



Regulatory Performance Review 2023-24

Background

This report provides the results of our 2023-24 regulatory performance review where we assessed our performance against the standards set in our Regulatory Performance Measurement Framework (RPMF) approved by our Board in June 2019.

The framework measures our performance in four broad domains: Regulatory Policy; Suitability to Practise; Openness and Accountability; and Good Governance. Each domain comprises a number of performance standards that form the basis of the performance measurement framework.

Qualitative and quantitative data are used to demonstrate that the College has met each standard. Different review procedures are used to test compliance with each standard, including file audits.

Our first formal regulatory review was implemented in 2020-21 and resulted in us meeting 15 out of 20 standards, with five standards partially met and some areas for improvement. We then committed to implementing the review as part of our 2021-26 strategic plan.

Results Overview

This review resulted in the College meeting 19 of 20 standards with one standard partially met, demonstrating our ongoing commitment to regulatory excellence and using the review to identify improvement opportunities.

2023-24

Met: 19 standards

Partially Met: One standard

2020-21

Met: 15 standards

Partially Met: Five standards

In 2020-21 the five partially met standards were:

Domain 3: Openness and Accountability

Standard 10: Clients and the public have access to information to understand what it means to regulate in the public interest and how the College makes decisions that affect them

In the previous review, we identified that we could improve our public information, specifically our website, to better help the public understand how the College regulates midwives to ensure suitability to practise; the regulatory integrity that exists to support impartial decision-making; and engaging with the public to measure their understanding of our public protection mandate and the overall accessibility of College information.

To address this, the College, as part of our 2021-26 strategic plan, completed a website needs assessment; website redesign, including updating and reorganizing content; and some translation. More recently we have completed a follow up website assessment to measure how the site is performing. The follow up website assessment results were very positive and indicated that the website redesign has addressed the areas identified for improvement. In addition, the College has conducted a public opinion survey, in English and French, to collect insights on experiences with midwifery care and public perceptions of the profession and the College. The results are being analyzed and will result in an action plan; however, overall results are positive.

The College demonstrates that this standard has now been met in the 2023-24 review.

Standard 11: Public register provides access to information about midwives

The 2020-21 review found some discrepancies in information on the public register related to personal and practice information and other information not easily verifiable by the College. The issues identified were minor and did not pose a risk of harm to the public. We undertook a program of work to make improvements to the register, including making changes to how the information is displayed to improve user experience; greater use of checks by staff; as well as conducting educational webinars with midwives to improve their understanding of notification requirements. Together, these different measures have improved the accuracy of personal, practice, and other information on the register.

Regular and ongoing review of public register information is important for ensuring accuracy and currency.

The College demonstrates that this standard has now been met in the 2023-24 review.

Standard 12: The investigations and hearings process is fair, transparent, timely, consistent, and focuses on public protection

Despite our overall satisfactory performance against this standard in 2020-21, we only partially met it because we were unable to demonstrate evidence of defined benchmarks and adherence to those. Since the last regulatory review, we are pleased to report that in 2022 the Inquiries, Complaints, and Reports Committee (ICRC) established benchmarks including setting a goal to resolve 80% of complaints within 269 days, based on historical data. In the fiscal year of 2023-24, the ICRC exceeded this goal, resolving 81% of complaints within the benchmark. 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 the previous year's average of 211 days. Over the past few years, the ICRC has seen a steady decline in the resolution time, from 292 days in 2021 to 236 days in 2022 and down to 189 days in 2023. This downward trend highlights the ICRC's ongoing efforts to resolve complaints more efficiently. Our benchmarks are publicly [reported](#).

The College demonstrates that this standard has now been met in the 2023-24 review.

Standard 13: Midwives and midwifery applicants have access to information and guidance to understand College requirements

At the time of the 2020-21 review, the College's main focus was on developing new and revising old standards as well as on developing documents to guide midwifery practice. A

significant amount of work was accomplished on this front, but we were less effective in building engagement and fostering trust with the profession.

Strategic Priority 3 under our current strategic plan is building engagement and fostering trust with the public and the profession. This priority focuses on demonstrating our value and meaningfully engaging with the public and midwives. Our consultation processes and other initiatives to support midwives in understanding and upholding their professional responsibilities and working to implement strategies to continuously meet this priority. Many initiatives have been undertaken in support of this strategic priority, including but not limited to these more recent activities:

- The **website redesign** which reworked and updated the [Applying for Registration](#) section and information, greatly improved the organization of information by route of entry and how to meet registration requirements. Two main sections of the website are dedicated to providing information relevant to maintaining and applying for registration ([Midwives](#)) and providing comprehensive information about the Standards of Practice, policies, guides and guidelines, professional practice advice, and frequently asked questions for professional practice ([Standards and Resources](#)). All application materials are available in French and English.
- Development of a **practice advice repository**.
- Three **surveys to students, new registrants, and Midwifery Education Program faculty and preceptors** to ask for direction on our strategies to engage students and new registrants. In total, the surveys received 167 responses. Following the surveys we created a Student and New Registrant Engagement Strategy including a dedicated space on our website for [new registrants](#).
- **Professional Development Portfolio Webinars** - In the webinars we shared FAQs, sample learning plans, case review requirements, and explained the exemption process for the new Professional Development Portfolio Program. We also provided a recording of the webinar for midwives who were not able to attend.
- The College created a new **“Safe Prescribing and Administration of Controlled Drugs and Substances” course** for registrants and applicants to meet the requirements set out in the new Designated Drugs and Substances Regulation.
- To support the implementation of the new **Designated Drugs and Substances Regulation**, the College provided several targeted webinars, information, and resources to help midwives understand and comply with the new regulation.
- Development of dedicated information and resources to support the **Orientation and Assessment Pilot Program** for internationally educated midwives.
- Creation of an **Equity, Diversity and Inclusion webpage** – to keep all registrants, clients, stakeholders, and members of the public updated on our equity initiatives.
- Ongoing **revision and updates to guides and guidelines** to support midwives in meeting College requirements.

The College demonstrates that this standard has now been met in the 2023–24 review.

Standard 14: Registration processes are fair, transparent, impartial, and objective

Despite our overall satisfactory performance against this standard in 2020–21, we only partially met it because we were unable to demonstrate evidence of defined benchmarks and adherence to those in relation to timelines for registration processes.

On August 31, 2023, Ontario Regulation 508/22 – Registration Requirements under the *Regulated Health Professions Act, 1991*, came in force. This regulation established timelines for processing applications for registration. The College meets these timelines.

For other registration panel processes, best practice has been to provide a written decision 30 days or less following a panel of the Registration Committee. This data is tracked and reported in Registration Committee reports to the Board on a quarterly and annual basis. Policy updates have been implemented to streamline panel processes and to avoid panel referrals where low-risk matters can be effectively handled by staff in accordance with criteria established by the Registration Committee. In addition, timelines for processing requests, such as class changes and new registrant conditions, are published on our website and on related forms. Staff adhere to these timelines wherever possible.

We submit a Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC) yearly. The 2023 report can be reviewed [here](#). In their 2023 review, the OFC placed the College in the low-risk category. Our next reporting year is 2025.

In May 2023, the College submitted a new proposed Registration Regulation to the Ministry of Health. The proposed regulation provides a modernized framework for registration requirements to ensure suitability to practise while supporting the evolution of midwifery care. Work is ongoing to develop new registration policies and processes to support the implementation of the proposed Registration Regulation should it be approved. These policies are intended to further streamline registration processes, tools, and decision-making. Benchmarks will be developed to support the implementation of the new Registration Regulation.

As the practise of midwifery continues to evolve, the College continues to adapt our processes, tools and information to support fair, transparent, impartial and objective registration practices. Work is ongoing to implement the competency-based assessment program, and this work is planned to be completed by the end of the current strategic plan in 2026.

In addition to establishing benchmarks, we have identified opportunities for improvement relating to strengthening panel referral information and systems. Our goal is to support better understanding of registrant requirements and panel outcomes, and to further update panel decision-making frameworks for better alignment with current midwifery practise and file complexity, to continue to facilitate proportionate and consistent decision-making.

As a result of the above, this standard continues to be partially met in 2023–24.

Observations and Opportunities

Conducting this year’s internal review for the period of April 1, 2023 – March 31, 2024 provided an opportunity to learn from the process and to identify opportunities for ongoing learning, development, and improvement in the interest of continuing to demonstrate our commitment to regulatory excellence.

The Regulatory Performance Measurement Framework (RPMF) was developed to objectively evaluate our regulatory performance. While not legislatively mandated, we made a voluntary commitment to evaluate our performance and to demonstrate our success in regulating in the public interest. This framework allows us to review, evaluate, and report on our performance using a set of standards that are based on our legislative mandate and expected outcomes.

In 2019, the Ministry of Health launched the College Performance Measurement Framework (CPMF), and all health regulatory colleges are required to submit this report on an annual basis. The College has submitted CPMF reports since 2020, and all reports are available on our [website](#). The CPMF tool was developed by the Ministry of Health, Ontario’s health regulatory colleges, subject matter experts, and the public with the goal of strengthening accountability and oversight of Ontario health regulatory Colleges and to help Colleges improve their performance in executing our mandate to act in the public interest.

The CPMF framework includes seven measurement domains, and 14 standards as follows:

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

Within the tool each standard outlines required evidence or criteria for meeting the standard.

While there is overlap in the domains and standards of the Ministry’s CPMF and the College’s RPMF (both are focused on helping to ensure effective regulatory practices in carrying out our public interest mandate), there are also some differences. Given that we are now required to submit annual CPMF reports, staff have considered whether our internal review is a duplication of work.

Both reports are based on data and evidence, but the College’s RPMF emphasizes file and public register audits and there is value in this process. While the College’s RPMF is focused on evaluating and reporting on our performance using a set of standards that are based on our legislative mandate and expected outcomes, the Ministry’s CPMF includes standards that go beyond this and includes standards related to College operations, such as resources, information management and working with system partners.

We have also noted that as public expectations have shifted since the development of our RPMF, as the framework does not currently reflect our commitment and work in the area of equity, diversity, and inclusion. The Ministry’s CPMF does include requirements for Colleges to report on their diversity, equity, and inclusion plans.

Significant time and staff resources are required to conduct the internal review using the College’s RPMF and therefore it must be a meaningful undertaking. We also recognize that based on the results of the most recent review, the College continues to demonstrate sound regulatory practices and ongoing work in meeting our regulatory objectives and strategic priorities.

Conclusion and Next Steps

Based on the 2023-24 review, the College has improved or continues to meet the performance standards in all areas, with the exception of one standard which continues to be partially met. Work is already being undertaken to meet the defined evidence of compliance for this standard. We are proud of the ongoing work of the College in effectively demonstrating our value as a regulator and continuing to meet our strategic objectives.

The College completes several accountability reports each year, including the Ministry’s CPMF, an Annual Report, Committee Reports to the Board, and OFC reports. The RPMF is still relevant as an internal review and audit to maintain accountability in accordance with the established standards.

To continue to fulfill our commitment to ongoing continuous improvement, transparency and accountability, the following will be completed by March 31, 2026:

- We will establish benchmarks for registration processes and a system for publicly reporting our performance against these benchmarks, for example in the Registration Committee's annual report to the Board.
- We will update the RPFM to ensure the framework and standards reflect current best practice in regulatory performance and develop a review and reporting plan, as part of our data strategy, to enable the College to continue to demonstrate how we meet the regulatory standards on an ongoing basis. This can be achieved by building in regulatory performance data indicators into our existing accountability reports.

This work will be built into upcoming strategic, operational, and work planning which will be conducted in the coming year and reported to the Board accordingly.