

COLLEGE OF MIDWIVES OF ONTARIO

ANNUAL REPORT 2011-2012

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

Mission

The College of Midwives of Ontario (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.

College of Midwives of Ontario 2011/12

584 Midwives

56 Midwifery Education Program graduates

8 International Midwifery Pre-registration Program graduates

81 Active midwifery practices in Ontario

16,467 births attended by Midwives

2990 home births

13,421 hospital births

56 other births

Table of Contents

- 1** About the College
 - 2** Message from the President
 - 3** Setting the Stage ... for excellence
 - 6** Protecting, Promoting and Advancing Midwifery ... and its core tenets
 - 10** Collaborating Effectively ... to develop partnerships
 - 13** Year in Review
 - 13** Election History
 - 14** Message from the Registrar
 - 15** Financial Statements
-

ABOUT THE COLLEGE

The College of Midwives of Ontario (CMO) is the regulatory body for the province's 584 Registered Midwives. Midwives are experts in normal birth and provide primary care to over 12,000 mothers and families each year in Ontario. The midwifery model of care has three tenets that define and guide the profession: continuity of care, informed choice, and choice of birthplace.

The CMO is governed by a Council made up of 15 members; eight professional members who are elected from the CMO's membership and seven public members appointed by order-in-council of the Lieutenant Governor of Ontario to represent the public interest. The Council oversees CMO activities through work done by seven statutory committees.

The CMO regulates the practice of midwifery in Ontario and governs its members in accordance with the Regulated Health Professions Act, the Health Professions Procedural Code, and the Midwifery Act. The CMO's role is to protect the public's right to safe, competent and ethical midwifery care in compliance with legislated and regulatory expectations. The CMO makes every effort to advance and sustain the profession in a way that makes sure its members are able to contribute to Ontario's health care system as much as possible.

At its annual strategic planning session in November 2010, CMO Council and staff reaffirmed the CMO's mission and mandate and adopted three strategic priorities.

CMO Strategic Priorities 2011-2014

In the public interest, to contribute significantly to the safety and quality of midwifery care in this province, the College of Midwives of Ontario will

- Strive for regulatory excellence
- Protect, promote and advance midwifery and its core tenets
- Develop partnerships to support a strong, sustainable maternity care system

MESSAGE FROM THE PRESIDENTS

For many professionals, work-life balance is something that is difficult to find and even more difficult to maintain over the long term. Midwives, as primary care providers involved in the lives of women and families during a significant life event, have responsibilities that cannot be contained by a regular work week. There is no such thing as a “9 to 5” midwifery job. This means that midwives face a number of unique challenges that can make achieving balance even more arduous.

These challenges include:

- that midwives – who are also partners, mothers, daughters and active members of their communities – have roles as teachers, mentors, researchers, administrators and business operators
- that many midwives must still be active advocates for the profession in communities and hospitals that continue to struggle to integrate midwifery care into their maternity system
- communications technology blurs the line between personal and professional time by making the midwife immediately and constantly available

The challenge for midwives is to balance competing interests appropriately. One of the keys to achieving this balance is a firm grounding in professionalism. Professionalism requires a fundamental sense of how competence, honesty and fairness are balanced in the unique circumstances of a midwife’s practice. It provides a framework within which to manage all of the relationships and roles that are needed in order to provide safe, quality care in a way that protects clients and ensures ongoing job satisfaction for midwives.

True professionalism does not just come from simply obeying written professional codes; it is a mind-set, informed by training, experience and professional relationships. One of these relationships is between each midwife and the CMO. The CMO is committed to supporting members in this relationship.

The work that the CMO council, committee members and staff have done this year has been shaped by this commitment. From initiatives that involve such things as administrative changes – for instance, ongoing improvements to the online renewal system – through to ongoing review of policies related to the model and standards, the CMO has been focused on ensuring that its work consistently builds in support for members to assist in maintaining a professional relationship with their college.

Council looks forward to a continued relationship that will support members in sustaining themselves and the excellent care that they provide.



Andrea Lennox, RM
President
September 2011 – January 2012



Ann Montgomery, RM
President
February – March 2012

SETTING THE STAGE ... FOR EXCELLENCE

Striving for regulatory excellence is the strategic priority that ensures the CMO is operating in the public interest from a solid foundation of best practices and regulatory tools to effectively and efficiently govern the profession. While ensuring its primary focus of public protection, the CMO is dedicated to providing support for its members to meet regulatory requirements.

- **Protecting women and families receiving midwifery care**
- **Guiding members in the provision of quality care**
- **Supporting the profession as it grows**
- **Supporting members to meet regulatory requirements**

The CMO **protects women and families** receiving midwifery care by providing the public with a formal process to handle complaints and acting when there is a concern about their care and experience.

Ontario midwives demonstrate their strong commitment to public safety by providing competent and ethical care, meeting rigorous registration requirements, and complying with quality assurance activities. Registered Midwives from around the province actively participate in affairs of the CMO and have been effective at self-regulation for over 17 years.

As part of the CMO's mandate to protect the public, professional and public CMO Council members form the Inquiries, Complaints, and Reports Committee (ICRC). The role of this committee is to investigate complaints from the public and information the CMO receives through reports and inquiries to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. Based on this information,

an ICRC panel determines whether there is any violation of standards of care and takes appropriate action with the member. This may be through a referral to a disciplinary or fitness to practise hearing or another action that would better serve the public interest.

The ICRC also has the authority to order a member to participate in a Specified Continuing Education and Remediation Program (SCERP). The intent of the SCERP is to allow members whose practice has been assessed as having deficits to remediate problem areas while remaining in practise.

SETTING THE STAGE ... FOR EXCELLENCE

The CMO **guides members in the provision of quality care** by setting and enforcing standards and providing resources to help members meet those requirements.

Public and professional Council members make up the **Quality Assurance Committee** that works to implement changes and develop standards, policies, guidelines, and regulations for the CMO.

In guiding members in the provision of quality care, the CMO works to make certain that effective tools are in place to support their practice. For example, continuity of care provided by teams of professionals requires good record keeping and regular, systematic communication. To ensure that, each midwifery practice in Ontario is required to develop and maintain a written set of rules or protocols that outline and guide its approach to clinical practice. Recognizing the lack of information available to members on how to develop such a protocol, the CMO revised its **Practice Protocols** policy. The new policy provides the membership with guidelines and clarification on the essential elements of what should be included such as the purpose, when to review and update, and when to archive revised practice protocols.

A guideline on the use of nitrous oxide at home births was developed for members. This guideline outlines the safe storage, transport, and administration of the gases and the need for a practice protocol where midwifery practice groups choose to make nitrous oxide available to clients.

This year the CMO sent 23 practice updates and member communiqués. These resources keep members informed of CMO activities, provide professional practice updates, and give additional sources for further study and continuing education.

CMO members use CMO staff, publications, and online resources for information requests and guidance on practice issues.

"I am grateful that through the process of being a New Registrant, an Associate in a well established practice and starting a newly approved Midwifery Practice Group, the CMO has consistently responded to my requests for information, guidance and support with timely and enthusiastic assistance."

-Member

SETTING THE STAGE ... FOR EXCELLENCE

The CMO **supports the profession as it grows** by implementing regulatory requirements, working to accomplish best practices and efficient processes so the CMO can achieve effective regulation and advocate for a health care environment where midwives practice as primary care providers to the full extent of their scope of care.

Bill 179, or the Regulated Health Professions Statute Law Amendment Act, was passed in December 2009. This act amended the Regulated Health Professions Act and the Midwifery Act introducing significant changes to midwifery practice. Before these changes can come into effect, the CMO must amend relevant regulations for approval by the provincial government. The CMO works closely with the Ministry of Health and Long-Term care's Regulatory Programs Unit (RPU) to develop the regulatory amendments that affect midwifery in Ontario.

This year the CMO worked closely with the RPU on the following regulation amendments, currently under review:

- Laboratory Tests = O. Reg 682 under the Laboratory and Specimen Collection Centre Licensing Act (Appendix B)
- Open Meetings = O. Reg. 240/94 Notice of Open Meetings & Hearings Regulation Amendment
- Intubation = Proposed Intubation Regulation (Amendment to O. REG. 240/94 under the Midwifery Act, 1991)

As well, the CMO submitted and had passed a number of regulatory amendments designed to enhance the services provided to childbearing women, including the following:

- Signing amendments in November 2011 to the Quality Assurance Regulation to authorize the CMO to conduct criteria based audits
- Signing amendments to the Registration Regulation in January 2012 to further clarify the number of allowable attempts to re-write the qualifying examination

This year the CMO improved efficiency and capacity to address maternity care issues through ongoing professional development for CMO staff and Council and by providing education for Council members related to the core functions of the committees on which they serve.

The CMO **supports members to meet regulatory requirements** by making use of technology designed to help midwives reduce reporting times and stress while improving productivity.

This year we increased the capacity for members to meet their registration requirements by improving online registration procedures. CMO members took advantage of this with 72% renewing on time.

As well, we began phase one of an online quality assurance reporting system that will reduce administrative time required to fulfill Quality Assurance Program (QAP) reporting requirements. This year CMO members were able to complete and submit their Self Assessment Questionnaire declarations and QAP forms entirely online.

Just a note of thanks. We greatly appreciate the College and the role you play in our practice as we strive for "excellence in care". The College's willingness to assist us has been invaluable. It has helped us to examine and reexamine how we do things and of our responsibilities to our clients. No practice can fully do it alone. We all are interdependent on each other and the College as we strive to provide safe and competent care for our clients across the province.

-Member

PROTECTING AND PROMOTING MIDWIFERY...AND ITS CORE TENETS

Protecting, promoting and advancing midwifery and its core tenets is the strategic priority designed to ensure the CMO preserves the reputation of the profession. This is achieved by setting and enforcing standards, developing programs to help members continually improve their skills and knowledge, encouraging access to services, and acting when there is a concern about a members conduct.

- **Preserving the reputation of midwifery**
- **Sustaining the profession**
- **Setting and maintaining high practice standards**
- **Providing increased access to midwifery**

Council and staff are working hard to address a number of challenges that face the CMO and its members. Balancing the progress that midwifery is making—for instance, the additions to scope of practice realized through the Regulated Health Professions Statute Law Amendment Act, 2009—with the integration of midwives into hospitals as primary care providers is one such challenge. With midwives having obtained privileges in over three quarters of Ontario hospitals with obstetric units, ongoing efforts are needed to ensure that midwives have the authority, the system supports such as nursing assistance, and the competence to act as primary care providers in interdisciplinary settings and teams. The CMO needs to consider how it can support full scope of practice for its members by removing any regulatory barriers that may exist, by working to affect change to better integrate midwifery services into the wider health care system, by setting high standards for all aspects of midwifery care and by ensuring that they are met.

-Deborah Adams, Registrar and CEO, College of Midwives of Ontario

The CMO **preserves the reputation of midwifery by promoting and protecting the three tenets** in all CMO communications and incorporating them into its ongoing review of the guidelines, policies, standards, and statements that govern the model of care.

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 homes or hospitals according to the woman's choice and to professional protocols. The three tenets of midwifery care — continuity of care, informed choice and choice of birthplace — are what differentiate midwifery from other types of maternity care.

Women in Ontario have a growing awareness of the issues of choice and quality in maternity care. With its primary duty of protecting the public interest, the CMO has a responsibility to sustain and grow the profession in a way that meets women's expectations. Midwives are competent care providers who contribute significantly to Ontario's health care system. Their dedication to normal birth and the three tenets plays a notable role in lower intervention rates, earlier hospital discharge times and fewer emergency room visits.

This year, significant work in the ongoing policy review was directly related to continuity of care. This work included consulting with head midwives to review the CMO Standard about the number of midwife attendants at a birth. As well, CMO staff worked with Ryerson University faculty and research students to complete a paper on continuity of care, Continuity of Care(r) in Ontario: International and Local Perspectives Policy Review.

PROTECTING AND PROMOTING MIDWIFERY...AND ITS CORE TENETS

The CMO **sustains the profession** by implementing regulatory changes and setting standards designed to protect the public while emphasizing the role of midwives as primary maternity care providers.

Last year the Midwifery Act was amended adding new controlled acts and expanding the scope of existing ones. Midwives are now able to diagnose conditions related to pregnancy, labour, delivery and the early post-partum period as well as test paternal blood for diseases related to the pregnancy and health of the baby. As of September 1, 2011, four new controlled acts were added to midwives' scope of practice (changes indicated in boldface):

1. **Communicating a diagnosis identifying, as the cause of a woman's or newborn's symptoms, a disease or disorder that may be identified from the results of a laboratory or other test or investigation that a member is authorized to order or perform on a woman or a newborn during normal pregnancy, labour and delivery and for up to six weeks post-partum.**
2. Putting an instrument, hand or finger beyond the labia majora or anal verge during pregnancy, labour and the post-partum period.
3. Taking blood samples from newborns by skin pricking or from persons from veins or skin pricking.
4. **Intubation beyond the larynx of the newborn.**

Over the year, the CMO Council and staff completed significant work to incorporate these additions through new regulations and guidelines as well as revising existing policies. In all relevant guidelines, the CMO emphasized the role of midwives as primary care providers, providing clear direction that authority remains within the scope of maternity care.

The CMO published two new guidelines as a result of these additions: *Communicating a Diagnosis and Taking Blood from Persons*. These were provided to members to ensure they had the information necessary to ensure safe implementation of the new regulatory changes. As well, the existing guideline Laboratory Testing was revised to make sure it complied with the new controlled act relating to taking blood from male partners or donors for screening. The CMO re-organized the presentation of the guideline to reflect the person being screened, that is, the client, father/donor or newborn. This revision was made with the intention of making the guideline clearer and more easily understood by members and other stakeholders.

PROTECTING AND PROMOTING MIDWIFERY...AND ITS CORE TENETS

The CMO **sets and maintains high practice standards** by enforcing standards and developing programs to help midwives continually improve their skills and knowledge.

Random practice audits (RPAs) are a required part of the CMO's Quality Assurance Program. The audit includes a review of both clinical and administrative business practices, client chart reviews, and an interview with each practice member. At the conclusion of the audit, recommendations and suggestions are presented to the members in order to assist them in improving the quality of care provided to their clients.

The **Quality Assurance Committee (QAC)** reviews reports of the audits through QAC panels made up of at least three people, one of whom must be a public Council member appointed by the Lieutenant Governor in Council. Audited members are given the opportunity to make a written submission to the panel in response to the auditor's report. The QAC panel then makes its decision about any steps that are required of the practice or its members.

Ontario midwives have proven their dedication to protecting the public through their active participation in random practice audits. In the history of the CMO, members have had excellent audit results. In fiscal 2011/12, the CMO conducted one random practice audit. Three quality assurance panels were held. These panels addressed issues arising from a referral from the Health Professions Appeals and Review Board, a repeat practice audit, and a review of the 2011 random practice audit.

The CMO has a responsibility in its mandate of protecting the public to make sure midwives have the skills and competencies required to provide safe care. This year the CMO began developing an education plan related to competency in neonatal intubation for practicing midwives.

The CMO provides increased access to midwifery care by registering more midwives each year and making sure none of its policies restrict access to midwifery services.

In 2011/12 the CMO registered 64 new midwives. Of those new registrants, 56 were graduates from the Midwifery Education Program (MEP) and 8 gained registration through completing the International Midwifery Pre-registration Program (IMPP). The CMO works closely with the MEP and IMPP to increase the capacity to educate new midwives and to provide multiple routes of entry to the profession for internationally trained midwives.

The Canadian Midwifery Registration Exam (CMRE) is a national written examination designed to assess applicants for midwifery registration to ensure that they meet entry-level competency standards set out in the Canadian Competencies for Midwives. Its goal is to ensure that midwives gaining registration are competent and safe practitioners providing a consistent standard of care across Canada. A significant amendment to the CMO Registration Regulation requires the successful completion of the CMRE as a non-exemptible requirement for registration as a midwife in Ontario. As of January 1, 2012 anyone making application for registration with the College of Midwives of Ontario will need to pass the Canadian Midwifery Registration Exam. A Transitional Certificate of Registration allows individuals who are awaiting the results of their exam to practise midwifery while under the supervision of a member who holds a general certificate of registration. Prior to the regulation amendment, the CMO Registration Committee administered a voluntary sitting of the CMRE in 2011.

PROTECTING AND PROMOTING MIDWIFERY...AND ITS CORE TENETS

The Registration Committee provides direction to the CMO and Registrar with regard to the registration process. If a member's application does not fulfill one or more requirements, the registrar refers the matter to a registration panel for an impartial and transparent review process. Seven registration panels were held in fiscal 2011/12. These panels addressed issues related to active practice requirements, registration, and re-registration.

The results of extensive member consultation forums held in 2009 revealed that many Ontario midwives seek more choices and flexibility in their practice. While Ontario midwives have already developed many safe and thoughtful solutions to increase flexibility in their practice structures, the CMO is using its review of the policies, guidelines, and standards that govern the model of care to benefit from opportunities that will increase access to midwifery while guarding against the potential loss of the approach to or components of care that differentiate midwifery from other types of maternity care. As the profession grows, the CMO and its members remain dedicated to providing care that is safe, effective, efficient, and deeply satisfying to the women receiving that care.

In an era when credentials are increasingly emphasized, midwives from economically poor non-western settings who are applying for registration in Ontario are at a disadvantage. For the past ten years, the IMPP and CMO have promoted diversity and accessibility by being committed to multiple routes of entry and competency based evaluation. We have developed close partnerships with skilled practitioners in midwifery practices throughout the province who act as preceptors and make the success of new registrants possible. Ontario midwives have a remarkable commitment to growing a diverse and community responsive midwifery population.

Together, the IMPP and CMO are leaders in innovative assessment and remediation.

The collaboration between the CMO, IMPP and midwifery preceptors has created benefits for the Canadian public and midwifery communities beyond Ontario. Our partnerships with educational programs and provincial governments and territories have mentored the regulation of midwifery in other provinces and facilitated Aboriginal, Inuit and internationally educated midwives to gain registration in Canada. The CMO's commitment to supporting partnerships and accessibility has yielded results of which Ontario midwives can be proud. IMPP graduates from Switzerland, New Zealand, Iran, Holland, USA, England, Scotland, Ireland, Morocco, Jamaica and the Philippines have gained new registrant positions in the past two years.

*-Holliday Tyson, Director, International Midwifery Pre-registration Program
Ryerson University*

COLLABORATING EFFECTIVELY...TO DEVELOP PARTNERSHIPS

Developing partnerships to support a strong, sustainable maternity care system is the strategic priority that acknowledges the importance of working collaboratively with partners and other stakeholders to ensure the continued growth and development of the profession.

- Informing the public and building trust
- Engaging members
- Developing relationships with partners
- Working with midwifery and maternity care stakeholders

Evolving paradigms in midwifery practice require members to constantly acquire and maintain new competencies. Midwives must be supported by their own practices, the CMO and other partnerships to help them attain needed professional expertise. Partnerships with universities are essential to equip the next generation of midwives with new tools necessary for practice. Working together with the CMO on the drug certification exam has contributed to the public's safety, satisfying both the academic institution and the regulating body that authority is being granted to midwives who have the needed scientific and practical knowledge to prescribe and administer from the new Designated Drug List safely.

*-Crestina Beites, PhD, Assistant Professor/Professeure Adjointe
Midwifery Education Program/Sages-Femmes
Laurentian University*

COLLABORATING EFFECTIVELY...TO DEVELOP PARTNERSHIPS

The CMO **informs the public and builds trust** by communicating the role and function of the College and by maintaining a public register of midwives. The public depends on the CMO to regulate its highly trained members and to hold them accountable for the care they provide.

This year the CMO sent copies of About Midwifery and Facts About Home Birth in Ontario to every practice in Ontario for distribution to clients. These easy to understand brochures help the public understand midwifery care and the role and function of the CMO. These publications also help members with evidence-based discussions on home birth with clients.

The CMO maintains a public website at www.cmo.on.ca that includes information about the College and midwifery and an up-to-date public register of midwives who are currently registered and eligible to practice in Ontario. Anyone can access the website and verify that their midwife is a regulated care provider.

The CMO **engages members** by encouraging participation in Council activities and distributing member-specific communications.

Acknowledging the wide experience of practice in Ontario, the CMO values the input of its members to inform policy development. For example, consulting with head midwives on the Number of Midwife Attendants at a Birth Standard ensures that the reality of practice informs the development and application of regulatory tools. Having professional member representation on the CMO Council ensures that Ontario midwives have a strong voice in self-regulation.

As the CMO transitions to an electronic platform, more members are participating in the election process. The 2011 election had the largest member turnout in CMO history.

*"I love voting online. It is so easy, increases accessibility and participation."
-Member*

The CMO promotes member compliance with regulatory requirements through newsletters and practice updates. The online member database entered its final phase of implementation, making registration and renewal easier for members. Through the Registration Committee, the CMO approved a permanent Certificate of Registration for General Registrants.

The CMO distributed copies of the Ontario Hospital Association manual to every practice in the province to support the work that members are already doing to establish, improve, or maintain good relationships with their hospital colleagues. The manual provides guidance on integrating midwifery services into hospitals which in turn will help improve access to maternity and newborn care.

COLLABORATING EFFECTIVELY...TO DEVELOP PARTNERSHIPS

The CMO **develops relationships with partners** by continuing to fulfill its functions required by government agencies such as the Office of the Fairness Commissioner (OFC) and the Ministry of Health and Long-term Care.

This year the CMO submitted its annual Fair Registration Practices Report covering 2011 to the OFC and responded to the OFC's Registration Practices Assessment Report.

Recognizing the importance of reliable and comprehensive service data as well as the implications that the collection of this data has on members, the CMO worked with the Better Outcomes Registry & Network Ontario to review midwifery data and reports.

As one of the founding members of the Canadian Midwifery Regulators Consortium, the CMO continued this year to partner with regulators in other jurisdictions to support labour mobility, to ensure the efficacy of the national registration examination and to continue to raise the profile of Canadian midwives on the international stage.

The CMO **works with midwifery and maternity care stakeholders** to improve interprofessional collaboration and to help midwives meet training and educational standards for required skills and competencies.

Ontario midwives provide care in many settings, depending on the choice of the client. Good relationships with other health care professionals in these settings are crucial to increasing access to midwifery services and to maternity care in general. The CMO prides itself on its continued collaboration efforts with regulators of professions with whom members work to provide effective care.

Ontario midwives have been challenged over the past two years with many changes and additions to their scope of practice. The Designated Drugs Regulation has given midwives new prescribing authority and the new Registration Regulation requires all members to pass a qualifying exam. The CMO partnered with midwifery stakeholders to ensure that midwives have the training and skills required to provide safe care within their expanded scope of practice.

The CMO, in collaboration with the Midwifery Education Program, offered an education workshop to support members in the use of the expanded designated drug list. "Promoting Best Practice for Midwifery Prescribing" was held as a pre-conference workshop prior to the Association of Ontario Midwives Annual Conference in Hamilton, in May 2011. The educational workshop provided valuable, practical information for midwives regarding prescribing and administering medications within the expanded midwifery pharmacopeia.

YEAR IN REVIEW

MEMBERSHIP

584 registered members

64 new registrants: 56 Midwifery Education Program graduates and 8 International Midwifery Pre-registration Program graduates

During the fiscal 2011/12, 3 members were suspended for non-payment of fees and 8 members resigned.

Number of Registered Midwives in Ontario as of March 31, 2012

490 Active = practicing midwifery in some capacity

23 Reduced = able to practice, on a leave for a period < 12 months

56 On Leave = not practicing midwifery for a period of > 12 months

15 Inactive = not practicing midwifery

There are a total of 584 members (not including suspended members).

INQUIRIES, COMPLAINTS AND REPORTS

In 2011/12

32 cases were brought forward from fiscal 2010/11

23 cases were completed

15 new complaint cases opened

23 cases in total have been carried forward to fiscal 2012/13: 3 are at the monitoring stage, 1 is at Health Professions Appeal and Review Board, 1 case was referred to the Discipline committee and 19 are under active investigation

6 members successfully completed SCERP requirements

STANDARDS, POLICIES, GUIDELINES AND STATEMENTS

Birth Centre Statement

Policy on Supervision Plan Changes

Policy on Continuing Competency in Cardiopulmonary Resuscitation (CPR)

The Use of Nitrous Oxide at Home Births

Communicating a Diagnosis

Taking Blood from Persons

Practice Protocols

Essential and Funded Equipment List

Laboratory Testing

SCERP

ELECTION HISTORY

2008 Election

410 Member / 181 votes

44% voter turnout

Number of Candidates = 2

2009 Election

No election needed

2010 Election

471 Members / 204 votes

43% voter turnout

Number of Candidates = 4

2011 Election

529 Members / 269 votes

51% voter turnout

Number of Candidates = 3

MESSAGE FROM THE REGISTRAR

The *Regulated Health Professions Act* is a part of the foundation of health system in this province. Its primary objective is to promote and protect the provision of high quality, professional care to all Ontarians.

Working within the framework set out by the RHPA, all of the health regulatory bodies are mandated to:

- protect the public from harm;
- promote high quality care;
- make regulated health professions accountable to the public;
- give clients access to health care professions of their choice;
- achieve regulatory equality by making all regulated health professions adhere to the same purposes and public interest principles; and
- treat individual clients and health professionals in an equitable manner.

For the College of Midwives of Ontario (CMO), carrying out its regulatory responsibility involves a careful balance of legal correctness that maintains the equilibrium between the public interest and professional values.

This requirement and need for balance plays out in a multitude of ways, including:

- **in the CMO's structure**

For instance, through the mix of public appointees and elected professional members on council and committees. This representation is always maintained as a way of ensuring that midwives are regulating themselves in the public interest. It further extends to policies and procedures that direct how committees are structured and what training members receive in order to always be able to exercise objective, unbiased and impartial judgment in carrying out their duties.

- **in the way in which the CMO shares information**

Through mechanisms that both ensure transparency – such as the online Public Register, open council meetings and public discipline hearings – and that safeguard members through disclosure of information in the complaints and discipline processes. The CMO always protects both member and client privacy through strict adherence to the RHPA, which dictates the very specific circumstances under which the CMO is permitted to share information that it obtains about members or clients.

- **in the way in which the CMO operates**

With the principle of fairness guiding all of its work, the CMO follows strictly the requirements of the RHPA in regards to areas that allow individuals – both members and the public – to exercise their rights under the RHPA. This includes such steps as adequate notice to members about their regulatory requirements, policies and procedures that take into account the 24/7 nature of the work that midwives do, and a commitment to being both thorough and timely in all of the regulatory processes such as the completion of investigations and the setting of panels to review member-related matters.

The changing environments, technologies and social realities within which the CMO regulates and our members provide care require that balance be something that is actively sustained. Maintaining this balance requires flexibility and ongoing evaluation; both of which were incorporated into all aspects of staff and Council work over the past year and will continue to be over the years to come.



Deborah Adams, MA, MHSc, CHE
Registrar/CEO

COLLEGE OF MIDWIVES OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2012

Hilborn Ellis Grant LLP
Chartered Accountants
Toronto, Ontario





Hilborn Ellis Grant LLP
Chartered Accountants

Report of the Independent Auditors 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, 2012 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, 2012. We expressed an unmodified audit opinion on those financial statements in our report dated September 12, 2012.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. 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, 2012 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Hilborn Ellis Grant LLP

Toronto, Ontario
September 12, 2012

Chartered Accountants
Licensed Public Accountants



COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Financial Position

March 31	2012 \$	2011 \$
ASSETS		
Current assets	1,165,807	713,539
Capital assets	72,610	57,738
	<u>1,238,417</u>	<u>771,277</u>
LIABILITIES		
Current liabilities	1,141,406	689,138
NET ASSETS		
Net assets invested in capital assets	72,610	57,738
Internally restricted net assets	10,000	10,000
Unrestricted net assets	14,401	14,401
	<u>97,011</u>	<u>82,139</u>
	<u>1,238,417</u>	<u>771,277</u>

8 COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Operations

Year ended March 31	2012 \$	2011 \$
Revenues		
Government grant - operations	915,872	472,573
Government grant - project funding	-	33,708
Membership fees	837,952	758,514
Communications	450	787
Administration fees	40,265	29,653
Drug exam fees	5,625	35,925
Other income	10,862	6,476
	1,811,026	1,337,636
Expenses		
Salaries and benefits	687,907	629,412
Consulting fees	63,224	60,940
Council and committees	105,264	138,530
Insurance	6,789	1,997
Telephone	20,848	16,717
Office and general	72,289	77,295
Rent and utilities	5,340	-
Communication	-	15,819
Amortization	21,193	19,893
Quality assurance program	29,176	36,614
Investigations and hearings	711,114	213,393
Federation of Health Regulatory Colleges of Ontario	12,650	8,776
Canadian Midwifery Regulators Consortium	15,000	17,488
Canadian Midwifery Registration Exam	6,500	2,473
Strategic planning	-	9,989
Drug exam	2,165	28,343
Information technology	36,695	26,036
Database review	-	10,927
Communication material development	-	2,150
Better Outcomes Research Network	-	20,631
	1,796,154	1,337,423
Excess of revenues over expenses for year	14,872	213

COLLEGE OF MIDWIVES OF ONTARIO

Note to Summary Financial Statements

March 31, 2012

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, 2012, on a basis that is consistent, in all material respects, with the audited financial statements of the College and reduces cash flow information and information disclosed in the notes to the financial statements.

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



2011-2012 COUNCIL

The Health Professions Procedural Code 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.

2011-2012 Council

Professional Members

Ann Montgomery, Vice President until February 2012, President as of February 2012

Barbara Borland, Vice President as of February 2012

Tia Sarkar

Sharon Swift

Tiffany Haidon

Mary Hunking

Wendy Murko

Resigned in 2011: Andrea Lennox, President until December 2011

Term started in 2012: Sara Booth

Public Members

Samantha Heiydt, Vice President as of August 2011

Caroline Brett

Joan A. Pajunen

Gemma Salamat

Rochelle Dickenson

Eleni Palantzas, Vice President until August 2011

(term expired August 2011, reappointed in November 2011)

Term ended in 2011: Margeree Edwards

STAFF

Deborah Adams	Registrar/Chief Executive Officer
Robin Kilpatrick	Deputy Registrar
Mary D'Andrea	Bookkeeper
Gina Dawe	Registration Administrator
Amy Fournier	Administrative Assistant/Editor & Staff Writer
Dianne Gardner	Main Reception/Secretary
Julie Kivinen	Policy Analyst
Michelle Kryzanauskas	Clinical Practice Advisor
Kelly McNeill	Investigations & Hearings Coordinator
Rachel Rapaport Beck	Policy Analyst
Monica Zeballos-Quiben	Executive Assistant

