AND DUPLICATE DOCUMENTS

A fee of \$30 \$25 will be charged to issue paper or digital duplicate documents or the hard copy of a document that is otherwise available electronically. A flat rate of \$30 applies to the first 20 pages of a paper copy and \$0.25 per page thereafter.

- 12.10 ADMINISTRATIVE FEE FOR NOTICES FAILURE TO PROVIDE INFORMATION A registrant shall pay an administrative fee of \$50 for each notice sent by the Registrar to the registrant for failure to provide information or a form to the College or a Committee of the College within thirty (30) days of being requested or required to do so.
- 12.11 ACCESS TO REGISTRATION APPLICANT RECORDS FILE The fee for a registration applicant to receive a copy of their digital file is \$50\$100.
- 12.12 REINSTATEMENT HEARING

An applicant requesting a hearing pursuant to the Health Professions Procedural Code of the *Regulated Health Professions Act*, 1991 to consider reinstatement of their certificate of registration shall pay an application fee of \$3,500.00. \$500.00 of that fee shall be non-refundable. The balance of that fee (\$3,000.00) shall be refundable but only if the applicant withdraws the application by notice in writing received by the College not less than 30 days prior to the date scheduled to commence the hearing.

- 12.13 REQUEST FOR A RECOUNT The fee for a request for a recount of election results is \$100. The fee shall be refunded if the recount confirms the election results were incorrect.
- 12.14 APPLICATION FOR REINSTATEMENT A person who submits an application for reinstatement in any class shall pay an

application fee of \$100 \$125.

- 12.15-REQUEST FOR RECEIPTS, TAX RECEIPTS OR LETTERS A person who requests a hard copy of a receipt, tax receipt or letter shall pay a feeof \$50 for the provision of the hard copy document which is otherwise availableelectronically.
- 12.16 REQUEST FOR FILE FROM MEMBER OR FORMER FORMER REGISTRANT FILE A registrant or former registrant shall pay a fee of \$100 \$250 to obtain a copy of their digital registrant file.

SCHEDULE 1 – Per Diems and Expenses

Honoraria (per diem) for meeting preparation¹, attendance and decision writing

Non-Council Public Members ²	> 3 h	nours	< 3 ł	nours
General Member	\$1	50	\$	75
General Member designated as Vice Chair ³	\$1	75	\$87	7.50
General Member designated as Chair ³	\$250		\$125	
Non-Council and Council Professional Members	> 6 hours	4 to 6 hours	2 to 4 hours	30 mins to 2 hours
General Member	\$320	\$240	\$160	\$80
General Member designated as Vice Chair ³	\$382	\$286.50	\$191	\$95.50
General Member designated as Chair ³	\$382	\$286.50	\$191	\$95.50

Professional Chair Stipend

Professional Chair	
Annual Stipend	\$30,000

Eligible expenses

Meal Allowances & Travel ⁴	
Breakfast	\$23.60
Lunch	\$23.90
Dinner	\$58.60
Travel	70¢/per km

Summary of eligible expenses

Items	Eligible expenses	Ineligible expenses
Travel	Necessary travel to and from meetings (most economical and sustainable transport encouraged)	Traffic violations/fines; vehicle repairs; personal travel insurance

¹ Preparation time cannot exceed meeting attendance time ² Non-Council Public Member per diems reflect the per diems set out by the Health Board Secretariat and will be adjusted accordingly

³ Must be the assigned role in the meeting for which one is claiming

⁴ Meal allowance and travel reflect CRA reasonable rates and will be adjusted accordingly

College of Midwives of Ontario Fees and Remuneration By-law

Accommodation	Hotels and private homes. College approval is required for hotel costs.	Entertainment and personal services (e.g. movie rentals and dry cleaning)
Food	Meal allowances as noted above	Alcoholic beverages
Job Accommodations	Attendant care, child care and other identified services.	
Conferences	Registration fees; necessary travel to and from. (Council approval required)	Banquets, entertainment events, special tours etc.

SCHEDULE 2 - 2024-25 Fees

APPLICATION FEE	
Any class of registration	\$125
INITIAL REGISTRATION AND ADMINISTRATION FEES	
Initial certificate of registration i. Issued October 1 ii. Issued between November - September	\$2,706 Pro-rated by month
Administration fee	\$50
ANNUAL RENEWAL	
Practising class	\$2,706
Inactive/non-practising class	\$1,187
Annual administration fee	\$50
PENALTY FEES	
Late payment of annual renewal fee	15%
Failure to submit a fully completed renewal application	15%
NON-PAYMENT OF FEES	
Lifting of suspension administration fee	\$200
REINSTATEMENT OF CERTIFICATE OF REGISTRATION	
Application fee	\$125
PROFESSIONAL CORPORATIONS	
Application for certificate of authorization	\$500
Reinstatement of a certification of authorization	\$500
Annual renewal	\$300
Duplicate document or certificate	\$100

Revised certificate of authorization	\$100
COMMITTEE AND PROGRAM FEES	
Committee and program fees	Varies
MISCELLANEOUS AND ADMINISTRATIVE	
Change of class	\$100
Letters of Professional Standing	\$50
Letters of Standing and Professional Conduct	\$50
Jurisprudence	\$150
Declined payment (NSF)	\$40
Notice: Failure to provide information	\$50
Name change	No cost
Copies or Duplicates	\$30 .25 per page after 20 pages
Access to applicant file	\$100
Rquest for registrant file	\$250
Election recount	\$100



BRIEFING NOTE FOR COUNCIL

Subject: Qualifications that are equivalent to an Ontario midwifery education program

Background

Pursuant to section 8(1)(1) of the Registration Regulation (O. Reg. 168/11, made under the *Midwifery Act*, 1991), there are currently three categories of applicants eligible for registration in Ontario:

- Applicants who have a baccalaureate degree in health sciences (midwifery) from a university in Ontario
- Applicants who hold an out-of-province certificate that is equivalent to the certificate of registration
- Applicants who have qualifications that are equivalent to a baccalaureate degree in health sciences (midwifery) from a university in Ontario.

Regarding the final category, the Council passed a motion in July 2022 to recognize candidates who successfully completed the pilot of the Orientation and Assessment program (OAP) as having "qualifications that are equivalent" to a midwifery degree in Ontario.

Issue

There are currently 6 Canadian Midwifery Education Programs (MEPs) which are located in Quebec (University of Quebec Trois-Rivières), Ontario (McMaster University, and Toronto Metropolitan University), Manitoba (University of Manitoba), Alberta (Mt Royal University), and British Columbia (University of British Columbia).

There is currently no direct pathway to registration for individuals who completed a midwifery education program in another Canadian jurisdiction. Instead, they are required to first register in their respective province/territory and maintain an active registration before becoming eligible to apply in Ontario under the *Ontario Labour Mobility Act*, 2009 and section 9 of the Registration Regulation.

The Registration Regulation authorizes the Council to identify qualifications that are equivalent to a midwifery degree in Ontario for the purpose of registration. The Council is being asked to consider adding Canadian MEPs, outside of Ontario, to the list of qualifications deemed equivalent to the Ontario midwifery degree to create a direct pathway to registration in Ontario from graduation.

Key Considerations & Public Interest Rationale

1. Fair and equitable registration practices

a) Removing barriers to registration

Applicants completing a Canadian MEP outside Ontario have limited registration options and are required to first seek initial registration from another Canadian midwifery regulator before becoming eligible to register in Ontario. Applicants, who only intend to practise in Ontario, are likely to incur additional costs and delays since the process would require completing several administrative steps before commencing their professional practice in Ontario:



By recognizing a direct route of entry for these applicants, Council will reduce any perception that the College imposes unnecessary administrative burdens on entry to the profession.

2. Mitigating Risks at entry-to-practice

a) Accreditation

There is currently no mechanism for the College to formally assess the quality of midwifery education programs. While educational institutions may have their own procedures in place to ensure the delivery of quality programs, there is no formal link between the academic program and the College's mandate to protect the public.

The accreditation of a program for the purpose of entry-to-practice is a crucial factor in determining whether a program is acceptable. It indicates that the program has met acceptable levels of quality, providing assurance to students and the public alike that it adheres to the standards of the profession they seek to enter. The accreditation process involves ongoing assessment and evaluation of the program, using standards to enhance its operation and content delivery. Accreditation acts as a stamp of approval and indicates the educational system's ongoing commitment to quality and maintenance of standards.

The Accreditation Council was formally established in 2018 and has the primary mandate to accredit Canadian Baccalaureate MEPs with these specific goals:

- Ensure that national and international standards of midwifery education are met or exceeded in achieving program goals,
- Ensure graduates attain the essential competencies to qualify for registration in Canadian provinces and territories,
- o Develop and sustain continuing assessment and improvement,
- Encourage excellence and innovation in education.

Before the establishment of the Accreditation Council and the accreditation process, there was no national standardized review of Canadian midwifery education programs.

The six educational institutions currently offering midwifery programs have all applied for accreditation through the Accreditation Council and five have received full accreditation status at the time of this report. One program is in the final stages of review. To be accredited, each program must satisfy the standards for a Baccalaureate Degree in midwifery (Appendix A), which were approved in 2020. It should be noted that in 2023 the Accreditation Standards were comprehensively reviewed and revised and it is expected that the revised standards will be approved and implemented this year.

To establish a direct pathway to registration for graduates of Canadian MEPs outside of Ontario, the Council is being asked to rely on the accreditation process as a safeguard. This safeguard ensures that only recognized qualifications are equivalent to a midwifery degree in Ontario. For clarity, it is imperative that the program was accredited by the Canadian Association for Midwifery Education's (CAMEd) Accreditation Council at the time the applicant completed the degree. For instance, applicants who completed an MEP from Mt Royal University in 2010 would not be eligible for this registration pathway, as the program was not accredited by the Accreditation Council at that time.

b) Robust registration requirements

It is worth noting that a direct path to registration for graduates of Canadian MEPs requires that they meet slightly heightened registration requirements at this time. These added requirements serve as an extra safeguard for entry into the profession.

i. Additional Competencies

Individuals utilizing this registration pathway will no longer benefit from labour mobility provisions. As a result, they must provide satisfactory evidence of neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR) and emergency skills (ES) upon registration. Under current legislation, labour mobility applicants are not required to submit this evidence until renewal period. This change provides an added layer to the public protection. The chart below provides an overview of the divergent registration requirements:

Registration Requirements	Labour Mobility Applicant	Qualifications equivalent = Accredited Canadian MEPs	
Education	Met	Must be accredited by CAMEd	
Clinical Experience	Met	Clinical experience policy	
Good Character	Required	Required	
Professional Liability Insurance	Required	Required	
Immigration Status	Required	Required	
Language Proficiency	Met as per Language pro	oficiency policy	
NRP, CPR, ES	Met	Required	
Canadian Midwifery Registration Examination	Met	Required	
Jurisprudence Course	Required	Required	
Letters of Standing	Required	Required, if applicable	
Registration Outcomes	College to mirror certificate: 1. General -> General 2. General with TCLs -> General with TCLs 3. Supervised -> Supervised	General Certificates with New Registrant conditions Or	
	4. Inactive -> Inactive	Supervised Practice Certificate	

ii. Demonstrating clinical experience

In the scenario outlined in section 1, graduates of Canadian MEPs are only required to demonstrate clinical experience at the time of the class change. The Registration Committee recently approved a policy to establish the minimum clinical experience requirements for applicants registered under the "qualifications equivalent" route. As indicated in the chart below, these requirements for clinical experience requirements are slightly more comprehensive:

Clinical Experience requirement	
Class change from inactive to general	Registration – equivalent qualifications
 practised midwifery for at least two years in the preceding four years immediately before the date of application for re-issuance of a general certificate of registration 40 births consisting of 20 primary births including 10 primary out-of-hospital births 10 primary hospital births 	 The overall births must have been carried out over a period of two years out of the last four years immediately before the date of application for registration. 40 births as a primary midwife, of which at least, 10 were attended as part of the care provided to a person in accordance with the principles of continuity of care, 10 were attended in hospital, and 5 were attended in a residence, a remote clinic, or a remote birth center;

While the approval of this motion entails more comprehensive registration requirements, it's crucial to avoid misconstruing it as Council imposing additional barriers to registration. Instead, the motion aims to provide applicants with the flexibility to choose between two pathways: applying as a labour mobility applicant or as a graduate of a Canadian MEP outside of Ontario.

c) Options for appeals

Challenges to a registration decision may emerge when an applicant disagrees with the decision made by either the Registrar or the Registration Committee on their application for registration.

One important consideration for applicants who would have otherwise pursued registration under the labour mobility route is that they will no longer have access to protection under the labour mobility provisions. Since they are no longer labour mobility applicants, they are prevented from having access to official mechanisms available within the Canadian Free Trade Agreement to address registration disputes.

However, it is important to stress that the applicant is still able to challenge the decision by appealing to the Health Professions Appeal and Review Board.

Motion

THAT Council approves Canadian midwifery education programs accredited by the Accreditation Council for the purpose of determining qualifications that are equivalent to the degree referred to in the Registration Regulation.

Implementation Date March 27, 2024

Attachments

1. Appendix A: CAMEd Accreditation Standards

Submitted by:

Maryam Rahimi-Chatri, Chair of the Registration Committee

Canadian Association for Midwifery Education (CAMEd)

Accreditation of Baccalaureate Degree Programs in Midwifery in Canada

February 2020



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Background Information

Regulated midwifery practice began in 1994 in the province of Ontario and is now established in nearly all provinces and territories (except for PEI and the Yukon).

Although statues and regulations vary somewhat across the jurisdictions, the fundamentals of midwifery practice are common to all. The following statements about practice inform and underpin educational programs that prepare persons for entry to midwifery practice.

- Midwives are autonomous practitioners; they require knowledge, skills and behaviours to achieve the essential competencies for providing safe and effective care,
- Midwifery is a central part of quality care across the continuum of prepregnancy care to early infancy.
- Midwives promote the autonomy of clients by partnering with them in decisions regarding care.
- Midwives facilitate the health and well-being of clients and their newborn infants; they optimize normal physiological processes.
- Midwives respect human rights and responsibilities; they actively address inequities,
- Midwives provide care within a complex and diverse society and respect the varied cultural, social and spiritual meanings and traditions surrounding birth.

CAMEd is a national association of educators committed to quality education for midwives in Canada. CAMEd works collaboratively with the Canadian Association of Midwives (CAM), the National Aboriginal Council of Midwives (NACM), and the Canadian Midwifery Regulators Council (CMRC) to support and advance the midwifery profession. A fundamental part of the mission of CAMEd is the promotion of excellence in Canadian midwifery education and its first Object is to "establish and maintain the national accrediting process for midwifery education programs." (CAMEd bylaws).¹

CAMEd has established the accrediting process for baccalaureate degree programs in Canadian universities that prepare midwives for entry to practice in Canadian provinces and territories. At present (2020) these programs are located in Quebec (University of Quebec Trois Rivieres), Ontario (Laurentian University, McMaster University, and Ryerson University), Manitoba (University of Manitoba, Alberta (Mt Royal University), and British Columbia (University of British Columbia).

Purposes of Accreditation

Accreditation means validation. It is a label conferred upon a program following a thorough review by impartial experts who judge the program worthy of the designation.

The accreditation process is intended to promote a culture of continuous improvement within which programs engage in ongoing regular assessment, including peer review, to ensure that quality improvement is an integral aspect of the program's development. Engaging in regular quality improvement activities is vital to delivering quality midwifery education.

The accreditation process established by CAMEd for midwifery education programs aims to:

- Ensure that national and international standards of midwifery education are met or exceeded in achieving program goals,
- Ensure graduates attain the essential competencies to qualify for registration in Canadian provinces and territories,
- o Develop and sustain continuing assessment and improvement,
- Encourage excellence and innovation in education.

Foundational Beliefs about the Accreditation Process

In fulfilling its mission to promote excellence in midwifery education, CAMEd based its process on the following beliefs:

- We believe accreditation standards must reflect the fundamental values and principles of midwifery practice in Canada and that graduates of accredited programs meet professional and public expectations for high quality care.
- We believe that midwifery educators are responsible and accountable for ensuring that midwifery education programs deliver quality education.
- We believe that midwifery educators are best equipped to develop and oversee an accreditation process that adheres to the guidelines of the Association of Accrediting Agencies of Canada² and has the following attributes:

- Creates trust that the process will be respectful of the autonomy of individual programs in achieving standards,
- o Is fair, collaborative, objective, confidential and transparent,
- Facilitates critical thinking, innovation and continuous quality improvement,
- o Is responsive to trends and changes in the profession at large,
- Reflects the most current information about best teaching practices and midwifery practice,
- Provides services in French and English,
- Is accountable to the public, to academic institutions, to prospective and enrolled students, and members of the profession,
- Is undertaken in collaboration with the provincial/territorial regulatory bodies who determine entry to practice requirements in their respective jurisdictions,
- Is conducted as efficiently as possible to minimize the effort and costs associated with the review process.

Accreditation Standards

The standards for assessing Baccalaureate Degree programs in midwifery in Canada are outlined in the following sections within the domains of:

- Organization and governance
- Resources
- Faculty, Instructional Staff and Clinical Preceptors
- Students
- Curriculum
- Program Evaluation and Quality Improvement

DOMAIN 1: Organization and Governance

- 1. The Program Director
 - o has formal preparation as a midwife,
 - has an advanced degree,
 - has leadership expertise,
 - holds a faculty appointment,
 - o is appropriately qualified for a senior academic role

- has the authority and credibility to represent the program within and external to the institution
- 2. The program has a clear identity and organizational structure.
- 3. The program philosophy is consistent with and supported by the mission and goals of the university.
- 4. The program abides by the university's policies
- 5. The program has a clear mission/vision, values statements and an education philosophy that are reflected in key program documents.
- 6. The program faculty have appropriate responsibility for curricular matters, program delivery and the authority to ensure program policies are implemented.
- 7. The program has an up to date strategic plan that includes its enrollment targets and human resource needs; the plan is implemented and evaluated on an ongoing basis.
- 8. There is regular transparent reporting within the institution about the educational and scholarly activities and outcomes of the program.
- The Director and faculty promote an environment for working and learning that values openness, diversity of views, respectful discussion and resolution of issues.
- 10. The Director has processes in place for regular consultation and collaborative decision-making that promotes, advocates for, and advances the achievements of the faculty, staff, and students.
- 11. Program faculty regularly participate in provincial, national and international meetings with midwifery associations, regulators and other relevant groups both to provide information and take account of trends and issues in health care.
- 12. The program seeks input and feedback from relevant constituencies, e.g. members of the profession, other health care practitioners, community advocates and other faculties, about aspects of program policies, operation and quality.
- 13. (*If applicable*) There is academic leadership at each distributed campus, accountable to the Director for the quality of the midwifery education program.

14. (*If applicable*) There is functional integration of faculty across distributed campus sites

DOMAIN 2: Resources

The Midwifery Program:

- 1. Has adequate financial resources and authority to use its resources to achieve its education and scholarship goals.
- 2. Has sufficient administrative/support staff with appropriate skills to support its educational and scholarly activities.
- 3. Has access to adequate space and the necessary equipment and supplies to meet objectives and goals of the program. This includes but is not limited to:
 - o office space for faculty and administrative staff,
 - meeting rooms,
 - o classrooms for small and large group instruction,
 - o appropriate space for practicing clinical skills,
 - laboratories to support biological science courses.
- 4. Provides access for students to the academic institution's services including but not limited to:
 - o academic advising,
 - o career and personal counselling,
 - health services, including the maintenance of immunizations for their professional work,
 - o scholarships, financial aid services,
 - infrastructure and technical support for information technology that enables communication among all students and faculty, and supports distance learning.
- 5. Ensures appropriate midwifery-related library resources including search databases and services are available to all students, including those at distance.
- 6. Has access to and formal agreements with appropriate placements in midwifery practices and with interprofessional health teams that provide high quality, clinically relevant student education in reproductive health care for diverse populations within Canada and, where possible, external to Canada.

DOMAIN 3: Faculty, Instructional Staff and Clinical Preceptors

- 1. The Midwifery Program Faculty Members include:
 - a. Midwives with adequate clinical experience, generally accomplished with a minimum of 2 years of full scope practice (as defined by the respective provincial/territorial regulator),
 - b. Academically qualified experts from other disciplines.
- 2. Faculty Members have the following qualifications:
 - Expertise in teaching.
 - Commitment to developing and/or maintaining expertise to achieve academic advancement as a teacher and scholar
 - Minimum of Master's degree with preference for Doctoral level preparation in a relevant field
- 3. There are sufficient full-time equivalent faculty positions to support the mission of the Program.
- 4. The expected activities of each faculty member are appropriate to the category and rank of appointment
- Program policies are established and implemented that pertain to the maintenance of (a) clinical currency and expertise, and (b) registration as a midwife for those faculty members who are midwives.
- 6. Individuals contracted as supplemental instructional staff to teach specific content hold a qualification suited to the area of instruction.
- 7. There are regular performance evaluations of the Director, all faculty members and instructional staff using established institutional procedures.
- 8. Institutional policies and procedures are followed for new appointments, reappointments, academic promotion, tenure and approval of leaves/sabbaticals.
- There are standards of professional behaviour for faculty members, instructional staff and clinical preceptors, a process for managing crisis situations and adjudicating conflicts.

- 10. Established institutional policies and procedures are followed to resolve complaints, grievances, and appeals
- 11. Midwifery Clinical Preceptors meet the following qualifications:
 - Competency in midwifery practise, generally accomplished with at least two (2) years full scope practise (as defined by the provincial/territorial regulator)
 - Current license/registration or other form of legal recognition to practise midwifery
 - Participation in initial training and continuing education for clinical supervision of students
 - Ability to support and facilitate student learning, directly observe, and evaluate students' practical learning.
- 12. Are assessed on a regular basis for their effectiveness as a clinical preceptor, following an established process.
- 13. Are considered for adjunct, or similar, faculty appointments where institutional policies provide for such.

The midwifery program's policies and practices related to clinical preceptors include:

- 14. Determining the ratio of students to clinical preceptors in midwifery practices, taking account of relevant requirements of regulatory bodies.
- 15. Accessing and evaluating a range of placements and clinical preceptors that maximize student opportunities to develop interprofessional and cultural competence.
- 16. Having up to date formal contracts that set out mutual responsibilities with:
 - (a) midwifery practices where students obtain clinical experience under the supervision of registered midwives, and
 - (b) other health professionals/agencies where students have required or elective placements.
- 17. Providing clear guidelines to clinical preceptors and students about learning outcomes and expectations for each clinical placement
- 18. Providing initial training and ongoing continuing education for clinical preceptors to increase their knowledge and skills re the teaching learning process.

DOMAIN 4: Students

- 1. The Program (or host institution) provides publicly available information about all admission requirements and the process to select candidates for admission.
- 2. Details of the curriculum, prerequisites and co-requisites, and costs are publicly available.
- 3. The Program observes, at a minimum, national and institutional human rights and diversity policies in its admissions process.
- 4. The Program makes decisions about the number and selection of individuals to receive offers of admission.
- 5. There are clear processes for transfer credit, prior learning assessment and (if applicable) different points of entry for students with relevant backgrounds.
- 6. Policies about academic evaluation, progression through the program and graduation requirements are publicly available.
- 7. The host institution provides student liability insurance for clinical placements and the Program has policies for reporting and recording clinical incidents and exposure to infectious or environmental hazards.
- 8. The institution has a policy on timely feedback about student progress and a fair and formal process for taking any action that adversely affects a student's academic status.
- 9. Social equity and diversity considerations inform program requirements and policies and include specific consideration of Indigenous applicants and students.
- 10. Students are informed about their rights and responsibilities and expected professional behavior. Included is a specific policy about student use of social media and the necessity to protect the identity, integrity, and credibility of clients, other students, faculty and other health care professionals
- 11. There are established processes to address deficiencies in professional behavior and to adjudicate conflict situations, manage grievances and appeals.

- 12. The Program has policies regarding student workload and hours of work during clinical placements that protect the safety of students and clients in their care.
- 13. The institution/program accommodates discrete learning disabilities where a need for remediation is identified, e.g., individual learning strategies, language proficiency, writing skills.
- 14. The institution/program provides academic accommodation for students with documented disabilities excluding disabilities that prohibit a student from achieving all the professional competencies of a midwife.
- 15. The program has policies about both short and long-term leaves of absence for special circumstances and ensures the conditions of return to enrolled status are set out in writing and are non-discriminatory.
- 16. Access to student records is governed under the provisions of privacy legislation.
- 17. Students are provided with the opportunity and means to evaluate all courses and faculty, instructional staff and clinical preceptors.
- 18. *If applicable*, the program has policies about clinical placements for students from recognized programs outside Canada who seek Canadian experience.

DOMAIN 5: Curriculum

- The curriculum reflects the program's philosophy and values, and those of the International Confederation of Midwives³, the Canadian Association of Midwives⁴ and the applicable provincial/territorial midwifery organizations.
- 2. The conceptual framework of the curriculum is based on current and emerging best education practices including interprofessional education.
- 3. The program's learning outcomes and course content are consistent with its philosophy/values, meet university academic standards and facilitate the achievement of the Canadian Competencies for Midwives.⁵
- 4. Curriculum development and revision is a continuous process for which the midwifery faculty members have overall responsibility.

- 5. The curriculum has a logical organization and includes
 - a. foundational knowledge from (but not limited to) biological, social and behavioural sciences, arts and humanities, ethics, and research methods;
 - b. a human rights non-discriminatory approach to female reproductive health care;
 - c. knowledge of the historical and current diversity of cultures and belief systems in Canadian society;
 - knowledge of Aboriginal midwifery, Aboriginal health issues, including the history and legacy of residential schools, Indigenous teachings and practices;⁶
 - e. the context of midwifery within global maternal and infant health care;
 - f. the knowledge and skills to use appropriately information technology;
 - g. opportunities for elective courses/experiences to supplement program requirements.
- The curriculum acknowledges the central importance of clinical competence and provides a minimum of 50% of the program content within clinical courses/settings. The curriculum must provide for:
 - Achievement of all national/provincial full scope midwifery knowledge, skill and behavioural competencies, and a means of evaluating and recording their attainment;
 - b. Achieving cultural and interprofessional competence;
 - c. Integration of foundational knowledge and current research into clinical decision-making;
 - d. Developing the skills of reflective practice
- 7. The sequence of courses and their objectives reflect progressive attainment of skills, knowledge, behaviours, critical thinking and the independent judgment essential to be an autonomous practitioner.
- 8. Instructional methods are based on best current evidence about the teachinglearning process and the development of critical thinking. Teaching methods are suited to the needs of students and the content/skills to be mastered.
- 9. Graduates of the program are eligible to apply to advanced (graduate) university programs.

DOMAIN 6: Program Evaluation and Quality Improvement

The Midwifery Program:

- 1. Has a structured framework for conducting regular evaluation of the Program in relation to the standards in this document.
- 2. Includes, but is not limited to, the following in its evaluation:
 - Review of the Program's mission, admission policies and processes, curriculum, and adequacy of available resources.
 - Analysis on an on-going basis of data about applications, admissions, student progress, attrition rates, and Canadian Midwifery Registration Examination⁷ pass rates.
 - Feedback from students, faculty, graduates, preceptors and health care practitioners about the relevance and quality of the program.
 - Curriculum review to ensure the inclusion of best-available evidence about course content, teaching modalities, and formative and summative evaluation processes.
- 3. Uses the results of internal program evaluation and peer accreditation review for continuous quality improvement.
- 4. Demonstrates that priorities from the review process have been implemented in an on-going plan of continuous quality improvement.
- 5. Makes publicly available current information about the Program including its accreditation status.

Categories of Accreditation Status and Term of Accreditation

The Accreditation Council, after review of all documentation and the recommendation of reviewers, will formulate a decision about the accreditation status and term of accreditation of a program. The categories of accreditation status are as follows:

Accredited:

The program meets accreditation standards. The maximum term possible is seven years. In situations where major changes may be anticipated to occur within the seven-year period, the Council may decide to confer accreditation for a shorter term.

Provisional Accreditation:

The program demonstrates deficiencies at the time of the review that compromise its ability to meet accreditation standards. Provisional accreditation is conferred if the Accreditation Council judges that these deficiencies are remediable within a maximum of two years.

The *flow chart below* illustrates the following possible outcomes of provisional accreditation: A report is to be provided by the program no later than one year following the decision of provisional accreditation. If the deficiencies have been successfully addressed, the program can be accredited for the remainder of the 7-year term, or less at the discretion of the Council. If the Council considers that deficiencies are not fully addressed, an additional year will be provided, and a second report is to be submitted no later than the end of the second year. If the deficiencies have been addressed at that time, the program can be accredited for the remainder of the 7-year term, or less at the discretion of the Council. If deficiencies have been addressed at that time, the program can be accredited for the remainder of the 7-year term, or less at the discretion of the Council. If deficiencies have not been remediated by the end of the second year, accreditation is withdrawn.

Provsional accreditation Progress report to be made within one year Report shows insufficient progress. Up to one additional year given to achieve standards

Report shows achievement of all standards. Accredited status conferred 2nd report shows standards achieved. Accredited status conferred.

2nd report shows deficiencies remain. Program is Non accredited. Reapplication for review can be made after 3 years.

Non-accredited:

A program is designated Non-Accredited under any of the following conditions:

a) the Accreditation Council judges that the program does not meet Accreditation Standards, and that the program's deficiencies are not remediable within a two-year period,

b) the Accreditation Council judges that a program with Provisional Accreditation status has been unable to remediate its deficiencies within the designated two-year term;

c) a program's Provisional Accreditation status has expired without reporting on progress in addressing deficiencies.

d) a program does not undergo the accreditation review process.

A program that is designated Non-Accredited under provision a), b), or c) above must wait a minimum of 3 years from the date of such designation for a subsequent accreditation review.

Candidate for Accreditation:

The purpose of the category Candidate for Accreditation is to increase the likelihood that a new program will meet the CAMEd Accreditation Standards for Baccalaureate Degree Programs. New programs must complete the Candidacy process to be eligible for a full accreditation review. Program planners will obtain feedback and support for the continuing development of a program to enable achievement of the criteria for each domain of the Standards.

Achieving Candidate status is a two-step process:

1. Early in the planning of a new program

Submit a 'notice of intent' to the CAMEd Accreditation Council of a planned new program. This submission is to include:

a. a description of the qualifications of the planning group

b. an overview of the proposed program and the resources for its operation

c. the anticipated timeline for development and opening for enrollment

d. written support from the institution to establish the program

The submission will be reviewed by the Accreditation Council; suggestions for development may be made to the planners. A designated mentor may be allocated to facilitate the ongoing planning.

2. Prior to initial enrollment

Submit written documentation prior to initial enrollment of students. A minimum of 12 months in advance of enrollment is recommended to permit peer assessment of documentation and review by the Accreditation Council.

The documentation is to include:

- a description of the full curriculum;
- admission qualifications, admissions process, anticipated enrollment;
- a detailed description of available human, physical, and financial resources including faculty qualifications, availability of clinical learning sites and clinical teachers/preceptors;
- institution approval (secured or pending) of course descriptions and degree requirements.

Peer reviewers will be recruited by the Accreditation Council to assess the documentation and provide a summary of strengths and areas needing further work to meet Accreditation Standards. The report of peer reviewers will be the basis for a decision regarding Candidate status. The Council reserves the right to request follow-up reporting within the first year or two of program operation.

Full accreditation review

For the first graduates of a new program to be eligible for registration in (most) Canadian jurisdictions, the program may need to be accredited. Therefore, the first full accreditation review including a site visit is to be conducted at a time when the final academic terms are in operation or fully planned, e.g., prior to or early in the final year of study. The precise timing must be arranged well in advance with the Accreditation Council.

August 10, 2021

Cited References

- 1. By-Law No. 1 CANADIAN ASSOCIATION FOR MIDWIFERY EDUCATION/ASSOCIATION CANADIENNE POUR LA FORMATION DES SAGES-FEMMES, November 2011
- 2. Association of Accrediting Agencies of Canada. <u>http://aaac.ca/pdfs-english/Guidelines-for-Good-</u> <u>Practice-eng.pdf</u>
- 3. International Confederation of Midwives. <u>http://www.internationalmidwivCes.org/assets/uploads/documents/CoreDocuments/CD2005_001%</u> <u>20V2014%20ENG%20Philosophy%20and%20model%20of%20midwife</u>
- 4. Canadian Association of Midwives. www.canadianmidwives.org/vision-and-mission.html
- 5. Canadian Midwifery Regulators Council. Canadian Competencies for Midwives <u>http://cmrc-</u> <u>ccosf.ca/sites/default/files/pdf/National Competencies ENG rev08.pdf</u>
- 6. Truth and Reconciliation Commission of Canada: Calls to Action http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- 7. Canadian Midwifery Regulators Council Registration Examination <u>http://www.cmrc-</u> <u>ccosf.ca/registration-exam</u>

General reference

Gelmon, S., O'Neil, E., Kimmey, J., and the Task Force on Accreditation of Health Professions Education. (1999). Strategies for Change and Improvement: The Report of the Task Force on Accreditation of Health Professions Education. San Francisco: Center for the Health Professions, University of California at San Francisco

Glossary of Terms

Academic Faculty Individuals who have an appointment to and are paid by the university. Academic faculty members may hold tenured, tenure track or contract appointments. They have responsibility and authority related to curriculum development, instructional design and delivery, and evaluation of student learning.

Academic Setting Used to distinguish learning that typically occurs in the university setting as distinct from learning that happens in a clinical or practice setting.

Accreditation The process of accreditation is one of quality assurance through which accredited status is granted to an educational institution or program of study by responsible authorities when pre-determined criteria are achieved.

Assessment A systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies.

Autonomous Self-governing, self-regulating: taking responsibility for one's professional decisions and actions.

Client A person that receives midwifery services. Often used as a synonym for patient.

Clinical Education The component of an entry-to-practice curriculum in which students engage in a range of learning opportunities in clinical settings for developing clinical reasoning and applying midwifery knowledge, skills and behaviours.

Competency A complex knowledge-based activity that encompasses an integrated set of knowledge, skills, attitudes, and judgments that enables one to meet expected standards in various environments and situations,

Competency-Based Education Teaching, learning and assessment activities that enable students to acquire and demonstrate a predetermined set of competencies as the outcome of learning.

Course Objectives Course objectives are statements that describe the learning expectations upon course completion. In contrast, learning outcomes represent the students' actual learning.

Cultural Competence The attitudes, knowledge, skills, behaviours and policies required to meet the needs of all people for whom midwives provide care. Culture refers to a group or community that share common experiences that shape the way its members understand the world. It includes groups into which an individual is born or

become part of, such as national origin, abilities, gender, sexual orientation and identity, race/ethnicity, class or religion. Individuals may have multiple cultures.

Curriculum The overarching term for all aspects of education that contribute to the experience of learning: aims, content, mode of delivery, assessment and so on. A curriculum is a systematic process that defines the inclusion of theoretical and practical content and the teaching and evaluation methods within an educational program.

Essential Competencies The repertoire of measurable knowledge, skills and attitudes required by a midwife throughout his or her professional career.

Evidence The documentation and oral information a program provides to demonstrate its compliance with evaluative criteria.

Evidence-informed Practice Evidence-informed practice is the term increasingly used in preference to evidence-based practice because it conveys taking the best current research evidence, along with clinical expertise and client values, into account when making decisions about options for care.

Health Professional An individual who is educated in a health discipline and licensed/registered to practise by a recognized regulatory body for that discipline; e.g., midwives, nurses, physicians.

Instructional Staff Individuals who contribute to a university educational program but are not faculty appointees in the specific program. They may receive honoraria or other forms of compensation. Instructional staff may include, but are not limited to, guest lecturers, and instructors for specific course components, sessional instructors, or teaching assistants.

Inter-professional Collaborative Practice A partnership between a team of health professionals and a patient or client in a participatory, collaborative and coordinated approach to shared decision-making around health issues.

Inter-professional Education When two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Inter-professional Team A group of different health care providers that work with clients and families to meet jointly established goals. Effective teams demonstrate mutual respect for all contributions, establish an environment of trust, communicate clearly and regularly, minimize duplication, address conflict directly, and focus their attention on the client and family.

Learning/Student Outcomes A measured level of performance that demonstrates the degree to which a given competency or set of competencies has been achieved by the learner.

Legal and Ethical Requirements The statues, regulations, standards and codes of conduct that govern midwives and their practice. Examples include the requirement to be registered with a midwifery regulatory body and meet its requirements, to comply with relevant consent and privacy legislation, to uphold professional codes of conduct.

Midwife. ICM definition: A midwife is a person who has successfully completed a midwifery education programme that is recognised in the country where it is located and that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Midwifery Program The organised, systematic, defined course of study that includes the theoretical and practical learning needed to prepare students at the level of competency for entry to practice. The Program may exist as a separate academic unit (department or school) within the university or be housed within a larger academic unit with other health professions.

Midwifery AssociationA formal organization of members of the midwiferyprofession whose aim is advancing the interests of its members.

Midwifery Program Director A qualified, competent midwife who has successfully completed a program of study and/or demonstrated competency in teaching that includes the art and science of curriculum development, methods of theoretical and practical teaching of adult learners, and methods of measurement and evaluation of student learning. The director supervises the midwifery faculty and oversees the operation of the midwifery academic unit.

Midwifery Program Faculty The group of individuals who teach students, including midwife teachers, midwife clinical preceptors/clinical teachers, and experts from other disciplines.

Midwifery Preceptor An experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning.

Midwifery Regulation The set of criteria and processes arising from legislation that forms the basis for the practice of midwifery in a jurisdiction including identifying who can hold the title "midwife" and practise midwifery. Regulation includes

registration/licensure, approval of educational programs, setting standards for professional practice and conduct, and the processes for holding midwives to account in relation to those standards.

Midwifery Regulator The organisation authorised by statute or other government policy to regulate the midwifery profession and ensure public protection from incompetent or unethical practitioners.

Outcome Measures A measurement tool (e.g., systematic observation, questionnaire, rating form, knowledge test) used to document progressive change and/or achievement of a desired end.

Practice Placement A generic term that encompasses clinical placement, clinical attachment, fieldwork placement, practicum, or similar that describes opportunities for students to apply and develop their learning in the workplace.

Program Coordinator / Program Chair*see Midwifery Program Director

Scope of Practice The midwifery scope of practice describes the activities that practitioners are educated, competent, and authorized to perform. The actual scope of practice of individual midwives may be narrower than the legal scope. Differences are influenced by continuing professional education, individual practice settings, requirements of the workplace, and the needs of clients.

Stakeholder Any person(s) or organisation that affect(s) or can be affected by the decisions and actions of a midwife, the midwifery regulatory authority, a midwifery education program or professional association.

Standards of Practice The expectations that reflect agreement on competent practice by the members and governors of recognized professional organizations. These are often formally documented by regulatory bodies and are sometimes set out by local groups to reflect usual and customary practice.

References:

Accreditation of Interprofessional Health Education (AIPHE) Principles and practices for integrating interprofessional education into the accreditation standards for six health professions in Canada. Retrieved on October 21, 2016 from file:///C:/Users/LMorgan/Documents/Interdisciplinary%20Care/AIPHE%20Principles%20and%20 Practices%20Guide%20-%20v.2%20EN.pdf

Canadian Information Centre for International Credentials. (2003). Guide to Terminology. Authors: Toronto. http://terminologies.cicic.ca/app/