



April 30, 2025

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay St
Toronto, ON M7A 2J3

Dear Deputy Premier Jones:

RE: Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in Other Jurisdictions

We are grateful for the opportunity to share our feedback on your government's proposal for Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in Other Jurisdictions and support initiatives to increase access to midwifery care in Ontario. In reviewing the proposal, we have identified several areas that could be strengthened, and provided solutions that we believe protect the public while supporting labour mobility.

In addition, over the past few years, the College of Midwives of Ontario has identified a notably high number of midwives leaving the profession in Ontario, primarily to practise in another Canadian jurisdiction. We are concerned that, without intervention, the people of Ontario will not have access to adequate numbers of qualified, skilled, and competent midwives in the future. We are seeking to collaborate with the Minister to address this trend and continue our mandate of ensuring Ontarians who choose midwifery care are able to access safe, ethical care, provided by skilled practitioners.

Our recommendations are grounded in both the regulations and the guidelines that were established when the initial "As of Right" rules were introduced in 2023. We have organized our feedback by area to address the key questions raised in your proposal.

Area 1: Assessment of professional suitability

The College respectfully asks the government to reconsider aspects of the proposed process, particularly where responsibility for assessing eligibility and professional suitability appears to rest primarily with the applicant, with only limited employer involvement. In many cases, employer checks may be confined to interviews or verifying registration status—yet not all Canadian jurisdictions maintain accessible or current public registers. Moreover, employers are not required to assess an applicant's prior professional conduct or criminal history, which raises concerns given that these individuals will be providing care to a vulnerable population. At a time when there is pressure to fill midwifery position vacancies, staffing decisions may inadvertently prioritize workforce needs over public protection. The College believes these gaps warrant closer attention to ensure the hiring process remains robust and focused on public safety.

The College emphasizes that assessing professional suitability (including good character) is not an area where shortcuts or deviations from standard processes are acceptable, as it is fundamental to safe, ethical, and competent care. Unlike clinical skills, which can, to some extent, be developed under supervision, professional suitability must be clearly established before an individual provides clinical care. The College would also point out that beyond administrative requirements, the key registration criteria for labour mobility applicants is meeting the professional suitability requirement. This is not a barrier, but an essential safeguard that reflects the shared commitment to public protection.

Recommendation:

At this time, the College recommends the Ministry implement more robust guidelines beyond what was initially envisioned with the “As of Right” rules in 2023. Most regulatory colleges already have multi-layered processes in place, and it would be in the public interest for colleges to conduct the assessment of professional suitability before the applicant can begin practising. This approach would uphold public protection while supporting an efficient registration process.

Alternatively, employers could be required to make it a condition of employment that applicants provide a letter of professional standing from regulators where they were and are currently registered, along with a current vulnerable sector check.

This recommendation applies to whether the “As of Right” rules extend to other health professions, or if the regulators were required to automatically recognize another provincial/territorial certificate of registration as a valid Ontario certificate of registration.

Area 2: Exemption would apply to all practice settings

Two key issues relating to practice settings arise from this proposal. First, it places a significant burden on midwifery practices and birth centres—already strained by the health human resources shortage—to ensure that individuals meet the professional suitability requirements to practise safely and ethically. This would require practice settings to assume administrative and regulatory responsibilities that are typically handled by the College, particularly in areas such as registration and professional conduct, where they may lack the necessary expertise or capacity. Placing these additional responsibilities on midwifery practices and birth centres may not ensure public protection in all scenarios and risks undermining the principle of professional self-regulation. Second, the proposed exemption raises concerns about fairness and consistency within Ontario’s midwifery system. Midwives currently registered in the province often face significant delays when seeking to expand their practices or access funding through established pathways such as the Ontario Midwifery Program (OMP). In contrast, the exemption could allow individuals not registered in Ontario to bypass these processes, gaining quicker access to client caseloads, practice opportunities, and financial stability. This discrepancy may undermine the integrity of existing government systems and the principle of free health care and could even incentivize Ontario midwives to resign, register elsewhere, and return under the exemption to gain greater flexibility and faster access to work in their own province.

Midwifery in Ontario is structured with a strong emphasis on public accountability, community integration, and regulatory oversight by both the College and the provincial government. Allowing out-of-province midwives to practise independently or within for-profit institutions (provided they carry comparable insurance) would represent a significant departure from this model. Currently, registered midwives in Ontario are insured through HIROC, which covers only publicly funded health services, reinforcing midwifery's integral role in the public health care system. This exemption risks opening the door to privatization and deregulation, which could undermine public trust and, more importantly, erode the publicly accountable, community-integrated model of care that supports safe and effective midwifery in Ontario. Registered midwives are subject to strict regulatory oversight and practice standards—standards that may not apply to those practising under the exemption—potentially creating a two-tiered system that privileges private interests over public accountability and equity.

Additionally, it is unclear whether any “practice setting” under the exemption must involve providing in-person care in Ontario, or whether an individual could offer care to clients residing outside the province and charge privately. This lack of clarity further complicates oversight and could open the door to unregulated or unsafe care models.

Recommendation:

To support the success of the proposed exemption while safeguarding public protection, the College strongly recommends that professional suitability screening be completed by the College as previously recommended, before an individual begins practising under the exemption. In addition, the College recommends that midwives working under the “As of Right” exemption be limited to practising as employees of larger health institutions with adequate oversight, rather than allowing independent practice.

Midwifery care under the “As of Right” exemption should also be required to be provided in person and within the publicly funded health care system in Ontario. These safeguards are necessary to maintain oversight, ensure safe and ethical care, and preserve the integrity of midwifery services within the public health framework.

Area 3: Equivalent of a certificate of registration

In midwifery, certificates of registration can carry nuanced restrictions not always captured by the absence of terms, conditions, or limitations. For example, a registrant may be practising under supervision, as a new registrant, or with a transitional certificate. Even within the general class, registrants are expected to perform procedures and provide care only in those areas where they are competent. A recent example is the Designated Drugs and Substances Regulation, which requires midwives in any class to complete specific training should they wish to independently prescribe or administer controlled drugs and substances.

While regulators must honour labour mobility provisions and mirror the certificate from the applicant's home jurisdiction, vague regulatory language for the “As of Right” rules may not provide sufficient assurance that appropriate control will be maintained. This

could result in applicants practising without limits during the six-month period, increasing the risk that they may work beyond their competencies if employers are unaware of previous or current limitations.

Recommendation:

The College's recommendation has two key components. First, as is the case for nurses and respiratory therapists (O. Reg. 196/23 and 199/23), the College recommends that only applicants who currently hold a general certificate of registration—without any terms, conditions, or limitations—be considered eligible. Second, the College recommends implementing a mechanism to ensure that both the employer and the applicant are accountable for ensuring the applicant only practises within their area of competence, which is consistent with the professional standards expected of the College's registrants.

Area 4: Professional Conduct

A significant concern is that individuals authorized to practise under the exemption, but not yet registered with the College, fall outside the scope of regulatory oversight. The current guidelines appear to place the responsibility on employers to manage concerns through their internal processes when issues related to conduct, competence, or capacity arise. This approach may be inconsistent across settings and does not guarantee impartiality or accountability. Clients who have a concern about the care they received from an individual practising under the exemption have no clear avenue to raise their concerns with an independent regulatory body, which may compromise public trust and public safety.

Several public protection gaps have been identified based on the proposed arrangement:

- As previously stated, employers do not have the expertise or capacity to handle these matters. The proposed model assumes that all practice settings have mechanisms in place to address conduct and competency issues. In reality, midwifery practices are required to make mandatory reports to the College under section 85.5 of Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA). This section requires employers to report the termination, revocation, or suspension of a registrant when concerns involve professional misconduct, incapacity, or incompetence. These processes rely on the College's regulatory framework to manage such matters.
- In cases of serious wrongdoing or professional misconduct, the guidelines recommend that employers notify the relevant Ontario health regulatory college. However, the guidelines acknowledge a key limitation of the "As of Right" provisions: applicants practising under these exemptions are not subject to the RHPA. As a result, the College has limited oversight, and in cases of serious wrongdoing or professional misconduct, the only available recourse is to deny an application for a certificate of registration.

Further, this solution has significant limitations —particularly if the applicant never intended to practise long-term in Ontario or if the misconduct only comes to light after the College has already issued a certificate of registration. In such cases,

the College's ability to act meaningfully is reduced, further weakening public protection.

- The guideline also states that, in cases of serious wrongdoing or professional misconduct, the employer should notify the applicant's originating regulatory body. However, this may be challenging in practice, as employers could be restricted by privacy legislation from disclosing such information. Finally, it is important to note that regulatory colleges outside Ontario may not have the authority to investigate or hold their members accountable for conduct that occurs outside their jurisdiction.

Collaboration and information flow between regulators across the country is a cornerstone of effective labour mobility and is essential to upholding public protection at the pan-Canadian level. This system relies on mutual trust that regulators will be informed and have the authority to address serious concerns that arise within their jurisdiction appropriately.

- The guidelines do not require employers to verify whether an applicant has been previously investigated or convicted of an offence, nor do they outline the steps to take if an individual is subject to a criminal investigation or conviction while practising under the "As of Right" exemption. This raises significant concerns, particularly given that these individuals will be providing care to a vulnerable population.

These gaps jeopardize public protection and risk eroding public trust in the health care system, the regulatory system, and the profession as a whole.

Recommendation:

The College recommends that the new regulation explicitly allows the College to investigate complaints and address conduct through its normal regulatory processes, once the individual becomes a registrant with the College—even if the conduct in question took place while they were practising under the "As of Right" exemption, prior to registration. Since the Ministry's guidelines advise applicants to familiarize themselves with the College's professional policies, standards, and bylaws, it is reasonable to expect that, once registered, individuals are held accountable to those standards for any prior conduct.

This recommendation does not seek retroactive authority over individuals who are not registrants, but rather ensures that once someone joins the profession in Ontario, the College can hold them to the same standards as all other registrants. While this solution does not address all of the public protection gaps created by the "As of Right" framework, it represents an important step within the College's regulatory authority to uphold accountability. Expanding this authority would allow the College to more consistently fulfill its public protection mandate by ensuring accountability and upholding the highest professional standards. It would strengthen the College's ability to fulfill its public protection mandate and protect the right of clients to seek recourse against College registrants, including access to

legal remedies and support programs—such as funding for therapy and counselling for individuals alleging sexual abuse—as provided under the RHPA.

Area 5: Seeking clarity on implementation

- *Advising system partners and the public*
At present, the College collaborates with system partners—such as the professional association (for liability insurance), the Primary Health Care Branch (for funding), and hospitals (for privileging)—to ensure timely and accurate updates on registrant status. This coordination not only serves to protect the public but also supports the operational needs of Ministry-run programs that rely on accurate registration data. In addition, the College currently fulfills a public protection function by maintaining and updating the public register. Can you confirm whether the College will be expected to extend these processes to include individuals practising under the exemption?
- *Submitting an application to the College*
Under the previous “As of Right” rules, the regulatory language stipulated that the individual could not begin working until they have submitted an application for a certificate of registration with the College. There are multiple components that constitute an application—these include, but are not limited to, completing the required form, providing supporting documents such as proof of professional liability insurance and evidence of current registration in another Canadian jurisdiction, and paying the applicable application fee. Therefore, when the College refers to “submitting an application,” it means the submission of all required elements—not just the form itself. Additionally, the College does not process application forms that are incomplete. Could you please clarify what was intended to constitute a “submitted application” for the purpose of initiating the “As of Right” rule?
- *Ensuring that midwives can practise safely*
Since a midwife practising under the “As of Right” exemption is authorized to provide the same clinical care and operate within the same scope of practice as a registered midwife, could you please clarify how this will be implemented operationally? How can all midwifery clients be assured that they continue to receive the same high level of care and service, in alignment with the profession’s standards of practice, without facing bureaucratic barrier that hinder access or delay care?
- *Repeated access to this pathway*
Can you confirm that safeguards would be put in place to ensure that individuals only have access to this pathway once, rather than allowing their application to lapse and restarting the process—thereby avoiding the requirement to ever practise under the authority of the College?

Conclusion

Thank you for considering our feedback on this proposal. The College shares the government's goal of allowing competent, skilled, and knowledgeable midwives to practise in Ontario, and appreciate the government's efforts to facilitate registration and practise of new professionals.

The College monitors registrant numbers every year and has implemented several changes to address attrition from the profession and the resulting risk to midwifery access. We have approached the problem in several ways, including increasing the pathways for new midwives to enter the profession, reducing barriers to sustainability to support midwives staying in Ontario, and aiming to support the sustainability of the profession by ensuring regulatory requirements are achievable and proportionate. We have:

- Expanded routes of entry to the profession, despite limitations in the current Registration Regulation. We approved recognizing midwifery education program graduates from across Canada, not just from Ontario; created an Orientation and Assessment Pilot Program to provide a path of entry for internationally educated midwives; and approved Toronto Metropolitan University's International Midwifery Preregistration and Bridging Program as a new pathway for internationally educated midwives.
- Changed our Fees and Remuneration By-law to enable us to freeze registrant fees. We froze registrant fees in all classes in 2024 and in 2025. We also highlight that we have long maintained the practice of reducing the financial burden for midwives entering the profession by prorating fees for new registrants as they enter practice.
- Submitted changes to the Registration Regulation to the Ministry to add the Emergency Class, along with proposed amendments that would enable midwives to practise in expanded and more flexible ways. These changes aim to support sustainability throughout different stages of midwives' lives and careers, while maintaining clinical currency and ensuring public safety. They are also expected to improve access to midwifery care, helping to reduce the burden on the broader health system and on physicians. We are currently awaiting the Ministry's response.
- Complied with every government directive to reduce barriers to registration; exceeding all of the related performance standards in the College Performance Measurement Framework and being deemed low risk by the Office of the Fairness Commissioner.

The College would welcome any opportunities to collaborate further with the Ministry to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled, and competent midwives.

Regards,

Kelly Dobbin

Kelly Dobbin
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College of Midwives of Ontario