



College of  
**Midwives**  
of Ontario

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

# Council Meeting

June 26, 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, June 26, 2024 from 9:30 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](mailto:cmo@cmo.on.ca) or 416.640.2252 for access details.

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 9 h 30 à 5 h 00, le 26 juin, 2024.

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

Kelly Dobbin,  
Registrar & CEO/ Registratrice et PDG



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## CMO Council Meetings – Guidelines for Observers

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- The Council meetings held by videoconference may be observed by the public, please contact the college for information on how to attend.
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are required 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](mailto:cmo@cmo.on.ca) or by phone at 416-640-2252.



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

### Our Strategic Priorities

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

### Key Outcomes We Are Expected to Achieve

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

### Our Vision

A leader in regulatory excellence, inspiring trust and confidence

### Our Mission

Regulating midwifery in the public interest

### Our Guiding Principles

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



#### Accountability

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



#### Equity

We identify, remove and prevent systemic inequities.



#### Transparency

We act openly and honestly to enhance accountability.



#### Integrity

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



#### Proportionality

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



#### Innovation

We translate opportunity into tangible benefits for the organization.

# COUNCIL AGENDA

Wednesday June 26, 2024 | 9:30 am to 5:00 pm

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome and Land Acknowledgement	C. Ramlogan-Salanga	9:30	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan-Salanga	9:35	DISCUSSION	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan-Salanga	9:37	MOTION	3.0 Agenda	5
4.	Consent Agenda <ul style="list-style-type: none"> <li>- Draft Minutes of March 27, 2024 Council Meeting</li> </ul> Annual reports of: <ul style="list-style-type: none"> <li>- Executive Committee</li> <li>- Inquiries, Complaints and Reports Committee</li> <li>- Registration Committee</li> <li>- Quality Assurance Committee</li> <li>- Discipline Committee</li> <li>- Fitness to Practise Committee</li> <li>- Client Relations Committee</li> </ul>	C. Ramlogan-Salanga	9:40	MOTION	4.0 Draft Minutes March 27, 2024 4.1 EC Report 4.2 ICRC Report 4.3 RC Report 4.4 QAC Report 4.5 DC Report 4.6 FTP Report 4.7 CRC Report	7
5.	Chair Report	C. Ramlogan-Salanga	9:45	APPROVAL	5.0 Chair Report	38
6.	Presentation of Audited 2023-2024 Financial Statements	B. MacKenzie G. Clute	10:00	MOTION	6.0 Draft 2023-2024 Financial Statements	40
BREAK 11:00						
7.	In-Camera	C. Ramlogan-Salanga	11:15	MOTION	-	-
LUNCH 12:15						
8.	Registrar-CEO Report	K. Dobbin	1:00	APPROVAL	8.0 Registrar Report 8.1 CMO Regulation Filing Notification June 5, 2024 8.2 HPRO 2023-2024 Highlights	57

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
9.	Executive Committee Report	C. Ramlogan-Salanga	1:45	APPROVAL	9.0 EC Report 9.1 Annual Council and Committee Training 2024	76
	I. Q4 Statement of Operations	L. Docherty	2:00	INFORMATION	9.2 Q4 SOP (Council)	78
	II. General By-law	N. Gale	2:15	MOTION	9.3 Briefing Note - General By-law 9.4 General By-law Proposed Changes 2024	82
	III. Fees and Remuneration By-law	L. Docherty	2:45	MOTION	9.5 Briefing Note - Fees and Remuneration By-law 9.6 Fees and Remuneration By-law Proposed Changes 2024	134
BREAK 3:30						
10.	Quality Assurance Committee	L. Martin	3:45			153
	I. Rescinding the Prescribing and Administering Drugs Standard			MOTION	10.0 Briefing Note 10.1 Prescribing and Administering Drugs Standard 2019	
11.	Registration Committee	M. Rahimi-Chatri	4:15			161
	I. International Midwifery Pre-Registration Bridging Program: Submission from Chang School	N. Tran		MOTION	11.0 Briefing Note	
12.	Housekeeping	N. Gale	4:45	INFORMATION	-	-
13.	Adjournment	C. Ramlogan-Salanga	5:00	MOTION	-	-
	Next Meetings:  October 1-2, 2024 (IN PERSON) December 10-11, 2024 March 25-26, 2025			INFORMATION		

# MINUTES OF COUNCIL MEETING

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Held on March 27, 2024 11:00 am to 5:00 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 Nadja Gale

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 11:03 am and welcomed all present. Don Strickland opened the meeting with 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: Marianna Kaminska

Seconded: Hardeep Fervaha

CARRIED

## 4. Consent Agenda

MOTION: THAT the consent agenda consisting of:

- Draft Minutes of December 6, 2023 Council Meeting, and Q3 Reports of:
  - Inquiries, Complaints and Reports Committee
  - Registration Committee
  - Quality Assurance Committee
  - Discipline Committee
  - Fitness to Practise Committee

- Client Relations Committee

Be approved as presented.

Moved: Tina Walia-Rao  
Seconded: Edan Thomas  
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 moved in-camera at 11:08 am.  
Moved: Edan Thomas  
Seconded: Tina Walia-Rao

MOTION: BE it resolved that Council move out of in-camera at 12:02 pm.  
Moved: Jyothy Nair  
Seconded: Marianna Kaminska  
CARRIED

#### 6. Chair Report

Claire Ramlogan-Salanga, Chair, introduced her report as provided in the March 27, 2024, Council meeting materials and that updates on governance modernization work will be in the Executive Committee report going forward. The Chair reported that they had participated as a panelist for a CNAR workshop on impactful leadership and discussed the benefits of investing in trainings for College Council in relevant areas such as regulation and social factors.

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

Moved: Judith Murray  
Seconded: Edan Thomas  
CARRIED

#### 7. Registrar's Report

Kelly Dobbin, Registrar & CEO, introduced the Registrar's Report as included in the March 27, 2024, Council meeting materials and provided an update related to progress on the proposed drug regulation indicating that we are very close to the finish line and that the College expects that it will be filed in April. We will then be ready to implement immediately. Work on updating the laboratory regulation is ongoing. The Registrar also presented the operational plan progress report. The Council approved the Registrar's Report as presented.

The following motion was presented:



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

Moved: Tina Walia-Rao  
Seconded: Marianna Kaminska  
CARRIED

#### 8. Executive Committee Report

The Executive Committee Report for March 2024 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 3 Statement of Operations. As part of this meeting, the Executive Committee has reviewed and brought forward various items for Council's consideration.

Lieran Docherty, Director of Operations, presented the proposed 2024-2025 budget and the updates to the Internally Restricted and Unrestricted Net Asset Policy, and responded to questions.

The following motions were presented:

MOTION: I. That the proposed Budget for the 2024-25 fiscal year be approved.

Moved: Naa Yoyo Nartey-Khama  
Seconded: Alexia Singh  
CARRIED

MOTION: II. That the changes to the Internally Restricted and Unrestricted Net Asset Policy be approved as presented.

Moved: Alexia Singh  
Seconded: Naa Yoyo Nartey-Khama  
CARRIED

Nadja Gale, Director of Governance and Strategy, provided Council with an overview of the proposed changes to the General By-law and provided some additional notes for Council's consideration. Following the posting of the meeting materials, staff have identified that further language changes can be made to align with other governance modernization changes already outlined. This would involve referring to Board members as "Directors" and establishing definitions for "elected directors" and "appointed directors", as well as distinguishing between Board Directors and staff directors. As Council agreed, staff will work with legal counsel to develop the definitions and include them for consultation. This will also mean that "Board member" will be changed throughout the General By-law.

In addition, it was noted that staff will do one final review of the By-law, prior to initiating consultation, to add any legislative references and appendices as needed for

clarity and transparency. For example, staff have identified that article 14.01 can be expanded to include reference to O. Reg 261/18 (additional information to be included in the public register) and include those provisions as Appendix C as was done with the addition of Appendix B in the provided document.

Finally, a discussion was held on the options presented in the meeting materials regarding elected board member term limits in article 5.08(1). The Council decided that it was preferable at this time to implement a three-year cooling off period for any elected board member who had completed three consecutive three-year terms instead of a lifetime term limit of nine years. Council considered that this may be revisited but for now have concerns that the profession remains too small to draw from for extensive board work.

The following motion was presented:

MOTION: III. That the proposed amendments to the General By-law be approved for a 60-day public consultation, including any updates to wording, provisions, and definitions and legislative references as discussed today, as well as the three-year cooling off period for board members who have completed three consecutive three-year terms.

Moved: Jyothy Nair  
Seconded: Marianna Kaminska  
CARRIED

Lieran Docherty, Director of Operations, provided an overview and rationale for the proposed changes to the Fees and Remuneration By-law, including reflecting the proposed fee freeze as well as the removal of the standard option of two instalment payments.

The following motions were presented:

MOTION: IV. That the proposed amendments to the Fees and Remuneration By-law be approved for a 60-day public consultation.

Moved: Jyothy Nair  
Seconded: Marianna Kaminska  
CARRIED

MOTION: V. THAT the Executive Committee Report be approved as presented.

Moved: Edan Thomas  
Seconded: Tine Walia-Rao  
CARRIED

9. Registration Committee – Equivalent Qualifications Policy

Maryam Rahimi-Chatrri, Chair of the Registration Committee, provided a presentation on the Registration Committee’s recommendation to approve Canadian midwifery education programs (outside of Ontario, as Ontario programs are already approved) accredited by the Canadian Association for Midwifery Education (CAMEd) Accreditation Council to enable direct entry for applicants under section 8(1)1. of the Registration Regulation (O. Reg. 168/11, made under the *Midwifery Act, 1991*), to further establish fair and equitable registration practices.

The following motion was presented:

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.

Moved: Judith Murray  
Seconded: Edan Thomas  
CARRIED

10. ADJOURNEMENT

MOTION: THAT the meeting be adjourned at 4:23 pm.  
Moved: Alexia Singh  
Seconded: Hardeep Fervaha  
CARRIED

# EXECUTIVE COMMITTEE

## ANNUAL REPORT TO COUNCIL April 2023-March 2024

### Committee Members

April 2023-October 2023	October 2023-March 2024
Chair: Claire Ramlogan-Salanga, RM	Chair: Claire Ramlogan-Salanga, RM
Professional: Edan Thomas, RM Isabelle Milot, RM	Professional: Edan Thomas, RM Isabelle Milot, RM
Public: Donald Strickland Jacqueline Morrison	Public: Donald Strickland Marianna Kaminska

### Activities of the Committee

	Q1	Q2	Q3	Q4	2023-2024 Total
Number of Committee Meetings Held	3	2	1	3	9
Number of Trainings	0	0	1	0	1

### Items

This fiscal year, the Executive Committee addressed the following:

#### Financial Oversight

Over the course of the fiscal year, the Committee oversaw monitoring and approval of the College's 2023-24 budget, including a budget reforecast and expenditures exceeding budgeted amount in one line, in accordance with the Financial Condition and Activities Policy. The Committee continued to monitor and approve the quarterly financial statements.

In addition, the Committee reviewed the draft 2024-25 budget, which was presented and approved by Council at its March 2024 meeting. In consideration of the draft 2024-25 budget, the Committee recommended revising the Internally Restricted and Unrestricted Net Asset Policy to uphold unrestricted net assets in the amount 6 to 12 months of the annual operating budget. This updated Policy was approved by Council in March 2024.

As part of their financial oversight role and assessment of the External Auditor, during the College's 2022-2023 financial audit, members of the Committee met with the auditors from Hilborn LLP and completed audit shadowing.

The 2023 annual Assessment of the External Auditor was completed by the Committee and presented to Council at the October 2023 meeting. The Committee also made recommendations to amend the Assessment of the External Auditor Tool and process, which were presented at the December Council meeting. The revisions include a condensed annual assessment tool to provide key probing questions and assess 1) Three quality factors: Independence, objectivity and professional skepticism 2) Quality of the engagement team 3) Quality of communications and interactions with external auditor. The other revision is that a comprehensive assessment be conducted every three years instead of every five.

### **Governance Related**

The Committee recommended the use and pilot of an annual Council competency self-assessment and demographic survey to provide insight into what competencies and skills are reflected by Council as a whole and who is represented.

The Committee reviewed applications from members of the public for non-Council committee appointment and made recommendations to the Council for committee appointments of eligible and interested Council and non-Council members, which were approved in December 2023. In addition, the Committee recommended the appointment of co-Chairs for the Registration Committee to foster leadership development and succession planning.

The Committee reviewed the annual Council evaluations and strategies for ongoing continuous improvement in specific areas including succession planning, leadership and engagement. In addition, the Committee worked with staff to consider adjustments to the annual evaluation process to enable an in-house annual evaluation, with a comprehensive third-party assessment every three years. Council was presented with the annual evaluation report and recommendations at its December meeting.

Council and Executive Committee meetings dates for 2024-2025 were approved.

Working with staff, the Committee considered ongoing governance updates and planning, including annual training for Council and committees focused on standardization, Council's continuous improvement priorities and governance modernization.

The Committee reviewed and considered proposed changes and updates to the College's General and Fees and Remuneration By-laws, which were presented to Council in March 2024 and approved for consultation.

### **Registrar Review**

The Committee reviewed the results of the annual Registrar performance review with the support and guidance of consultant Sam Goodwin. The committee met with the Registrar to discuss findings of the report and presented them to Council at the June 2023 meeting.

### **Policy Related**

The Committee approved, on behalf of Council, the revised Emergency Class Policy, which was updated to reflect the final regulatory language and legislative references of the emergency class

provisions which became a part of the Registration Regulation, under the *Midwifery Act, 1991*, as of August 31, 2023.

Attachments:

None.

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

# INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023-December 2023 Chair: Samantha Heydt	December 2023-March 2024 Chair: Samantha Heydt
<b>Professional:</b> Edan Thomas, RM Hardeep Fervaha, RM Karen McKenzie, RM (until Dec 6, 2023)	<b>Professional:</b> Edan Thomas, RM Hardeep Fervaha, RM
<b>Public:</b> Judith Murray (until Dec 6, 2023) Marianna Kaminska	<b>Public:</b> Jennifer Lemon (as of Dec 6, 2023) Marianna Kaminska Tina Walia-Rao (as of Dec 6, 2023)
<b>Non-Council:</b> Emily Gaudreau, RM Jillian Evans (until Dec 30, 2023) Maureen Silverman, RM Nadine Robertson Samantha Heydt Sarah Kirkland, RM (until Jan 30, 2023)	<b>Non-Council:</b> Emily Gaudreau, RM Karen McKenzie, RM (as of Dec 6, 2023) Maureen Silverman, RM Nadine Robertson Samantha Heydt

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings / Hearings Held	5	6	7	6	24
Number of Committee Meetings Held	0	0	0	1	1
Number of Trainings	0	0	0	1	1

*\*All meetings were held by videoconference, except for one which was conducted by email.*

*\*24 panel meetings were held this fiscal year regarding 46 COINs.*

## Items

This fiscal year, the ICRC addressed the following:

- Reviewed the Committee's Terms of Reference
- Reviewed the College's Guide to Mandatory & Permissive Reporting
- Reviewed and updated its "SCERP Resource Tool", which is a tool the ICRC references when deliberating on complaints and reports. It is considered when the Panel decides to order that a midwife complete a Specified Continuing Education or Remedial Program (SCERP) to address a specific concern with a midwife's practice.

The ICRC spent the majority of its time on panel work, including as follows:

- Deliberated on 33 complaints, involving 43 midwives.
- Issued 48 decisions this fiscal year.
- Delivered 3 oral cautions.
- Of the decisions it made:
  - 45% of the decisions resulted in no action (compared to 60% of the time in the previous year).
  - 40% involved providing advice and recommendations (up 10% from previous year).
  - 9% included the ICRC ordering the midwife complete a SCERP (no change from previous year).
  - 4% resulted in a midwife receiving an oral caution (as compared to 9% in previous year).
  - 1% was treated as frivolous and vexatious.
  - 1% involved accepting an undertaking from a midwife.
- The ICRC set a goal in 2022 to resolve 80% of complaints within 269 days, based on historical data. This year, the ICRC exceeded this goal, resolving 81% of complaints within the benchmark. This fiscal year (2024), the ICRC has significantly improved its average time to resolve a complaint, decreasing to 189 days. This marks a reduction of 22 days compared to last year's (2023) average of 211 days. Over the past few years, the ICRC has seen a steady decline in the resolution time, from 236 days in 2022 and 292 days in 2021. This downward trend highlights the ICRC's ongoing efforts to resolve complaints more efficiently.

Of the complaints brought before the ICRC this year, the following more common themes as defined by the College Performance Measurement Framework (CPMF) were noted:

- The majority of complaints relate to communication and clinical care.
- Under Communication, clients raised concerns related to their opinion that the midwife used an inappropriate comment or tone or perceived a lack of informed choice discussion and/or failure to respect the client's choice. Most of the time, the ICRC took no action or issued advice to address any concerns of the panel.



- Under Competence/Client care, the theme of informed choice discussions continued to be a theme raised by clients, including as it related to more common themes raised by clients this year in the areas of hypertensive disorders of pregnancy, fetal health surveillance, management of oxytocin and student involvement in client care. Other concerns raised by clients were timely assessments in early labour, pain relief, prolonged pushing without progress, and issues surrounding timely or failure to consult with a physician. The decisions of the ICRC varied on this category, however, most SCERPs and oral cautions ordered related to the more common concerns.
- While there was no one common theme for concerns raised that fall under the category of Harassment/Boundary Violations and this is an area that the ICRC does not historically receive a high number of complaints for, the ICRC dealt with issues raised by midwives about to bullying and racism within a practice, and from clients; improper reports to CAS, and one allegation of racism against a client related to communication.
- Similarly, while the bulk of complaints did not fall under Professional Conduct & Behaviour, one theme raised by both client and midwife complainants in complaints the ICRC dealt with this year related to an ability to provide safe care to clients due to midwife fatigue, and managing a practice in a way that supports the physical and mental well-being of all midwives.
- The main issue raised by clients about record keeping is that the record is incorrect, the ICRC however, most noted issues regarding the lack of documentation of informed choice discussions.
- The ICRC noted that only approximately half of the complaints eligible for ADR this year resulted in mediation, and this was because clients did not consent to participate in this process. Of the complaints that were referred to ADR on consent of the parties, the ICRC noted that 63% (5 of the 8 complaints referred) resulted in a successful resolution. Three complaints were returned to the ICRC for investigation.

### Caseload Work of the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Files Carried Over from previous reporting period	25	24	24	16	N/A	0	0	1	1	N/A
New files	9	8	6	10	33	0	1	0	0	1
Closed files	10	8	14	16	48	0	0	0	1	1
Active files at end of reporting period	24	24	16	10	N/A	0	1	1	0	N/A

\*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.

\*Q4: Ten new complaint files were a result of receiving six complaints.

### Source of New Matters

Source of New Matters	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Client	7	6	6	10	29	0	0	0	0	0
Family Member	1	1	0	0	2	0	0	0	0	0
Health Care Provider	0	1	0	0	1	0	0	0	0	0
Information rec'd	0	0	0	0	0	0	1	0	0	1
Another Midwife	1	0	0	0	1	0	0	0	0	0

### Outcomes/Completed Cases

Number of Resolved Cases and Outcomes	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
ADR Resolution	4	0	1	2	7	N/A				
Complaints Withdrawn	0	0	0	0	0	N/A				
Frivolous and Vexatious	0	0	1	0	1	N/A				
No Action	5	11	3	3	19	0	0	0	0	0
Advice & Recommendations	0	2	8	11	21	0	0	0	0	0
Specified Continuing Education or Remediation Program (SCERP)	0	0	0	2	2	0	0	0	0	0
Oral Caution	0	0	0	0	0	0	0	0	0	0
SCERP AND Oral Caution	1	0	0	2	3	0	0	0	0	0
Referral to Discipline Committee	0	0	0	0	0	0	0	0	0	0
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0	0
Acknowledgement & Undertaking	0	0	1	0	1	0	0	0	0	0
Undertaking to Restrict Practise	0	0	0	0	0	0	0	0	0	0
Undertaking to Resign and Never Reapply	0	0	0	0	0	0	0	0	0	0

\*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

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Advertising	0	0	0	0	0	0	0	0	0	0
Billing and fees	0	0	0	0	0	0	0	0	0	0
Communication	4	1	2	8	16	0	0	0	0	0
Competence /Patient Care	7	6	2	10	25	1	0	0	0	1
Fraud	0	0	0	0	0	0	0	0	0	0
Professional Conduct & Behaviour	3	2	3	0	8	1	0	0	0	1
Record Keeping	0	0	0	2	2	0	0	0	0	0
Sexual abuse /Harassment / Boundary Violations	0	0	0	0	0	0	0	0	0	0
Unauthorized Practice	0	0	0	0	0	0	0	0	0	0

\*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.

### Themes of Completed Matters where action was taken by the ICRC

	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Competence /Patient Care	1	0	1	4	6	0	0	0	0	0
Communication	1	2	4	7	12	0	0	0	0	0
Conduct/Ethical Behaviour	1	0	1	0	2	0	0	0	0	0
Record Keeping	0	2	2	0	4	0	0	0	0	0
Boundary Violation	0	0	1	0	1	0	0	0	0	0

\*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.

\*Subcategories 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	Complaints					Reports				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of files closed by ADR <60 days	4	0	0	1	5	0	0	0	0	0
Number of files closed by ADR between 60 & 120 days	0	0	1	2	3	0	0	0	0	0
Number of files closed <150 days	3	1	2	3	9	0	0	0	0	0
Number of files closed between 150 days and 210 days	1	7	5	9	22	0	0	0	0	0
Number of files closed >210 days	2	0	6	4	12	0	0	0	0	0
Average: (reported in number of days)	207	169	191	207	189	0	0	0	0	0
Median: (reported in number of days)	155	204	212	209	210	0	0	0	0	0
Average: for ADR cases (reported in number of days)	75	n/a	102	57	78					

\*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	6	15
New files referred to ADR	3	2	1	2	8
Files closed with Resolution Agreement	4	0	0	2	6
Files returned to ICRC due to timeframe	0	0	0	0	0
Files returned to ICRC due to unsuccessful mediation	0	1	1	1	3
Files returned to ICRC - Registrar did not ratify the agreement	0	0	0	0	0

## Appeals

Complaint Matters	Q1	Q2	Q3	Q4	Total
Open HPARB appeals (Appeals carried over)	4	6	3	3	-

New HPARB appeals	4	0	0	2	6
Completed HPARB appeals - Confirmed	1	3	0	0	4
Open HPARB appeals (at end of reporting period)	6	3	3	5	-

*\*All appeals received are by Complainants.*

Q1 [Lance v Pelletier CanLII 55218 \(ON HPARB\)](#)

Q2 [HG v Bulstrode CanLII 85941 \(ON HPARB\)](#)

Q2 [H.G. v Rostam CanLII 85939 \(ON HPARB\)](#)

Q2 [H.G. v Murray CanLII 85952 \(ON HPARB\)](#)

## Attachments

None

Respectfully Submitted,

Samantha Heiydt, Chair

# REGISTRATION COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023–December 2023	December 2023–March 2024
Chair: Isabelle Milot, RM	Chair: Maryam Rahimi-Chatri, RM Co-Chair: Isabelle Milot, RM
Professional: Robyn Berman, RM (until August 21, 2023)	Professional: Jyothy Nair, RM
Public: Jacqueline Morrison	Public: Jacqueline Morrison Donald Strickland (as of Dec 6, 2023)
Non-Council: Anna Boudria Samantha Heydt Maryam Rahimi-Chatri, RM Jessica Raison, RM Nadine Robertson	Non-Council: Anna Boudria Samantha Heydt Karen McKenzie, RM Jessica Raison, RM Richard Yampolsky

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held*	5	3	3	5	16
Number of Committee Meetings Held*	2	1	1	1	5
Number of Trainings*	0	0	0	1	1

\*All meetings and trainings were held by videoconference.

### Items

This fiscal year, the Registration Committee addressed the following:

#### Registration Regulation

Following two public consultations, the Registration Committee sought approval from Council to submit a proposed Registration Regulation to the Ministry of Health in May 2023. The Registration Committee has been working to update the Registration Regulation since 2020, with

the intention to bring the outdated Regulation in line with the current realities of the profession and for more effective protection of the public, specifically with respect to the following areas:

- Clinical currency requirements which reflect the realities of professional practice;
- New registrant conditions which are directly tied to the public interest;
- Classes of registration including a new emergency class; and
- Clinical experience at entry to practice.

At each stage of the development process, the Registration Committee sought approval from Council. A revised submission incorporating fetal health surveillance as a new registration requirement was sent to the Ministry in December 2023.

### **Language proficiency Policy**

Council initially approved a language proficiency in March 2023, and the Registration Committee continues to review and update the policy to ensure compliance with the recent amendments made to the *Regulated Health Profession Act* (RHPA) requiring health professions to recognize the language proficiency tests approved under the *Immigration and Refugee Protection Act*

### **Emergency Class policy**

In 2023, all health professions were mandated to submit proposed regulations to create an Emergency Class of registration following the amendments made to the RHPA. In anticipation of these new provisions, the Registration Committee developed and submitted a policy to Council, operationalizing this new class of certificate in the event of an emergency.

### **Expanding qualifications that are equivalent to a midwifery education program in Ontario**

The Registration Committee sought Council's approval to expand the qualifications recognized as equivalent to a midwifery degree in Ontario for entry-into-practice. Previously, only candidates who successfully completed the International Midwifery Preregistration Program and the Orientation and Assessment Program qualified under this registration pathway. The new policy now includes graduates of midwifery programs accredited by the Canadian Association for Midwifery Education's Accreditation Council, who were not previously eligible under the *Canadian Free Trade Agreement* registration pathway.

### **Additional internal policies**

The Registration Committee also adopted three further policies related to the registration processes related to class changes, meeting active practice requirements, and clinical experience for applicants who completed their midwifery education program outside Ontario. These policies served two purposes:

- Streamline our registration processes, by delegating some of the Registration Committee's authority to the Registrar for low-risk files. This enables the Registration Committee panels to focus on more complex matters. In addition, an increasing number of registrants received expeditious resolution with respect to addressing clinical experience shortfalls or miscellaneous registration requests.
- Provide clarity with respect to the Registration Committee's obligation and discretion under the Registration Regulation

### Orientation and Assessment program

The Registration Committee approved the recommendation and sought Council's approval to extend the pilot program for two more cycles, making it three in total. The extension would allow the Committee to gather enough data to assess the program's success before recommending permanent implementation to the Council.

### Competency-based Assessment project

After reviewing the final assessment tool, the Registration Committee approved the next project phase. This phase involves two main stages: developing a decision matrix to address identified competency gaps and creating a feasible implementation plan.

Registrant changes and statistics follow:

Midwives by class of registration	#				%
	Q1 (1090)	Q2 (1104)	Q3 (1093)	Q4 (1091)	Total
General	757	774	774	791	73
General with new registrant conditions	86	77	74	62	6
Supervised practice	2	0	2	4	0
Inactive	245	253	243	234	21
Transitional	0	0	0	0	0

New midwives by class of registration	#					%
	Q1 (34)	Q2 (26)	Q3 (5)	Q4 (4)	Total (69)	Total
General	0	1	0	2	3	4.5
General with new registrant conditions	29	21	3	0	53	77
Supervised practice	0	1	1	1	3	4.5
Inactive	0	3	1	1	5	7
Transitional	5	0	0	0	5	7

New midwives by route of entry	#					%
	Q1 (34)	Q2 (26)	Q3 (5)	Q4 (4)	Total (69)	Total



Laurentian University graduates	0	0	1	0	1	1.5
McMaster University graduates	20	8	0	0	28	41
Toronto Metropolitan University graduates	14	14	1	0	29	42
Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions	0	4	1	2	7	10
Orientation and Assessment Program (OAP) graduates	0	0	2	1	3	4
Former registrants	0	0	0	1	1	1.5

Panel Referrals	Q1	Q2	Q3	Q4	Total
Total Number of referrals to a panel of the Registration Committee	8	8	13	8	37

Files Reviewed at Panel by Category	Q1 (13)	Q2 (9*)	Q3 (7)	Q4 (18)	Total (47)
Application for registration <sup>1</sup>	0	0	1	5	6
Class change - Inactive to General <sup>2</sup>	9	7	6	4	26
Active practice requirements shortfall <sup>3</sup>	3	1*	0	8	12
Re-issuance of a Supervised Practice certificate of registration <sup>4</sup>	0	0	0	0	0
Reinstatement within one year following revocation <sup>5</sup>	0	0	0	0	0
Variation of terms, conditions and limitations <sup>6</sup>	1	0	0	1	2
Other <sup>7</sup>	0	1	0	0	1

\*data corrected

Panel Outcomes by Category					
Panel Outcomes by Application for Registration <sup>1</sup>	Q1 (0)	Q2 (0)	Q3 (1)	Q4 (3)	Total (4)

Application approved – Registrar directed to issue certificate of registration	0	0	1	2	3
Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel	0	0	0	0	0
Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel	0	0	0	0	0
Application approved – Registrar directed to impose terms, conditions and limitations on certificate	0	0	0	1	1
Application not approved – Registrar directed to refuse to issue certificate	0	0	0	0	0
Panel Outcomes by Class change – Inactive to General <sup>2</sup>	Q1 (6)	Q2 (7)	Q3 (8*)	Q4 (1)	Total (22)
Requalification program approved – General certificate to be re-issued	3	5	2*	0	10
Requalification program approved – General certificate to be issued with terms, conditions, or limitations	3	1	6	0	10
Requalification program approved with supervision required – Supervised Practice certificate to be issued	0	1	0	1	2
<i>*data corrected</i>					
Panel Outcomes by Active Practice Requirements Shortfall <sup>3</sup>	Q1 (1)	Q2 (1*)	Q3 (0)	Q4 (6)	Total (8)
Exception granted – extenuating circumstances demonstrated	0	1*	0	2	3
Shortfall plan required	0	0	0	0	0
Shortfall plan and undertaking imposing terms, conditions and limitations	1	0	0	4	5
<i>*data corrected</i>					
Panel Outcomes by Re-issuance of a Supervised Practice certificate of registration <sup>4</sup>	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (0)	Total (0)
Re-issuance approved – supervised practice extended	0	0	0	0	0

Re-issuance not approved	0	0	0	0	0
Panel Outcomes by Reinstatement within one year following revocation <sup>5</sup>	Q1 (0)	Q2 (0)	Q3 (0)	Q4 (0)	Total (0)
Requalification program approved – no supervised practice required	0	0	0	0	0
Requalification program approved – supervised practice required	0	0	0	0	0
Panel Outcomes by Variation of terms, conditions and limitations <sup>6</sup>	Q1 (1)	Q2 (0)	Q3 (0)	Q4 (1)	Total (2)
Application refused	0	0	0	0	0
Registrar directed to remove any term, condition or limitation imposed on the certificate of registration	0	0	0	0	0
Registrar directed to modify terms, conditions or limitations on the certificate of registration	1	0	0	1	2
Panel Outcomes: Other <sup>7</sup>	Q1 (0)	Q2 (1)	Q3 (0)	Q4 (0)	Total (1)
Request approved	0	1	0	0	1

Timelines: from referral to a panel, to a written decision	Q1 (8)	Q2 (9*)	Q3 (9*)	Q4 (11)	Total (37)
Files closed within 30 days	2	4	7*	2	15
Files closed within 60 days	3	4	2	6	15
Files closed beyond 60 days	3	1*	0	3	7
Median: (reported in number of days)	42	35*	20*	60	39
Average: (reported in number of days)	48	49*	24*	51	43

*\*data corrected*

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

Of those appeals completed, the number of registration decision appeals that:	Q1 (n/a)	Q2 (n/a)	Q3 (n/a)	Q4 (n/a)
Confirmed the decision	n/a	n/a	n/a	n/a
Required the College to issue a certificate of registration to the applicant upon successful completion of any examinations or training the Registration Committee may specify	n/a	n/a	n/a	n/a
Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate	n/a	n/a	n/a	n/a
Were referred back for further consideration	n/a	n/a	n/a	n/a

Attrition <sup>8</sup>	#	%
Q1	6	1
Q2	12	1
Q3	17	2
Q4	6	1
Total	41	4

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.*

## Attachments

None

Respectfully Submitted,

Maryam Rahimi-Chatri, RM, Chair

# QUALITY ASSURANCE COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023-December 2023	December 2023-March 2024
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Alexia Singh, RM Kristen Wilkenson, RM (until Dec 6, 2023)	Professional: Alexia Singh, RM Naa Yoyo Nartey-Khama, RM (as of Dec 6, 2023)
Public: Donald Strickland (until Dec 6, 2023) Marianna Kaminska (until Dec 6, 2023)	Public: Tina Walia-Rao (as of Dec 6, 2023)
Non-Council: Lilly Martin, RM Sabrina Blaise, RM	Non-Council: Lilly Martin, RM Jennifer Lemon (as of Dec 6, 2023) Richard Yampolsky (as of Dec 6, 2023) Sabrina Blaise, RM

### Activities of the Committee

	Q1	Q2	Q3	Q4	Total
Number of Panel Meetings Held	0	0	0	1	1
Number of Committee Meetings Held	0	1	1	1	3
Number of Trainings (Orientation)	0	0	0	1	1

*\*All meetings and trainings were held by videoconference.*

### Items

This fiscal year, the Quality Assurance Committee addressed the following:

#### **Designated Drugs Regulation**

The Committee reviewed the final draft of the Designated Drugs and Substances Regulation. Council approved the final draft of the Designated Drugs and Substances Regulation for submission to the Ministry of Health.

### **Safe Prescribing and Administration of Controlled Drugs and Substances Course**

The Committee reviewed the briefing note and course outline for the College's "Safe Prescribing and Administration of Controlled Drugs and Substances" course designed for registrants and applicants to meet the requirements set out in the new Designated Drugs and Substances Regulation. The Committee approved the proposed course outline developed by the College which was brought forward to Council for approval.

### **VBAC and Choice of Birthplace Position Statement**

The Quality Assurance Committee reviewed the VBAC and Choice of Birthplace Position Statement and agreed with the recommendation that the 2018 statement be retired. Council approved this decision in December 2023.

### **Waiver Standards Policy**

The Quality Assurance Committee reviewed the Waiver Standards Policy and determined that the policy was still relevant and recommended minor edits which were approved by Council in December 2023.

### **Peer and Practice Assessment Results**

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

### **Professional Development Portfolio (PDP) Exemption Process**

The Quality Assurance Committee reviewed the PDP Exemption process, then approved the following:

- a) The use of the Quality Assurance Program Non-Compliance Decision-Making Tool for PDP exemption cases.
- b) The 2024 Panel Process document which provides information on the exemption and non-compliance process and when a panel is required.
- c) The criteria for staff administration of PDP exemptions.

### **Attachments**

None

Respectfully Submitted,

Lilly Martin, Chair

# DISCIPLINE COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023-December 2023	December 2023-March 2024
Chair: Judith Murray	Chair: Judith Murray
Professional: Alexia Singh, RM Edan Thomas, RM Hardeep Fervaha, RM Isabelle Milot, RM Jyothy Nair, RM Karen McKenzie, RM (until Dec 6, 2023) Robyn Berman, RM (until Aug 21, 2023)	Professional: Alexia Singh, RM Edan Thomas, RM Hardeep Fervaha, RM Isabelle Milot, RM Jyothy Nair, RM Maryam Rahimi-Chatrri, RM (as of Dec 6, 2023) Naa Yoyo Narley-Khama, RM (as of Dec 6, 2023)
Public: Judith Murray Donald Strickland Jacqueline Morrison Marianna Kaminska Oliver Okafor (until Dec 6, 2023)	Public: Judith Murray Donald Strickland Jacqueline Morrison Marianna Kaminska Tina Walia-Rao (as of Dec 6, 2023)
Non-Council: Anna Boudria Lilly Martin, RM Sabrina Blaise, RM	Non-Council: Anna Boudria Jessica Raison, RM (as of Dec 6, 2023) Lilly Martin, RM Rebecca Forte (as of Dec 6, 2023) Sabrina Blaise, RM

### Activities of the Committee

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

*\*The annual meeting held included training and was held by videoconference.*



## Items

This fiscal year, there were no referrals to, or no hearings conducted by the Discipline Committee.

## Attachments

None

Respectfully Submitted,

Judith Murray, Chair

# FITNESS TO PRACTISE COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023-December 2023	December 2023-March 2024
Chair: Judith Murray	Chair: Judith Murray
<b>Professional:</b> Alexia Singh, RM Edan Thomas, RM Hardeep Fervaha, RM Isabelle Milot, RM Jyothy Nair, RM Karen McKenzie, RM (until Dec 6, 2023) Robyn Berman, RM (until Aug 21, 2023)	<b>Professional:</b> Alexia Singh, RM Edan Thomas, RM Hardeep Fervaha, RM Isabelle Milot, RM Jyothy Nair, RM Maryam Rahimi-Chatrri, RM (as of Dec 6, 2023) Naa Yoyo Narley-Khama, RM (as of Dec 6, 2023)
<b>Public:</b> Judith Murray Donald Strickland Jacqueline Morrison Marianna Kaminska Oliver Okafor (until Dec 6, 2023)	<b>Public:</b> Judith Murray Donald Strickland Jacqueline Morrison Marianna Kaminska Tina Walia-Rao (as of Dec 6, 2023)
<b>Non-Council:</b> Anna Boudria Lilly Martin, RM Sabrina Blaise, RM	<b>Non-Council:</b> Anna Boudria Jessica Raison, RM (as of Dec 6, 2023) Lilly Martin, RM Rebecca Forte (as of Dec 6, 2023) Sabrina Blaise, RM

### Activities of the Committee

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

*\*The annual meeting held included training and was held by videoconference.*

## Items

This fiscal year, there were no referrals to, and no hearings conducted by the Fitness to Practise Committee.

## Attachments

None

Respectfully Submitted,

Judith Murray, Chair

# CLIENT RELATIONS COMMITTEE

## ANNUAL REPORT TO COUNCIL APRIL 2023-MARCH 2024

### Committee Members

April 2023-December 2023	December 2023-March 2024
Chair: Donald Strickland	Chair: Donald Strickland
Professional: Jyothy Nair, RM (until Dec 6, 2023)	Professional: Hardeep Fervaha, RM (as of Dec 6, 2023) Naa Yoyo Nartey-Khama, RM (as of Dec 6, 2023)
Public: Donald Strickland Judith Murray (until Dec 6, 2023)	Public: Donald Strickland
Non-Council: Emily Gaudreau, RM (until Dec 6, 2023)	Non-Council: Rebecca Forte (as of Dec 6, 2023)

### Activities of the Committee

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

*\*Training was a part of the annual committee meeting, which was held by videoconference.*

### Items

This fiscal year, the Client Relations Committee addressed the following:

- A review and update to the Sexual Abuse Prevention Policy.
- A review and update to the Guide on Funding for Therapy and Counselling, and the forms required to apply for funding.
- The approval of an internal policy that allows staff to approve funding applications that meet the established criteria on behalf of the Committee to be able to provide funding to clients in a more immediate fashion, and without the need to convene a meeting.
- A review and update to the Guideline for Reporting Sexual Abuse.
- A review and update to the Sexual Abuse Complaints Guide for clients.

- A review of the Terms of Reference for the Committee.

Attachments

None

Respectfully Submitted,

Don Strickland, Chair

# CHAIR REPORT

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REPORT TO COUNCIL – June 10, 2024.  
Prepared by: Claire Ramlogan-Salanga RM

## 1. General Highlights

Summer is here and with the good weather comes positive changes at the College. I am pleased to report that the College has continued to produce quality work that collectively moves us toward achieving the College's strategic priorities. We have begun a new fiscal year and the College continues to maintain a good financial position. Council continues to direct the College with its efforts in completing the remaining projects in our strategic plan.

## 2. Governance

As part of our scheduled annual governance procedures, both the External Auditor Review and the annual Registrar/CEO performance review are coming to a close. Attendance at the virtual audit in May with Hilborn LLP was informative and straightforward. The audited financial statements will be presented to Council at the end of June. Lastly, as a reminder, the Executive Committee conducted the evaluation of the CEO and the results of this process will be presented to Council in June.

For the fourth time, the College held two online “lunch-and-learns” in April regarding the 2023 Council elections for professional members. The first offering was open to all professional members, while the second was specifically reserved for members who identify as Indigenous, Black and/or racialized. I am pleased to announce that during our Council election, there were two acclamations, one for returning Council member Alexia Singh and one for new Council member Lynne-Marie Culliton whose term begins in October. We are excited to have these professional members at the table as they bring insights and leadership that will help us maintain our mandate of protecting the public.

As an overview, we had three forward-thinking training sessions in March. Luisa Ritacca, Managing Partner at Stockwood Barristers provided us with a refresher on the terms of reference of serving on the Discipline and Fitness to Practise Committees as well as the rules of procedure for conducting a discipline hearing. This training was followed by Eden Dales, Registered Social Worker, who introduced us to the concept of trauma-informed practice for regulators. The presentation provided Council members, non-Council committee members and staff with a comprehensive introduction to the core principles of this mindset and actions. Lastly, Council engaged in a discussion with Anita Ashton, Deputy Registrar & Chief Operating Officer at the College of Physiotherapists of Ontario, about Compassionate/Person-centered regulation. This training session linked how trauma shows up in our different regulatory areas, power and privilege and the impacts on the people we serve. As a Council we are lucky to have such well curated training sessions.

Feedback from our March Council meeting and training sessions continues to be positive. Our goal of continuous improvement remains a priority. Lastly, the third section of the Chair report usually had a section discussing Council Governance Quality Improvement, moving forward this content will be reported in the Executive Report.

### 3. Stakeholder Engagement

1. Election's webinars April 23, 2024
2. OMSC April 29, 2024
3. CMRC Board Meeting June 11, 2024

**COLLEGE OF MIDWIVES OF ONTARIO**

**FINANCIAL STATEMENTS**

MARCH 31, 2024

*Draft Statement Subject to Revision*

**HILBORN** LLP



## Independent Auditor's Report

To the Council of the College of Midwives of Ontario

### Opinion

We have audited the financial statements of the College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 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.

### Basis for Opinion

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

### Other Information

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

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

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

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

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

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

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

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

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario  
To be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Financial Position

March 31	2024 \$	2023 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	3,944,271	3,714,928
Accounts receivable	10,431	9,786
Prepaid expenses	68,797	76,723
	<b>4,023,499</b>	3,801,437
Capital assets (note 4)	28,944	39,633
	<b>4,052,443</b>	3,841,070
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	281,788	260,699
Deferred registration fees	1,307,863	1,250,975
Deferred project funding (note 6)	-	14,688
	<b>1,589,651</b>	1,526,362
<b>NET ASSETS</b>		
Invested in capital assets	28,944	39,633
Internally restricted for therapy and counselling (note 7)	16,000	16,000
Internally restricted for investigations and hearings (note 8)	300,000	300,000
Unrestricted	2,117,848	1,959,075
	<b>2,462,792</b>	2,314,708
	<b>4,052,443</b>	3,841,070

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

Chair

Vice-Chair

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Operations

Year ended March 31	2024 \$	2023 \$
Revenues		
Registration fees	2,622,799	2,572,692
Administration and other fees	48,685	39,985
Project funding (note 6)	79,751	76,618
Orientation and assessment fees	71,076	-
Interest income	134,275	32,966
	<b>2,956,586</b>	<b>2,722,261</b>
Expenses		
Salaries and benefits	1,567,911	1,404,720
Professional fees	277,123	142,873
Projects (note 6)	160,665	76,618
Council and committees	134,478	135,441
Rent and utilities	148,052	205,843
Office and general	132,477	122,105
Information and communications technology	113,540	99,290
Investigations and hearings	84,509	71,698
Orientation and assessment	81,637	48,600
Membership dues and fees	59,214	57,368
Quality assurance program	34,171	22,163
Amortization	14,725	24,454
	<b>2,808,502</b>	<b>2,411,173</b>
Excess of revenues over expenses for year	<b>148,084</b>	<b>311,088</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Internally restricted for investigations and hearings \$	Unrestricted \$	2024 Total \$
Balance, beginning of year	39,633	16,000	300,000	1,959,075	<b>2,314,708</b>
Excess of revenues over expenses for year	-	-	-	148,084	<b>148,084</b>
Amortization of capital assets	(14,725)	-	-	14,725	-
Purchase of capital assets	4,036	-	-	(4,036)	-
Balance, end of year	<b>28,944</b>	<b>16,000</b>	<b>300,000</b>	<b>2,117,848</b>	<b>2,462,792</b>

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

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

## Statement of Cash Flows

Year ended March 31	2024 \$	2023 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	148,084	311,088
Adjustments to determine net cash provided by (used in) operating activities		
Project funding	(79,751)	(76,618)
Amortization of capital assets	14,725	24,454
Amortization of deferred lease incentives	-	(4,977)
	83,058	253,947
Change in non-cash working capital items		
Increase in accounts receivable	(645)	(1,219)
Decrease (increase) in prepaid expenses	7,926	(35,635)
Increase in accounts payable and accrued liabilities	21,089	50,120
Increase in deferred registration fees	56,888	28,606
	168,316	295,819
Cash flows from investing activities		
Purchase of capital assets	(4,036)	-
Cash flows from financing activities		
Receipt of project funding	65,063	64,466
Net change in cash and cash equivalents	229,343	360,285
Cash and cash equivalents, beginning of year	3,714,928	3,354,643
Cash and cash equivalents, end of year	3,944,271	3,714,928

The accompanying notes are an integral part of these financial statements

# COLLEGE OF MIDWIVES OF ONTARIO

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## Notes to Financial Statements

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March 31, 2024

### Nature and description of the organization

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

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

### 1. Significant accounting policies

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

#### (a) Revenue recognition

##### Registration fees

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

##### Administration and other fees

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

##### Contributions

The College follows the deferral method of accounting for contributions.

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

##### Orientation and assessment fees

The Orientation and assessment program for internationally educated midwives "IEMs" is conducted over two phases. The first phase is comprised of three online assessment modules and the second phase is comprised of an in-person comprehensive assessment.

Application fees are recognized as revenue upon receipt of application submissions.

Fees in connection with the first phase are recognized as revenue upon the enrolment of an individual in an online assessment module.

Fees in connection with the second phase are recognized as revenue upon the completion by an individual of the comprehensive assessment.

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 1. Significant accounting policies (continued)

#### (a) Revenue recognition (continued)

##### Interest income

Interest income comprises interest from cash and cash equivalents. Revenue is recognized on an accrual basis.

#### (b) Cash and cash equivalents

Cash and cash equivalents consist of cash and guaranteed investment certificates that are cashable or have a contractual maturity of ninety days or less from date of acquisition, and are not subject to significant risk of changes in value.

#### (c) Capital assets

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

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

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

Office equipment	20%
Computer equipment	20% - 30%

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

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

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



# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 1. Significant accounting policies (continued)

#### (d) Financial instruments

##### Measurement of financial assets and liabilities

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

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

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

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

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

##### Impairment

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

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

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

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

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 1. Significant accounting policies (continued)

#### (d) Financial instruments (continued)

##### Impairment (continued)

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

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

#### (e) Management estimates

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

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

### 2. Financial instrument risk management

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

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

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

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 2. Financial instrument risk management (continued)

#### Credit risk

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

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

	2024	2023
	\$	\$
Cash and cash equivalents	3,944,271	3,714,928
Accounts receivable	10,431	9,786
	<u>3,954,702</u>	<u>3,724,714</u>

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

#### Liquidity risk

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

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

#### Market risk

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

#### Currency risk

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

The College is not exposed to currency risk.

#### Interest rate risk

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

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 2. Financial instrument risk management (continued)

#### Other price risk

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

The College is not exposed to other price risk.

#### Changes in risk

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

### 3. Cash and cash equivalents

	2024 \$	2023 \$
Cash	1,883,746	1,942,351
Guaranteed investment certificate - prime less 2%, due September 2, 2024 (2023 - prime less 2%, due June 27, 2023)	2,060,525	1,772,577
	<u>3,944,271</u>	<u>3,714,928</u>

### 4. Capital assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Office equipment	56,676	52,467	4,209
Computer equipment	85,404	64,475	20,929
Leasehold improvements	100,627	96,821	3,806
	<u>242,707</u>	<u>213,763</u>	<u>28,944</u>

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

During the year, capital assets comprised of i) office equipment with a net book value of nil (cost and accumulated amortization each of \$8,788), and ii) leasehold improvements with a net book value of nil (cost and accumulated amortization each of \$100,700) were disposed of for no proceeds resulting in no gain or loss on disposal.

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

### 5. Accounts payable and accrued liabilities

	2024 \$	2023 \$
Trade payables and accrued liabilities	249,299	190,056
Accrued liabilities - investigations and hearings	32,489	70,643
	<u>281,788</u>	<u>260,699</u>

### 6. Project funding

The College, during a prior year, received one-time funding from other provincial midwifery regulators to assist in developing a competency-based assessment program that can be implemented by individual regulators. In the current year, the College funded expenses in the amount of \$80,914 (2023 - nil).

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

The current year is the last year in which the Ministry provided this special project funding as the Ministry terminated the funding agreement effective April 1, 2024.

	Assessment Program \$	Birth Centres \$	2024 Total \$
Deferred project funding, beginning of year	14,688	-	14,688
Project funding received during the year	-	65,063	65,063
Project funding recognized as revenue in the year	(14,688)	(65,063)	(79,751)
Deferred project funding, end of year	-	-	-
	<u>14,688</u>	<u>-</u>	<u>14,688</u>
	<u>26,840</u>	<u>-</u>	<u>26,840</u>
Deferred project funding, beginning of year	26,840	-	26,840
Project funding received during the year	-	64,466	64,466
Project funding recognized as revenue in the year	(12,152)	(64,466)	(76,618)
Deferred project funding, end of year	14,688	-	14,688

# COLLEGE OF MIDWIVES OF ONTARIO

## Notes to Financial Statements (continued)

March 31, 2024

7. **Net assets internally restricted for therapy and counselling**

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

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

8. **Net assets internally restricted for investigation and hearings**

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

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

9. **Commitment**

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

	<u>\$</u>
2025	109,891
2026	112,629
2027	114,819
2028	117,008
2029	<u>49,210</u>
	<u><u>503,557</u></u>

# HILBORN

LISTENERS. THINKERS. DOERS.

# 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).**



# REGISTRAR-CEO QUARTERLY REPORT

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REPORT TO COUNCIL – June 26, 2024.

Submitted by: Kelly Dobbin

The Registrar-CEO Quarterly Report assures the Council that the College operates effectively and achieves its strategic goals, and that the Registrar performs per the expected duties outlined in the 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

### Designated Drugs and Substances Regulation

On May 3rd, 2024, the [Designated Drugs and Substances Regulation O. Reg 188/24](#) came into force, setting out a greatly expanded list of drugs and substances that midwives can prescribe and administer. Access to these new drugs and substances reduces the need for midwifery clients to seek care outside of midwifery for treatment that is within the midwifery scope of practice, which improves the quality and timeliness of care for clients.

In addition to new hormonal contraceptives, antibiotics, vaccines, and vitamins and minerals, which midwives may now prescribe and administer, the new regulation now permits midwives to prescribe and administer opioid analgesic medications in hospital settings on their own authority. This means that midwives will no longer have to obtain a physician's order to administer these drugs for intrapartum pain management.

To prescribe and administer these controlled substances, midwives must complete specified education and training as outlined in the [Registrar's Policy on Controlled Drugs and Substances Education and Training](#). The College has also produced a [Safe Prescribing and Administration of Controlled Drugs and Substances course](#), which may be used by midwives to fulfill the specified training requirement. This course reviewed the legislation and regulatory context around the new regulation, provided information related to the opioid crisis in Canada, and was approved by the Council in 2023.

Following a communication strategy developed by the College, members of the public and registrants were provided with [online information](#) on the College's website once the Designated Drugs and Substances Regulation came into effect. In addition to email communications about the new regulation, midwives were also invited to attend [webinars](#) to connect with the College to review the new regulation. The College presented three webinars on May 23 and 24, to provide

information to the following three groups: faculty and preceptors, general registrants, and lead midwives at hospitals. The webinars consisted of an overview of the new designated drugs and substances regulation changes from the old regulation, Frequently Asked Questions, and Q&A period, as well as the ability for participants to complete the College's Safe Prescribing and Administration of Controlled Drugs and Substances course.

In addition to the communications that we sent to all registrants and the members of the public on our email list, we sent letters to the Registrars of the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, and the Ontario College of Pharmacists. In these letters, we provided a high-level summary of the changes, and requested that they share information about the new regulation with their registrants. We also prepared a letter to hospital administrators that lead midwives can request from the College to share with their hospital leadership. These letters are intended to ensure that other health care providers are aware of the expanded list so that midwifery clients do not have to face unnecessary barriers in accessing new drugs and substances.

While the implementation of the new Drugs and Substances Regulation marks the culmination of many years of work by the College of Midwives of Ontario, we recognize that there is still more work to do to improve midwifery client access to therapies and treatments that fall within midwifery scope of practice. To that end, we will continue to work in collaboration with the Ministry of Health to achieve sustainable health care solutions for Ontarians who seek midwifery care, including the Council's proposal for midwives to prescribe and administer any drug or substance per their scope.

#### Professional Misconduct Regulation

In 2017, after a public consultation, the College submitted amendments to the Professional Misconduct Regulation (that was last revised effective October 2009). The proposed changes better align with the language of other health colleges' regulations to maintain consistent standards for health practitioners and avoid duplicating content already covered in the *Regulated Health Professions Act, 1991* (RHPA) or the Code. Changes also include the use of gender-inclusive language. We are pleased to report that the new regulation was filed with the Registrar of Regulations as [O. Reg 229/24](#) and will come into force on July 1, 2024 (see attachment). The College is revising the Professional Misconduct Guide to align with these changes. The Guide explains what is meant by professional misconduct and the acts of professional misconduct that fall under them. The College is also updating its Guideline on Ending the Midwife-Client Relationship to align with the revised wording of the provision related to this subject. While the revisions will not change the way midwives practice, we have a planned communication strategy in place to ensure midwives are sufficiently aware of the changes and the materials we developed to help them avoid acts of professional misconduct.

#### Laboratory and Specimen Collection Centre Licensing Act

Over the past several months, the Ministry of Health's Laboratories and Diagnostics Branch has been in consultation with the College regarding proposed changes to the General Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*, that were submitted last year. The proposed changes to expand the list of laboratory investigations (including lab and point-of-care testing) authorized to midwives were posted to the [Ministry's Regulatory Registry](#) for public consultation from April 10 to May 25, 2024. The Ministry received feedback

from interested stakeholders and rightsholders and will engage with the College again once that feedback is considered. We are hopeful that the proposed changes proceed as they are in the public interest by increasing access to standard tests for midwifery clients and facilitating effective consultations with physicians where necessary.

### Registration Regulation

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

### The Office of the Ontario Fairness Commissioner

Under the fair access legislation, all regulators are required to submit a Fair Registration Practices Report to the Office of the Fairness Commission (OFC) each calendar year. This year, the OFC launched a new OFC portal to enable regulators to input their 2023 data. The College submitted our Fair Registration Practices Report on June 12, 2023, and the report is available on our [website](#).

### Language Proficiency Policy

Immigration, Refugees, and Citizenship Canada has recently added the Pearson Test of English to its list of recognized language proficiency test. Additionally, the International English Language Testing System, already recognized by the College, now offers candidates the option to retake one individual section to improve their scores instead of retaking the entire test. The College is obliged to accept the tests that are approved under the *Immigration and Refugee Protection Act (Canada)*. To align with this legal requirement, the Registration Committee recently updated the [Language Proficiency Policy](#), ensuring that the College continues to comply with the law.

### Pathways to Registration for Internationally Educated Midwives

The College is seeking ways to create more pathways and remove barriers to registration for internationally educated midwives. To this end, we are exploring various registration options tailored to support internationally educated midwives' need for entry-to-practise:

#### 1) *Orientation and Assessment Program*

We are pleased to announce that the second cycle of the pilot Orientation and Assessment Program (OAP) is now complete. The second cohort began the program last fall and completed the program at the end of April. Unlike a bridging program, the OAP is designed to evaluate whether an internationally educated midwife possesses the equivalent entry-level competencies necessary for safe practice in Ontario. The program does not offer education or training or serve as a substitute for a formal midwifery education program. One of the benefits of this program is that candidates can obtain the competency certificates required for registration and a general orientation to midwifery practice in Ontario.

Six candidates were initially enrolled in the second cohort. After completing the three online modules and assessment, all six were eligible to participate in the in-person intensive session held at our office.

Three candidates successfully completed the program and received the required certificates in the following areas: Emergency Skills, Fetal Health Surveillance, and Neonatal Resuscitation. The

College greatly appreciated the support of the Association of Ontario Midwives in assisting us to deliver the Emergency Skills Workshop. The three remaining candidates will have the opportunity to remediate program components that they did not successfully pass during the summer months.

A total of 10 OAP candidates have now successfully passed the Canadian Midwifery Registration Exam (CMRE) and have either registered or are eligible to register with the College.

The College is currently reviewing lessons learned and data from the first two cycles to determine necessary adjustments before launching the third and final pilot project cycle approved by the Council.

### *2) International Midwifery Preregistration Bridging Program*

The Registration Committee has made a recommendation to the Council to recognize the Chang School of Continuing Education's proposed International Midwifery Preregistration Bridging Program (IMPBP) in principle (please refer to the briefing note under Agenda item 11). If approved, the IMPBP would be a new route of entry for internationally educated midwives seeking registration in Ontario. Unlike the OAP, the program is designed to be a bridging program, focusing on training and learning support in addition to the assessment of competencies. The most notable feature of the IMPBP is the inclusion of the clerkship which would facilitate candidates in consolidating their learning into practice.

### *3) Competency-based Assessment Tool*

With the completion of the competency-based assessment tool, we are examining how to operationalize the tool for entry-to-practice, if appropriate. While initially designed to assess the readiness of former or inactive registrants to safely return to practice, the assessment inherently evaluates whether individuals possess entry-level competencies for safe practice. In other words, some IEMs may be able to expedite their registration process by successfully passing this assessment, resulting in bypassing the time and financial commitments associated with completing the 7–9-month OAP or IMPBP. Council can expect to see a recommendation by the end of this calendar year.

### College Performance Measurement Framework

As previously shared with the Council, the 2023 College Performance Measurement Framework (CPMF) cycle ended on December 31, 2023, and our [2023 CPMF](#) report was submitted to the Ministry and posted to our website by March 29, 2024. We are proud of this year's report where we once again demonstrated compliance with the standards and reported on our continuous improvement efforts.

The Ministry of Health introduced the 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 related to performance in executing our public interest mandate and highlighting practices related to regulatory excellence.

### Unauthorized Practice of Midwifery

The College continues to receive information about the unauthorized practice of midwifery and conducts further inquiries into these reports as expected by our mandate. We have updated our

[website](#) to include a new page which provides clear information to the public and midwives about the issue and our role. We have added a public advisory that includes names of individuals who have come to our attention and where the College has taken action. Notably, the College obtained a [court order](#) requiring an individual to cease and desist from performing the controlled act of managing labour or conducting the delivery of a baby and to cease and desist from advising persons with respect to their health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. To take action, we continue to rely on reports from the public, clients, midwives, other health care providers, and direct witnesses to the conduct.

#### Quality Assurance Committee – Prescribing Standard

The Prescribing and Administering Drugs standard was scheduled for review in 2023 but was extended into 2024 to accommodate any changes necessary arising from the new Designated Drugs and Substances Regulation which came into effect on May 3, 2024. In light of these changes and other key considerations, on May 26, 2024, the Quality Assurance Committee recommended rescinding the Prescribing and Administering Drugs standard. Please refer to Agenda item 10 for the public interest rationale on this proposal.

## 2. Development and Achievement of Goals

### Strategic Priority 1: Regulation that enables the midwifery profession to evolve

#### *National Collaboration on a Competency-Based Assessment Program*

With the competency-based assessment tool now complete, the College has initiated the second phase of the project, focusing on three main activities:

- Conduct an environmental scan of accessible resources relevant to each Canadian competency for midwives, as approved by the Canadian Midwifery Regulatory Council in December 2020.
- Develop and pilot a decision matrix that links each competency with specific resources to address gaps in knowledge and skill. This matrix will assist the Registration Committee issue individualized plans to remedy any identified competency deficiencies.
- Recommend an implementation plan to feasibly launch the assessment tool in a manner that is accessible and fair for registrants.

The College has launched a [Request for Proposals](#) and is looking forward to receiving tenders from experts to conduct the work. The Registration Committee is expected to receive the environmental scan by this fall, followed by the decision matrix and implementation plan by their December 2024 meeting.

### Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks

#### *Surveys*

The College has issued a [Request for Proposals](#) to engage consultants to assist us with a survey of midwifery clients in Ontario.

Our request for proposals asks consultants to develop and frame the questions for a public opinion survey. When reviewing the proposed methods, we will be considering cost, reach, and accessibility to ensure that our survey reaches a diverse group.

The purpose of the survey, as outlined in our current strategic plan, is to establish baseline data that we can compare against in the future as we continue our work in the public interest. We expect the survey to be in the field by Q3.

### Strategic Priority 3: Building engagement and fostering trust with the public and the profession

#### *Student and New Registrant Engagement*

We see improving our engagement with students and new registrants as a crucial element of achieving our third strategic priority, **building engagement and fostering trust with the public and the profession**.

The purpose of our Student and New Registrant Engagement Plan is to improve our engagement with students, applicants, and new registrants. Currently, College staff members attend Midwifery Education Program (MEP) courses annually and visit classrooms in years one through four. The presentations are designed to be relevant for the students in each academic year.

We are looking to improve upon these annual visits and demonstrate to students that their relationship to the College will be broader than annual registration and quality assurance reports – that our standards and guiding documents relate to their practice on a day-to-day basis.

To create our new plan, we consulted with students, new registrants, faculty, and preceptors to find out what is missing from our current engagement. Following these surveys, we have a better understanding of the tools for engagement that our target audiences would like to see us use.

1. **Recorded videos and webinars.** Based on the results of the surveys, it would be most effective to create webinars that we can then record and post to the website. All audiences would like recorded videos to review in their own time. The College currently has plans to be more targeted with our webinars and should consider these three audiences when planning future webinars. As mentioned in this report, we piloted this approach with the webinars for the changes to the Designated Drugs and Substances Regulation.
2. **Classroom visits.** Those who are currently engaged in the education programs (i.e., faculty, preceptors, and students) would like to see classroom visits continue. The College plans to continue classroom visits to Midwifery Education Program students and has sent an email to faculty members to update them on the new strategy.
3. **Sections on the website.** We also heard that dedicated space on the website would be valuable to students and new registrants. The College is actively working to launch a new registrant centre on our website and is considering dedicated spaces for students, faculty, and preceptors.
4. **Guides and FAQ documents.** New midwives would like to see guiding documents from the College. We will launch an email series for new registrants in their first year of practice to promote existing College resources for new midwives who may not have come across our materials before.

### 3. Reputation and Relationship Management

#### System Partnerships

The College continues to meet regularly with midwifery and regulatory partners to further our respective mandates and to achieve our strategic goals.

Meetings with the Health Profession Regulators of Ontario (HPRO) and its affiliated sub-groups including the EDI Network, Communications Committee, and Citizen Advisory Group Committee are attended by College staff. Please see the attachment on HPRO's highlights of the past year.

We are a member of a network of health profession colleges and associations with drug prescribing authority in Ontario. Together we meet to explore ways to improve how the controlled act of prescribing is regulated, allowing for sufficient flexibility to address the changing environment of drug treatments while also protecting the public. A proposal for an improved regulatory framework for prescribing and administering drugs and substances is currently in development and will be shared with the Ministry in 2024.

College staff and Council Chair meet regularly with the Canadian Midwifery Regulators Council (CMRC) and its affiliated committees including the Canadian Midwifery Registration Exam Committee; the Registration Affairs Committee; the Equity, Diversity, and Inclusion Committee; the Professional Practice Committee; Pathways to Indigenous Midwifery Committee; and the Accreditation Council of the Canadian Association of Midwifery Education.

The Ontario Midwifery Strategy Council (OMSC) met recently to discuss the status of conversations on a third site for the Midwifery Education Program (MEP) and ongoing meetings on midwifery scope of practice between the College, the Association of Ontario Midwives (AOM), and the Ministry of Health.

The Council Chair and College Registrar attended the Association of Ontario Midwives' (AOM) Ontario Midwifery Conference (OMC) in May. It was a terrific opportunity to learn about new research and program evaluation in the sector which helps inform our work at the College. In addition, we recognized the need for the College to have a presence at future OMCs to better achieve our strategic priority of building engagement and fostering trust with midwives. We will consider making proposals for next year's conference on our new initiatives and program evaluations. The Council Chair, Vice-Chair (Professional), and College Registrar also participated in the Midwifery Sustainability Project Roundtable that followed the conference. A report from the Midwifery Sustainability Project will follow and, if made public, can be shared with the Council when received.

#### Webinars on the Changes in the New Designated Drugs and Substances Regulation

As reported above, in late May, the College held three webinars for midwives to share high-level information about the changes in the new Designated Drugs and Substances Regulation. We recently surveyed faculty and preceptors and heard that this group would like to see the College produce more targeted communications for faculty and preceptors, and we trialled this new approach with our webinars. The three webinars were targeted at faculty and preceptors, lead midwives at hospitals, and all interested midwives. For the three webinars, we had 430 RSVPs from midwives and 52 questions submitted in advance. We were able to group most of the

questions from midwives into three categories: questions about funding, questions about opportunities for training, and questions about how to integrate these changes in the hospitals where midwives have privileges. In total, 290 midwives joined the webinars over the three sessions. We have also sent a recording of the webinar to all midwives with some additional questions and answers so that midwives who were not able to attend are still able to benefit from the information in the webinars.

#### On Call Newsletter

The College [published our quarterly On Call newsletter](#) on Tuesday, May 21, 2024. Our Spring 2024 newsletter is the first digital newsletter that the College has sent out, with an emailed summary and links to each story instead of requiring readers to read a multi-page PDF document. This issue included information on the new Designated Drugs and Substances Regulation, new practice advice, Council highlights, 30 years of regulated midwifery, and more.

#### Social Media Engagement

The College has recently invested more time and effort into our social media channels, especially in establishing our new LinkedIn profile. The increase in posting has led to an overall increase in engagement across our three channels: Facebook, X (Twitter), and LinkedIn. The most popular posts tend to be celebratory in nature (e.g., celebrating 30 years since the first birth attended by midwives in an Ontario hospital), or sharing information on recent developments in the sector (e.g., news about the changes to the Designated Drugs and Substances Regulation.)

#### Peer and Practice Engagements

The 2024 cycle of the Quality Assurance Program Peer and Practice Assessment concluded in March 2024. This year, eight assessors provided peer assessments for 80 randomly selected midwives registered in the General class. Ninety-nine percent of the selected midwives completed the assessment without further assessment required. One hundred percent of midwives were successful after further assessment. The College invited the assessors to a debrief following the completion of this year's assessments and they shared their reflections on the assessor training, areas of the program which worked well, and ideas for program improvement. The College has implemented several simple changes, such as information that is shared with registrants on our website, as a result of the assessor debrief, and will continue to collaborate with the assessors to improve the program. The Peer and Practice Assessment continues to be an excellent opportunity to foster professional development among midwives. The College is thankful for the thoughtful engagement of so many midwives and peer assessors in making this year's Peer and Practice Assessment cycle a success.

## 4. Financial Accountability and Management

#### 2023-24 Audit and Financial Statements

The College has undergone our annual financial audit which was executed virtually in May and continued into June. On May 8, 2024, the Executive Committee met with the auditors via videoconference to ask questions and oversee the audit process. The Executive Committee reviewed the draft Financial Statements with the auditors on June 12, 2024 and will bring them forward to the Council for approval. Please refer to Agenda item 6.



#### Q4 Statement of Operations

The Q4 Statement of Operations was initially presented to the Executive Committee in May for informational purposes only, as adjustments from the audit were anticipated. The post-audit Q4 Statement of Operations was reviewed and approved by the Executive Committee on June 12, 2024 and is included in their report to the Council for your information. Please refer to Agenda item 9.

### 5. People and Organizational Leadership

#### Human Resources

Johanna Geraci, Director of Professional Practice and Policy has resigned from her position at the College. She has been on a one-year leave since September 2023. Johanna originally joined the College in 2015, and we extend our gratitude to her for her dedication, hard work, and expertise during her time at the College.

We are pleased to welcome Emma Hosein as the College's new Governance Officer. Emma started with the College in May. She is joining us from CivicAction where she was leading the strategic development of programs aimed at supporting diverse rising leaders and fostering equitable communities. Emma has an Honours BA in Equity Studies and an MSc in Gender, Development, and Globalization, and brings a wealth of experience in program and stakeholder management.

#### Learning & Development

The College has developed an internal Learning and Development strategy and plan. The strategy will ensure that our learning goals and initiatives are aligned with our strategic and operational plans. The purpose of the plan is to guide and measure our learning goals and initiatives. Over the last quarter, the College staff have engaged in learning sessions on the following topics: data privacy, trauma-informed practices, conflict resolution, and 2SLGBTQIA inclusive environments.

### 6. Council Governance and Engagement

#### Consultations on College By-laws

The College launched 60-day public consultations on both the General By-law and the Fees and Remuneration By-law from Thursday, April 4, 2024, to Monday, June 3, 2024. Registrants and the public were advised by email when the consultation was launched and reminded on social media and in the College's On Call newsletter during the consultation period. Forty comments were submitted for the consultation on the Fees and Remuneration By-law, and four comments were submitted for the General By-law. Please refer to Agenda item 9 for post-consultation recommendations.

#### Council Elections

The College launched the 2024 Council election nominations on April 2, 2024. We held two information sessions for midwives interested in putting their names forward for election on Tuesday, April 23. One session was for midwives from Indigenous, Black, and racialized communities and the second was for all interested midwives. We sent out reminders about the nomination period by email and on our social media channels.

We are pleased to advise that Alexia Singh, RM and Lynne-Marie Culliton, RM have been acclaimed to fill the two open professional member positions for the Council.

**Alexia Singh** is a Black-identified, registered midwife. Alexia has been registered since 2015 and is pursuing her Master's degree in Midwifery at McMaster University. She has also worked as a sessional instructor for the Midwifery Education Program and continues to mentor racialized midwifery students in the community. Alexia has recently started a new adventure as the Clinical Lead at Ancestral Hands Midwives, a newly funded expanded midwifery care model that will be exclusively providing midwifery and reproductive care to people within the African, Caribbean, Black diaspora who reside in the GTA. This collaborative, interdisciplinary program will allow equity-deserving populations to access midwifery in a non-traditional way. A community midwife working with Oak Valley Health's Alongside Midwifery Unit since its inception, Alexia is also happy to continue to contribute to her community as a casual hospitalist. Alexia is excited to be moving into her second term as a Council member and looks forward to continued learning and collaboration for the midwifery community in the public interest.

**Lynne-Marie Culliton** brings a wide range of experiences and a deep commitment to advancing midwifery care since 2002 and is excited to join the Council for the College of Midwives of Ontario. As a person with a disability, she brings a unique perspective to her work, advocating for accessibility and equity in maternal health services. Her invaluable contributions extend to rural areas, where she tirelessly champions maternal health initiatives, ensuring that people in underserved regions receive the highest standard of care. As a recent graduate with a Master's in Midwifery and a career marked by dedication to inclusivity and innovation, she specializes in the expanded model of midwifery, offering comprehensive sexual and reproductive health care to diverse communities.

### Council and Committee Training

In March 2024, Council and Committee members received Discipline and Fitness to Practice Committee training and two presentations on key concepts related to Trauma-Informed Care in Regulation and Compassionate Regulation from external experts in these areas. The trainings were well received, and the key learnings and take aways will be further discussed and applied at the June Council and Committee training. In addition, the June training will highlight governing in context including an overview and reminder of the College's governance policies and guiding principles, as well as interactive sessions on actively engaging in the decision-making process.

### Attachments:

1. Regulation Filing Notification June 5, 2024
2. HPRO 2023-2024 Highlights

**Ministry of Health**

Nursing and Professional Practice  
Division

Health Workforce Regulatory  
Oversight Branch

Regulatory Oversight and  
Performance Unit

438 University Avenue, 10<sup>th</sup> floor  
Toronto ON M5G 2K8

**Ministère de la Santé**

Division des soins infirmiers et de la pratique  
professionnelle

Direction de la surveillance réglementaire relative  
aux ressources humaines dans le domaine de la

Unité de la surveillance réglementaire et de la  
performance

438 avenue University, 10e étage  
Toronto ON M5G 2K8

June 5, 2024

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

Dear Ms. Dobbin:

I am pleased to advise you that the amendments to O. Reg 388/93 (Professional Misconduct) made under the *Midwifery Act, 1991*, has been filed with the Registrar of Regulations. The regulation, filed as O. Reg. 229/24, is expected to be available on e-Laws in one to three days from filing. Additionally, the regulation will be published in an upcoming edition of the Ontario Gazette.

This regulation will come into force on July 1, 2024. We ask that the College please proceed with the activities necessary to implement these regulation changes and to inform its stakeholders accordingly.

Sincerely,



Jason Maurier  
Manager

## HEALTH PROFESSION REGULATORS OF ONTARIO

### CONTENTS

Chair and Management Report	2-4
Networks	4
Education and Training	4
Online Resources	4
Committees	5
Transitions	7
HPRO Members	8

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges.

Ontario's health profession regulators have the duty to protect the public, making sure healthcare professionals are safe, ethical, and competent. They currently regulate 29 distinct professions — almost 400,000 healthcare professionals in the Province, and these numbers will increase later in 2024 when the College of Psychologists of Ontario will begin to regulate applied behaviour analysts, effective July 1, 2024.

Along with a full-time Executive Director, HPRO is supported by innumerable volunteers, including all College Registrars who make up the Board of Directors, as well as our Chair, Vice-Chair and Treasurer, and an active Management Committee and other Committees, Networks, and Working Groups. Because of that support, we are able to share highlights of HPRO's successes over the past year, including the development of a new statement of purpose:

**HPRO advocates for ongoing regulatory improvement that supports the public interest.**

*Sharing highlights between HPRO's 2023 and 2024 Annual Meetings.*

## Strategic Priorities



**Government Relations**



**Equity, Diversity, Inclusion (EDI)**



**Excellence in Member Services**

**Management Committee Members:**

- Dan Faulkner, Chair
- Maureen Boon, Vice-Chair
- Shenda Tanchak, Treasurer
- Elinor Larney, Past Chair
- Judy Rigby, Member
- Joe Jamieson, Member

**CHAIR & MANAGEMENT COMMITTEE REPORT**

*This report covers HPRO’s corporate year from the May 19, 2023, Annual Meeting, reporting to the June 3, 2024, Annual Meeting.*

HPRO’s leadership is thankful to all who support the work of HPRO, making significant advancements in health profession regulation in Ontario.

**GOVERNMENT RELATIONS**

One of HPRO’s strategic priorities focuses on government relations. HPRO is committed to cultivating and maintaining positive, collaborative relations with all levels of Government, with the focus on regulatory excellence. HPRO’s members are in a unique position to be able to influence change in the public interest.

On May 6, 2024, HPRO wrote to Health Minister Sylvia Jones, inviting the Minister to HPRO’s June 3<sup>rd</sup> Annual Meeting. The following is an excerpt from that letter, highlighting three key topics that HPRO has identified as areas of potential work with Government:

- **Health Human Resources (HHR):** *We are committed to continuing to work with Government to find innovative solutions to the HHR crisis while ensuring patient safety. Health profession regulators are uniquely positioned, given our legislated registration responsibility, to assist Government in this important work.*
- **Effective Governance:** *Public involvement in our regulatory work is critical. That is why we are working on strategies to improve that involvement and would welcome your feedback on strategies that will allow Colleges to do our work as effectively and efficiently as possible.*
- **Public Input:** *HPRO has taken on the responsibility of the Citizen Advisory Group (CAG) which gives a voice to patient and caregiver perspectives through the CAG members. These are patients and caregivers who are representative of the Ontario population and who provide essential feedback on topics such as professional rules, standards of practice, strategic priorities, and communications directed at the public.*



**Government Relations**

**HPRO cultivates and maintains positive, collaborative relations with the Government, influencing decision-making and change in support of regulatory excellence.**

## CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

### COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

HPRO continues to support Colleges in their reporting on the Ministry’s College Performance Measurement Framework (CPMF). HPRO will continue to work toward making the best use of the information provided in these reports, noting the commendable practices identified each year.

### OFFICE OF THE FAIRNESS COMMISSIONER (OFC) – RISK-INFORMED COMPLIANCE FRAMEWORK (RICF)

HPRO wrote to Ontario’s Fairness Commissioner Irwin Glasberg on February 28, 2024, regarding the OFC’s Risk Informed Compliance Framework (RICF). HPRO shared that its members “are committed to effective and efficient licensure practices and are interested in contributing to broader provincial policy decisions to address labour shortages in specified professions and geographic regions”, confirming HPRO’s mutual commitment to transparency, objectivity, impartiality, and fairness in registration practices. Discussions with the OFC continue.

### EQUITY, DIVERSITY, INCLUSION (EDI)



**Equity, Diversity, Inclusion (EDI)**

**HPRO commits to and promotes the principles of Equity, Diversity, and Inclusion, supporting Colleges in their EDI journeys.**

### ANTI-RACISM IN HEALTH REGULATION PROJECT (ARHR)

2023 saw the completion of HPRO’s ARHR Project, which was led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, partially funded by a grant from the Federal Government’s Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program. The project had three deliverables which included an EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation; an EDI self-assessment checklist and reporting tool; and the development of an EDI toolkit, including internal training components for colleges.

### Anti-Racism in Health Regulation Project Steering Committee:

- Judy Rigby (CDTO), Chair
- Deborah Adams (CRPO)
- Brian Fehst (CKO)
- Naakai Garnette (CMTO)
- Zahra Grant (CMO)
- Tim Mbugua (COTO)
- Kevin McCarthy (CNO)
- Brian O’Riordan (CASLPO)
- Delia Sinclair Frigault (OCP)

HPRO’s work has reached hundreds of College staff, Council/Board and committee members, and through the Colleges’ work, hundreds of thousands of health professionals. Additionally, HPRO continues to share the outcomes of this project with other regulators to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

**CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)**

**EQUITY, DIVERSITY, INCLUSION (EDI) (CONTINUED)**

**EDI NETWORK**

HPRO has a dedicated EDI Network. It includes staff from all HPRO Colleges who have a role related to or interest in EDI. The EDI Network is led by Co-Chairs Preeya Singh (CASLPO) and Michelle Tremblay (RCDSO).

The EDI Network has received presentations or focused discussion on the following topics:

- Use of the HPRO EDI Toolkit
- EDI and the Ministry of Health’s CPMF
- Demographic Data Collection (Dr. Nafeesa Jalal, NJGC Inc.)
- Land Acknowledgements
- Truth and Reconciliation
- The future of EDI



**Equity, Diversity, Inclusion (EDI)**

**HPRO commits to and promotes the principles of Equity, Diversity, and Inclusion, supporting Colleges in their EDI journeys.**



**Excellence in Member Services**

**HPRO provides its members with the services Colleges need to support their work.**

**EXCELLENCE IN MEMBER SERVICES**

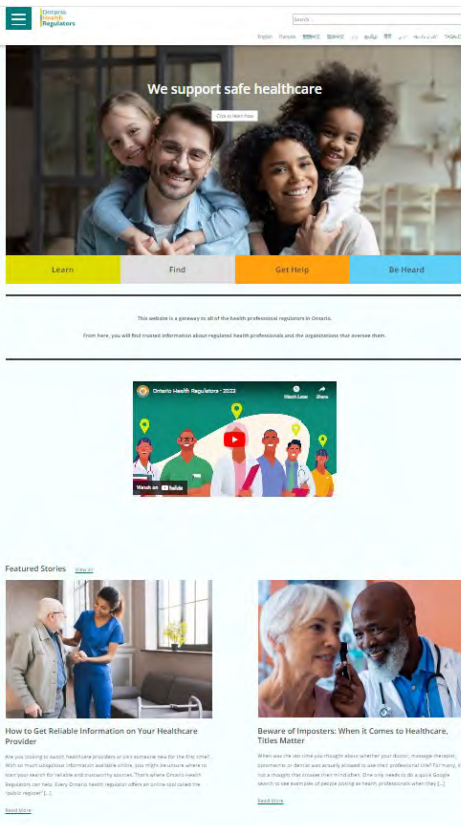
The remainder of our 2023-2024 Highlights document will focus on how HPRO is providing its members with the services Colleges need to support their work.

**HPRO’S ONLINE RESOURCES**

- **[Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#)**
- **[Consent and Capacity Resources](#)**
- **[Positions available at HPRO Member Colleges](#)**
- **[Information on College Board of Directors/Council Meeting dates](#)**

## COMMUNICATIONS COMMITTEE

HPRO’s Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and on promoting HPRO’s public-facing website.



[ontariohealthregulators.ca](http://ontariohealthregulators.ca) (OHR) provides links to Colleges’ general information for the public, their public registers, information about complaints, and public consultations. Also included on that site are a number of featured stories and a video about health regulatory bodies. This work is consistent with Colleges’ duty to promote and enhance relations between Colleges and the public.

The Communications Committee, through its Communicators’ Network Event Planning Subcommittee, was also able to offer a half-day conference on December 13, 2023, which featured two sessions: “Strategic Marketing for Communicators”

by Mike Leon of Brand Heroes and Crisis Communications by Zimra Yetnikoff of the College of Psychologists of Ontario. On April 10, 2024, Jared Curtis of Maximus presented on artificial intelligence, noted to be one of the best presentations on this trending communication tool heard by Network members.

### Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO)
- Victoria Marshall (CMO)
- Ryan Pestana (CDHO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

### Communicators’ Network Event Planning Subcommittee :

- Ryan Pestana (CDHO) - Chair 2023
- Michelle Price (CMLTO) - 2023 and Chair 2024
- Aaron Ma (CMTO) - 2023
- Wellie Chihaluca (CCRTO) - 2024
- Amandine Viaud (RCDSO) - 2024

## NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO’s Officers and Management Committee members as well as HPRO’s Committee membership appointments for the 2024-2025 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

### Nominations Committee:

- Elinor Larney, Chair
- Carole Hamp (CRTO)
- Ann Zeng (CTCMPAO) (to January 2024)
- Kelly Dobbin (as of March 2024)
- Nancy Leris (as of March 2024)



## DISCIPLINE ORIENTATION COMMITTEE

### Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Cara Moroney (COTO) as of 2024

### Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (Steinecke Maciura LeBlanc)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges’ practices.

In 2023, the Committee and talented volunteers created a new mock discipline hearing video to demonstrate the new way hearings are being held post-COVID.

### Fall 2023 Workshops

- November 3 – Basic Session: 34 registrants (12 Colleges)
- November 20 – Advanced Session: 27 registrants (9 Colleges)

### Spring 2024 Workshops

- May 16 – Basic Session: 28 registrants (11 Colleges)
- June 13 – Advanced Session (scheduled)

## REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

May 28, 2024 Workshop – 10 registrants (5 Colleges)

## GOVERNANCE TRAINING FOR RHPA COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges’ core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

November 7 & 14, 2023 – 44 registrants (10 Colleges)

May 14 & 21, 2024 – 30 registrants (7 Colleges)



## TRANSITIONS

### HPRO MEMBERS:

- **College of Physiotherapists of Ontario: Craig Roxborough** was appointed Registrar and CEO, effective May 23, 2023. **Anita Ashton** had served as Interim Registrar since the passing of **Rod Hamilton** on August 11, 2022.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario: Ann Zeng** left her role as Registrar and CEO on February 1, 2024; **Sean Cassman** was appointed as Acting Registrar and CEO.
- **College of Audiologists and Speech-Language Pathologists of Ontario:** on May 15, 2024, it was announced that **Margaret Drent** would assume the role of Registrar upon the retirement of **Brian O’Riordan** on January 17, 2025.

### HPRO :

- HPRO appointed its first full-time Executive Director, **Beth Ann Kenny** as of September 15, 2023.
- HPRO is piloting an **Affiliate program** for non-RHPA regulators to share in some of HPRO’s education, training, and other applicable benefits.

## HPRO NETWORKS AND WORKING GROUPS

College staff have access to Networks that focus on key areas of College activity:

- CPMF
- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- EDI
- Enterprise Risk Management and Business Continuity
- Executive Assistants
- Investigations and Hearings
- Policy Advisors
- Practice Advisors
- Quality Assurance
- Records Management
- Registration (Previously ORAC)

### Disclosure of Information by Colleges (Section 36) Working Group

This Working Group brought recommendations to the HPRO Board of Directors related to guidelines for the disclosure and sharing of information, which was approved in principle by the HPRO Board early in 2024. Thanks to the following who supported that work:

- Anita Ashton, College of Physiotherapists of Ontario (Lead)
- Angela Bates, OCP
- Carloyn Gora, CNO
- Eric Bruce, CDHO
- Tina Langlois, CMRITO



## Members:

[College of Audiologists and Speech-Language Pathologists of Ontario \(CASLPO\)](#)

[College of Chiropodists of Ontario \(COCOO\)](#)

[College of Chiropractors of Ontario \(CCO\)](#)

[College of Dental Hygienists of Ontario \(CDHO\)](#)

[College of Dental Technologists of Ontario \(CDTO\)](#)

[College of Denturists of Ontario](#)

[College of Dietitians of Ontario](#)

[College of Homeopaths of Ontario \(CHO\)](#)

[College of Kinesiologists of Ontario \(CKO\)](#)

[College of Massage Therapists of Ontario \(CMTO\)](#)

[College of Medical Laboratory Technologists of Ontario \(CMLTO\)](#)

[College of Medical Radiation and Imaging Technologists of Ontario \(CMRITO\)](#)

[College of Midwives of Ontario \(CMO\)](#)

[College of Naturopaths of Ontario \(CONO\)](#)

[College of Nurses of Ontario \(CNO\)](#)

[College of Occupational Therapists of Ontario \(COTO\)](#)

[College of Opticians of Ontario](#)

[College of Optometrists of Ontario](#)

[College of Physicians and Surgeons of Ontario \(CPSO\)](#)

[College of Physiotherapists of Ontario](#)

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[College of Respiratory Therapists of Ontario \(CRTO\)](#)

[College of Traditional Chinese Medicine Practitioners and](#)

[Acupuncturists of Ontario \(CTCMPAO\)](#)

[Ontario College of Pharmacists \(OCP\)](#)

[Royal College of Dental Surgeons of Ontario \(RCDSO\)](#)

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# EXECUTIVE COMMITTEE

## REPORT TO COUNCIL – June 26, 2024.

### 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	3	9
Number of Trainings	0	0	1	0	1

### Committee Meetings Since Last Council

- May 8, 2024 | Videoconference
- June 5, 2024 | Videoconference
- June 12, 2024 | Videoconference

### Items

#### Q4 Statement of Operations

The Executive Committee reviewed the draft Q4 Statement of Operations at its May 8<sup>th</sup> meeting. At its June 12<sup>th</sup> meeting, the Committee reviewed and approved the Q4 Statement of Operations post audit and adjustments. The statement is attached for reference.

#### Meeting with the Financial Auditors

The Executive Committee met in-camera with Hilborn LLP financial auditors during the May 8<sup>th</sup> meeting to complete audit shadowing, as part of their annual assessment of the auditor.

#### Registrar/CEO Annual Evaluation Update

After learning that the third-party governance consultant was no longer able to administer the Registrar & CEO’s 2023-2024 annual performance evaluation, the Executive Committee conducted the review on their own, using the established tools and surveys used in previous years. The Committee presented their findings to the Registrar & CEO on June 12<sup>th</sup> and will report to Council on June 26<sup>th</sup>.

## **Governance Update**

An adapted draft governance schedule that better aligns with the College's fiscal year was presented to the Executive Committee at its May 8<sup>th</sup> meeting, along with an annual training plan that was developed to align with Council's continuous improvement priorities. The Committee was in favour of both proposals and agreed to hear further information at future meetings to consider governance policy revisions to enable the implementation of the revised schedule. This is part of the ongoing governance modernization work that the Committee will consider over the course of the year.

In considering what training is needed to support ongoing good governance and alignment with Council's identified continuous improvement priorities, the Executive Committee has considered staff's proposed annual training plan as outlined in the attached, including areas of focus for Chairs and committees. Topics are subject to change based on need and relevance to ongoing Council and committee work.

## **2023-2024 Audit**

The Executive Committee reviewed the draft 2023-2024 audited financial statements with Hilborn LLP financial auditors at its June 12<sup>th</sup> meeting and recommends approval by Council at the June 26<sup>th</sup> meeting. The draft 2023-2024 financial statements are included for consideration by Council under agenda item 6.

## **Proposed Changes to the College's General By-law**

Following approval by Council on March 27<sup>th</sup>, a 60-day public consultation was launched, closing on June 3, 2024. A briefing note summarizing the feedback received from the consultation, as well as a version of the General By-law outlining the proposed changes are attached for Council's consideration and approval.

## **Proposed Changes to the College's Fees and Remuneration By-law**

Following approval by Council on March 27<sup>th</sup>, a 60-day public consultation was launched, closing on June 3, 2024. A briefing note summarizing the feedback received from the consultation, as well as a version of the Fees and Remuneration By-law outlining the proposed changes are attached for Council's consideration and approval.

## **Consideration of Council Member Disqualification**

In accordance with article 9.03 of the College's General By-law, at its meeting on May 8<sup>th</sup> 2024, the Executive Committee considered information regarding a public Council member's possible contravention of duties. Specifically, College records indicated that the member met one or more of the Council member disqualification criteria as outlined in article 9.02 of the General By-law, having failed to attend two meetings of Council, Committee or a hearing as a panel member in any twelve-month period, without reasonable cause. The Committee agreed that the information may warrant formal consideration by Council and therefore, in accordance with article 9.06, directed staff to inform the member of the concern and to provide an opportunity for response.

The member was unresponsive to the letter and follow up communications, however, they did answer a call from staff on June 11, 2024. At that time, they explained their situation and provided an email response for consideration of the Executive Committee.

On June 12, 2024, the Executive Committee agreed to allow the member to submit a resignation request if it is received no later than June 24, 2024. As indicated by the member, their circumstances will not be changing soon, and they will not be able to participate as expected to fulfill the duties of a Council member. Therefore, it is in the best interest of the public, the Council and the College, that the requirements of the General By-law be upheld, and that the member resign or be disqualified. The member indicated their willingness to cooperate with the College and the Executive Committee and to remain appointed until such time that another public appointee is obtained through the Public Appointments Secretariat.

The following motions are being brought forward for approval:

- I. That the proposed amendments to the General By-law be approved as presented.
- II. That the proposed amendments to the Fees and Remuneration By-law be approved as presented.
- III. That the Executive Committee report be approved as presented.

#### Attachments

1. Q4 Statement of Operations
2. Proposed Changes to the College's General By-law
3. Proposed Changes to the College's Fees and Remuneration By-law
4. Annual Council Training 2024

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

## Annual Council & Committee Training - 2024

To ensure an ongoing and consistent approach to competency development for effective governance, the following table outlines the key areas for annual knowledge and skill development for Council, committee members, and chairs.

Council and non-Council Committee Focus	Chair Focus	Committee Focus
Onboarding and Orientation for new members	Leadership <ul style="list-style-type: none"> <li>- Chairing meetings</li> <li>- Presenting to Council</li> </ul>	Terms of Reference and governing legislation <ul style="list-style-type: none"> <li>- Understand authority</li> </ul>
Welcome to the CMO <ul style="list-style-type: none"> <li>- Organizational structure</li> <li>- Regulated Health System and legislative structure</li> <li>- Accountability</li> <li>- System Partners</li> </ul>	Pathways and Mentorship	Policy Development <ul style="list-style-type: none"> <li>- Incorporating EDI, risk, strategy</li> </ul>
Midwifery Landscape <ul style="list-style-type: none"> <li>- Midwifery in Ontario and beyond</li> <li>- Challenges and Opportunities</li> </ul>		Tools <ul style="list-style-type: none"> <li>- Avoiding conflicts</li> <li>- Avoiding bias</li> <li>- Decision making/risk assessment</li> </ul>
Governance <ul style="list-style-type: none"> <li>- Best practices, policies and by-laws, guiding principles</li> <li>- Public Interest</li> <li>- Roles and Expectations</li> <li>- EDI</li> <li>- Risk-based regulation</li> <li>- Data</li> <li>- Strategic Plan</li> <li>- Decision making as a Council member</li> </ul>		Proportionate decision making and procedural fairness <ul style="list-style-type: none"> <li>- Committee</li> <li>- Panel</li> </ul>
Financial Oversight		
Virtual engagement		
Strategic leadership		

## Annual Training Plan - 2024

Based on the trainings covered to date, and identified areas of focus for Council, the following topics are proposed for the remainder of the year but are subject to change based on ongoing Council and committee work, need and relevance.

Council Training Day	Topic	Continuous Improvement Application
June 2024	<ul style="list-style-type: none"> <li>• Debrief of March training (trauma-informed and compassionate regulation) and look at what the College is already doing and how the key takeaways apply to decision makers.</li> <li>• Council Governance Training focused on leadership and engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• A continuing focus on Diversity, Equity, and Inclusion.</li> <li>• Enriching Council's understanding of its Governance role.</li> <li>• Leadership</li> <li>• Engagement</li> </ul>
October 2024	<ul style="list-style-type: none"> <li>• Welcome to CMO</li> <li>• Midwifery Landscape</li> <li>• Governance</li> <li>• Governance modernization</li> </ul>	<ul style="list-style-type: none"> <li>• Enriching Council's understanding of its Governance role.</li> <li>• Ongoing reform of the College's Governance policies and processes.</li> <li>• Engagement</li> <li>• Leadership</li> </ul>
December 2024	<ul style="list-style-type: none"> <li>• Council Evaluation</li> <li>• Succession Planning</li> <li>• EDI – Indigenous ways of knowing and being, the Ontario landscape, going beyond land acknowledgements</li> <li>• Ontario Human Rights Commission training</li> </ul>	<ul style="list-style-type: none"> <li>• A continuing focus on Diversity, Equity, and Inclusion.</li> <li>• Enriching Council's understanding of its Governance role.</li> <li>• Ongoing reform of the College's Governance policies and processes.</li> </ul>
March 2025	<ul style="list-style-type: none"> <li>• Leadership and Chair Training</li> <li>• Discipline Training</li> </ul>	<ul style="list-style-type: none"> <li>• Enriching Council's understanding of its Governance role.</li> <li>• Leadership</li> </ul>



The College of Midwives of Ontario  
**Q4 Statement of Operations Final**  
**April 1, 2023 - March 31 2024**



	F24 Projected Revenue Budget	F24 Projected Revenue to end of Q4	Q4 Revenue F24	Q4 Revenue F23	Percentage Variance Against Budget
<b>REVENUE</b>					
Registrant Fees	\$ 2,703,230	\$ 2,703,230	\$ 2,622,799	\$ 2,572,692	97%
Administration & Other	\$ 81,097	\$ 81,097	\$ 182,959	\$ 75,951	226%
Project Funding - Birth Centres	\$ 65,063	\$ 65,063	\$ 65,063	\$ 64,466	100%
O & A Program	\$ 98,750	\$ 98,750	\$ 71,076	\$ -	72%
Competency Based Assessment Program	\$ 14,688	\$ 14,688	\$ 14,688	\$ 0	100%
<b>TOTAL REVENUE</b>	<b>\$ 2,962,828</b>	<b>\$ 2,962,828</b>	<b>\$ 2,956,586</b>	<b>\$ 2,713,110</b>	<b>100%</b>

	F24 Budget Expenses	F24 Budget to end of Q4	Q4 Spending F24	Q4 Spending F23	Percentage Variance Against Budget
<b>EXPENSES</b>					
Salaries & Benefits	\$ 1,694,658	\$ 1,694,658	\$ 1,567,911	\$ 1,404,720	93%
Professional Fees	\$ 327,275	\$ 327,275	\$ 277,123	\$ 191,473	85%
Council and Committee	\$ 150,431	\$ 150,431	\$ 115,351	\$ 127,836	77%
Office & General	\$ 119,288	\$ 119,288	\$ 113,741	\$ 109,164	95%
Information Technology, Security & Data	\$ 135,291	\$ 135,291	\$ 113,540	\$ 99,290	84%
Rent & Utilities	\$ 157,517	\$ 157,517	\$ 148,052	\$ 205,843	94%
Conferences, Meeting Attendance & Membership Fees	\$ 84,652	\$ 84,652	\$ 76,491	\$ 70,309	90%
Panel & Programs	\$ 308,088	\$ 308,088	\$ 139,266	\$ 104,466	45%
Birth Centre Assessment & Support	\$ 65,063	\$ 65,063	\$ 65,063	\$ 64,466	100%
O & A Program Expenses	\$ 98,145	\$ 98,145	\$ 81,637		83%
Competency Based Assessment Program Expenses	\$ 91,849	\$ 91,849	\$ 95,602		104%
Capital Expenditures	\$ 30,000	\$ 30,000	\$ 14,725	\$ 24,454	49%
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,262,257</b>	<b>\$ 3,262,257</b>	<b>\$ 2,808,503</b>	<b>\$ 2,402,021</b>	<b>86%</b>
<b>PROJECTED GAIN / (LOSS)</b>	<b>\$ (299,429)</b>	<b>\$ (299,429)</b>	<b>\$ 148,082</b>	<b>\$ 311,089</b>	

**ADDITIONAL NOTES**

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

Total Accrual	\$ 70,643
Accrual Budget to end of Q4	\$ 70,643
Accrual Spending to end of Q4	\$ 38,153

# BRIEFING NOTE FOR COUNCIL

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Subject: Proposed Amendments to the General By-law Consultation Feedback

## Summary

Proposed changes to the College's General By-law were reviewed and approved by Council for a 60-day public consultation in March 2024. The consultation period has now closed, and the feedback is being brought back to inform a final review of the proposed changes by Council for approval.

## 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.

Amongst other proposed changes, the following changes were applied throughout the General By-law to update:

### *Language and definitions*

- 'Council' to 'Board'
- 'Member' to 'Registrant'
- 'Director' to update the definition to indicate that a 'Director' is either a Professional Board Director or a Public Board Director and is separate from a 'staff Director'.
- '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.

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.

The College launched 60-day public consultations on both the General By-law and the Fees and Remuneration By-law from Thursday, April 4, 2024 to Monday, June 3, 2024. Registrants and the public were advised by email when the consultation was launched and reminded on social

media and in the College's On Call newsletter during the consultation period. Four comments were received in response to the proposed changes to the General By-law.

All the proposed changes were outlined in a [consultation guide document](#), posted on the [consultation page](#) of the College's website, including the rationale for each proposed change. All feedback received can be reviewed [here](#). All communication related to the consultation provided direct links to the consultation materials.

## Key Considerations & Public Interest Rationale

### Summary of Feedback

All four [comments](#) received were positive, indicating agreement with the proposed changes. Based on this feedback, the College does not anticipate needing to reconsider any of the proposed changes.

The proposed changes were recommended to support the implementation of governance modernization and best practice to enable the College, Council and committees to continue to govern effectively and discharge their duties to fulfill our public protection mandate.

In addition, the proposed changes update articles to address evolution in the practice of the profession and regulatory processes in the public interest.

### 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

MOTION: That the proposed changes to the General By-law be approved as presented.

Implementation Date

August 1, 2024

Legislative and Other References

General By-law

Fees and Remuneration By-law

*Regulated Health Professions Act, 1991*

*Midwifery Act, 1991*

Attachments

General By-law proposed changes\_\_2024

Submitted by:

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



College of  
Midwives  
of Ontario | Ordre des  
sages-femmes  
de l'Ontario

# General By-law

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[Revised September 2011](#)  
[Revised May 2013](#)  
[Revised September 2014](#)  
[Revised March 2016](#)  
[Revised June 2018](#)  
[Revised October 2018](#)  
[Revised December 2020](#)

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## Table of Contents

GENERAL BY-LAW .....	7
ARTICLE 1 – INTERPRETATION .....	7
1.01 – Definitions .....	7
1.02 – Legislative References.....	8
1.03 – Consistency with RHPA and Act.....	8
1.04 – Calculating Time.....	8
1.05 – Holidays.....	8
ARTICLE 2 – GENERAL.....	8
2.01 – Head Office .....	9
2.02 – Forms .....	9
ARTICLE 3 – EXECUTION OF CONTRACTS AND OTHER DOCUMENTS.....	9
3.01 – General Signing Authority.....	9
3.02 – Other Signing Authority.....	9
3.03 – Seal.....	9
3.04 – Use of Seal.....	9
ARTICLE 4 – BANKING AND FINANCE.....	9
4.01 – Fiscal Year.....	9
4.02 – Appointed Bank.....	10
4.03 – Authorized Signatories for Amounts Less Than \$10,000 .....	10
4.04 – Authorized Signatories for Amounts of \$10,000 or More.....	10
4.05 – Borrowing .....	10
4.06 – Delegation of Borrowing Authority.....	10
4.07 – Indemnification.....	10
4.08 – Appointment of Auditor.....	11
4.09 – Term of Office .....	11
4.10 – Audited Financial Statements and Report.....	11
4.11 – Deadline for Report .....	11
ARTICLE 5 – BOARD.....	11

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5.01 – Authority of the Board .....	11
5.02 – Honoraria .....	11
5.03 – Composition of Board .....	11
5.04 – Term of Office .....	11
5.05 – Electoral Districts .....	12
5.06 – Election Date .....	12
5.07 – Number of Registrants Elected .....	12
5.08 – Eligibility for Election .....	12
5.09 – Eligibility to Vote .....	14
5.10 – Disputes Decided by Registrar .....	14
5.11 – Notice of Election and Nominations .....	14
5.12 – Nomination Deadline .....	14
5.13 – Confirmation of Eligibility .....	15
5.14 – Conflict of Interest Questionnaire .....	15
5.15 – Personal Statement .....	15
5.16 – Withdrawal of Nominations .....	15
5.17 – Acclamation .....	15
5.18- Where There Are No Candidates .....	15
5.19 – Registrar’s Electoral Duties .....	15
5.20 – Voting Process .....	16
5.21 – Online Vote Verification .....	16
5.22 – Number of Votes Cast .....	16
5.23 – Results .....	16
5.24 – Tie Votes .....	16
5.25 – Request for Recount .....	16
5.26 – Manner of Recount .....	16
5.27 – Change in Results .....	17
5.28 – Referral of Disputes to Executive Committee .....	17
5.29 – Options Available to Board .....	17
5.30 – Minor Irregularities Not Fatal .....	17
5.31- Filling of Vacancies .....	17
5.32 – By-Election .....	17
5.33 – Manner of Holding By-Elections .....	17
5.34 – Term of Office for Registrants Filling Vacancies .....	18
<b>ARTICLE 6 – COMMITTEES .....</b>	<b>18</b>

Deleted: 11

Deleted: 11

Deleted: 14

Deleted: 14

Deleted: 15

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Deleted: 16

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6.01 – Duties and Responsibilities.....	18
6.02 – Creation of Non-Statutory Committees.....	18
6.03 – Election of Executive Committee.....	18
6.04 – Composition of Executive Committee.....	18
6.05 – Role of Past Chair.....	18
6.06 – Composition of Other Committees.....	18
6.07 – Chairs.....	18
6.08 – Ex-Officio Committee Registrants.....	19
6.09 – Appointment and Term of Office of Committee Registrants.....	19
6.10 – Appointment of Non-Board registrants to Committees.....	19
6.11 – Decisions Regarding Appointments.....	19
6.12 – Eligibility for Appointment.....	19
6.13 – Removal of Non-Board Committee registrants.....	21
<b>ARTICLE 7 – MEETINGS OF BOARD AND COMMITTEES .....</b>	<b>21</b>
7.01 – Notice of Board Meetings.....	21
7.02 – Provision of Information Regarding Discipline Committee Hearings .....	21
7.03 – Board Meetings.....	22
7.04 – Committee Meetings.....	22
7.05 – Chair of BOARD.....	22
7.06 – Quorum.....	22
7.07 – Simple Majority.....	22
7.08 – Minutes.....	23
7.09 – Meetings by Other Means.....	23
<b>ARTICLE 8 – CONFLICT OF INTEREST.....</b>	<b>23</b>
8.01 – Definition of Conflict of Interest.....	23
8.02 – Perception of Conflict.....	23
8.03 – Interests of Family.....	23
8.04 – Where Conflict Shall Not be Deemed.....	23
8.05 – Conflict Relating to Role.....	23
8.06 – Investigations Relating to Conflict of Role.....	24
8.07 – Report to Board.....	24
8.08 – Where a Conflict of Interest Relating to Role Exists.....	24
8.09 – Declaration of Conflict Relating to Board Matters.....	24
8.10 – Where a Conflict Exists.....	24
8.11 – Declarations Recorded in Minutes.....	25

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Deleted: 18

Deleted: 18

Deleted: 22

Deleted: 22

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8.12 – Declaration of Conflict Relating to Committee Matters.....	25
8.13 – Use of College Property.....	25
8.14 – Staff Positions.....	25
8.15 – Confidentiality Agreement.....	25
<b>ARTICLE 9 - DUTIES OF BOARD AND COMMITTEE MEMBERS.....</b>	<b>25</b>
9.01 – Expectations and Duties.....	25
9.02 – Disqualification of Board registrants.....	26
9.03 – Contravention of Duties.....	27
9.04 – Registrar’s Receipt of Information.....	28
9.05 – Subject Member Not Involved.....	28
9.06 – Opportunity to Respond.....	28
9.07 Report to Board.....	28
9.08 – Consideration by Board.....	28
9.09 – Two-thirds Majority.....	28
9.10 – Voting by Alternative Means.....	29
9.11 – Recording of Votes.....	29
9.12 – Subject Member Not Entitled to Vote.....	29
9.13 – Effect of Disqualification.....	29
9.14 – Sanction.....	29
<b>ARTICLE 10 – OFFICERS.....</b>	<b>29</b>
10.01 – Officer Positions.....	29
10.02 – Election of Officers.....	29
10.03 – Duties of Chair.....	30
10.04 – Duties of Vice-Chair.....	30
10.05 – Duties of Other Officers.....	30
10.06 – Delegation of Duties.....	30
<b>ARTICLE 11 – THE REGISTRAR.....</b>	<b>30</b>
11.01 – Duties of the Registrar.....	30
<b>ARTICLE 12 – DUTIES OF MEMBERS.....</b>	<b>30</b>
12.01 – Professional Liability Insurance.....	30
<b>ARTICLE 13 – REGISTRATION RENEWAL.....</b>	<b>30</b>
13.01 – Annual Renewal.....	31
13.02 – Annual Registration Card.....	31
13.03 – Terms, Conditions and Limitations.....	31
<b>ARTICLE 14 – THE REGISTER.....</b>	<b>31</b>

Deleted: 28

Deleted: 29

Deleted: 30

14.01 – Register Information Required by the Code .....	31
14.02 – Additional Register Information.....	31
14.03 – Additional Register Information Public.....	37
14.04 – Registrar’s Discretion.....	37
14.05 – Registrant to Provide Information.....	37
14.06 – Changes to Information.....	38
<b>ARTICLE 15 – PROFESSIONAL CORPORATIONS.....</b>	<b>38</b>
15.01 – Required Information .....	38
15.02 – Changes to Information .....	<b>Error! Bookmark not defined.</b>
15.03 – Information Public.....	<del>39</del>
15.04 – Change of Shareholder.....	39
<b>ARTICLE 16 – FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE .</b>	<b>39</b>
16.01 – Confirmation of Therapy or Counselling.....	39
16.02– Confirmation from Therapist or Counselor.....	40
<b>ARTICLE 17 – MEMBERSHIPS IN OTHER ORGANIZATIONS.....</b>	<b>41</b>
17.01 – Authorization by Board .....	41
<b>ARTICLE 18 – BY-LAWS AND AMENDMENTS.....</b>	<b>41</b>
18.01 – Effective Date .....	41
18.02 – Prior By-Laws Revoked .....	41
18.03 – Amendments.....	41
<b>APPENDIX A .....</b>	<b>43</b>
Seal of the College of Midwives of Ontario.....	43
<b>SCHEDULE 1.....</b>	<b>44</b>
Process for Election of Officers.....	<del>48</del>

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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 [Board](#) under these by-laws, including planning groups and working groups.

“[Board](#)” means [the Board of Directors which is the Council of the College as established under section 6 of the Midwifery Act, 1991.](#)

“Director” means the [persons elected or appointed to the Board and includes, the Professional Directors and the Public Directors \(but does not include Staff Directors\); and “Director” means any one of them.](#)

“[Professional Director](#)” means [a Director who is a Registrant who is elected to the Board.](#)

“[Public Director](#)” means [a Director who is appointed to the Board by the Lieutenant Governor in Council.](#)

“[Staff Director](#)” means [an individual on staff in a senior position with oversight responsibilities who has been assigned the designation.](#)

“[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.](#)

“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 [registrant](#) or a person related to the [registrant](#).

“Related Person” means a person connected with a [registrant](#) 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;

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- 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 [Board](#) as Registrar for the College and includes an Acting Registrar.

“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 [the Board](#) 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.

### 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, [Staff Director](#) or other such person as the [Board](#) may designate, and all documents so signed are binding upon the College without further authorization or formality.

#### 3.02 – Other Signing Authority

The [Board](#) 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 [Board](#) 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, [Staff](#) 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 [authorized](#) ~~signed~~ by at least one (1) of the following: Chair or Vice-Chair and two (2) of the following: Registrar, [Staff](#) Director, Chair, Vice-Chair. Written authorization can be given at each instance of signing for the Registrar or [Staff](#) 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 [Board](#) may, from time to time, authorize one or more officers, [Board](#) members, or employees of the College to exercise any or all of the powers set out in section 4.05 in such manner as [Board](#) shall determine.

#### 4.07 – Indemnification

Every [Director](#), [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,

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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 [Board](#) 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.

#### 4.09 – Term of Office

The Auditor shall remain in office until removed by the [Board](#).

#### 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 [Board](#) unless [the Board](#) 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 [Board](#) and Committees who are [registrants](#) 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 [the Board](#)

In accordance with the requirements set out in the Act, the [Board](#) shall be composed of at least seven (7) and no more than eight (8) [Professional Directors](#) and at least five (5) and no more than seven (7) [Public Directors](#).

#### 5.04 – Term of Office

The term of office of a [Professional Director](#) shall, subject to section 5.34, commence on the day of the first regular [Board](#) meeting after the election and shall continue for

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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 [Directors](#) to the [Board](#) 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 ~~Directors Registrants~~ [Professional Directors](#)

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

- a) the number of [Professional Directors](#) 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 [Professional Directors](#) whose seat has become vacant and not been filled before ~~June~~ [the election](#).

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#### 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;
- b) the [registrant](#) is not in default of payment of any fees prescribed by College by-law;
- c) the [registrant](#) is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
- d) the [registrant](#) has not been the subject of any professional misconduct or incompetence finding, in any jurisdiction;
- e) the [registrant](#)'s certificate of registration has not been revoked or suspended, in any jurisdiction for any reason other than non-payment of fees;
- f) the [registrant](#) does not have a notation on the register of a finding of professional negligence or malpractice made against the [registrant](#);
- g) the [registrant](#) does not have a notation on the register of a criminal charge or a charge under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;
- h) the [registrant](#) does not have a notation on the register of a criminal finding of guilt or a finding of guilt under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;



- i) the [registrant](#) does not have a notation on the register of a charge in relation to any provincial or federal offence;
- j) the [registrant](#) 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 [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;
- l) the [registrant](#)'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;
- 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, Complaints, 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 [registrant](#) 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 [registrant](#) has not been disqualified from [the Board](#) within the preceding three (3) years;
- t) the [registrant](#) is not a member of a [Board](#) of any other college regulated under the RHPA;
- u) the [registrant](#) is not and has not been an employee of the College during the previous ~~two (2)~~ [three \(3\)](#) years;
- v) the [registrant](#) has been nominated in accordance with the by-laws;
- w) the [registrant](#) has completed and returned the conflict of interest questionnaire [declaration](#) and the [registrant](#) does not have a conflict of interest to serve as a member of [Board](#);
- x) the [registrant](#) 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 registrant 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 Board 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
- cc) The registrant has not completed three consecutive terms as a Professional Director within the past three years.

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 the nine-consecutive-year term limit prescribed by subsection 5(2) of the Health Professions Procedural Code.

#### 5.09 – Eligibility to Vote

A registrant is eligible to vote in an election for electing Directors of the Board if, on the day the election opens, the registrant,

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- a) holds a certificate of registration other than a certificate in the transitional, emergency, or supervised class;
- b) principally practices or principally resides in Ontario;
- c) is not in default of any fees or other amounts owed to 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 registrant'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 registrant 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 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.

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### 5.13 – Confirmation of Eligibility

The Registrar shall request every nominee to confirm their eligibility for election to the [Board](#) 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.

### 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 [registrants](#) under section 5.20.

### 5.16 – Withdrawal of Nominations

A candidate may withdraw their nomination for election to the [Board](#), in writing, up to the end of the seventh (7<sup>th</sup>) 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 [declaration](#) and the written confirmation of eligibility, the Registrar determines that the number of eligible candidates is less than or equal to the number of [Directors](#) 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 [registrants](#) of this result in the manner that the Registrar deems most expedient and practical.

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### 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 [registrants](#) 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 [registrant](#) a list of the eligible candidates, the personal statement of every eligible candidate who has submitted a personal statement in the 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 [registrant](#) may cast as many votes in an election of [Directors](#) ~~to the~~ as there [are candidates to be elected](#) but shall not cast more than one (1) vote for any candidate.

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#### 5.23 – Results

As soon as practicable after the online votes have been counted, the Registrar shall advise [registrants](#) 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.

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#### 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 [the](#) 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 [Director](#), the Executive Committee shall hold an inquiry into the validity of the election of the [Director](#) in question and, following the inquiry, shall make a report and recommendation to the [Board](#).

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### 5.29 – Options Available to [the Board](#)

The [Board](#) 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

[The Board](#) 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 [Professional Director](#) becomes vacant less than twelve (12) months before the expiry of the [Director's](#) term of office, the [Board](#) may,

- a) leave the seat vacant;
- b) appoint as a [Professional Director](#), the candidate, if any, who had the most votes of all the unsuccessful candidates in the applicable election of [the Directors](#); or
- c) direct the Registrar to hold a by-election in accordance with this by-law.

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### 5.32 – By-Election

If the seat of a [Professional Director](#) becomes vacant more than twelve months before the expiry of the [Director's](#) term of office, a by-election shall be held in accordance with this by-law.

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### 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 registrant appointed or elected to fill a vacancy shall continue until the date that the former Director's term would have expired.

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## ARTICLE 6 – COMMITTEES

### 6.01 – Duties and Responsibilities

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

### 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) Professional Directors of the Board and two (2) Public Directors of the Board.

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### 6.05 – Role of Past Chair

Where the Board determines that the immediate Past-Chair of the 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 Board 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 Board.

### 6.07 – Chairs

Unless stated otherwise in these by-laws, the Chair or Chairs of each Committee shall be appointed by the Board.

#### 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 [Board](#), shall serve for a term of office of approximately one (1) year, and may, subject to [the Board](#)'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.

#### 6.10 – Appointment of Non-[Board](#) Members to Committees

The [Board](#) may, at its discretion, appoint a [registrant](#) who is not a member of the [Board](#) and a person who is not a [registrant](#) 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 [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 in the [transitional, emergency or supervised](#) class;
  - ii. the [registrant](#) is not in default of payment of any fees prescribed by College by-law;
  - iii. the [registrant](#) is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
  - iv. the [registrant](#) has not been the subject of any professional misconduct or incompetence finding in any jurisdiction;
  - v. the [registrant](#)'s certificate of registration has not been revoked or suspended in any jurisdiction for any reason other than non-payment of fees;
  - vi. the [registrant](#) does not have a notation on the register of a finding of professional negligence or malpractice made against the [registrant](#);
  - vii. the [registrant](#) does not have a notation on the register of a criminal charge or a charge under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;

- viii. the [registrant](#) does not have a notation on the register of a criminal finding or a finding of guilt under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;
- ix. the registrant does not have a notation on the register of a charge in relation to any provincial or federal offence;
- x. the [registrant](#) 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;
- xii. the [registrant](#)'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 [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;
- xiv. the [registrant](#) is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- xv. the [registrant](#) 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 [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;
- xvii. the [registrant](#) has not been a director, board member, officer or employee of a Professional Association in the previous ~~12 months~~ [three \(3\) years](#).
- xviii. the [registrant](#) has not been a director, board member or owner of a midwifery educational institution in the previous ~~12 months~~ [three years](#).
- xix. the [registrant](#) has not been disqualified from [Board](#) within the preceding three (3) years;
- xx. [registrant](#) is not a member of a [Board](#) of any other college regulated under the RHPA;
- xxi. the [registrant](#) is not and has not been an employee of the College during the previous ~~two (2)~~ [three](#) years;
- xxii. the [registrant](#) has completed and returned the conflict of interest [declaration](#) questionnaire and the [registrant](#) does not have a conflict of interest to serve as a member of a committee;
- [xxiii.](#) the [registrant](#) 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;](#)
- xxv. [the registrant](#) principally practices or principally resides in Ontario;
- xxvi. [the registrant meets the pre-defined competencies and suitability criteria approved by the Board](#) ;
- xxvii. the [registrant](#) has successfully completed the College's training program relating to the duties, obligations and expectations of [the Board](#) and committee members prior to the date of appointment; [and](#)
- xxviii. 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.

#### 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 [THE BOARD](#) AND COMMITTEES

### 7.01 – Notice of [Board](#) Meetings

- a) The Registrar shall ensure that notice of every [Board](#) meeting that is required to be open to the public [is](#) posted on the College's website at least 14 days before a regular [Board](#) meeting and as soon as reasonably possible days before a special [Board](#) 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.~~

#### 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 ~~the Board Council~~

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

#### 7.05 - Quorum

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

#### 7.06 - Simple Majority

Unless otherwise required by the Code or the by-laws, ~~Directors~~ 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

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

#### 7.08 – Meetings by Other Means

Any meeting of the Board 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 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.

### 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 Director 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 Director's or Committee member's position or relationship with another organization, or the Director's or Committee member's personal interests, whether financial or otherwise, would be sufficient to influence the objective discharge of the Director's or Committee member's official duties.

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#### 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 of the Director or the Committee member, as the case may be.

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#### 8.04 – Where Conflict Shall Not be Deemed

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

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#### 8.05 – Conflict Relating to Role

Where a Director of the Board or a Committee member believes that they may have a conflict of interest with respect to their overall role as a Director or Committee

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member, they shall advise the Chair or a designated member of staff 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 Director 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 Director or 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 Director or Committee member in question.

#### 8.08 – Where a Conflict of Interest Relating to Role Exists

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

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- a) in the case of a Committee member, remove the individual from the Committee; or
- b) in the case of a of the Director, either

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- i. remove the Professional Director from the Board and from any Committee of which they are a member; or
- send a report to the Public Appointments Secretariat requesting the removal of the Public Director concerned from the Board.

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#### 8.09 – Declaration of Conflict Relating to Board Matters

Where a Director 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 Board, 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 Board and accept the Board's decision as to whether there is a conflict of interest as defined in section 8.01.

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#### 8.10 – Where a Conflict Exists

Where a Director or a Committee member believes that they have a conflict of interest, or where the Board 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 Board or a Committee, the Director shall:

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- 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;

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- 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.

**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 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 conflict.

**8.13 – Use of College Property**

A Director or a Committee member shall not use College property or information of any kind to advance their own interests, either directly or indirectly.

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**8.14 – Staff Positions**

A Director or a Committee member may not hold any other position, contract or appointment with the College while serving as a Director or as a Committee member.

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**8.15 – Confidentiality Agreement**

Directors and Committee members are required to sign the confidentiality agreement approved by the Board.

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

**9.01 – Expectations and Duties**

Every Director and every Committee member shall, in the performance of their duties:

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- 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 the Board, 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 [Director](#) or as a member of a Committee are not disclosed, except as required for the performance of their duties, as directed by the [Board](#) or the Chair, or in accordance with the RHPA<sup>3</sup>;
- f) conduct themselves in an appropriate manner with College staff, other [Directors](#) or members of the Committees, [registrants](#) 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.

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#### 9.02 – Disqualification of [Directors](#)

The [Board](#) shall disqualify a [Director](#), if the [Director](#),

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- 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 [registrant](#);
- h) has a notation on the register of a criminal charge or a charge under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;
- i) has a notation on the register of a criminal finding of guilt or a finding of guilt under the *Health Insurance Act, 1990* or the *Controlled Drugs and Substances Act, 1996*;
- 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;

<sup>3</sup> Section 36 of the RHPA permits disclosure in a number of specific circumstances and members of the [Board](#), 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.

- l) 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;
- 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 [registrant](#)'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;
- q) 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 College or 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 [Board](#) 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.
- aa) fails, in the opinion of the [Board](#), 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 [the Board](#) 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.

#### 9.04 – Registrar’s Receipt of Information

If the Registrar receives information, in writing, which suggests that a [Professional or Public Director](#), 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.

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#### 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 [the Board](#), the [Director](#), 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.

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#### 9.07 Report to [the Board](#)

If, after reviewing the [Director’s](#), response, the Executive Committee believes that the information does not warrant formal consideration by [the Board](#), it shall update [the Board](#) at its next regularly scheduled [Board](#) meeting of the Executive Committee’s recommendation that no action is warranted.

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#### 9.08 – Consideration by [the Board](#)

If, after reviewing the [Director’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.

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#### 9.09 – Two-thirds Majority

A two-thirds majority of all [Directors present](#), but not including the [Director](#) whose conduct is the subject of concern, is required to disqualify or sanction a [Director](#).

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### 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 Board member, they may vote by mail, facsimile, teleconference or email.

### 9.10 – Recording of Votes

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

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### 9.11 – Subject Member Not Entitled to Vote

The elected Director 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.

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### 9.12 – Effect of Disqualification

A Professional Director 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 Public Director who is disqualified by the Board will be made to the Public Appointments Secretariat and ceases to be a member of any Committee.

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### 9.13 – Sanction

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

- a) censure of the Director,
- b) removal of the Director from any Committees upon which they are a member, and
- c) disqualification of a Professional Director from the Board or a report requesting removal of the Public Director concerned from the Board to the Public Appointments Secretariat.

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## 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 the Board 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 [Board](#) and all meetings of [members](#), 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 Board](#) from time to time.

#### 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 [Board](#) deems sufficient, the [Board](#) may delegate any or all of the officer's duties and powers to any other officer or to any [Board Director](#), for whatever period of time the [Board](#) sees fit.

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### 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 [the Board](#).

### ARTICLE 12 – DUTIES OF [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.

### ARTICLE 13 – REGISTRATION RENEWAL

#### 13.01 – Annual Renewal

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

#### 13.02 – Annual Registration Card

The College shall make available an Annual Registration card to each [registrant](#) 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 [and O. Reg 261/18](#). See [Appendixes B and C](#).

#### 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 [registrant](#):

- a) any change to the [registrant](#)'s name that has been made in the register of the College from the date of the [registrant](#)'s initial registration with the College and any names other than the proper legal name of the [registrant](#), including any common names or abbreviations that the [registrant](#) uses in any place of practice;
- b) the [registrant](#)'s certificate of registration number;
- c) the classes of certificate of registration held by each [registrant](#), the date on which each class of registration the [registrant](#) holds was obtained and, if applicable, the date on which each was terminated or expired;
- d) if the [registrant](#) ceased to be a [registrant](#) 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 [registrant](#) 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;
- 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 [registrant](#) have jointly agreed will be included in the register;
- i) where the [registrant](#)'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 [registrant](#)'s certificate of registration is subject to a suspension or is revoked for failure to pay a fee, or where the [registrant](#)'s certificate of registration is suspended or revoked in accordance with the Registration Regulation Ontario Regulation 168/11, [under the Midwifery](#), 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 [registrant](#)'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;
- l) where a finding of professional misconduct or incompetence has been made against the [registrant](#) 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 [registrant](#)'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,
  - 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 disposed of;
- n) where a finding of incapacity has been made against the [registrant](#) 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 [registrant](#), the date of the finding;
- ~~r) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member [registrant](#) 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 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 [registrant](#) 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 [registrant](#) 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 [registrant](#) 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 [registrant](#)

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,
  - 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 [registrant](#) 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, 1990* or the *Controlled Drugs and Substances Act, 1996* was made against the [registrant](#) 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,
  - v. 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,
  - 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 [registrant](#) 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 [registrant](#)'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,
  - v. 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,
  - 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, 1990* or the *Controlled Drugs and Substances Act, 1996* was laid against the [registrant](#) 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 [registrant](#) 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 [registrant](#) 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 [registrant](#)'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 [registrant](#) 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 [registrant](#) 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 [registrant](#) 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 [registrant](#)'s position at that location;
- ee) a summary of any Alternate Practice Arrangements approved by the College with respect to the Member [registrant](#);



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](#); and

gg) where a notation of a finding of professional negligence or malpractice made against the [registrant](#) is in the register,

- i. the date of the finding,
- 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 [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:

- 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 [registrant](#) or investigation of the [registrant](#) 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~~ [registrant](#)’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~~ [registrant](#) 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
- 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 [registrant](#) shall inform the College, in a form acceptable to the Registrar, of a change to any previously provided information under paragraphs (a) to (f) of section 14.05 within fourteen (14) days of the change.

## ARTICLE 15 – PROFESSIONAL CORPORATIONS

#### 15.01 – Required Information

Every [registrant](#) shall, for every 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:

- a) the name of the professional corporation as registered with the Ministry of [Public and Consumer and Business Service Delivery](#),
- 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 15.03 and 15.04 are designated as public for the purposes of paragraph 14 of subsection 23(2) of the Code. Including:

- 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.

#### 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;
- i) 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
- l) 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
- i) 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.

## ARTICLE 17 – MEMBERSHIPS IN OTHER ORGANIZATIONS

### 17.01 – Authorization by [the Board](#)

The [Board](#) 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 ~~October 11, 2018~~ August 1, 2024.

### 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 [Directors](#) present and voting at a meeting of the [Board](#) called for that purpose.

Deleted: members

Passed and enacted by the [Board](#) of the College in accordance with the Code, on the \_\_\_\_\_ day of

Witness the corporate seal of the College

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Chair

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Registrar

## APPENDIX A

Seal of the College of Midwives of Ontario

## 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.
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.
10. Every result of a disciplinary or incapacity proceeding.
11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence



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 by-laws, 2017, c. 11, Sched. 5, s. 11 (1)

## APPENDIX C

### Regulated Health Professions Act, 1991

ONTARIO REGULATION 261/18

#### INFORMATION PRESCRIBED UNDER SUBSECTION 23 (2) OF THE HEALTH PROFESSIONS PROCEDURAL CODE

**Consolidation Period:** From May 1, 2018 to the e-Laws currency date.

No amendments.

**This is the English version of a bilingual regulation.**

#### Prescribed information

1. (1) The following information, if known to the College, is prescribed information to be contained in a College's register for the purposes of paragraph 19 of subsection 23 (2) of the Code and is designated as information subject to subsection 23 (13.1) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. If there has been a finding of guilt against a member under the *Criminal Code (Canada)* or the *Controlled Drugs and Substances Act (Canada)* and if none of the conditions in subsection (2) have been satisfied,

i. a brief summary of the finding,

ii. a brief summary of the sentence, and

iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

2. With respect to a member, any currently existing conditions of release following a charge for an offence under the *Criminal Code (Canada)* or the *Controlled Drugs and Substances Act (Canada)* or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

3. If a member has been charged with an offence under the *Criminal Code (Canada)* or the *Controlled Drugs and Substances Act (Canada)* and the charge is outstanding,

i. the fact and content of the charge, and

ii. the date and place of the charge.

4. If a member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,

i. the fact of the finding,

ii. the date of the finding,

iii. the jurisdiction in which the finding was made, and

iv. the existence and status of any appeal.

5. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

(2) The conditions referred to in paragraph 1 of subsection (1) are the following:

1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.

2. A pardon in respect of the conviction has been obtained.

3. The conviction has been overturned on appeal.

(3) Nothing in this Regulation shall be interpreted as authorizing the disclosure of identifying information about an individual other than a member.

(4) In this section,

“identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

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## SCHEDULE 1

### Process for Election of Officers

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

A [Director](#) 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 [the Board](#).

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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 [Board](#) each year or any other [Board](#) meeting designated for the purpose by [Board](#) resolution, the Registrar shall send an invitation to all [Directors](#) 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.

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A [Director'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 [the Board](#) when the election of officers shall take place. The Registrar may, at any time, inform a [Director](#) about any other [Director's](#), written intent that has been submitted before the deadline. At least five (5) days prior to the meeting of [the Board](#) when the election of officers shall take place, the Registrar shall circulate to the [Board](#) a list of the eligible candidates for election to the offices of the Chair, Vice-Chair (Professional), Vice-Chair (Public) and Executive Committee members.

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A [Director](#) may withdraw as a candidate at any time before the election.

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At the meeting of [the Board](#) when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of Chair.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and [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.

# BRIEFING NOTE FOR COUNCIL

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Subject: Proposed Amendments to the Fees and Remuneration By-law Consultation Feedback

## Summary

The Council reviewed and approved the Fees and Remuneration By-law for a 60-day consultation in March 2024. The consultation period has ended, and the feedback received was presented to the Executive for decision. This feedback will now be presented to Council to help with the final review of the proposed amendments for approval.

## Background

The Fees and Remuneration By-law was reviewed between late 2023 and early 2024. During this review, an environmental scan was conducted to compare fees, fee practices, and per diems with other regulated health colleges. Additionally, staff examined the by-law through an equity lens and assessed potential unintended consequences.

Staff have also reviewed fees and fee practices to ensure that fees proportionately reflect operational resources while looking for opportunities to lower registrant fees and enhance responsiveness to registrants.

The proposed amendments to the By-law were open for a 60-day consultation period, running from April 4th, 2024, to June 3rd, 2024. The consultation was announced through an email sent to the entire mailing list and featured in the On Call newsletter, which was also distributed to the full mailing list. Additionally, the consultation was promoted eight times across all three of our social media channels, totaling 24 separate posts.

We received a total of 40 responses to the public consultation. All responses were posted to the College's website, and we did not receive any other feedback through email or official letter. All feedback can be accessed on the [consultation page](#) of the College's website.

## Key Considerations & Public Interest Rationale

The initial proposed amendments to the by-law included three significant changes. Here, the feedback has been organized based on these proposed changes, along with corresponding recommendations. General feedback received has also been included.

### **Consultation feedback**

#### **Changing the automatic annual registration and renewal fee increase**

Presently, registrant fees across all classes increase by 2% annually. The proposed amendment allows for consideration of an inflationary increase of up to 2%, rounded up to the nearest dollar. This change allows the College to freeze or reduce the inflationary increase in a given year, as proposed for the 2024 renewal period.

A small number of respondents (4) reacted positively to both the proposed freeze and the option to increase fees by less than the annual 2% increment outlined in the current by-law.

#### Recommendation

We recommend the proposed change to the by-law that reflects an update to the renewal fee, maintaining it at the rate as of October 1, 2023. The proposed change allows for consideration of an inflationary increase that may be up to 2% and rounded up to the nearest dollar.

### **Removal of installment payments**

Currently, registrants can pay the annual fee in one or two installments on specified dates. The initial proposed amendment removed the option for the installment payments.

Some respondents (15) expressed concern over the elimination of installment options, with seven (7) requesting the ability to pay monthly. Respondents emphasized the importance of installments for various groups, including new registrants, older registrants, and those facing financial difficulties. One respondent questioned the savings for registrants resulting from reduced operational resources allocated to installment plans. Another respondent acknowledged that registrants will still have the option to request a modified payment plan but criticized this as adding unnecessary bureaucracy.

#### Recommendation

Upon discussion with the Executive Committee, we propose maintaining the option for registrants to pay the annual fee in one or two installments on specified dates. The feedback emphasizes the importance of offering installment options, particularly for groups of registrants encountering financial challenges.

We also note that it is important to ensure registrants have access to modified payment plans. As a reminder, registrants have always been able to apply for a modified payment plan with the College. However, considering the feedback, we will review our process to ensure that registrants do not face barriers to requesting a modified payment plan. Our aim is to ensure that our fee practices promote equity and are both transparent and accessible.

### **Adjustments to administrative fees**

The College proposes increasing administrative fees in some areas while eliminating them in others. The Name Change fee is slated for removal, and increases are proposed for Application, Change of class, Annual corporation renewal and Access to records fees.

One respondent proposed removing any administrative fee associated with moving from inactive to general class. One respondent suggested that there not be an increase to the annual corporation renewal fee.

#### Recommendation

We recommend the proposed changes to the by-law that includes an increase to the annual renewal of a certificate of authorization from \$250 to \$300. We also recommend the proposed change to the by-law that includes an increase to the fee for change of class from \$50 to \$100.

The administrative fees have not seen an increase at the College since before 2019. The increase to the fees reflects inflation and aligns with the resources needed to support operations. The College continues to explore options through our registrant database to increase efficiencies, including through automation. As we make efficiency improvements, we will reassess our fees accordingly.

### **General Feedback**

The majority of respondents (28) did not address the proposed amendment but expressed frustration, annoyance and confusion regarding the annual renewal fees for registrants. Many respondents discussed the comparison of these renewal fees with those of other regulatory health colleges. They reported that the fees are a financial burden and negate any increase to their base salary. Some mentioned that the registration and renewal fees are a barrier to midwives and are causing them to leave the sector. Respondents also expressed uncertainty and confusion about the allocation of their fees, questioning why fees aren't decreasing as the profession grows. A couple of respondents acknowledged the economies of scale compared to other colleges and highlighted the distinct nature of midwives' work and the associated risks compared to other health professionals.

Nineteen (19) of these respondents noted their frustration with an increase in the annual fees. For example, one respondent mentioned an 8% increase, and another reported an increase of \$1,000 to the annual fee. We want to clarify that there are no plans to raise the annual fees this year. It seems that some respondents might have misunderstood the proposed amendment or reacted based on earlier feedback from others. Often, respondents referenced other feedback.

While most of the respondents addressed fees for the general class, five (5) respondents specifically mentioned concerns related to inactive class fees. Some of these respondents expressed frustration over the increase in inactive fees. A few recommended that the inactive fee should be 25% of the active fee, while others suggested removing it altogether. Respondents noted that the fee for inactive midwives increases attrition rates. Six (6) respondents discussed the challenges of working part-time or with a reduced workload due to the fees, indicating that part-time work is not a viable option because of these financial constraints.

To address concerns about fees and their increases, respondents proposed that the College explore avenues to reduce expenses. Suggestions included reviewing overhead costs, adopting a hybrid work model, discontinuing downtown office space, evaluating staffing levels for potential cuts, and exploring merging with other organizations and/or office spaces.

The College values feedback and acknowledges that our fees are among the highest compared to other regulatory health Colleges. This is due to different factors. Midwifery is a small profession that is not growing at a significant rate in Ontario. Complaints made to the College are typically complex, involving more than one provider and more than one client (parent/newborn).



Furthermore, there are numerous policy initiatives required to enable the evolution of how midwifery is practiced in Ontario.

Nonetheless, the College continues to explore ways to reduce costs while still meeting our mandate to regulate in the public interest and ensure operational stability. Studies have shown that scale economies are only realized in the health regulatory space when regulators achieve a registrant base of over 100,000.<sup>1</sup> This is coupled with a small profession that is not rapidly growing in Ontario. Because of this, the College continues to explore fee models that reflect the working practices of midwives and support the profession to evolve.

The College presently offers an Inactive Class with a 50% reduced registration fee. Initial registration fees continue to be pro-rated based on the months of practice before registration renewal in October. The College has explored different fee scenarios and cannot meet its mandate or operational requirements as well as offer lesser fees for new and/or inactive registrants at this time.

With recent operational efficiencies made, including downsizing our space by more than 50% in 2023, we have been able to offset some of the effects of inflation. As a result, the College can implement a freeze on fees effective October 2024.

#### Recommendations

MOTION: That the proposed changes to the Fees and Remuneration By-law be approved.

#### Implementation Date

August 1, 2024

#### Legislative and Other References

Fees and Remuneration By-law

#### Attachments

Fees and Remuneration By-law proposed changes\_2024

Submitted by:

Lieran Docherty, Director of Operations on behalf of the Executive Committee

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<sup>1</sup> Professional Standards Authority (2012) *Review of the cost effectiveness and efficiency of the health professional regulators*  
<https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/cost-effectiveness-and-efficiency-review-health-professional-regulators-2012.pdf>



College of  
Midwives  
of Ontario | Ordre des  
sages-femmes  
de l'Ontario

# Fees and Remuneration By-law

June 26, 2019  
Under review: February 2024

TABLE OF CONTENTS

ARTICLE 1 – INTERPRETATION..... 3

ARTICLE 2 – APPLICATION FEES ..... 3

ARTICLE 3 – INITIAL REGISTRATION AND ADMINISTRATION FEES..... 4

ARTICLE 4 – ANNUAL RENEWAL AND ADMINISTRATION FEES..... 4

ARTICLE 5 – PENALTY FEES..... 5

ARTICLE 6 – NON-PAYMENT OF FEES ..... 5

ARTICLE 7 – RECEIPTS ..... 5

ARTICLE 8 – COMMITTEE AND PROGRAM FEES ..... 6

ARTICLE 9 – ALTERNATE PRACTICE ARRANGEMENTS ..... 6

ARTICLE 10 – PROFESSIONAL CORPORATIONS..... 6

ARTICLE 11 – COUNCIL AND COMMITTEE MEMBER REMUNERATION..... 7

ARTICLE 12 – OTHER FEES AND MISCELLANEOUS PROVISIONS..... 7

    12.1 FEES FOR CHANGE OF CLASS ..... 7

    12.2 FEES FOR LETTERS OF PROFESSIONAL [STANDING](#) ..... 7

    12.3 FEES FOR LETTERS OF STANDING AND PROFESSIONAL CONDUCT ..... 7

    12.4 FEE FOR JURISPRUDENCE COURSE ..... 7

    12.5 FEES FOR REQUESTS ..... 8

    12.6 REGISTRAR'S DISCRETION ..... 8

    12.7 FEES FOR RETURNED CHEQUES..... 8

    12.8 NAME CHANGE ..... 8

    12.9 [COPIES AND](#) DUPLICATE DOCUMENTS ..... 8

    12.10 ADMINISTRATIVE FEE FOR NOTICES – FAILURE TO PROVIDE INFORMATION ..... 8

    12.11 ACCESS TO REGISTRATION APPLICANT RECORDS ..... 8

    12.12 REINSTATEMENT HEARING ..... 8

    12.13 REQUEST FOR A RECOUNT ..... 8

    12.14 APPLICATION FOR REINSTATEMENT ..... 9

    12.15 REQUEST FOR RECEIPTS, TAX RECEIPTS OR LETTERS ..... 9

    12.16 REQUEST FOR FILE FROM MEMBER OR FORMER MEMBER..... 9

SCHEDULE 1..... 10

## 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.

“Registrant” 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/non-practising 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 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.~~
- 4.6 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

**Commented [LD1]:** 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.

## 5 ARTICLE 5 – PENALTY FEES

- 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 amount 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 amount of any instalment).~~
- 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.](#)

**Commented [LD2]:** Rationale: The proposed changes are to clarify the process and ensure consistent language with the General By-law and Regulation

## 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 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;~~

~~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 \$100 and is due at the time of application.~~

~~9.2 The fee for the annual renewal of an 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.~~

## 10 ARTICLE 10 – PROFESSIONAL CORPORATIONS

**Commented [LD3]:** Rationale: Changes have been made to encompass any Statutory Committee, program as well as registrants, applicants, corporations and applicants to the O&A program who are neither applicants or registrants.

**Commented [LD4]:** Rationale: Removing as no longer in existence.

- 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 ~~\$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~~ DIRECTOR 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~~.

**Commented [LD5]:** 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.

**Formatted:** Strikethrough

**Commented [LD6]:** Rationale: The proposed change simplifies the process and creates a uniform fee and delivery timeline.



\$150.

12.5 FEES FOR REQUESTS

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 update records as a result of a name change.

**Commented [LD7]:** Rationale: To remove a fee for a process that disproportionately impacts women.

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.

**Commented [LD8]:** Rationale: To streamline the process of providing digital and paper copies to registrants.

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.

**Commented [LD9]:** Rationale: The proposed changes reflects inflation and the operational resources required to prepare a application file.

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 fee of \$50 for the provision of the hard copy document which is otherwise available electronically.~~

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.

**Commented [LD10]:** Rationale: The proposed changes reflections inflation and the operational resources required to prepare a registration file.

## SCHEDULE 1 – Per Diems and Expenses

Honoraria (per diem) for meeting preparation<sup>1</sup>, attendance and decision writing

Non-Council Public Members <sup>2</sup>	> 3 hours		< 3 hours	
General Member	\$150		\$75	
General Member designated as Vice Chair <sup>3</sup>	\$175		\$87.50	
General Member designated as Chair <sup>3</sup>	\$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 <sup>3</sup>	\$382	\$286.50	\$191	\$95.50
General Member designated as Chair <sup>3</sup>	\$382	\$286.50	\$191	\$95.50

Professional Chair Stipend

Professional Chair	
Annual Stipend	\$30,000

Eligible expenses

Meal Allowances & Travel <sup>4</sup>	
Breakfast	\$23.60
Lunch	\$23.90
Dinner	\$58.60
Travel	70¢/per km

**Commented [LD11]:** Rationale: Expenses updates to reflect CRA reasonable rates.

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
Accommodation	Hotels and private homes. College approval is required for hotel costs.	Entertainment and personal services (e.g. movie rentals and dry cleaning)

<sup>1</sup> Preparation time cannot exceed meeting attendance time

<sup>2</sup> Non-Council Public Member per diems reflect the per diems set out by the Health Board Secretariat and will be adjusted accordingly

<sup>3</sup> Must be the assigned role in the meeting for which one is claiming

<sup>4</sup> Meal allowance and travel reflect CRA reasonable rates and will be adjusted accordingly

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	\$2,706 Pro-rated by month
i. Issued October 1	
ii. Issued between November - September	
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



College of  
Midwives  
of Ontario

Ordre des  
sages-femmes  
de l'Ontario





# BRIEFING NOTE FOR COUNCIL

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Subject: Rescinding the Prescribing and Administering Drugs standard.

## Summary

The Prescribing and Administering Drugs Standard has been reviewed by the Quality Assurance Committee following the implementation of the new Designated Drugs and Substances Regulation (O. Reg. 188/24). It is the recommendation of the Quality Assurance Committee that this standard be rescinded.

## Background

The Prescribing and Administering Drugs Standard was substantially revised in 2013. The Standard was minimally revised again in 2018 and 2019 and a comprehensive revision was planned to take place only after a new Designated Drugs and Substances Regulation came into force.

The Prescribing and Administering Drugs Standard was not one of the 25 standards that were rescinded in 2018 when the Professional Standards for Midwives was implemented. It was expected that a revised drug regulation permitting midwives to prescribe to scope, or at the very least, prescribe to broad categories of drugs, would soon be approved. It was the College's recommendation and expectation that a revised drug regulation would be broader than a specified list of drugs. Any restrictions, specifically regarding the administration of controlled substances, would then be articulated in a standard. The Designated Drugs and Substances Regulation came into force on May 3<sup>rd</sup> 2024. It is not broad, but rather is an expansion of the list of specified drugs which restricts the administration of controlled substances, making the Prescribing and Administering Drugs standard redundant.

## Key Considerations & Public Interest Rationale

Midwives are required to be aware of and understand the laws, regulations, standards, and clinical guidance for safe prescribing and administering of medications. This knowledge is fundamental to midwifery practice.

The Prescribing and Administering Drugs Standard sets out minimum expectations that midwives must meet in order to ensure safety for the public. The Professional Standards for Midwives, however, sufficiently addresses these standards, specifically in standards 1, 3, 5, 6, 7, and 8, among others.

The Prescribing and Administering Drugs Standard sets out specific record keeping requirements. The newly revised Record Keeping Standard (2023) sufficiently addresses these minimum expectations.

The Prescribing and Administering Drugs Standard, however, also describes expectations for writing a legal prescription, suggests clinical care guidance for obtaining the Best Possible Medication History, and offers guidance for reporting adverse drug reactions and medication errors. Though relevant to the topic of prescribing and administering, non-regulatory tools such as information related to clinical decision-making and guidance on best practices should not appear in a standard when we apply a risk-based approach to regulation. The risks associated with prescribing and administering are sufficiently mitigated by the existing laws, regulations, standards of practice, and non-regulatory tools available and currently in use.

The College conducted targeted consultations with the Association of Ontario Midwives and the professional practice advisors from the Ontario College of Pharmacists. Both consultations determined agreement that there was a sufficient framework of laws, regulations, standards, and clinical guidance to support the safe prescribing and administration of drugs and substances within the midwifery scope of practice.

The College recognizes that some Colleges choose to provide prescriptive clinical guidance in their policies and standards, however, we have committed to adopting a risk-based approach to regulation and will not introduce regulatory tools (i.e. standards) where the risks are sufficiently mitigated through other means.

## Recommendations

The following recommendation is submitted for approval:

MOTION: That the Prescribing and Administering Drugs Standard be rescinded effective July 15, 2024.

## Implementation Date

July 15, 2024

## Legislative and Other References

[Designated Drugs and Substances Regulation](#)  
[Professional Standards for Midwives](#)  
[Record Keeping Standard](#)  
[Food and Drugs Regulation, C.R.C. 870](#)

## Attachments

Prescribing and Administering Drugs Standard

Submitted by:

Megan McCarrell, Director of Professional Practice and Policy, on behalf of the Quality Assurance Committee

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018; October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



## PREScribing AND ADMINISTERING DRUGS

### Purpose

The purpose of this standard is to describe CMO expectations regarding the prescribing and administering of drugs.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

### Definition

Midwives have the requisite knowledge, skills, and judgment to prescribe drugs from the list of Designated Drugs. Any drug that can be administered by a midwife according to the Ontario Regulation 884/93 Designated Drugs can be prescribed by the midwife.

### Standard

The authority of midwives, according to the Ontario Regulation 884/93 Designated Drugs, to initiate a prescription for a drug, is limited to treating conditions that they can diagnose and for which they can provide the necessary counseling, informed choice decision making and ongoing management of care.

In the course of engaging in the practice of midwifery, midwives may use any drug and may administer any substance by injection or inhalation on the order of a member of the College of Physicians and Surgeons of Ontario. Midwives may also administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.

### TO ENSURE SAFETY

#### Midwives must:

- Assess the client, conducting laboratory and diagnostic investigations as appropriate
- Comply with relevant federal and provincial legislation

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018; October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



- Adhere to all relevant standards, guidelines or policies established by agencies or organizations (e.g., public health unit or blood banks) involved in the provision or control of any of the authorized drugs or substances
- Provide either a written, or when necessary, a telephone prescription or verbal order
- Consider whether the drug is a safe and effective treatment for the specific client circumstances
- Provide the client and/or client representative with the necessary information about the drug prescribed including expected therapeutic effect, potential side effects, contraindications and precautions
- Consider drug resistance, medication errors, infection control and safety, when they prescribe and/or administer any substance from the regulation
- Ensure there are adequate systems in place to prevent prescription fraud
- Ensure proper reporting of drug reactions and medication errors (*Appendix 1, Reporting Adverse Drug Reactions and Medication Errors*)
- Monitor the client's response to the drug therapy after prescribing, and continue, adjust dosage or discontinue the drug therapy as appropriate.

## RECORD KEEPING

### Midwives must:

- Conduct a medical history and document the symptoms and/or conditions being treated
- Obtain a full understanding of the drugs the client is taking using the "Best Possible Medication History" (see *Appendix 2* for an example of what can be included)
- Document in the client's record, in a timely manner, all telephone prescriptions or verbal orders
- Provide a follow-up care plan as appropriate and document in the client's record
- Document the client's response to the drug therapy
- Ensure proper recognition and management of medication errors including documentation and reporting as outlined by Association of Ontario Midwives (*Appendix 1, Reporting Adverse Drug Reactions and Medication Errors*)
- Ensure proper risk management reporting when drug reactions or medication errors occur in a hospital (*Appendix 1*)

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
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Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018; October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



## LEGAL PRESCRIPTION:

- Midwives may only prescribe drugs for the intended purpose as described in the *Guideline to Prescribing and Administering Designated Drugs* (below) and the amended Ontario Regulation 884/93 Designated Drugs.
- Midwives may not self-prescribe a drug, or prescribe a drug for a family member outside the provision of midwifery care, or when there is a conflict of interest.<sup>1</sup>
- Midwives will document the drug prescribed in the client's record.

### A legal prescription prepared by a midwife must include:

- Full date (day, month and year)
- Client's name
- Client's address (if available)
- Name of drug, drug strength (where applicable), dose and the quantity of the prescribed drug
- Full instructions/directions for use of the prescribed drug
- Refill instructions, if any
- Printed name of the midwife prescriber with telephone number and address
- College registration number and the professional designation
- Midwife's signature

### MIDWIVES OBTAINING CONSULTS AND PROVIDING INTER-PROFESSIONAL CARE, RELATING TO PRESCRIPTIONS:

- May not delegate the act of prescribing a drug
- Notify any relevant health care provider involved in the client's care when clinically appropriate and document that this notification has been given
- Consult with appropriate health care professional if the client's response to the drug therapy is other than anticipated

When midwives continue drug therapy initiated by another health care professional they must:

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<sup>1</sup> CMO Standard *Caring for Related Persons*

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018; October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



- Provide and document ongoing assessments
- Monitor and document the client's response to the drug therapy
- Communicate the client's response and change to or discontinuation of drug therapy to the initiating health care provider as appropriate
- Consult with appropriate health care professional at any point in the continuing drug therapy as appropriate

## ENSURING APPROPRIATE STORAGE

### Midwives must:

- Ensure recommendations for storage and handling issued by the medication/ vaccine's manufacturer are followed
- Dispose unused and expired medications/vaccines/blood products in accordance to the guidelines set forth by public health and blood bank

## APPENDIX 1

### Reporting Adverse Drug Reactions and Medication Errors

#### Reporting Adverse Drug Reactions

You can report any suspected adverse drug reactions to drugs and other health products to the Canada Vigilance Program by visiting the Reporting Adverse Reactions to Drugs and Other Health Products page at: <http://hc-sc.gc.ca/dhp-mps/medeff/report-declaration/reporting-declaration-eng.php>

The site offers the Canada Vigilance Reporting Form for use in the reporting by health care professionals and clients via fax, mail, online or phone.

Canada Vigilance Regional Office phone 1 866- 234-2345 and fax 1 866-234-678-6789

#### Reporting Medication Errors

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018; October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



Consider reporting any medication errors confidentially to The Institute for Safe Medication Practices Canada, an independent national non-profit agency. Contributing to this database provides information for the purpose of developing policies to prevent future adverse events. For information about this non-profit organization, go to their home page at <http://www.ismp-canada.org>, or their page with information about reporting medication incidents at Canadian Medication Incident Reporting and Prevention System (CMIRPS) <http://www.ismp-canada.org/cmiprps.htm>. For further information about incident reporting, refer to the AOM ([www.aom.on.ca](http://www.aom.on.ca)) and HIROC ([www.hiroc.com](http://www.hiroc.com)) websites.

## APPENDIX 2

### Best Possible Medication History (BPMH)

**Best Possible Medication History (BPMH)** is a medication history obtained by a healthcare provider which includes a thorough history of all regular medication use (prescribed and non-prescribed), using a number of different sources of information. The BPMH is different and more comprehensive than a routine primary medication history (which is often a quick patient medication history).

The BPMH involves a:

1. Patient medication interview where possible.
2. Verification of medication information with more than one source as appropriate including:
  - o family or caregiver
  - o community pharmacists and physicians
  - o inspection of medication vials
  - o patient medication lists
  - o medication profile from other facilities
  - o prescription drug claim histories of Ontario Drug Benefit (ODB) recipients (Drug Profile Viewer)
  - o previous patient health records

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
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Effective date:	January 1, 2014
Attachments:	none



The BPMH includes drug name, dose, frequency and route of medications a patient is **currently taking**, even though it may be different from what was actually prescribed. Using tools such as a guide to gather the BPMH may be helpful for accuracy and efficiency. (A BPMH Interview Guide is [available here](#)).

If a patient is unable to participate in a medication interview, other sources may be utilized to obtain medication histories or clarify conflicting information. Other sources should never be a substitute for a thorough patient and/or family medication interview. For patients who present prescription bottles and/or a medication list, each individual medication and corresponding dosing instruction should be verified, if possible. Frequently, patients take medications differently than what is reflected on the prescription label. Also, patients may not have updated their personal list with newly prescribed medications.<sup>2</sup>

Midwives should ensure that client's reporting drug allergies are asked the extent and type of allergy, sensitivity or reaction they have had and this should be documented in the client's record.

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<sup>2</sup> Queen's University, Office of Interprofessional Education and Practice. *Medication Reconciliation: A Learning Guide*. Web page retrieved August 19, 2010 on the World Wide Web at: <http://meds.queensu.ca/courses/assets/modules/mr/4.html>



# BRIEFING NOTE FOR COUNCIL

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Subject: Proposal from the Raymond Chang School of Continuing Studies

## Background

In 2002, the Ontario government, Ryerson University (now known as Toronto Metropolitan University) and the College collaborated to deliver a bridging program for internationally educated midwives (“IEMs”). The approved International Midwifery Pre-registration Program (“IMPP”) was designed to help midwives seeking registration in Ontario bridge the competency gaps that are commonly experienced by IEMs. Over the years, the program evolved to adapt to the needs of IEMs and the midwifery profession. In the fall of 2021, the program was suspended due to the loss of staffing.

The Chang School of Continuing Education of Toronto Metropolitan University (the Chang School) has now submitted a proposal for the College to approve a new bridging program. Although the International Midwifery Preregistration Bridging Program (“IMPBP”) is still in the development stage, the Chang School is looking to the College to recognize the program before moving forward with next steps.

## About the program

The IMPBP is intended to provide IEMs with the knowledge and skills assessment, and orientation to midwifery practice in Ontario. The curriculum has been designed to align with the [Canadian Competencies for Midwives](#). These same competencies form the basis for assessing applicants through the Canadian Midwifery Registration Exam (CMRE).

On June 10, 2024, Paula Green, Program Director, Community Engagement at the Chang School provided a presentation to the Registration Committee on the proposed program. They indicated that the proposed IMPBP contains content similar to the IMPP. However, it has been enhanced with new elements based on various recommendations received during the program’s hiatus:

- To enhance transparency regarding how candidates are assessed, candidates will need to first complete a week-long assessment course and will not move forward to the full program unless they can demonstrate readiness. Guided by the [Canadian Competencies for Midwives](#), the course covers the essential competencies that are the foundation of midwifery practice, which all midwives must possess when they begin to practice.

Relying on written exams, objective structured clinical examinations, and personal interviews, the program staff will quickly identify whether a candidate should commit to the full program without a high likelihood of success. This approach will help manage applicants' expectations regarding their likelihood of success. It also prevents them from

spending significant time and financial resources on a program in which they are unlikely to succeed.

- The program's governance has been modified both in terms of staffing and process to assess the program. For example, a Program Advisory Council (PAC) will be created, comprised of stakeholders such as regulators who will be asked to review and provide recommendations to modify the program as appropriate.
- With the exception of the assessment week, the courses offered are similar to those in the old program, covering a comprehensive array of topics, but updated with a pan-Canadian focus.
- Anti-racist and anti-oppressive content has been infused in the curriculum, which will expose the candidates to the diverse communities and aligns with the Council's strategic principles.

### Key Considerations & Public Interest Rationale

Unlike the College's pilot Orientation and Assessment Program (OAP), the IMPBP focuses on helping IEMs transition into the profession by enhancing their existing skills. Recognizing that some applicants may not have practiced for some time, the IMPBP provides the necessary space and resources to relearn essential skills and knowledge. In contrast, the OAP evaluates IEMs' competencies to ensure they are ready to provide safe and effective care. In summary, the IMPBP uses a preparatory and developmental approach to build competencies, while the OAP uses an evaluative approach to measure existing competencies. Consequently, the two programs have different components and eligibility criteria.

It is important to note that Council previously recognized the IMPP in 2002 and to this day, candidates of the IMPP program are still eligible to seek registration in Ontario. College data from complaints and investigations support that out of the 77 IMPP graduates registered in the last decade (2013-2024), the Inquiries, Complaints, and Reports Committee (ICRC) took action that resulted in a public notation for only one registrant. Similarly, of the overall 197 IEMs who registered with the College since the inception of the IMPP, the ICRC referred only one registrant to discipline for a hearing.

The program's content has also been reviewed to ensure that it is aligned with the most recent Canadian competencies, ensuring that the curriculum effectively covers the necessary skills and knowledge required to practise safely.

### Clerkship

One key benefit of this program is that it includes a three-month clerkship, with the possibility of extending it for an additional month. The clerkship offers assurance that candidates have been

exposed to the Ontario system to some extent at the time of registration. During the clerkship, candidates can work with clients, attend prenatal and postpartum visits, perform examinations, interpret diagnostic tests, and attend births under the guidance of a preceptor. This is another way to assess whether IEMs have the knowledge, skills, and abilities to deliver safe and effective care. It allows them to apply what they have learned in the Ontario context and helps them make the necessary connections and network as they transition into their careers.

#### Benefits of being delivered by an educational institution

The benefit of a program being delivered by an established educational institution such as Toronto Metropolitan University lies in the assurance of quality standards, access to curriculum and experts in the field, access to resources, and academic oversight, ensuring that the program meets rigorous educational criteria and maintains accountability throughout its implementation.

The Chang School has the infrastructure in place to offer the IMPBP as a hybrid model, allowing for both in-person and online attendance. The proposed course format is ideal for those who have been out of practice and need additional training or a refresher. Being in person will allow the opportunity for those requiring additional support immediate and direct interactions with instructors and peers, which will enhance their learning experience. For those who excel more in a self-guided learning environment, the facilitated session is a lower level of commitment. This model offers flexibility, especially for those with additional commitments (e.g., employment).

As a branch of TMU, the Chang School can offer comprehensive support to its mature students. This includes access to essential infrastructure such as classrooms, laboratories and libraries, academic advising, employment and mentorship support. The institution also offers specialized services for international students, such as help with immigration issues. These features provide a robust support system that is beyond the College's mandate, making educational institutions the ideal setting for such programs.

#### Mitigating Risks

One risk to consider is the sustainability of the program and how to prevent another program suspension to the detriment of IEMs. The proposal tackles this issue in a few ways. First, by focusing on a pan-Canadian curriculum, the new IMPBP could attract more candidates as the program is more accessible. In addition, changing the staffing structure to have distinct contracts for teaching and other administrative functions. Consequently, change in personnel at the administrative level will not impact the teaching side and vice versa. Finally, the Chang School has plans to diversify the program's use: offering components to inactive registrants needing to update their skills or maintain currency, and providing micro-credentialing and alternative pathways for individuals who wish to stay in the field without practising (please note that this is outside of the scope of the proposed recommendation).

By recognizing this program, we offer flexibility: some applicants may prefer to complete a comprehensive 4-year program, others might only need an assessment, and some could benefit

from a bridging component that provides orientation to the profession with a bit of additional training to complement their existing competencies. Consequently, the options provided by the College ensure that all groups have equitable access to the resources and opportunities they need to be registered and provide safe and effective care.

## Conclusion

At this time, the Registration Committee is enthusiastic about the proposed IMPBP and the prospect of giving international applicants options to pursue registration in Ontario. However, it requires more clarity on implementation details before considering making a recommendation to formally recognize the program as being a qualification equivalent to an Ontario midwifery education program as is possible under the Registration Regulation. Nevertheless, the Registration Committee proposes that Council approve the program in principle, acknowledging Ontario, and the College's pivotal role in its development. College staff will continue to work with the Chang School to address some of the implementation questions and ensure alignment with our registration practices. Subsequently, as the program nears completion and readiness for launch, the committee will conduct another review, culminating in a final recommendation to the Council regarding its viability as a pathway to entry to practise.

## Motion

THAT Council approves the International Midwifery Preregistration Bridging Program delivered by the Chang School of Continuing Education, in principle, as a possible pathway of entry for internationally educated midwives.

THAT Council direct College staff to continue working with the Chang School of Continuing Education to finalize the program in a way that aligns with the mandate and strategic objectives of the College in the interest of public protection and fair registration practices.

## Implementation Date

n/a

## Attachments

n/a

## Submitted by:

Nancy Tran, on behalf of the Registration Committee