

COLLEGE OF MIDWIVES OF ONTARIO

ANNUAL REPORT 2012-2013

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

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ABOUT THE COLLEGE

The College of Midwives of Ontario (CMO) is the self-regulating body of the province's 639 Registered Midwives. Ontario midwives provide primary care to women during pregnancy, labour and delivery and continue to provide care to mothers and babies during the first six weeks postpartum. Registered Midwives are available to their clients 24 hours a day during the course of care and attend births in hospitals or homes according to the woman's choice and to professional protocols.

In 2012/13, according to Better Outcomes Registry Network (BORN), Registered Midwives provided care to 17,536 women in Ontario. Of these women, 3,296 (18.8%) gave birth at home, 14,170 (80.8%) gave birth in hospital, 65 (0.37%) gave birth in another location, and 5 (0.029%) had missing location of birth.

Mission

The CMO ensures that its members provide competent and ethical care to the clients they serve. The CMO establishes standards that ensure its members are responsive to individual and community needs. The CMO promotes a model of care for the profession that encourages informed choice for the client and participation of women by providing standards and guidelines for the midwives that ensure quality of care and protection of the public. The CMO accomplishes these goals in an atmosphere that is responsive to the public and its members.

Mandate

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

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 CMO envisions a time when every community and every woman in the province has midwifery care as an accessible and viable option for childbearing.

MESSAGE FROM THE REGISTRAR & PRESIDENT

In March 2012, the College headed into the second half of our Strategic Plan (2011-2014) with an ambitious agenda, which included a comprehensive review and revision of the Registrant Binder, revision of the Indications for Mandatory Discussion, Consultation and Transfer of Care (IMDCTC) document, and revision of standards and policies as a result of the ongoing Policy Review. This included revising the Continuity of Care Standard, Alternate Practice Arrangements and the development of a Practice Assessment Workbook (PAW) as the new tool for random practice audits as part of the Quality Assurance Program. Quite unexpectedly, the government announced the decision to establish two birth centres by summer 2013. The Ministry of Health and Long-Term Care (MOHLTC) informed us that the College would be authorized to regulate the birth centres under the Independent Health Facilities Act. The decision for Council at that time was whether or not we were willing to let go of our Strategic Plan priorities in order to perform the functions necessary to regulate birth centres.

Council and staff both felt that the projects and activities that were planned and underway should not be sacrificed; some of them, like the IMDCTC revisions, were overdue and have significant impact on the delivery of care to the thousands of midwifery clients in care each year. Others, like the alternate practice arrangement procedures, were in response to member feedback on the model and have an impact on the quality of the working lives of midwives. We were not prepared to put any of this work aside. Council spent many hours in discussion assessing the ability of our small (but mighty) staff to manage the task of creating an entirely new program for assessment and monitoring of the birth centres while keeping the Council's strategic priorities on track. It was decided that with financial support from the MOHLTC we would be able to meet the obligations required by the birth centre project and continue to accomplish the important tasks of improving our regulatory processes and supporting our members to provide quality care.

We are both very proud of the accomplishments of the College and Council over this past year. Our staff, led by Deborah Adams, delivered quality work in all its projects and the Council led by Barbara-Ann Borland provided the thoughtful deliberation and diligence necessary to ensure the long-term security of the College and our ongoing commitment to regulatory excellence. Our heartfelt thanks and congratulations to all.

We were sad to say good-bye to our Registrar, Deborah Adams, in March 2013; however, we wish her all the best in her new position as Administrative Director at Mount Sinai Hospital. The College was strengthened by her leadership for the past six years.

We look forward to this fall when we will initiate a new strategic plan, welcome a new registrar, and host a roll-out of our completed projects to the membership and stakeholders.

In November 2013, the CMO will be saying farewell to Robin Kilpatrick, as she leaves her position here at the CMO after 20 years of leadership, dedication, vision and hard work. We look forward to the next 20 years of self-regulation under the direction of Robin's successor.

Representing the membership as President of the CMO, I would like to thank Robin for all that she has done for this profession and the women and babies we serve.



Barbara-Ann Borland, RM
President
September 2012-March 2013



Ann Montgomery, RM
President
February-September 2012



Robin Kilpatrick
Registrar

REPORT FROM COUNCIL

The Regulated Health Professions Act (RHPA) and the Midwifery Act require Council to establish and appoint seven statutory committees and to allow Council to establish other committees as members deem appropriate. The seven required statutory committees are the Executive; Quality Assurance; Registration; Inquiries, Complaints, and Reports; Discipline; Fitness to Practise; and Client Relations. Each committee includes representation of both appointed public and elected professional members of Council.

COUNCIL

Professional Members

Barbara-Ann Borland, President

Wendy Murko, Vice President (Professional)

Sara Booth

Tiffany Haidon

Mary Hunking

Tia Sarkar

Term Commenced September 2012:

Jan Teevan

Edan Thomas

Term Completed September 2012:

Ann Montgomery (appointed as past president/ex-officio for an additional year)

Sharon Swift

Public Members

Samantha Heiydt, Vice President (Public)

Caroline Brett

Gemma Salamat

Eleni Palantzas (resigned March 15, 2013)

Rochelle Dickenson (reappointed for three-year term)

Joan A. Pajunen (reappointed for three-year term)

EXECUTIVE COMMITTEE

Barbara-Ann Borland, Chair

Tiffany Haidon

Samantha Heiydt

Ann Montgomery, ex-officio

Joan A. Pajunen

Wendy Murko

Policies established by the College's Council direct the College's affairs. The Council consists of 14 members (one public position vacant): 8 professional members elected from the College's membership of Registered Midwives and 6 public members appointed by Order-in-Council of the Lieutenant Governor of Ontario to represent the public interest.

CMO Council Education Day "Protecting the Partnership: The Model of Midwifery in Ontario"

The Council of the College of Midwives of Ontario hosted Council Education Day "Protecting the Partnership:

The Model of Midwifery in Ontario” on November 14, 2012. The event was part of our ongoing work to protect and promote the partnership between women and midwives. It is through this partnership - which puts the woman at the centre of care - that midwives are able to act as effective guardians of normal birth and the CMO – as protector of the public - has a great deal invested in protecting both that partnership and normal birth.

Speakers presented on the history and growth of the profession in Ontario, evidence-based decision making, risk management and the importance of engaged self-regulation. The day also included the announcement of a new Council Award and an opportunity for attendees to discuss the issues raised by speakers. Attendees were asked to share the challenges they face in their efforts to protect the relationship with clients. The issues raised by participants will be used to help guide Council with their strategic planning review.

Presentations included:

- Elizabeth Allemang – Putting Women at the Centre: Historical Roots of the Ontario Midwifery Model
- Michael Klein – Where do midwives fit in the Canadian maternity care “system”?
- Joanna Noble – A Review of HIROC Claims
- Julie Maciura – Self Regulation: Protecting the Public Interest

Key Accomplishments - April 2012 to March 2013

Standards, policies, guidelines and statements

- Approved Jurisprudence Course as assessment tool
- Approved Record Keeping Standard for Midwives (Record Suite)
- Approved Position Statement – Non-Regulatory Issues
- Approved Position Statement – CPAP and Pulse Oximetry
- Amended Policy on Continuing Competency in Emergency Skills
- Approved Reissuing a General Certificate to the holder of an Inactive Certificate Policy
- Approved Criteria for Approval of Supervisors Policy
- Approved Conflict of Interest Policy
- Revised Policy on Blood Borne Pathogens

Regulations

- Amendments to the Quality Assurance Regulation passed
- Amendments to the Registration Regulations were passed

Projects

- Policy Review (IMDCTC & Binder review)
- Practice Assessment Workbook (PAW)
- e-Health - The CMO and e-health are working together to create a data feed of public register information from the CMO to the Provincial Provider Registry. This data feed will give midwives access to the Provincial Provider Registry, which will connect all health care providers to talk to one another and share patient information electronically.
- Quality Assurance Program (QAP) Online Reporting Module
- Celebrating 20 years of self-regulation archival project
- Introduced the Elsie Cressman Award for Innovation in Women’s Health

Birth Centres

- Developed “Facility Standards and Clinical Practice Parameters: Ontario Birth Centres”

COMMITTEE REPORTS

REGISTRATION COMMITTEE

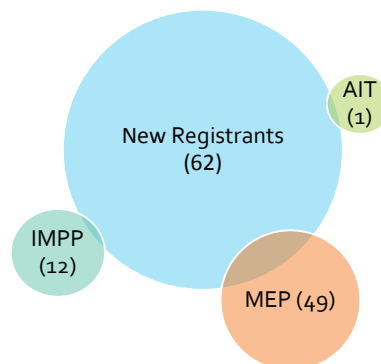
Mary Hunking, Chair
Wendy Murko
Sara Booth
Barbara-Ann Borland
Caroline Brett
Gemma Salamat

The Registration Committee provides direction to the College and the Registrar with regard to the registration process.

In fiscal 2012/13, 17 registration panels were held. These panels addressed issues related to active practice requirements, supervision, re-registration, etc.

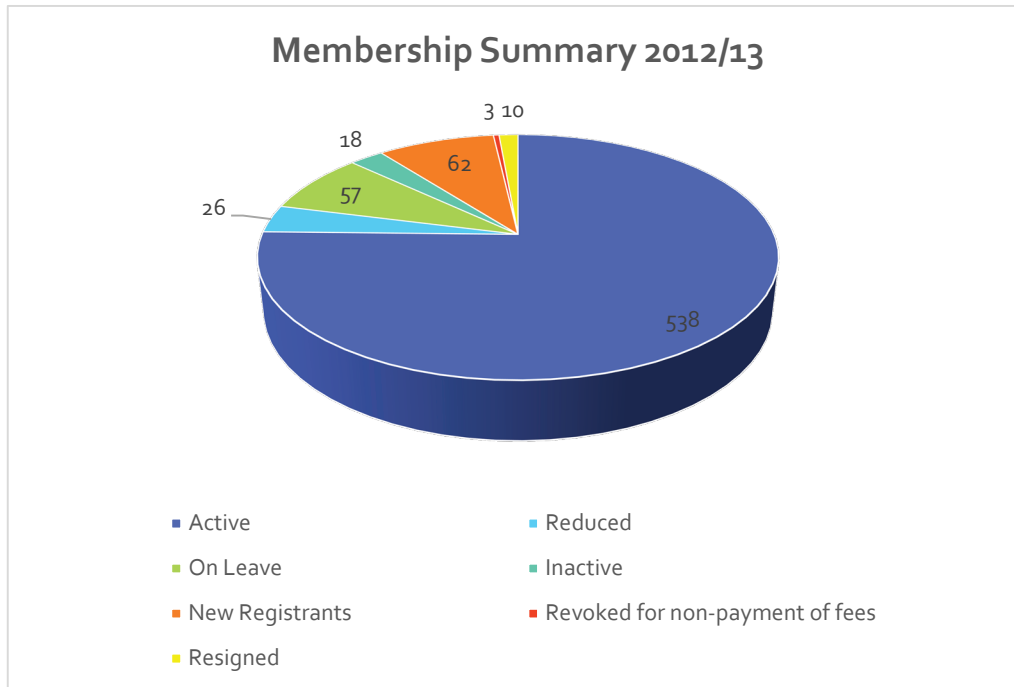


In 2012/13 the CMO registered 62 new midwives. Of those new registrants, 49 were graduates from the Midwifery Education Program (MEP), 12 gained registration through completing the International Midwifery Pre-registration Program (IMPP), and one was based on registration in another Canadian Province through reciprocity via the Agreement on Internal Trade (AIT).



Membership summary

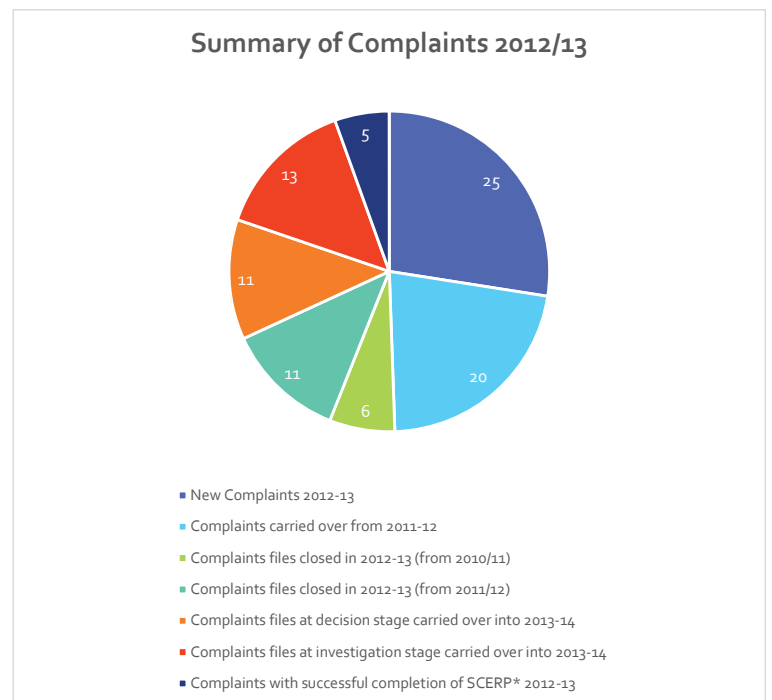
The College has 639 registered midwives in Ontario as of March 31, 2013.



INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Samantha Heiydt, Chair
 Barbara-Ann Borland
 Caroline Brett
 Tiffany Haidon
 Joan A. Pajunen
 Edan Thomas
 Ann Montgomery, ex-officio
 Carron Canning, non-elected committee member

The Inquiries, Complaints and Reports Committee investigates public complaints and information the College receives through reports to determine whether there is any evidence of professional misconduct, incompetence or incapacity. Based on this information, the Committee determines whether a disciplinary or fitness to practise hearing is required or if some other action would better serve the public interest.



FITNESS TO PRACTISE COMMITTEE

Wendy Murko, Chair
Rochelle Dickenson
Mary Hunking
Gemma Salamat
Tia Sarkar

The Fitness to Practise Committee is mandated to protect the public from members who cannot practise safely or competently because of mental or physical incapacity.

There were no Fitness to Practise Committee proceedings this year.

DISCIPLINE COMMITTEE

Wendy Murko, Chair
Eleni Palantzas
Sharon Swift
Gemma Salamat
Diane Parkin, non-elected committee member

The Discipline Committee conducts hearings to deal with allegations of a member's professional misconduct or incompetence upon referral from the Inquiries, Complaints and Reports Committee. The committee conducts hearings in accordance with the Regulated Health Professions Act, Health Professions Procedural Code.

Summary of discipline cases

The College's first discipline hearing in over 10 years commenced on March 5, 2012. The evidence portion of the hearing lasted 54 days and final arguments before the panel concluded on March 4, 2013.

Discipline hearings are open to the public and the results are required to be published. The panel is still deliberating and completing its decision. This decision will be released as prescribed by the RHPA once it has been finalized.

No new cases were referred to discipline in the fiscal year.

QUALITY ASSURANCE COMMITTEE

Wendy Murko, Chair
Sara Booth
Rochelle Dickenson
Tia Sarkar
Jan Teevan
Mylene Shields, non-elected committee member
Heather Brechin, non-elected committee member

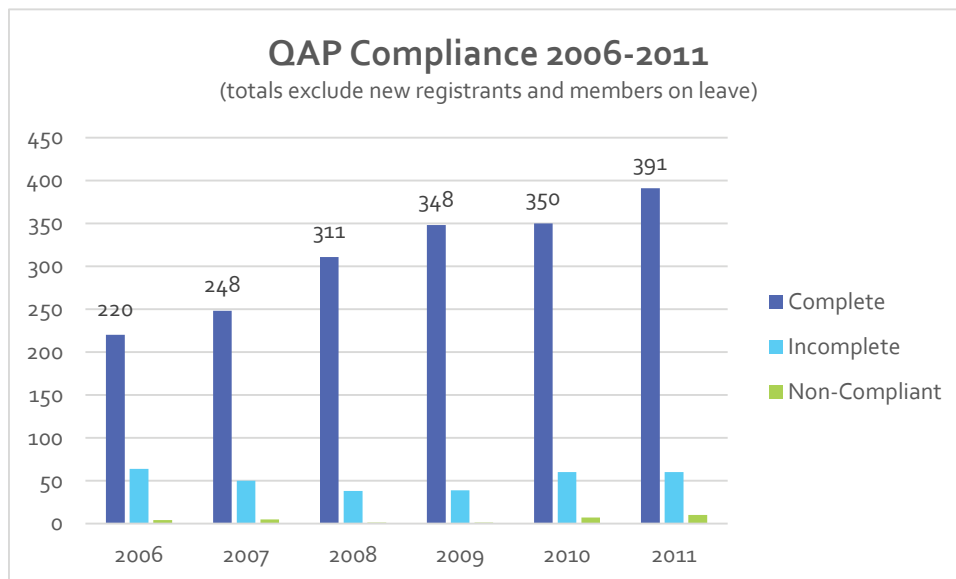
The Quality Assurance Committee (QAC) develops standards, policies, guidelines and regulations for the CMO.

In fiscal 2012/13, two quality assurance committee panel files were carried over from 2011/12 fiscal year; one as a result of a referral from the Health Professions Appeals and Review Board (HPARB) and the other due to non-compliance with Random Practice Audit requirements.

In the latter panel decision, the QAC imposed terms, conditions and limitations on the member requiring her to practice midwifery only in association with a monitor appointed by the College for a six-month period of actual midwifery practice. The member was also ordered to complete a Specified Continuing Education and Remediation Program (SCERP). The member signed an acknowledgment and undertaking indicating that she would be taking a leave of absence prior to the start date of the terms, conditions and limitations. The terms, conditions and limitations and the completion of the SCERP have been deferred while the member is on leave.

Over the course of the fiscal year, the Quality Assurance Program (QAP) random practice audit was transitioning and undergoing revisions to the use of the Practice Assessment Workbook (PAW) as the primary random practice audit tool. The PAW will provide benchmarks to assist practices to assess and improve deficiencies in support of quality practice. The workbook will also be available to all members, providing the opportunity to carry out self and practice assessments. It is intended to provide a mechanism for practices to assess their policies and procedures with respect to mandatory requirements of the College as well as industry best practices. That is, to assist members to identify gaps or deficits and to address them before they impact quality of care.

The development of the PAW was based on a number of things: the tools that have been in use as part of the CMO's QAP audits for a number of years; tools and resources from other health regulators for use in assessing a variety of practices; standards and best practices from literature; and information the CMO has amassed from analysing QAP and complaints themes and trends.



CLIENT RELATIONS/COMMUNICATIONS COMMITTEE

The Client Relations/Communications Committee develops and implements policies and procedures to prevent sexual abuse of clients and to define appropriate professional relations between the members of the College and their clients. There has never been an allegation of sexual abuse made against a College member.

The committee's mandate also includes the development of communication strategies to promote public knowledge of midwifery care and an understanding of the role of the College.



Report of the Independent Auditor on the Summary Financial Statements

To the Council of the
College of Midwives of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2013 and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Midwives of Ontario for the year ended March 31, 2013. We expressed an unmodified audit opinion on those financial statements in our report dated April 23, 2014.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Midwives of Ontario.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Midwives of Ontario for the year ended March 31, 2013 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Toronto, Ontario
April 23, 2014

A handwritten signature in cursive script that reads "Hilborn LLP".

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Financial Position

March 31	2013 \$	2012 \$
ASSETS		
Current assets	1,151,920	1,092,151
Capital assets	73,350	72,610
	1,225,270	1,164,761
LIABILITIES		
Current liabilities	1,201,175	1,141,406
Deferred funding related to capital assets	8,553	-
	1,209,728	1,141,406
NET ASSETS		
Invested in capital assets	64,797	72,610
Internally restricted	10,000	10,000
Unrestricted	(59,255)	(59,255)
	15,542	23,355
	1,225,270	1,164,761

COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Operations

Year ended March 31	2013 \$	2012 \$
Revenues		
Government grant - operations	581,473	842,216
Government grant - project funding	41,905	-
Government grant - capital asset funding	1,509	-
Membership fees	944,414	837,952
Communications	225	450
Administration fees	41,490	40,265
Drug exam fees	450	5,625
Other income	12,713	10,862
	1,624,179	1,737,370
Expenses		
Salaries and benefits	705,119	687,907
Consulting fees	51,960	63,224
Council and committees	89,031	105,264
Insurance	2,812	6,789
Telephone	22,474	20,848
Office and general	62,691	72,289
Rent and utilities	64,292	5,340
Quality assurance program	1,570	29,176
Investigations and hearings	512,666	711,114
Federation of Health Regulatory Colleges of Ontario	8,475	12,650
Canadian Midwifery Regulators Consortium	15,000	15,000
Canadian Midwifery Registration Exam	4,471	6,500
Drug exam	-	2,165
Information technology	16,058	36,695
Birth Centres	41,905	-
Amortization	21,085	21,193
Amortization - funded capital assets	1,509	-
Loss on disposal of capital assets	10,874	-
	1,631,992	1,796,154
Excess of expenses over revenues for year	(7,813)	(58,784)

COLLEGE OF MIDWIVES OF ONTARIO

Note to Summary Financial Statements

March 31, 2013

1. **Basis of presentation**

These summary financial statements have been prepared from the audited financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2013, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information presented in the statement of financial position and disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available upon request from the College.

STAFF LISTING

Robin Kilpatrick	Registrar (as of March 4, 2013)
Deborah Adams	Registrar (resigned as of March 4, 2013)
Carolyn Doornekamp	Director of Operations (as of March 4, 2013)
Julie Kivinen	Director of Policy (as of March 4, 2013)
Naakai Garnette	Director of Regulatory Affairs (as of March 4, 2013)
Gina Dawe	Registration Coordinator
Kelly McNeill	Investigations and Hearings Coordinator
Amy Fournier	Quality Assurance Coordinator
Monica Zeballos-Quiben	Executive Assistant
Rachel Rapaport-Beck	Policy Analyst - Birth Centres
Michelle Kryzanasuskas	Clinical Practice Advisor
Sarah Meyer	Program Coordinator
Dianne Gardner	Reception
Mary D'Andrea	Bookkeeper

College of Midwives of Ontario

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