

COLLEGE OF  
MIDWIVES  
OF ONTARIO



ORDRE DES  
SAGES-FEMMES  
DE L'ONTARIO

# **ANNUAL REPORT**

**2006-2007**



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# PRESIDENT'S MESSAGE

I am pleased to present the 2006-2007 Annual Report of the College of Midwives of Ontario (CMO).

This is a critical time in the history of midwives in Ontario, and for maternity care in general. The drivers that affect the health care system as a whole – increased demand for access to services, a system burdened by increasing costs, growing awareness of issues of choice and quality on the part of consumers, system transitions that include a move to a regional model and more collaborative care – have impacted and will continue to impact midwives and the women and families that they serve.

We have seen these forces playing out in the growing maternity care crisis in Ontario, in the number of women choosing but unable to obtain care by their choice of provider and in their choice of setting, and the continuing challenges midwives have experienced in integrating into hospitals across the province. Having said that, we have also seen tremendous progress in the increased awareness and demand for midwifery care in Ontario. More midwives are delivering more babies – in excess of 10,000 last year.

Our profession is growing and the opportunities for midwives to contribute their expertise, their dedication to a high standard of care, and their commitment to working in partnership with childbearing women will continue to increase over the next year. The growing emphasis that is being placed on multidisciplinary primary maternity means that midwives, who have always worked from a philosophical base that recognises and utilizes the benefits of collaborative care, will be well poised to play a key role in increasing the availability and quality of maternity services for all women.

In closing, I want to take this opportunity to express my gratitude to the College's Council and staff, who worked hard over the past year in order to develop the infrastructure needed to participate fully in supporting our members in taking advantage of the myriad of possibilities that are becoming available to them as primary care providers. We know that the gains that were made over the past year have positioned the College to be an active collaborator in bringing quality maternity care to the women of this province.

Mylene Shields, BHSc, RM  
President

# ABOUT THE COLLEGE

## **Vision**

Midwifery care in Ontario is defined and guided by a history of ongoing support for community-based midwives working in partnership with childbearing women. The College envisions a time when every community and every woman in the province has midwifery care as an accessible and viable option for childbearing.

## **Mission**

The College of Midwives of Ontario ensures that its members provide the highest standard of care to their clients through its regulatory processes. The regulatory processes provide an exemplary model of care for the profession by providing standards and guidelines for the midwives that ensure quality of care and protection of the public. The College establishes ethical standards that speak to individual and community needs, encouraging informed choice for the client and the participation of women. The College accomplishes these goals in an atmosphere that is responsive to the public and its members.

## **Mandate**

The mandate of the College is to regulate the profession of midwifery in accordance with the *Regulated Health Professions Act, 1991*. The primary responsibility of the College is the protection of the public, specifically the childbearing women and their infants to whom its members provide care.

As the regulatory body for the province's registered midwives, the College's main function is to administer the *Midwifery Act* in the public interest. The College was established under the *Regulated Health Professions Act, 1991* to:

- Regulate the practice of the profession and to govern the members in accordance with the legislation, the regulations and the by-laws;
- Develop, establish and maintain standards of qualification for persons to be issued certificates of registration;
- Develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession;
- Develop, establish and maintain standards of professional ethics for the members;
- Develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *RHPA, 1991*;
- Provide protection to the public by regulating the profession.

# ACTIVITIES & ACCOMPLISHMENTS

## HIGHLIGHTS

- Implementation of senior management restructuring, overseeing the ongoing management and staffing changes
- Implementation of the second phase of strategic plan initiatives
- Ongoing work on developing the National Midwifery Exam
- Successful piloting of the National Exam, with handover of the Canadian Midwifery Regulators Consortium (CMRC) to the College of Midwives of Manitoba
- Continued collaboration with related provincial and national stakeholders

### **Senior Management Restructuring**

The restructuring of the College's senior management team has enabled it to enhance the quality of service it provides to its members and to meet more effectively the challenges posed by the current shortage of maternity care providers in Ontario.

The realignment of senior staff functions has improved our capacity to network and to foster relationships with the government, other colleges, and family health teams, as well as national and international midwifery organizations.

### **Staffing**

The College experienced a substantial transition in human resources. In order to fill the positions, consultants and temporary administrative support were used.

### **Strategic Plan Initiatives**

In December 2004, a three-year strategic plan was developed by Council members and staff. The College has met the majority of the second year strategic goals, while accomplishing its regulatory functions. The plan has identified three primary priorities that continue to guide College initiatives.

#### **Priority 1: Structure**

*Change and improve organizational structure and processes*

Identified actions include:

- Put new structure in place
- Improve space, workplace efficiency, and availability of required technologies
- Improve the efficiency and effectiveness of Council meetings

#### **Priority 2: Midwifery**

*Protect, promote, and advance midwifery*

Identified actions include:

- Participate in solving the maternity care crisis
- Increase availability and access to midwifery care
- Confirm the three main tenets of midwifery: informed choice, continuity of care, and choice of birthplace

- Ensure that the College is recognized as a leader in promoting these tenets and that it has a voice
- Improve the buy-in from other health professionals, government, and consumers
- Improve integration into hospitals

### **Priority 3: Midwives**

*Facilitate members/midwives to meet the Colleges requirements*

Identified actions include:

- Improve current regulatory requirements
- Reduce stress and reporting time for midwives
- Assist midwives in continuing to be knowledgeable and informed

### **National Midwifery Exam**

*Registration Regulation* amendments that will allow for the implementation of the national exam will be circulated to the College members for their feedback. The College will be working with the Canadian Midwifery Regulators Consortium to evaluate members' comments.

In 2006 the exam was administered to 16 internationally educated candidates from British Columbia, Alberta, and Manitoba. Candidates were educated in a variety of countries and had a range of midwifery experience. There was a wide range of scores, and the majority of candidates were within the passing range. Review of the testing process resulted in minor revisions to the exam and to the marking guide.

The College is looking forward to the May 2008 target date that would require all applicants for registration to complete the national exam. The national exam is a positive step in protecting the public, and it ensures labour mobility. It will allow for the pooling of resources amongst provinces, maintaining valid and secure questions, and facilitating upkeep of exams. It will bring midwives in line with many other professions that require a national exam.

### **Regulations**

The College has proposed amendments for Designated Drugs, Laboratory and Diagnostic Imaging, Registration, and Professional Misconduct Regulations before the Ministry of Health and Long-Term Care. The submissions before the Ministry include rationales, recommendations from stakeholders, and feedback gathered from member consultation and legal counsel.

### **Designated Drugs Regulation**

Amendments were originally submitted in September 2005. The College was asked for supplemental information to support its requests. In December 2006 the Minister introduced Bill 171, the Health Systems Improvement Act; amendments were made that will allow the College to designate categories of classes of drugs in addition to individual drugs. The College must await the development of Ministry policies prior to making amendments for classes.

### **Laboratory Testing and Diagnostic Imaging**

The amendments and rationales have been submitted to the Ministry, and approval is pending.

### **Registration Regulation**

In September 2006, after considering members' comments, Council re-submitted the Registration Regulation amendments upon request of the Direct Payment and Regulatory Programs Policy Unit (DPRPPU). Approval is expected in late 2007. The requirement for completion of a registration exam is to be submitted before year's end and will be incorporated in time for the May 2008 exam.

### **Professional Misconduct Regulation**

Amendments to this regulation provide for more specific descriptions of misconduct. In 2001 the College submitted its proposals for changes, and it will submit supplemental information in May 2007 for Ministry review.

### **Membership**

As of March 31, 2007, the College had 367 registered members. In fiscal 2006-2007 the College registered 52 new midwives, two midwives were suspended, and 20 members resigned, retired or were revoked. The 52 newly registered members consist of 40 graduates of the Midwifery Education Program, 10 graduates of the International Midwifery Pre-registration Program, and two members transferred to Ontario through the Mutual Recognition Agreement (MRA).

### **Communications**

Communiqués dealing with regulatory and professional practice matters were sent to members throughout the year. Website updates provided members with easy access to reporting forms and the current activities of the College. The website continues to provide current documents to facilitate access to midwifery care and an understanding of the profession for the Ontario public.

### **Member Forums**

It was decided to hold the members' forums in the autumn of 2007 to accommodate staff turnover and to align the timing of the forums with the College's three-year strategic planning timeline.

# INTRA-PROFESSIONAL PARTICIPATION

## *Provincial*

### **Stakeholder Participation**

#### **Association of Ontario Midwives (AOM)**

The College and the AOM continue to collaborate on efforts to promote the profession. Crucial among the two groups' shared concerns is communication with members, seen as vital to integrating the interests of the groups' shared membership. As well, the two organizations are working jointly on policies and procedures that have an overlapping impact on them both. The College's president, registrar and deputy registrar attended the AOM's annual general meeting in June.

#### **International Midwifery Pre-Registration Program (IMPP)**

The International Midwifery Pre-Registration Program (IMPP) has initiated revisions to the Midwifery Language Proficiency Test. Also, it is now using a new Clinical Experience form to report to the College on IMPP graduates. The new form ensures that the College has all the information it needs in a clear format.

#### **Midwifery Education Program (MEP)**

The College and the MEP continue to work together. The College presented at the professional issues intensive in December. The College participated in a stakeholder strategy meeting facilitated by the MEP regarding the resubmission of the MEP's midwifery program expansion proposal to the Ministry. The College provided valuable input regarding the potential impact on the College, particularly if the program expands too quickly.

#### **Midwifery Pilot Project Review Committee (MPPRC)**

The Midwifery Pilot Project Review Committee (MPPRC) consists of representatives from the College, the Association, and the Education Program. It was established to review midwives' proposals to develop innovative approaches to the provision of midwifery care. The MPPRC decided to suspend temporarily its consideration of project applications until it can improve data collection and evaluation processes that will enable it to determine the impact of pilot projects on the community, the profession, and on funding.

#### **Allied Health Human Resources Database**

The College participated in the Health Human Resources Allied Database that is funded by the Ministry of Health and Long-Term Care and is intended to inform the potential creation of a province wide database to support planning, research and policy activities related to allied health professionals in Ontario.

## *National*

### **Canadian Midwifery Regulators Consortium (CMRC)**

The College successfully transferred its responsibilities as chair and secretariat for CMRC to the College of Midwives of Manitoba. The CMO will continue to participate in CMRC's activities, including the National Assessment Strategy (NAS) and narcotics prescription and administration by midwives.

The College participated, together with other regulators, in a national advisory committee to develop a "Policy Framework for Granting Authorities to Health Professionals other than Practitioners under the Controlled Drugs and Substances Acts". Once the federal ministry approves legislation to allow non-physicians to prescribe narcotics, the provinces and territories will then be able to create their own legislation to allow the same. The CMRC has developed a guideline for its members to assist in preparing them for provincial regulation once the federal legislation is handed down to the provinces.

### **National Assessment Strategy (NAS)**

The work of the NAS research project has been completed. Its steering committee is now called the National Exam Steering Committee.

### **Office of Controlled Drugs and Substances (OCDS)**

The Office of Controlled Drugs and Substances oversees the Controlled Drugs and Substances Act. As a CMRC member, the College participated in the development of a proposal to expand the authority of midwives to prescribe and administer controlled substances.

### **Canadian Association of Midwives (CAM)**

The president and deputy registrar attended the CAM conference in Ottawa. The conference provides an important opportunity for networking and discussion of midwifery at a national level.

# COUNCIL

The role of Council is to act as the Board of Directors. Council sets the strategic direction of the College and manages and administers its affairs. The Council of the College consists of thirteen members: seven professional members elected by their peers and six public members appointed by the Lieutenant Governor of Ontario. Council members work in partnership to govern the profession of midwifery in Ontario. To this end, it participated in a governance workshop.

Council undertook a self-evaluation process in order to improve its performance and its service delivery to College members. Also, Council is working to develop and adopt a set of core values, intended to aid the College in its decision-making process.

## Council Members

**April 2006-March 2007**

### Professional Members

Mylene Shields, RM	President	April 2006 - March 2007
Carron Canning, RM	Vice President	April 2006 – March 2007
Kay Hanson, RM		April 2006 – September 2006
Alison Lavery, RM		April 2006 – March 2007
Andrea Lennox, RM		September 2006 – March 2007
Ann Montgomery, RM		September 2006 – March 2007
Diane Parkin, RM		April 2006 – March 2007
Meghan Shuebrook, RM		April 2006 – March 2007

### Public Members

Pawanjit Gosal	Vice President	April 2006 – December 2006
Pawanjit Gosal		December 2006 – March 2007
Barbara Herron	Vice President	December 2006 – March 2007
Barbara Herron		April 2006 – December 2006
Ruby Dosanjh-Lailna		April 2006 – June 2006
Samantha Heiydt		June 2006 – March 2007
Fatima Kapasi		April 2006 – March 2007
Judy Nosworthy		April 2006 – March 2007
Eleni Palantzas		April 2006 – March 2007

## College Staff

Registrar	Rena Porteous	April 2006 – August 2006
Acting Registrar	Robin Kilpatrick	August 2006 – November 2006
Acting Registrar	Katharine McEachern	December 2006 – March 2007
Deputy Registrar	Robin Kilpatrick	April 2006 – August 2006 and February 2007 – March 2007
Director of Operations	Katharine McEachern	April 2006 – November 2006
Executive Assistant	Colleen Vandeyck	April 2006 – March 2007
Registration Coordinator	Jill Moriarty	April 2006 – March 2007
Administrator, Quality Assurance	Naakai Garnette	June 2006 – March 2007
Coordinator, Investigations, Hearings & Quality Assurance	Naakai Garnette	March 2007
Administrative Assistant	D'Arcy Atkinson	April 2006 – August 2006
Secretary	Norma Gibbs	April 2006 – July 2006
Bookkeeper	Kim Bungler	October 2006 – February 2007

Temporary administrative support was used throughout the year.

# COMMITTEES

There are seven statutory committees established by the *Regulated Health Professions Act (RHPA)*, the compositions of which are in accordance with the College by-laws:

- Executive
- Client Relations
- Complaints
- Discipline
- Fitness to Practise
- Quality Assurance
- Registration

These committees have the legislative responsibility to carry out specific statutory functions that are key components of self-regulation.

All committees completed their work plan for the year and reviewed terms of reference.

## **Executive Committee**

The Executive Committee oversees all the work of the College by providing direction to staff, planning and conducting Council meetings, representing and exercising the powers of Council as necessary, initiating, reviewing, and approving policies and regulations, and directing investigations. The Executive Committee has the power to make decisions on behalf of the Council with respect to matters that require immediate attention.

The Executive Committee and its working groups met regularly in order to effectively conduct Council business throughout the year.

The Committee accomplished the following:

- provision of feedback to the College of Physicians and Surgeons regarding changes to its Registration Regulation
- "Leadership through Transition" training
- continued work on the National Bridging Program
- revisions to personnel policies, improved reporting requirements
- revised terms of reference
- oversaw Council self-evaluation
- periodic review of strategic plan
- approved monthly financial reports
- by-law changes
- appointed Board of Inquiry for potentially incapacitated member
- approved annual budget and audit
- monitored impact of changes stemming from Bill 171 – The Health Systems Improvement Act
- reviewed committee/workgroup plans and terms of reference
- re-evaluated the 2004 organization review
- activities related to retention and oversight of the Registrar/CEO

The Executive Committee appoints and directs the activities of the following Working and Program Planning Groups:

- Election and Nomination Working Group
- Finance Working Group
- Internal Risk Management Working Group
- Privacy Working Group
- Scope of Practice Working Group
- Event Planning Program Planning Group
- Quality Assurance Program Planning Group
- Registration Program Planning Group

The work accomplished by these Work and Program Planning Groups includes the following:

- The Election and Nomination Working Group oversaw the election and nomination process to the Executive Committee as well as the nomination and election process of professional members to the Council.
- The Finance Working Group prepared and monitored the budget for presentation and submission to the Ministry of Health and Long-Term Care.
- The Finance Working Group planned for the creation of departments within the College.
- The Internal Risk Management Working Group added information to the website regarding discipline summaries, and it published features in *Lessons Learned*.
- The Privacy Working Group ensured that the College has fair information practices that comply with the federal and provincial privacy legislation.
- The Privacy Working Group ensured that the principles of the College's Privacy Code are upheld.
- The Scope of Practice Working Group reviewed the midwifery scope of practice under Council's direction and suggested amendments to the *Midwifery Act*.
- The Scope of Practice Working Group determined that laryngeal mask airways are within the scope of practice.
- The Quality Assurance Program Planning Group worked to accommodate a change in auditing, from auditing individual members to auditing all the members of a group practice.
- The Quality Assurance Program Planning Group made revisions to the auditing program, including the number of practices/midwives to be audited each year, changes to eligibility criteria, and the timing of the 2006 audits
- The Registration Program Planning Group held meetings with the IMPP.
- The Registration Program Planning Group helped to develop the form for the national exam.
- The Registration Program Planning Group developed education materials for College members.

### **Client Relations Committee**

The Client Relations Committee is mandated to develop and implement policies and procedures to prevent sexual abuse of clients and to define appropriate professional relations between the members of the College and their clients. The intent of a mandated client relations program is to augment professional behaviour, and to increase awareness of and build a prevention framework for problems such as sexual abuse. It is the responsibility of the Client Relations Committee to investigate sexual abuse complaints, of which there were none in the past fiscal year. There has never been an allegation of sexual abuse made against a College member.

### **Complaints Committee**

The Complaints Committee is mandated to investigate complaints concerning the conduct of members to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. The Committee appoints a panel to consider each complaint and may resolve the complaint or refer it to the other committees.

In fiscal year 2006-07, the Complaints Committee considered 18 new complaints, of which seven were resolved.

### **Discipline Committee**

The Discipline Committee is mandated to conduct hearings to deal with allegations of a member's professional misconduct or incompetence upon referral from either the Executive or the Complaints Committee. Hearings are conducted in accordance with the *Regulated Health Professions Act*.

In the past fiscal year, there were no discipline hearings held.

The Committee began work on revising the Discipline Hearing Handbook and the Decorum Handout.

### **Fitness to Practise Committee**

It is the responsibility of the Fitness to Practise Committee to protect the public from members who cannot practice safely or competently due to mental or physical incapacity. Upon a formal referral from the Executive Committee, the Fitness to Practise Committee conducts hearings to investigate allegations of a member's incapacity to practise.

No Fitness to Practise Committee proceedings were held during this year.

### **Quality Assurance Committee**

The Quality Assurance committee is mandated to develop the standards, policies, guidelines and regulations for the practice of midwifery.

The Quality Assurance Committee accomplished a significant amount of work revising, developing, and implementing College regulations, standards, and policies. Members

were consulted and feedback was considered in the development of materials. The Quality Assurance Committee accomplished the following:

- developed educational material about the Ontario Smoke Free Act and a midwife's rights in a smoker's home
- reviewed the evaluations of the 2003-04 practice audits
- planned group practice audits
- revised the following policies:
  - policy on conditions for safe practice
  - policy on practice protocols
  - practice audit selection process

### **Registration Committee**

The Registration Committee is mandated to provide direction to the College and the Registrar with regard to registration processes.

The Registration Committee accomplished the following:

- revision of the IMPP Supervision Plan Template
- revision of proof of certification deadlines for Neonatal Resuscitation Policy, Cardio Pulmonary Resuscitation, and Emergency Skills
- revisions to the Registration Regulation
- revisions to the Guidelines to the New Registrant's Policy
- reviewed proposed changes to the Emergency Skills Policy
- reviewed changes to the Guidelines to the New Registrant's Policy

# INTER-DISCIPLINARY PARTICIPATION

## *Provincial*

### **Federation of Regulated Health Professions of Ontario (FHRCO)**

The president attended the Annual General Meeting. The College continues to be an active member of FHRCO, and it benefits from the opportunity to exchange professional experiences and insights as well as partnering in cost sharing initiatives.

The College approved five key principles developed by the FHRCO in its *Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. The principles will be used by the Scope of Practice Working Group. They are:

1. Persons engaged in delegation (either doing or accepting the delegation) need to know that competencies are in place (knowledge, skills, ability and judgment);
2. The exercise of delegation is in the best interests of the patient;
3. The medical care provided is appropriate for the patient;
4. Proper documentation (record of care) is in place and the patient understands and accepts;
5. Effective two-way communication exists as to who does what on behalf of whom, for whom, and when (under what conditions).

### **Health Professions Regulatory Advisory Council (HPRAC)**

The HPRAC completed its review of the *Regulated Health Professions Act*, and it submitted its report, titled *New Directions*, to the health colleges for consultation. The HPRAC submitted its final report to the Minister of Health in April. The College's response to the HPRAC report was circulated to Council and to the Minister in June. The College requested amendments to specific areas of legislation in order to properly fulfill an important role in the maternity care model.

### **Midwifery Act Amendments**

We believe that the following amendments will enhance patient safety and allow midwives to contribute to the delivery of quality care.

1. The College requires an amendment to the authorized act to enable midwives to intubate newborns for the purposes of neonatal resuscitation. All other provinces that regulate midwifery have authorized this procedure; it is the one regulatory difference identified in the Mutual Recognition Agreement for Midwifery.
2. The College is requesting the re-wording of the authorized acts to remove the phrase "in the course of engaging in the practice of midwifery". This phrase limits midwives from using their skills in any other type of health care setting where they are not providing midwifery care, e.g., a prenatal care clinic.

3. The College requires clarification on the performance of certain procedures in order to determine whether amendments are required to ensure the delivery of safe primary midwifery care. Examples of these procedures are: applying a fetal clip, performing a scalp Ph, and manual removal of the placenta.

4. The College wishes to explore the possibility of an “extended class” option for registration for midwives working in areas of the province where an expanded role would enable midwives to provide additional services that are needed in the community and to ensure the availability of appropriate maternity care services. Examples are well woman and baby care beyond the six weeks postpartum currently in the scope of practice statement, as well as repair of 3<sup>rd</sup> and 4<sup>th</sup> degree tears.

The College explained that it is in the best interests of the health care consumers of Ontario to have a regulatory system that ensures a timely response to advances in health care. The College therefore recommended that an alternate mechanism be established for the processing of regulations that address items specific to clinical practice such as new medications and procedures since they are a constant in the delivery of proper health care in today’s environment.

### **Ontario Maternity Care Expert Panel (OMCEP)**

The Ontario Maternity Care Expert Panel has submitted its recommendations on the delivery of primary maternity care, on which the College was consulted, to the Ontario Women’s Health Counsel. The College will be consulting with other midwifery stakeholders on the recommendations, if and when they are made public. As well, the College will prepare a response for dissemination to its members and the public.

### **Ideas into Action**

The College participated in this conference, along with other midwifery groups, the medical and nursing professions, research groups, regulators, educators, and professional associations. Results were presented from four studies: Multidisciplinary Collaborative Primary Maternity Care Project, OMCEP, Babies Can’t Wait, and Integrated Maternity Care for Rural and Remote Communities. The participants identified key issues and developed strategies for addressing them, which they summarized in a report containing a series of proposals directed to the Minister of Health. As well, participants formed a stakeholders’ coalition to carry out strategic planning around the identified issues and to ensure that the government acts on them.

## ***National***

### **Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>)**

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>), funded by Health Canada, was created to address the human resource shortage crisis that exists in the provision of intra-partum care to pregnant women. The MCP<sup>2</sup> is developing a framework for the provision of quality maternity care by multidisciplinary teams. Midwives are included as a professional group in this project. The College continued to participate in the project throughout the year.

## **FINANCIAL STATEMENTS**

The College of Midwives of Ontario wishes to acknowledge the funding provided by the Ministry of Health and Long-Term Care (MHLTC). The financial support from the Ministry is essential in enabling the College to fulfil its responsibilities while it continues to develop and grow as a regulatory body.