



NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place Wednesday, June 13, 2018, from 9:30 AM to 5:00 PM in the College's Board Room at 21 St. Clair Ave. E., Suite 303, Toronto, Ontario.

Kelly Dobbin, RM
Registrar & CEO
College of Midwives of Ontario



CMO Council Meetings – Guidelines for Observers

- Council meetings are held at the College of Midwives of Ontario in the Board Room (21 St. Clair Ave E, Ste 303)
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are asked to be quiet during the meeting, and keep side conversations to a minimum.
- Observers are asked to limit comings and goings during the meeting. There are morning and afternoon refreshment breaks and a one-hour break for lunch.
- Please turn off or silence mobile devices while in the Council Board Room.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the CMO website one week prior to the scheduled Council meeting.
- The College is a fragrance-free environment. This applies to all staff, CMO members, Council representatives and visitors to the CMO.
- Observers can access the Council package materials approximately one week prior to the scheduled Council Meeting.

If you have any questions after the meeting, please contact the College at cmo@cmo.on.ca or by phone at 416-640-2252 ext. 227.

COUNCIL AGENDA

Wednesday, June 13, 2018 09:30 am to 5:00 pm
 College of Midwives of Ontario
 21 St Clair Ave, Suite 303

Item	Discussion Topic	Presenter	Time	Action	Materials	Page #
1.	Call to Order: Welcome, Safety Review & Land Acknowledgment	Tiffany Haidon	9:30	INFORMATION	None	-
2.	Conflict of Interest	Tiffany Haidon	9:35		None	-
3.	Enquiries	Tiffany Haidon	9:36	INFORMATION		-
4.	Review and Approval of Proposed Agenda	Tiffany Haidon	9:37	MOTION	4.0 Agenda June 13, 2018	4
5.	Consent Agenda <ul style="list-style-type: none"> • Draft Minutes of March 21, 2018 Council Meeting • Executive Committee Annual Report • Inquiries, Complaints and Reports Committee Annual Report • Registration Committee Annual Report • Discipline Committee Annual Report • Fitness to Practise Committee Annual Report • Client Relations Committee Annual Report • Quality Assurance Committee Annual Report 	Tiffany Haidon	9:40	MOTION	5.0 Draft Minutes of March 21, 2018 5.1-5.7 Annual Committee reports	7
6.	President's Report	Tiffany Haidon	9:45	MOTION	6.0 President's Report	33

Item	Discussion Topic	Presenter	Time	Action	Materials	Page #
7.	General By-law: Article 14 (Register)	Marina Solakhyan	10:00	MOTION	7.0 Briefing Note 7.1 Appendix 1 - Proposed Amendments 7.2 Appendix 2 - Article 14: Register 7.3 Appendix 3 - s.23 of the Code	35
8.	Fees & Remuneration By-law	Carolyn Doornekamp	10:20	MOTION	8.0 Briefing Note 8.1 Chart of Changes	65
BREAK 11:00 - 11:15						
9.	Quality Assurance Committee <ul style="list-style-type: none"> Proposed Changes to the Alternate Practice Arrangement (APA) Program 	Jan Teevan	11:15	MOTION	9.0 Briefing Note - APA Program 9.1 Current APA Type 1 Policy 9.2 Current APA Type 1 Application Form 9.3 Draft Waiver Policy - Standard 9.5 Draft Application for Waiver of Standards	74
10.	Registration Committee <ul style="list-style-type: none"> Class Change Policies 	Isabelle Milot	11:45	MOTION	10.0 Briefing Note - Class Change Policies 10.1 Reissuing a General Certificate to the Holder of an Inactive Certificate Policy 10.2 Policy on Active Practice Requirements 10.3 Requalification Program Policy	88
LUNCH 12:15-1:00						
11.	IN-CAMERA	Tiffany Haidon	1:00	MOTION		100
12.	Executive Committee <ul style="list-style-type: none"> Sexual Abuse Prevention Policy (SAPP) Q4 Statement of Operations 	Tiffany Haidon Carolyn Doornekamp	2:00	INFORMATION MOTION	12.0 Briefing Note - SAPP 12.1 Sexual Abuse Prevention Policy 12.2 Briefing Note - Budget 12.3 Q4 Statement of Operations	101
13.	Registrar's Report <ul style="list-style-type: none"> Birth Centre Facility Standards & Clinical Practice Parameters (FS & CPP) Staff Operations Manual 	Kelly Dobbin Carolyn Doornekamp	2:30	MOTION INFORMATION	13.0 Registrars Report 13.1 Briefing Note - Birth Centre Facility Standard 13.2 Draft Revised FS & CPP 13.3 Current FS & CPP	108

Item	Discussion Topic	Presenter	Time	Action	Materials	Page #
BREAK 3:30-3:45						
	<ul style="list-style-type: none"> General By-Law: Proposed Changes 	Kelly Dobbin	3:45	MOTION	13.4 Briefing Note - General By-laws 13.5 Proposed Draft General By-laws	180
14.	Housekeeping: Proposed Dates 2019 Council <ul style="list-style-type: none"> March 19-20, 2019 June 25-26, 2019 Oct 8-9, 2019 Dec 17-18, 2019 Executive <ul style="list-style-type: none"> February 20, 2019 June 4, 2019 September 18, 2019 November 27, 2019 		4:45	DISCUSSION		-
15.	Adjournment	Tiffany Haidon	5:00	MOTION		-
Next Meetings: <ul style="list-style-type: none"> October 10-11, 2018 December 11-12, 2018 						



Minutes of Council Meeting

Held on March 21, 2018 9:30 am to 5:00 pm

Boardroom (21 St. Clair Avenue East)

Chair	Tiffany Haidon, RM
Present	Deirdre Brett; Jennifer Lemon; Lilly Martin, RM; Isabelle Milot, RM; Lisa Nussey, RM; Susan Lewis; Gemma Salamat; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Claire Ramlogan-Salanga, RM (via teleconference)
Regrets	Rochelle Dickenson; Wendy Murko, RM
Ex-Officio	Kelly Dobbin, RM
Staff	Krista Mandani, Marina Solakhyan, Johanna Geraci,
Observers	Julie Toole (AOM)
Recorder	Zahra Grant

1. CALL TO ORDER, SAFETY, LAND ACKNOWLEDGEMENT AND WELCOME

Tiffany Haidon, Chair, called the meeting to order at 9:33am and welcomed all present.

2. DECLARATION OF CONFLICT OF INTERESTS

No conflicts were declared

3. ENQUIRIES

No enquiries were made.

4. PROPOSED AGENDA

MOTION: That the proposed agenda of march 21, 2018 be approved as presented.

MOVED: Lisa Nussey

SECONDED: John Stasiw

CARRIED

4 a) CONSENT AGENDA

MOTION: THAT THE CONSENT AGENDA March 21, 2018 CONSISTING OF

- Draft Minutes of December 12-13, 2017 Council Meeting;
- Inquiries, Complaints and Reports Committee Report;
- Registration Committee Report
- Discipline Committee Report;
- Fitness to Practise Committee Report; and
- Client Relations Committee Report;

BE APPROVED AS PRESENTED

Moved: Jan Teevan
Seconded: Gemma Salamat
CARRIED

5. PRESIDENT'S REPORT

Tiffany Haidon, Chair, gave a summary of her report including trainings and meetings of statutory committees that were attended.

An update on stakeholder engagement was provided. Of note, the Canadian Midwifery Regulators Councils' Board of Directors have approved the appointment of an Executive Director. The position starts April 3, 2018.

Ms. Haidon along with the Registrar, Kelly Dobbin attended the Midwifery Policy Working Group, co-led by the Association of Ontario Midwives and the Ministry of Health and Long-Term Care to participate in the discussion of how the proposed Expanded Midwifery Care Models will affect College policy.. College staff will continue to participate in the Working Group to provide perspective on legislative and regulatory impacts, along with any other consequences the new funding model will have on the regulation of midwifery.

MOTION: THAT THE PRESIDENT'S REPORT TO COUNCIL BE ACCEPTED AS PRESENTED.

Moved: Susan Lewis
Second: John Stasiw

CARRIED

6. PROFESSIONAL STANDARDS FOR MIDWIVES

Johanna Geraci, Quality Assurance Manager gave an overview of the proposed final draft of the Professional Standards approved by the Quality Assurance Committee and the approach that was used to incorporate consultation feedback. The Committee is proposing to Council a June 1, 2018 implementation date for the Standards.

The Council reviewed the draft and some minor revisions and clarifications were proposed. The June 1, 2018 implementation date was agreed upon.

MOTION:

1. That the final draft of the Professional Standards for Midwives be approved, effective June 1, 2018 with the following revisions:

11 – add “clinical”

#22 – change to “client intake process

#44 – To read “Ensure that any physical or mental health condition does not affect your ability to provide safe and effective care”

#46 – Add “client care”

2. To rescind the following standards, upon the implementation of the Professional Standards on June 1, 2018, and direct staff to remove all references to the below standards from the College's current standards:

- 1) Ambulance Transport
- 2) Code of Ethics
- 3) Complementary and Alternative Medicine
- 4) Continuity of Care
- 5) Diagnostic Imaging
- 6) Epidural Monitoring and Management
- 7) Essential Equipment, Supplies and Medication
- 8) External Cephalic Version
- 9) Home and Out-of-Hospital Births
- 10) Induction and Augmentation of Labour
- 11) Informed Choice
- 12) Interprofessional Collaboration
- 13) Laboratory Testing
- 14) The Ontario Midwifery Model of Care
- 15) Neonatal Resuscitation
- 16) Newborn Eye Prophylaxis
- 17) Nitrous Oxide-Oxygen Blends
- 18) Postpartum/Newborn Visits

- 19) Practice Communication
- 20) Practice Protocols
- 21) Prescribing and Administering Drugs (guideline section only)
- 22) Routine Childhood Vaccinations
- 23) Surgical Assistant in Obstetrics
- 24) Twin and Breech Birth

Moved by: Jennifer Lemon
Seconded by: Jan Teevan
CARRIED

7. QUALITY ASSURANCE COMMITTEE REPORT

Jan Teevan, Chair introduced the QAC report to the Council with Johanna Geraci, QAC manager presenting on two items being proposed by QAC for motions:

1. The draft Second Birth Attendant Standard
2. Position Statement on Vaginal Birth After Caesarean

The draft Standard for Second Birth Attendants (SBA) was discussed first. The committee decided that the continuing competency courses, programs and/or trainings required of midwives to maintain registration such as those in Cardiopulmonary Resuscitation, Emergency Skills and Neonatal Resuscitation Program should be the same required of SBAs.

With regard to the Neonatal Resuscitation Program (NRP) requirement, the program restricts access to the course to licensed regulated health professionals and students. The implementation of the proposed SBA standard would particularly affect practices using laypersons as SBA (there are currently 14 such practices on record). Professional Standards are planned for implementation June 1, 2018 and the Council considered if this was reasonable timeframe to notify members who use SBAs and expect compliance. The Council decided that October 1, 2018 implementation of the SBA standard would be a reasonable time frame to allow practices time to make the adjustments they need to ensure compliance. The later implementation date of the SBA standard from the Professional Standards effective June 1, 2018 means that the current standard must be slightly amended to remove the background section, effective immediately.

The Council discussed revisions to the standard *Vaginal Birth After Caesarean (VBAC)*. Initially slated to be rescinded because it falls under the general standards of informed choice and choice of birthplace, feedback from the consultation process determined it was important to keep as a separate

standard. The revised VBAC Position Statement was presented to the Council.

Motion:

1. That the Quality Assurance Committee Report be approved as presented.
2. That the Vaginal Birth After Caesarean Position Statement be approved as presented effective immediately.
3. That the proposed Second Birth Attendant Standard be amended as presented effective October 1, 2018 and the current SBA standard to be amended to remove the background section effective immediately.

Moved by: Isabelle Milot
Second by: Jan Teevan
CARRIED

8. IN CAMERA

MOTION: THAT THE PUBLIC BE EXCLUDED FROM THE MEETING PURSUANT TO CLAUSE 7.2 (B) OF THE HEALTH PROFESSIONAL PROCEDURAL CODE OF THE REGULATED HEALTH PROFESSIONS ACT, 1991. IN THAT FINANCIAL OR PERSONAL OR OTHER MATTERS MAY BE DISCLOSED OF SUCH A NATURE THAT THE HARM CREATED BY THE DISCLOSURE WOULD OUTWEIGH THE DESIRABILITY OF ADHERING TO THE PRINCIPLE THAT MEETINGS BE OPEN TO THE PUBLIC AT 1:28pm

Moved: Lisa Nussey
Second by: Jan Teevan
CARRIED

MOTION: THAT THE MEETING RESUME TO OPEN SESSION 2:16pm

Moved by: Jan Teevan
Seconded by: Lisa Nussey
CARRIED

9. EXECUTIVE COMMITTEE REPORT

Tiffany Haidon, Chair introduced the Executive Committee report starting with an update on the audit for the 2017/2018 fiscal year.

Peter Peng and another staff member of Hillborn, LLP the external auditor, will be onsite May 14- May 18th for this year's audit. The Executive Committee will be doing an assessment of the audit process during their meeting on May 16. The *Assessment of External Auditor* tool is available in the resource library on Board Effect.

Lilly Martin, Vice Chair gave an update on Committee Composition noting that Ali McCallum, a professional member appointed as a non-council committee member declined her appointment due to a declared Conflict of Interest as she is a new member of the AOM Quality, Insurance & Risk Management Committee. Lisa Nussey, professional Council member will also be withdrawing from QAC committee due to time commitment constraints. She will remain on ICRC.

Q3 statement of operations was presented by Carolyn Doornekamp, Director of Operations. Ms. Doornekamp also presented the proposed budget for 2018/2019. This budget represents a 5.5% increase over the budget for 2017-18. The budget will also be submitted to the Ministry of Health and Long-Term Care as part of its funding request to help cover the operational cost of the College. The majority of College revenue comes from membership fees and currently membership does not generate enough revenue to cover expenses. The Ministry has acknowledged this reality and has financially supported the College since its inception to help cover costs to regulate the profession in the public's interest. The College continues to plan for financial independence from the Ministry.

Two significant proposed changes to Fees & Remuneration by-law were discussed.

- 1) Membership Fees changes
- 2) Elimination of Instalment payment.

A \$200 increase in membership is being proposed for October 1, 2018, with a 2% increase annually thereafter to maintain College operational cost and projected expenditures while continuing to reduce its annual funding request from the Ministry.

Regarding the payment of registration fees in instalments, a survey of other regulatory bodies revealed that most regulatory colleges do not offer instalments as a payment option. It is a substantial administrative burden to continue to process payments manually with cheques. The Council considered that eliminating instalments and increasing fees was compounding with the proposed fee increase and decided that there would be a \$50 administrative fee for those who still want to pay in instalments. It was reasoned that the additional fee may help deter members from choosing this method of payment and recover some of the administrative cost. Members who are experiencing financial difficulty will still be able to apply for compassionate consideration. For example, the reduction of fees or payment plans in exceptional circumstances.

MOTION:

1. That the Executive Committee Report and the 2018-2019 budget be approved as presented.
2. That the Fees & Remuneration By-law be approved as presented for 60-day public consultation with retention of instalments with additional \$50 fee.

Moved by: Edan Thomas

Seconded: John Stasiw

VOTE: UNANIMOUS

10. PROPOSED CHANGES TO GENERAL REGISTER BY-LAW

Marina Solakhyan, Director of Regulatory Affairs gave an overview of the proposed changes to the General register By-law.

On May 30, 2017 Bill 87, the *Protecting Patients Act, 2017* was given royal assent by the Ontario legislature. The College's public register has been in compliance with the RHPA since May 2017, the by-law needs to be amended so that it too is also in compliance. Some additional changes and edits unrelated to Bill 87 are also being brought forward as they have been identified as appropriate to make at this time.

MOTION: That Article 14 of the General By-law (Register) be circulated to midwives and stakeholder for 60-day consultation.

Moved: Jan Teevan

Seconded: John Stasiw

VOTE: UNANIMOUS

11. REGISTRAR'S REPORT

The Registrar, Kelly Dobbin gave a summary of the highlights of her report to the Council.

An update was provided regarding participation with the Midwifery Policy Working Group. The Working Group was established in response to the outcomes of the 2018/19 Expanded Midwifery Care Model call for proposals, many of which would be considered outside of the traditional model and scope of midwifery care. The College will continue to participate in the working group to inform stakeholders of any legislative, regulatory and/or other College-related consequences and impacts the new midwifery models may have.

At the December meeting of the Council, proposed changes to O.Reg 168/11 Registration were approved. In light of very recent external factors, such as

the planned approval of new funding models of practices registration practices may be impacted significantly. The Registrar has consulted with the Chair of the Registration Committee and recommended to the Council to withhold circulation in order to answer important policy decisions which may influence changes to the proposed draft. The plan is to bring back the draft to Council December 2018.

Three regulations currently out for circulation by the Ministry of Health:

- Definition of a patient,
- Member automatically revoked if found guilty
- Requirements on public register about misconduct (already in our by-laws)

Annual operational planning took place in January and planned activities were mapped out in the context of the College's Strategic Plan 2017-2020. Goals are very dependent on Ministry decisions.

There will be a Council election June 1-Jun 30, 2018. Two professional members' terms open for election: Jan Teevan and Isabelle Milot. Both are eligible for re-election.

MOTION:

1. That the Registrar's Report and the 2018 Annual Operational Plan be approved as presented.
2. That the proposed changes to O.Reg 168/11 Registration Regulation approved by Council in December not be circulated at this time.

Moved: Susan Lewis

Second: John Stasiw

CARRIED

10. Adjournment

MOTION: THAT THE MEETING BE ADJOURNED AT 4:40PM

Moved: Jan Teevan

Seconded: Gemma Salamat

CARRIED

EXECUTIVE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-October 2017	October 2017-March 2018
Chair: Barbara Borland, RM (resigned May 2018) Tiffany Haidon, RM (May 2018, ACCLAIMED June 2018)	Chair: Tiffany Haidon, RM
Professional: Claudette Leduc, RM	Professional: Isabelle Milot, RM; Lilly Martin, RM
Public: Rochelle Dickenson; Jennifer Lemon	Public: Rochelle Dickenson; Jennifer Lemon

Committee Meetings

May 31, 2017, 9:30am – 5:00pm, CMO Boardroom

September 6, 2017, 9:30am – 5:00pm, CMO Boardroom

November 15, 2017, 9:30am – 5:00pm, CMO Boardroom

February 1, 2018, 9:30am – 5:00pm, CMO Boardroom

Panel Meetings/Hearings

N/A

Trainings

May 17, 2017 - Financial Audit Training

Three members of the Executive Committee participated in an afternoon training related to the financial audit, associated preparation and processes.

Items

- **President's Job Description & Role of Vice-Presidents.**
Two changes were made to the role of President. The first to remove the requirement of Professional presidents to reduce their practice caseload to 75% of a full-time midwife, the second to clarify the President's ex-officio status in all Committees. The president's job description was also revised to clarify appropriate processes and communications for allowing Vice-Presidents to assume presidential duties in the absence of the President.

- Non-Council Member Appointments policy & process approved.
The Non-Council Member Appointments Policy & process were developed to have a documented process to recruit and appoint non-Council members. It was approved by Council on June 28, 2017.
- Process for in-camera minutes.
Under conditions defined in schedule 2 of the *Regulated Health Professions Act*, the Council is permitted to exclude the public from open meetings. The process approved by Council on June 28, 2017 provides a well-documented process for taking and filing in-camera minutes.
- Privacy Code updated.
The College's Privacy Code was updated in consideration of the incorporation of information technology, cloud storage, analytic software and social media into the Colleges operational function and processes.
- HIROC Checklist.
Participation in the Healthcare Insurance Reciprocal of Canada (HIROC) self-assessment program identified certain risks for health regulatory colleges (cost-based). Executive was responsible for overseeing 4 of the 7 modules.
- Financial statement monitoring.
The Committee monitored financial processes, reviewed and approved financial statements of the College.
- Assessment of External Auditor.
The Committee completed an assessment of the external financial auditor, Hilborn, LLP.
- Council Composition & Evaluations.
The Executive Committee reviewed and made Committee member and Chair recommendations that were approved by Council. Annual Council Evaluations were also completed that identified areas for Council education, development and training.
- Registrar Evaluation.
The Committee conducted the Registrar's Performance evaluation according to job description and agreed upon strategic priorities.

Attachments:

None

Respectfully Submitted,

Tiffany Haidon, Chair

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Wendy Murko, RM	Chair: Wendy Murko, RM
Professional: Wendy Murko, RM, Carron Canning, RM, Tiffany Haidon, RM	Professional: Wendy Murko, RM, Edan Thomas, RM, Lisa Nussey, RM
Public: Jennifer Lemon, Rochelle Dickenson	Public: Rochelle Dickenson, Jennifer Lemon, John Stasiw, Susan Lewis
Non-Council: Edan Thomas, RM, Heather Brechin, RM, Lisa Nussey, RM	Non-Council: Heather Brechin, RM, Claudette Leduc, RM, Christi Johnston, RM

Committee Meetings

- September 8, 2017 9:00 am – 1:00 pm, via teleconference
- November 14, 2017 9:00 am – 11:00 am, via teleconference

Panel Meetings

- COIN 257R: for deliberation (teleconference, April 5, 2017)
- COIN 254RI: for deliberation (teleconference, April 27, 2017)
- COIN 260/261C: for deliberation (teleconference, May 5, 2017)
- COIN 252R: for deliberation (teleconference, May 19, 2017)
- COIN 252R: for deliberation (teleconference, May 25, 2017)
- COIN 272RI: for the appointment of an investigator (via email, May 18, 2017)
- COIN 268I: for deliberation (teleconference, May 24, 2017)
- COIN 274RI: for the appointment of an investigator (via email, May 26, 2017)
- COIN 245/246/247C: for deliberation (teleconference, May 29, 2017)
- COIN 260/261C: for deliberation (teleconference, June 1, 2017)
- COIN 255R: for deliberation (teleconference, June 7, 2017)
- COIN 263/264C: for deliberation (teleconference, June 7, 2017)
- COIN 257RI: to deliver a caution (in person, June 27, 2017)
- COIN 262C: for deliberation (via email, June 29, 2017)
- COIN 267C: for deliberation (teleconference, August 8, 2017)
- COIN 265C: for deliberation (teleconference, September 15, 2017)
- COIN 274RI: for deliberation (teleconference, October 17, 2017)
- COIN 266RI: for deliberation (teleconference, October 17, 2017)

- COIN 265C: for deliberation (teleconference, October 17, 2017)
- COIN 263/264C: for deliberation (teleconference, October 20, 2017)
- COIN 273C: for deliberation (teleconference, November 3, 2017)
- COIN 269/270RI: for deliberation (teleconference, November 3, 2017)
- COIN 267C: to deliver a caution (in person, November 6, 2017)
- COIN 263/264C: for deliberation (via email, November 18, 2017)
- COIN 266RI: for deliberation (teleconference, November 28, 2017)
- COIN 271RI: for deliberation (teleconference, December 5, 2017)
- COIN 278/279C: for deliberation (teleconference, December 5, 2017)
- COIN 275/276/277C: for deliberation (teleconference, December 5, 2017)
- COIN 265C: for deliberation (teleconference, December 20, 2017)
- COIN 280/281C: for deliberation (teleconference, January 8, 2018)
- COIN 275/276/277C: for deliberation (teleconference, January 16, 2018)
- COIN 266RI: for deliberation (teleconference, January 29, 2018)
- COIN 272RI: for deliberation (teleconference, March 2, 2018)
- COIN 280/281C: for deliberation (teleconference, March 27, 2018)

Training

- January 12, 2018 9:00 am – 3:30 pm, Boardroom, 21 St. Clair Ave E, Suite 303

The College's legal counsel provided committee training on the following areas: role of committee members; differences between various investigations; considerations for remedial actions; considerations for referrals to discipline; formulating reasons; and, appeals to decisions. In addition, the committee was oriented to relevant ICRC processes, privacy best practices, panel preparation, and the new committee SharePoint site.

Items

In the past year, the ICRC completed the following identified items:

- **Established Complaints and Reports Benchmarks**
The Professional Conduct department identified establishing benchmarks for the complaints and reports processes as a priority in its annual work plan. In addition, establishing benchmarks also supports the College's strategic priority of implementing a risk based approach to regulation. The College also strives to ensure that investigation processes adhere to the principles of procedural fairness and avoid unreasonable delays. Staff conducted a comprehensive file review to better understand the actual historical timelines achieved, and consulted with other Colleges to develop appropriate benchmarks. On September 8, 2017, the Committee approved the implementation of benchmarks for the complaints and reports processes.

- Revised ICRC Risk Assessment Framework**

The ICRC Risk Assessment Framework was designed to assist the ICRC with their decision making, and to provide the public with a clear understanding of the ICRC’s decision making process. As part of a trends analysis of all professional conduct matters, the Policy department developed new issues categories to align with the College's newly developed principles-based approach to standards of practice. Following this exercise, the Professional Conduct department aligned the Framework to these new categories to support collecting consistent data for further analysis. In addition, the Framework was revised to align with Bill 87 changes. On November 14, 2017, the Committee approved the use of the revised ICRC Risk Assessment Framework to be used in future deliberations. The revised Framework was posted on the College website.
- Discontinued Written Cautions**

In the spirit of consistency with other health regulatory Colleges, the Committee decided to discontinue the use of written cautions as an ICRC disposition effective September 8, 2017. When the ICRC has a significant concern about the conduct or practice of a member that has a direct impact on patient care, safety, or the public interest if not addressed, the ICRC will order a caution-in-person. Concerns that do not meet the level of caution-in-person will be dealt with by using advice and recommendations.
- Implemented Online Complaints Feedback Survey**

Revising and re-implementing the complaints process survey was identified as a priority in the College’s Strategic Plan for 2017/18, and was also incorporated in the Professional Conduct department’s work plan for completion in the fiscal year. Staff developed a new online survey questionnaire on Survey Monkey that is emailed to complainants and members following a decision being issued. The Committee approved the implementation of the online Complaints Feedback Survey on November 14, 2017, and Staff will report back to the Committee on the results of the survey on an annual basis.
- Reviewed Professional Misconduct Guide**

The Committee provided feedback and input into the Professional Misconduct Guide on November 14, 2017. The Guide provides information to both members and the public on what constitutes professional misconduct. The Guide was posted to the College website and announced in the newsletter.

Attachments:

Professional Conduct File Listing Summary for April 1, 2017–March 31, 2018

Respectfully Submitted,

Wendy Murko, Chair

Professional Conduct File Listing Summary for April 1, 2017 – March 31, 2018

Category	Total Numbers
Total Open Cases	22
Source of Investigation:	
• Complaints:	14
• Registrar's Investigations:	6
• Mandatory Reports:	2
Total Closed Cases	33
Decision breakdown:	
• Take no action:	13
• Advice and recommendations:	7
• Specified Continuing Education or Remediation Program:	11
• Written caution:	3
• Oral caution:	3
*Note that one case can have multiple outcomes	
Total Panels	34
Total Monitored Cases:	
• Discipline	0
• Complaints & Reports	17
• Fitness to Practise/Incapacity	0
• HPARB/Judicial Review	11

REGISTRATION COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Isabelle Milot, RM	Chair: Isabelle Milot, RM
Professional: Isabelle Milot, RM, Carron Canning, RM, Mylene Shields, RM	Professional: Isabelle Milot, RM, Edan Thomas, Claire Ramlogan-Salanga, RM
Public: Jennifer Lemon, Caroline Brett, Gemma Salamat	Public: Jennifer Lemon, John Stasiw
Non-Council: Alexandra Nikitakis, RM	Non-Council: Alexandra Nikitakis, RM

Committee Meetings

- May 24, 2017 2:00 pm – 4:00 pm, via teleconference
- September 13, 2017 9:30 am – 12:30 pm, via teleconference
- November 10, 2017, 9:30 am – 4:00 pm, Boardroom, 21 St. Clair Ave E, Suite 303

Panel Meetings

- April 5, 2017, 9:30 am – 12:30 pm, via teleconference
- September 22, 2017, 10:00 am – 12:00 pm, via teleconference
- November 29, 2017, 9:30 am – 12:30 pm, via teleconference
- December 4, 2017, 9:30 am – 12:30 pm, via teleconference
- December 8, 2017, via email
- January 17, 2018, 9:00 am – 1:00 pm, via teleconference
- February 16, 2018, 9:30 am – 12:30 pm, via teleconference
- March 9, 2018, 9:30 am – 12:30 pm, via teleconference

Trainings

- March 26, 2018, 9:30 am – 4:00 pm, Boardroom, 21 St. Clair Ave E, Suite 303

Items

In the past year, the Registration Committee completed the following identified items:

- On July 1, 2017, the College's Jurisprudence Course became a registration requirement for all applicants. As of April 1, 2018, all members changing from the Inactive class back to the General class must complete the Jurisprudence Course once, unless it is required as part of a requalification program. The College's class change website information and relevant forms were updated to provide this information and the requirements were communicated to applicants, members and stakeholders via letters, emails and the College's newsletter.
- As part of the voluntary program undertaken College wide to implement the Healthcare Insurance Reciprocal of Canada's (HIROC) Risk Assessment Checklist program, the Registration Committee reviewed the Registration and Licensure checklist developed by staff and the checklist became a standing item on the Registration Committee's meeting agenda. Many of the items identified by HIROC help to inform the potential risks related to Registration and Licensure and the resulting areas of improvement, align with the recommendations for changes to policies, procedures and tools that have been identified through the registration streamlining process. The College has two years to complete the program. This item was identified as a strategic priority on the Registration Committee's 2017 Workplan.
- Directed by the College's strategic priority of the implementation of Risk-based Regulation, a comprehensive review of registration policies and forms was completed by College staff. The review identified two courses of action to how we approach current registration policies and tools:
 1. Revision – the policy/tool is relevant and necessary within the current regulatory framework but requires revision.
 2. Rescind – the policy/tool does not meet the criteria for a policy and includes information outlined in the Code, regulation, a procedure or information better suited for publication on the College website or in a handbook.

The Registration Committee made a formal motion to Council in December 2017 to rescind the registration policies identified in the Registration Streamlining Plan as no longer meeting the criteria for a policy and containing information which is otherwise addressed in the Code, Registration Regulation or which constitutes a procedure. These policies were rescinded by Council effective March 1, 2018 and archived on the College's website.

- In May 2017 the Registration Committee reviewed proposed changes to the Policy on Continuing Competencies. The policy was reviewed in order to address feedback received from the Heart and Stroke Foundation with respect to online CPR courses. In addition, the Registration Committee recommended that all continuing competencies courses accepted by the College have a theoretical and practical component consistent with the criteria for approving courses. A motion to implement the proposed policy changes was brought forward to Council for approval in June 2017. When the proposed changes were reviewed by Council it was determined that further policy revisions were required to address changes to other continuing competency approved courses and Council directed the Registration Committee to further review the policy for later approval.

- The Policy department presented the draft Criminal Record Screening Policy and Good Character Guide to the Registration Committee for their feedback and input. The Good Character Guide outlines the “good character” requirements of the College and specifies how the College will assess the good character of an applicant or member. The Policy will enable the College to require applicants and members (in certain circumstances) to submit a Vulnerable Sector (VS) Check as part of regulating midwifery in the public interest and to assist with ensuring public safety.

Both the Registration Regulation and the Professional Misconduct Regulation include provisions related to “good character” and suitability to practice the profession. The Guide includes sources of information regarding good character and the factors that will be considered when assessing it. The Committee provided their feedback and requested that a provision be added to the policy to provide the Registrar discretion in situations where an applicant may not be able to obtain a vulnerable sector check. Additional research was conducted to determine in what circumstances this may occur and what options are available to address the risk. The Registration Committee will review the policy again in July 2018 and will then be brought forward to Council for approval. The Good Character Guide was approved but will be brought forward to Council at the same time as the Criminal Record Screening Policy because it refers to the vulnerable sector check requirement.

- In November 2017, the Registration Committee reviewed an extensive second round of proposed changes to the Registration Regulation. The draft proposed changes were approved and brought forward to Council in December 2017. Council initially passed a motion to circulate the draft regulation for 60-day consultation but later retracted the motion to postpone the consultation until further work is done on the draft proposal to account for ongoing changes in the profession, funding models and new professional standards.
- A draft framework was developed to better support Registration Committee Panel decision making in the interest of fairness, objectivity, impartiality and transparency. The risk-assessment approach is consistent with the strategies being implemented by other College Committees. The Registration Committee reviewed the draft tool and provided feedback. The framework is being tested and refined before it is finalized.

Attachments:

Membership Statistics March 31, 2018

Respectfully Submitted,

Isabelle Milot, Chair



Membership Statistics March 31st, 2018

910 Registered Midwives consisting of:

- 673 General
- 63 General with New Registrant Conditions
- 12 Supervised Practice
- 0 Transitional
- 162 Inactive

Membership Changes During the Fiscal period April 1, 2017 to March 31, 2018

- 76 New Registrations (MEP - 60; IMPP - 10; AIT - 6)
- 4 Re-registrations
- 2 Suspended for Non-payment of Fees
- 2 Revoked for Non-payment of Fees
- 24 Resignations

April 9, 2018

Kelly Dobbin, Registrar & CEO, College of Midwives of Ontario

Date

DISCIPLINE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Lilly Martin, RM, Jan Teevan, RM, Claudette Leduc, RM	Professional: Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public: Philip Playfair, Gemma Salamat, Jennifer Lemon, Rochelle Dickenson	Public: Gemma Salamat, Deirdre Brett, Jennifer Lemon, Rochelle Dickenson, John Stasiw, Susan Lewis
Non-Council: None	Non-Council: Claudette Leduc, RM

Committee Meetings

December 19, 2017 from 10:00 am – 11:30 am, via teleconference

Panel Meetings/Hearings

None.

Training

None.

Items

In the past year, the Discipline Committee completed the following identified items:

- **Revised Discipline Procedures Manual**
On December 19, 2017, the Discipline Committee approved revisions to the Procedures Manual and Rules of Procedures. These revisions were required to align with Bill 87, and the College's adoption of gender inclusive language. The Committee decided to review the Procedures Manual every two years, or as needed. The revised Discipline Rules of Procedures are posted to the College's website.

- **Reviewed Professional Misconduct Guide**

The Discipline Committee provided feedback and input into the Professional Misconduct Guide on November 14, 2017. The Guide provides information to both members and the public on what constitutes professional misconduct. The Guide was posted to the College website and announced in the newsletter.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

FITNESS TO PRACTISE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Lilly Martin, RM, Jan Teevan, RM, Claudette Leduc, RM	Professional: Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public: Philip Playfair, Gemma Salamat, Jennifer Lemon, Rochelle Dickenson	Public: Gemma Salamat, Deirdre Brett, Jennifer Lemon, Rochelle Dickenson, John Stasiw, Susan Lewis
Non-Council: None	Non-Council: Claudette Leduc, RM

Committee Meetings

December 19, 2017 from 11:30 am – 12:00 pm, via teleconference

Panel Meetings/Hearings

None.

Training

None.

Item

In the past year, the Fitness to Practise Committee completed the following identified item:

- **Revised Fitness to Practise Procedures Manual**
On December 19, 2017, the Fitness to Practise Committee approved revisions to the Fitness to Practise Procedures Manual. These revisions were required to align with Bill 87, and the College's adoption of gender inclusive language. The Committee decided to review the Procedures Manual every two years, or as needed.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

CLIENT RELATIONS COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Carron Canning, RM	Chair: Rochelle Dickenson
Professional: Tiffany Haidon, RM, Carron Canning, RM, Claudette Leduc, RM, Wendy Murko, RM	Professional: N/A
Public: Rochelle Dickenson	Public: Rochelle Dickenson, Deirdre Brett
Non-Council: Christi Johnston, RM	Non-Council: Christi Johnston, RM, Amy McGee, RM

Committee Meetings

On September 28, 2017, from 1:00 p.m. to 3:30 p.m., the Committee met at the College to discuss the following as a result of Bill 87, *Protecting Patients Act*, S.O. 2017, C.11, which received Royal Assent on May 30, 2017:

- updating the Sexual Abuse Prevention Policy to provide clear guidance on when the midwife-client relationship begins and ends for the purpose of calculating the one-year period referenced in s. 1(6) of the RHPA that (for the purposes of the sexual abuse provisions) deems a former client to remain a client for a period of one year from when the person would otherwise cease to be a client
- updating the Guideline for Reporting Sexual Abuse to reflect increased fines for individuals and corporations failing to report sexual abuse, pursuant to s.93 of the RHPA

The Committee also discussed:

- revising the Guideline on Appropriate Professional Behaviour with Clients to provide additional guidance to the membership on maintaining appropriate professional boundaries with clients
- developing a Sexual Abuse Complaints Guide to educate prospective complainants regarding the definition of sexual abuse under the RHPA, how to make a complaint and how to access funding for therapy and counselling

Panel Meetings/Hearings
N/A

Trainings

On September 28, 2017 from 9:30 a.m. to 11:15 a.m., the Committee received training from Dr. Gail Robinson at the College on “Keeping Good Boundaries”, which informed the Committee’s ongoing work in developing guidelines for midwives’ conduct with clients, including the “Guideline on Appropriate Professional Behaviour with Clients”.

The Committee received further training from Shivani Sharma, Policy Analyst in a presentation entitled “CRC – Then and Now” about the historic and current context of the Committee, including Bill 87 changes that would impact the Committee’s work in implementing measures to prevent and deal with sexual abuse, including the administration of funding for clients who have or may have been, sexually abused.

Items

N/A

Attachments

N/A

Respectfully Submitted,

Rochelle Dickenson, Chair

QUALITY ASSURANCE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2017-MARCH 2018

Committee Members

April 2017-December 2017	December 2017-March 2018
Chair: Jan Teevan	Chair: Jan Teevan
Professional: Lilly Martin, Isabelle Milot,	Professional: Lilly Martin, Isabelle Milot, Claire Ramlogan-Salanga
Public: Gemma Salamat	Public Susan Lewis: Dierdre Brett
Non-Council: Mylene Shields, Tia Sarkar	Non-Council

Committee Meetings

May 10, 2017 – (12:30-4:00) in person
September 15, 2017 – 9:30-12:30) teleconference
November 20, 2017 – (9:30-12:30) teleconference
March 16, 2018 – (9:30-12:30) teleconference

Panel Meetings/Hearings

July 6, 2017 by email
Type QAP exemption panel
One member file was reviewed

November 24, 2017 by teleconference
Time: 9:30-11:30
Type: non-compliance
16 member files were reviewed

Trainings

May 10, 2017.
Time: 10:00-12:00 in person at the College,

- staff orientation/training delivered by staff about Quality Assurance Committee regulations, powers of the committee and current QA programs

Items

In the 2017/18 fiscal year QAC achieved the following:

- approved a staff approval process for cases of QAP non-compliance that meet specific criteria

- approved a staff approval process for managing member non-compliance with the requirement that all members report on one fetal health surveillance activity by 2018
- spent significant time reviewing revisions to the Quality Assurance Program (QAP) activities and brought these proposed changes to Council for approval. These changes will be implemented if the proposed Quality Assurance regulation is approved by the Ministry
- approved an interim self-assessment questionnaire (SAQ) to be completed by all members. A new SAQ will be developed for implementation with the revised QAP
- approved benchmarks for Quality Assurance Committee work
- made the decision to take the revised Second Birth Attendant standard to Council for approval
- made the decision to take the Vaginal Birth after Caesarean Section position statement to Council for approval
- shared feedback with assessment consultants about revisions to the peer and practice assessment program

Attachments:

No attachments

Respectfully Submitted,

Jan Teevan, RM, Chair

PRESIDENT'S REPORT

REPORT TO COUNCIL – June 13, 2018

Prepared by: Tiffany Haidon, RM President

1. General Highlights

On June 1, 2018, the College of Midwives of Ontario marks the implementation date of the Professional Standards. It is the culmination of research, consultation and steadfast work over the past two years, and a remarkable accomplishment. I would like to acknowledge and thank Johanna Geraci, Quality Assurance Manager, Marina Solakhyan, Director of Regulatory Affairs, and the Professional Standards Working Group for their hard work and commitment to bring forward the high-quality document we have today that reflects a principles-based approach to defining professional standards. Thank you.

In mid-April, I was away for a month-long absence and would like to extend a thank you to our Vice-President, Public, Jennifer Lemon for her leadership and coverage during that time.

2. Governance

The Executive Committee met May 16th for a productive meeting which included revisions to the General By-laws, initiating the Auditor's Assessment Tool and critiquing our current Registrar's Performance Review tool.

Following the Executive Committee's decision to not replace vacant spots on the Quality Assurance and Registration Committees, feedback was sought from committee chairs to determine the effect on respective committees. Positive feedback was provided at this time, however mid-year follow-up will occur to ensure both committees are functioning well.

A meeting with the Registration Committee in my ex-officio role took place on May 25th. It was informative to receive a presentation from Shivani Sharma, Policy Analyst highlighting best practice/tools to streamline Registration processes. Engaged and prepared committee members provided thoughtful discussion and consideration of policies. As the profession is developing expanded midwifery care models, the committee has had to expand their thinking to consider the impact of these innovative practices on the Registration Policies and practices.

Weekly meetings continue with Kelly Dobbin, Registrar since my return to ensure I am kept abreast of ongoing College work and operations.

A Council election will be held in June. There are four nominations that have been received for the current two vacancies. The election voting will begin June 1 ending June 30, 2018. Results will be communicated to Council on July 5, 2018.

3. Stakeholder Engagement

The following meetings were attended:

- 1) The Ontario Midwifery Strategy Council
- 2) The AOM/CMO Liaison Meeting

The meetings were collaborative, collegial and informative.

BRIEFING NOTE FOR COUNCIL

Subject: Register By-law: Final Review and Approval

Background

Since 2015, in response to public demand and requests from the Ministry of Health and Long-Term Care, all health regulatory colleges, including the College of Midwives of Ontario, have taken significant steps to improve transparency of member information available to the public to enable them to decide who they wish to see for their health care. In March 2016, the College's Council approved revised bylaws that made the following information public:

- Non-college member information: Findings of guilt, charges, bail conditions, registration history with other regulators, past practice locations
- College member information: specified continuing education or remediation programs (SCERP) with a monitoring component, ordered by the ICRC; written cautions, ordered by the ICRC; oral cautions, ordered by the ICRC; resignations while under investigation.

On May 30, 2017, Bill 87, the *Protecting Patients Act, 2017* was given royal assent by the Ontario legislature. This bill amended the *Regulated Health Professions Act, 1991 (RHPA)* and expanded the list of available information to the public.

The College's public register has been in compliance with the RHPA since May 2017. The by-law needed to be amended so it too was in compliance. For example, the RHPA now requires that oral cautions and all specified continuing education or remediation programs (SCERPs) stay on the public register permanently. The College, therefore, must delete all removal provisions from its by-law as they are contrary to the RHPA requirements. Similarly, the College is now required to post all SCERPs, with or without a monitoring component. The amendments proposed to align the by-laws with Bill 87 are not really debateable because the legislative changes are already in effect and the RHPA supersedes the College's by-law.

Additional changes and edits (unrelated to Bill 87) were brought forward to Council for consideration. These proposed changes are not part of changes made as a result of the *Protecting Patients Act, 2017* but have been identified as appropriate to make at this time.

Council reviewed the proposed changes at its March Council meeting and approved the bylaws for a notice and a 60-day consultation.

Council made its recommendations based on the following considerations:

- As a regulator of the midwifery profession in Ontario, Council makes decisions through the lens of public safety and protection.

- Council used the measurement of risk when considering the proposed amendments. The greater the potential risk to the public, the more important transparency becomes, so:
 - No or minimal risk issues with no impact on client care, safety, or the public interest should remain confidential
 - Low risk issues that are unlikely to have an impact on client care, safety, or the public interest should remain confidential
 - Medium risk issues that include concerns regarding the member's conduct or practise that may have a direct impact on client care, safety, or the public interest must be made available to the public
 - High risk issues including serious concerns regarding the member's conduct or practise that are likely to have a direct impact on client care, safety or the public interest must be made available to the public.
- Council carefully balanced transparency and fairness and used the Transparency Principles developed by AGRE, and adopted by the College in November 2015, as the foundation for any “transparency” work.
- With the implementation of the *Protecting Patients Act, 2017*, consistency among health regulatory Colleges has become especially important to demonstrate our collective commitment to the public interest. As the colleges continue to work together to increase public awareness (e.g. FHRCO developed and launched a public website last year) consistency of information available to public is critical to mitigate any potential confusion for the public.

Key Considerations

Pursuant to section 94 (2) of the Health Professions Procedural Code (Code) *by-law shall not be made ... unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council.* The College invited the membership, the stakeholders and the members of the public to participate in the consultation on April 3rd, 2018. The consultation closed on June 3rd and received no feedback on proposed changes to the Register by-law.

Proposed Changes for Approval

One additional recommendation is brought to Council's attention for approval. On May 1st, 2018, after the by-law consultation has been launched, a number of additional amendments to the RHPA came into effect. More specifically, the list of the mandatory self-reporting provisions in the Code was expanded. Members are now obligated to file a report in writing with the Registrar if the member has been charged with an offence. Because this is now a legislative requirement, this information is no longer needed in the by-law. This change does not require by-law re-circulation (pursuant to 94 (2)) because the legislation supersedes the by-law.

Please refer to the attached chart showing all proposed amendments to the Register by-law.

Recommendations

That Article 14 of the General By-law (Register) be approved as presented.

Implementation Date

June 13, 2018, pending Council approval.

Legislative and Other References

- Section 23 of the Health Professions Procedure Code, 1991, being Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*
- General By-law (Article 14: Register)

Attachments

1. Appendix 1: Chart showing proposed amendments to the Register by-law
2. Appendix 2: Article 14: Register (clean copy)
3. Appendix 3: Section 23 of the Code (for reference only)

Submitted by: Marina Solakhyan, Director, Regulatory Affairs

Attachment 1: Proposed Amendments to Article 14 – Register

Current By-law	Proposed By-law Amendments
ARTICLE 14 – THE REGISTER	
14.01 – Register Information Required by the Code	
The Register shall contain the information required by subsection 23(2) of the Code.	The Registrar shall maintain a register in accordance with section 23 (2) of the Code.
14.02 – Additional Register Information	
In addition to the information required to be contained in the register pursuant to subsection 23(2) of the Code, and for the purposes of paragraph 14 of subsection 23(2) of the Code, the register shall contain the following information known to the College with respect to each Member:	In addition to the information required to be contained in the register pursuant to section 23(2) of the Code, the register shall contain the following information known to the College with respect to each Member:
a) any change to the Member’s name that has been made in the register of the College from the date of the Member’s initial registration with the College	any change to the Member’s name that has been made in the register of the College from the date of the Member’s initial registration with the College and any names other than the proper legal name of the Member, including any common names or abbreviations that the Member uses in any place of practice
b) the Member’s registration number;	the Member’s certificate of registration number;

Current By-law	Proposed By-law Amendments
c) the date on which each class of registration the Member holds was obtained and, if applicable, the date on which each terminated or expired;	the classes of certificate of registration held by each Member, the date on which each class of registration the Member holds was obtained and, if applicable, the date on which each was terminated or expired;
d) if the Member ceased to be a Member as a result of resignation or death, a notation to that effect and the date that the resignation or death occurred, if available;	if the Member ceased to be a Member as a result of resignation, a notation to that effect and the date that the resignation occurred;
e) the name, business address and business telephone number of every practice with which the Member is affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;	No proposed changes
f) the name of each hospital, birth centre and health facility in Ontario where the Member has privileges;	No proposed changes
	any revocations, suspensions or restrictions of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code and the date the revocation, suspension or restriction took effect
g) any information that the College and the Member have jointly agreed will be included;	No proposed changes
h) where the Member's certificate of registration is subject to an interim order under subsection 37(1) of the	where the Member's certificate of registration is subject to an interim order under section 25.4(1), 59

Current By-law	Proposed By-law Amendments
Code, a notation of that fact, the nature of the order and the date that it took effect;	or 62 of the Code, a notation of that fact, the nature of the order and the date that it took effect.
i) where the Member's certificate of registration is subject to a suspension for failure to pay a fee, a notation of the suspension, and the date that the suspension took effect;	where the Member's certificate of registration is subject to a suspension or is revoked for failure to pay a fee, or where the Member's certificate of registration is suspended or revoked in accordance with the Registration Regulation, Ontario Regulation 168/11, made under the Act, a notation of the suspension or revocation, and the date that the suspension or revocation took effect;
j) where a decision of the Discipline Committee has been published by the College with the Member's name or former name included, <ul style="list-style-type: none"> i. a notation of that fact, and ii. identification of the specific publication of the College that contains the information; 	No proposed changes
k) where a finding of professional misconduct or incompetence has been made against the Member by another regulatory body, in or outside Ontario, <ul style="list-style-type: none"> i. that fact, ii. the date of the finding and the place where it was made, and iii. a brief summary of the facts upon which the finding was based; and 	k) where a finding of professional misconduct or incompetence has been made against the Member by another regulatory body, inside or outside of Ontario, <ul style="list-style-type: none"> i. a notation of the fact, ii. the date of the finding, iii. the name of the regulatory body that made the finding and the place where it was made,

Current By-law	Proposed By-law Amendments
	<ul style="list-style-type: none"> iv. a brief summary of the facts upon which the finding was based, v. any orders made relative to the finding, vi. if applicable, a notation that the decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.
	<p>where the Member's registration or licensure is subject to a restriction made by another regulatory body, inside or outside of Ontario,</p> <ul style="list-style-type: none"> i. a notation of the fact, ii. the date the restriction was imposed, iii. the name of the regulatory body that made the restriction and the place where it was made, iv. a brief summary of the facts upon which the restriction was based, v. if applicable, a notation that the restriction is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.
	<p>l) where a finding of incapacity has been made against the Member by another regulatory body, inside or outside of Ontario, to the extent that the information is made public by the other regulatory body,</p> <ul style="list-style-type: none"> i. a notation of the fact, ii. the date of the finding, the name of the regulatory body and the place where it was made, iii. any orders made relative to the finding,

Current By-law	Proposed By-law Amendments
	iv. if applicable, a notation that the finding is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.
	<p>for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:</p> <ul style="list-style-type: none"> (i) a notation of that fact, including the date of the referral, (ii) the specified allegations, (iii) the notice of hearing, (iv) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced, (v) if the hearing is awaiting scheduling, a statement of that fact, and (vi) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;
	<p>a notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;</p>

Current By-law	Proposed By-law Amendments
<p>l) if a finding of incapacity has been made in respect of the Member, the date of the finding;</p>	<p>No proposed changes</p>
<p>m) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, includes a written caution,</p> <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the concern and a summary of the contents of the caution, iii. the date of the panel's decision, iv. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, v. the information placed on the register pursuant to paragraph (m) shall be removed from the public register two (2) years from the date of the panel's decision (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed); 	<p>No proposed changes</p>
<p>n) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a caution in person,</p>	<p>where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a caution in person, as authorized by paragraph 3 of subsection 26(1) of the Code,</p> <ul style="list-style-type: none"> i. a notation of that fact,

Current By-law	Proposed By-law Amendments
<ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the concern and a summary of the contents of the caution, iii. the date of the panel’s decision, iv. if applicable, a notation that the panel’s decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, v. the information placed on the register pursuant to paragraph (n) shall be removed from the public register three (3) years from the date that the oral caution is delivered (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed); 	<ul style="list-style-type: none"> ii. a summary of the concern and a summary of the contents of the caution, iii. the date of the panel’s decision, iv. once the member has received the caution, a notation to that effect and the date the member received the caution, v. if applicable, a notation that the panel’s decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, provided that where the decision is overturned on appeal or review the information shall be removed from the register. vi. the information placed on the register pursuant to paragraph (n) shall be removed from the public register three (3) years from the date that the oral caution is delivered (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed);
<p>o. where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar’s investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program that includes a monitoring component,</p> <ul style="list-style-type: none"> i. a notation of that fact, 	<p>for decisions released prior to May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar’s investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program that includes a monitoring component, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:</p>

Current By-law	Proposed By-law Amendments
<ul style="list-style-type: none"> ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program, iii. the date of the panel’s decision, if applicable, a notation that the panel’s decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, iv. the information placed on the register pursuant to paragraph (o) shall be removed from the public register on the later of: a) two (2) years from the date of the panel’s decision, or b) upon completion, to the satisfaction of the Registrar, of the specified continuing education or remediation program (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed); 	<ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program, iii. the date of the panel’s decision, iv. once the program is completed, a notation to that effect and the date on which the program was completed, v. if applicable, a notation that the panel’s decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register. vii. the information placed on the register pursuant to paragraph (o) shall be removed from the public register on the later of: a) two (2) years from the date of the panel’s decision, or b) upon completion, to the satisfaction of the Registrar, of the specified continuing education or remediation program (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision unless the member requests that the information be removed, in which case it will be removed);
	<p>for decisions released on or after May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or</p>

Current By-law	Proposed By-law Amendments
	<p>Registrar's investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:</p> <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program, iii. the date of the panel's decision, iv. once the program is completed, a notation to that effect and the date on which the program was completed, v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of, vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register;
	<p>where a member has terms, conditions or limitations in effect on their certificate of registration, the effective date of those terms, conditions or limitations and, where applicable, the Committee responsible for the imposition of those terms, conditions or limitations.</p>
	<p>Where an application for reinstatement has been referred to the Discipline Committee for a hearing,</p> <ul style="list-style-type: none"> i. a notation of that fact, ii. the status of the hearing, and iii. the result of the hearing

Current By-law	Proposed By-law Amendments
	Where an application for reinstatement has been referred to the Fitness to Practise Committee for a hearing, <ul style="list-style-type: none"> iv. a notation of that fact, v. the status of the hearing, and vi. the result of the hearing
p) where a criminal finding or a finding under the Health Insurance Act or the Controlled Drugs and Substances Act was made against the Member on or after March 1, 2016, <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the finding and penalty iii. the date of the decision iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of, v. any such summary shall be removed if the decision on finding and penalty is overturned or if the Member is pardoned, unless the Member wishes the summary and fact of successful appeal to be maintained on the register for a period vi. no information shall be included in contravention of a court-imposed publication ban known to the College; 	No proposed changes
	where a finding of guilt is made by a court against the Member on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of the Registrar is relevant to the Member's suitability to practise, <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the finding and penalty, iii. the date of the decision,

Current By-law	Proposed By-law Amendments
	<ul style="list-style-type: none"> iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of, v. any such summary shall be removed if the decision on finding and penalty is overturned or if the Member is pardoned or obtains a record suspension, unless the Member wishes the summary and fact of successful appeal to be maintained on the register for a period, vi. no information shall be included in contravention of a court-imposed publication ban known to the College;
<p>q) where a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act was laid against the Member on or after March 1, 2016,</p> <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the charge including the date it was laid, iii. any such summary shall be removed if the Member is acquitted, the charge is withdrawn, or the charge has been superseded by a finding, iv. no information shall be included in contravention of a court-imposed publication ban known to the College; 	No proposed changes
	<p>where a charge is laid against the Member on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of the Registrar is relevant to the Member's suitability to practise,</p> <ul style="list-style-type: none"> i. a notation of that fact, ii. a summary of the charge including the date it was laid,

Current By-law	Proposed By-law Amendments
	<p>iii. provided that any such summary shall be removed if the Member is acquitted, the charge is withdrawn or stayed, or the charge has been superseded by a finding, and no information shall be included in contravention of a court-imposed publication ban known to the College;</p>
<p>r) a summary of any currently existing conditions or restrictions, including effective date, relating to the custody or release of the Member imposed by a court or other lawful authority on or after March 1, 2016, excluding any information that would contravene a court-imposed publication ban known to the College;</p>	<p>No proposed changes</p>
<p>s) the Member's registration or licensure history in any profession in any jurisdiction to the extent that the information is publicly available in that other jurisdiction;</p>	<p>where the Member is or has been registered or licensed by a regulatory body in any profession in any jurisdiction, a notation to that effect, including the name of the regulatory body, the effective date of registration or licensure, and the effective date of any termination of that registration or licensure</p>
<p>t) all past midwifery practice locations in Ontario, including the Member's position at that location (e.g., sole proprietor/associate/locum);</p>	<p>all past midwifery practice locations in Ontario, including the Member's position at that location (e.g., sole proprietor/associate/locum);</p>
<p>u) a summary of any Alternate Practice Arrangements approved by the College with respect to the Member;</p>	<p>No proposed changes</p>

Current By-law	Proposed By-law Amendments
v) the names and designations of all current second birth attendants who have worked with the Member; and	the names and designations of all current second birth attendants who have worked with the Member; and
w) if the member resigned while under investigation by the College, a notation of that fact.	No proposed changes
	where a notation of a finding of professional negligence or malpractice made against the Member is in the register, (i) the date of the finding, (ii) the name and location of the court that made the finding against the Member, and (iii) the status of any appeal respecting the finding.
14.03 – Additional Register Information Public	
For the purpose of subsection 23(5) of the Code, all of the information listed in section 14.02 is designated as public.	No proposed changes
14.04 – Registrar’s Discretion	
Any information noted on the Public Register that references an address or telephone number or other information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College’s website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.	All of the information in the register is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College’s website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

Current By-law	Proposed By-law Amendments
14.05 – Member to Provide Information	
A Member shall provide the College with the following information in the form and manner determined by the Registrar:	A Member shall provide the College annually and upon request by the College, unless a different timeline is required by the RHPA, the Act or the Regulations, with the following information in the form and manner determined by the Registrar:
(a) information required to be maintained in the register or provided to the College pursuant to the by-laws, the RHPA, the Act or the Regulations;	No proposed changes
(b) information relating to any finding of guilt against the Member by a court with respect to any offence, including criminal offences, or offences under the Health Insurance Act or Controlled Drugs and Substances Act;	information relating to any finding of guilt against the Member by a court with respect to any offence, including criminal offences, or offences under the Health Insurance Act or Controlled Drugs and Substances Act;
(c) information relating to any criminal or charge under the Health Insurance Act or the Controlled Drugs and Substances Act laid against the Member on or after March 1, 2016	information relating to any criminal charge or charge under the Health Insurance Act or the Controlled Drugs and Substances Act laid against the Member on or after March 1, 2016;
(d) information relating to any current conditions or restrictions imposed by a court relating to the custody or release of the Member imposed by a court or other lawful authority on or after March 1, 2016, and any information with respect to a court- imposed publication ban;	information relating to any current conditions or restrictions imposed by a court relating to the custody or release of the Member imposed by a court or other lawful authority on or after March 1, 2016, and any information with respect to a court- imposed publication ban;
	information relating to any complaint against the Member or investigation of the Member in process by

Current By-law	Proposed By-law Amendments
	another regulatory body, inside or outside of Ontario, and the outcome of the complaint or investigation
	information relating to any denial of registration or licensure by another regulatory body, inside or outside of Ontario;
(e) information relating to any registration or licensure, in any jurisdiction and in any profession, held by the Member on March 1, 2016;	information relating to any registration or licensure, in any jurisdiction and in any profession, held by the Member on March 1, 2016
(f) information relating to any finding of professional negligence or malpractice made against the member by a court after June 3, 2009;	information relating to any finding of professional negligence or malpractice made against the member by a court after June 3, 2009;
(g) information relating to any finding of professional misconduct or incompetence made against the Member by another regulatory body, in or outside of Ontario;	information relating to any finding of professional misconduct or incompetence made against the Member by another regulatory body, in or outside of Ontario
(h) the name, address and telephone number of the Member's principal place of practice as well as all past practice locations;	No proposed changes
(i) the name address and telephone number of all other places where the Member practices midwifery, not including the private residences of clients;	No proposed changes
(j) his or her residential address, telephone number and personal email address;	the Member's residential address, telephone number and personal email address;

Current By-law	Proposed By-law Amendments
(k) the names of the Member's partners, associates, employers and employees as well as second birth attendants associated with the Member, including any designations held by those second birth attendants;	the names of the Member's partners, associates, employers and employees as well as second birth attendants associated with the Member, including any designations held by those second birth attendants
(l) with respect to each hospital, birth centre and health facility in Ontario where the Member has privileges, the date that each privilege was granted and terminated, if applicable.	with respect to each hospital, birth centre and health facility in Ontario where the Member has privileges, the date that each privilege was granted, restricted, suspended, revoked, resigned or otherwise terminated, if applicable.
(m) information required by the Quality Assurance Committee; and	No proposed changes
(n) information required by the Minister for the purpose of health human resource planning.	No proposed changes

Current By-law	Proposed By-law Amendments
<p>A Member shall inform the College, in writing, of a change to any of the following within fourteen (14) days of the change.</p> <p>(a) any change to the Member's name that has been made in the register of the College from the date of the Member's initial registration with the College;</p> <p>(b) his or her residential address, telephone number and personal email address;</p> <p>(c) the name, business address and business telephone number of every practice with which the Member is affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;</p> <p>(d) the name of each hospital, birth centre and health facility in Ontario where the Member has privileges, the date that each privilege was granted and terminated;</p> <p>(e) any of the information required to be provided to the College pursuant to paragraphs (b) through (l) of by-law 14.05.</p>	<p>Member shall inform the College, in a form acceptable to the Registrar, of a change to any previously provided information under paragraphs (a) to (l)* of section 14.05 within fourteen (14) days of the change.</p> <p>(a) any change to the Member's name that has been made in the register of the College from the date of the Member's initial registration with the College;</p> <p>(b) his or her residential address, telephone number and personal email address;</p> <p>(c) the name, business address and business telephone number of every practice with which the Member is affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;</p> <p>(d) the name of each hospital, birth centre and health facility in Ontario where the Member where the Member has privileges, the date that each privilege was granted and terminated;</p> <p>(e) any of the information required to be provided to the College pursuant to paragraphs (b) through (l) of by law 14.05.</p> <p>* Numbering will be confirmed when the changes are confirmed (the intent is to include everything except quality assurance information and statistical information required by the Minister).</p>

Appendix 2: Register By-law_clean copy

ARTICLE 14 –THE REGISTER

14.01 – Register Information Required by the Code

The Registrar shall maintain a register in accordance with section 23 (1) of the Code.

14.02 – Additional Register Information

In addition to the information required to be contained in the register pursuant to section 23(2) of the Code, the register shall contain the following information known to the College with respect to each Member:

- a) any change to the Member's name that has been made in the register of the College from the date of the Member's initial registration with the College and any names other than the proper legal name of the Member, including any common names or abbreviations that the Member uses in any place of practice;
- b) the Member's certificate of registration number;
- c) the classes of certificate of registration held by each Member, the date on which each class of registration the Member holds was obtained and, if applicable, the date on which each was terminated or expired;
- d) if the Member ceased to be a Member as a result of resignation, a notation to that effect and the date that the resignation occurred;
- e) the name, business address and business telephone number of every current and past practice with which the Member is or was affiliated, whether as a sole proprietor, a partner, an associate or in some other capacity as a Midwife;
- f) the name of each hospital, birth centre and health facility in Ontario where the Member has privileges;
- g) any revocations, suspensions or restrictions of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code and the date the revocation, suspension or restriction took effect;
- h) any information that the College and the Member have jointly agreed will be included in the register;
- i) where the Member's certificate of registration is subject to an interim order under section 25.4(1), 59 or 62 of the Code, a notation of that fact, the nature of the order and the date that it took effect;

- j) where the Member's certificate of registration is subject to a suspension or is revoked for failure to pay a fee, or where the Member's certificate of registration is suspended or revoked in accordance with the Registration Regulation, Ontario Regulation 168/11, made under the Act , a notation of the suspension or revocation, and the date that the suspension or revocation took effect;

- k) where a decision of the Discipline Committee has been published by the College with the Member's name or former name included,
 - i. a notation of that fact, and
 - ii. identification of the specific publication of the College that contains the information;

- l) where a finding of professional misconduct or incompetence has been made against the Member by another regulatory body, inside or outside of Ontario,
 - i. a notation of the fact,
 - ii. the date of the finding,
 - iii. the name of the regulatory body that made the finding and the place where it was made,
 - iv. a brief summary of the facts upon which the finding was based,
 - v. any orders made relative to the finding,
 - vi. if applicable, a notation that the decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.

- m) where the Member's registration or licensure is subject to a restriction made by another regulatory body, inside or outside of Ontario,
 - i. a notation of the fact,
 - ii. the date the restriction was imposed,
 - iii. the name of the regulatory body that made the restriction and the place where it was made,
 - iv. a brief summary of the facts upon which the restriction was based,
 - v. if applicable, a notation that the restriction is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.

- n) where a finding of incapacity has been made against the Member by another regulatory body, inside or outside of Ontario, to the extent that the information is made public by the other regulatory body,
 - i. a notation of the fact,

- ii. the date of the finding, the name of the regulatory body and the place where it was made,
 - iii. any orders made relative to the finding,
 - iv. if applicable, a notation that the finding is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of.
- o) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:
 - (i) a notation of that fact, including the date of the referral,
 - (ii) the specified allegations,
 - (iii) the notice of hearing,
 - (iv) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced,
 - (v) if the hearing is awaiting scheduling, a statement of that fact, and
 - (vi) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;
- p) a notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;
- q) if a finding of incapacity has been made in respect of the Member, the date of the finding;
- r) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, includes a written caution,
 - i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the caution,
 - iii. the date of the panel's decision,
 - iv. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - v. the information placed on the register pursuant to paragraph (r) shall be removed from the public register two (2) years from the date of the panel's decision (unless the panel decision was overturned on appeal or review, in which case the information will remain on the register along with a link to the appeal decision

unless the member requests that the information be removed, in which case it will be removed);

- s) where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a caution in person, as authorized by paragraph 3 of subsection 26(1) of the Code,
- i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the caution,
 - iii. the date of the panel's decision,
 - iv. once the member has received the caution, a notation to that effect and the date the member received the caution,
 - v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register.
- t) for decisions released prior to May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program that includes a monitoring component, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:
- i. a notation of that fact,
 - ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program,
 - iii. the date of the panel's decision,
 - iv. once the program is completed, a notation to that effect and the date on which the program was completed,
 - v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register.
- u) for decisions released on or after May 30, 2017, where a decision of a panel of the Inquiries, Complaints and Reports Committee with respect to the Member resulting from a complaint made or Registrar's investigation begun on or after March 1, 2016, orders a specified continuing education or remediation program, as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code:
- i. a notation of that fact,

- ii. a summary of the concern and a summary of the contents of the specified continuing education or remediation program,
 - iii. the date of the panel's decision,
 - iv. once the program is completed, a notation to that effect and the date on which the program was completed,
 - v. if applicable, a notation that the panel's decision is under review or appeal, which notation shall be removed once the review or appeal is finally disposed of,
 - vi. provided that where the decision is overturned on appeal or review the information shall be removed from the register;
- v) where a member has terms, conditions or limitations in effect on their certificate of registration, the effective date of those terms, conditions or limitations and, where applicable, the Committee responsible for the imposition of those terms, conditions or limitations;
- w) where an application for reinstatement has been referred to the Discipline Committee for a hearing,
 - i. a notation of that fact,
 - ii. the status of the hearing, and
 - iii. the result of the hearing;
- x) where a criminal finding of guilt or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act was made against the Member on or after March 1, 2016,
 - i. a notation of that fact,
 - ii. a summary of the finding and penalty,
 - iii. the date of the decision,
 - iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of,
 - v. any such summary shall be removed if the decision on finding and penalty is overturned or if the Member is pardoned or obtains a record suspension, unless the Member wishes the summary and fact of successful appeal to be maintained on the register for a period,
 - vi. no information shall be included in contravention of a court-imposed publication ban known to the College;
- y) where a finding of guilt is made by a court against the Member on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of the Registrar is relevant to the Member's suitability to practise,
 - i. a notation of that fact,
 - ii. a summary of the finding and penalty,
 - iii. the date of the decision,

- iv. where the finding or penalty is under appeal, a notation to that effect until the appeal is finally disposed of,
 - v. any such summary shall be removed if the decision on finding and penalty is overturned or if the Member is pardoned or obtains a record suspension, unless the Member wishes the summary and fact of successful appeal to be maintained on the register for a period,
 - vi. no information shall be included in contravention of a court-imposed publication ban known to the College;
- z) where a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act was laid against the Member on or after March 1, 2016,
- i. a notation of that fact,
 - ii. a summary of the charge including the date it was laid,
 - iii. provided that any such summary shall be removed if the Member is acquitted, the charge is withdrawn or stayed, or the charge has been superseded by a finding, and no information shall be included in contravention of a court-imposed publication ban known to the College;
- aa) where a charge is laid against the Member on or after June 13, 2018 in relation to any provincial or federal offence which in the opinion of the Registrar is relevant to the Member's suitability to practise,
- i. a notation of that fact,
 - ii. a summary of the charge including the date it was laid,
 - iii. provided that any such summary shall be removed if the Member is acquitted, the charge is withdrawn or stayed, or the charge has been superseded by a finding, and no information shall be included in contravention of a court-imposed publication ban known to the College;
- bb) a summary of any currently existing conditions or restrictions, including the effective date, relating to the custody or release of the Member imposed by a court or other lawful authority on or after March 1, 2016, excluding any information that would contravene a court-imposed publication ban known to the College;
- cc) where the Member is or has been registered or licensed by a regulatory body in any profession in any jurisdiction, a notation to that effect, including the name of the regulatory body, the effective date of registration or licensure, and the effective date of any termination of that registration or licensure;
- dd) all past midwifery practice locations in Ontario, including the Member's position at that location;

ee) a summary of any Alternate Practice Arrangements approved by the College with respect to the Member;

ff) if the member resigned while under investigation by the College, a notation of that fact; and

gg) where a notation of a finding of professional negligence or malpractice made against the Member is in the register,

(i) the date of the finding,

(ii) the name and location of the court that made the finding against the Member, and

(iii) the status of any appeal respecting the finding.

14.03 – Additional Register Information Public

For the purpose of subsection 23(5) of the Code, all of the information listed in section 14.02 is designated as public.

14.04 – Registrar's Discretion

All of the information in the register is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

14.05 – Member to Provide Information

A Member shall provide the College annually and upon request by the College, unless a different timeline is required by the RHPA, the Act or the Regulations, with the following information in the form and manner determined by the Registrar:

(a) information required to be maintained in the register or provided to the College pursuant to the by-laws, the RHPA, the Act or the Regulations;

(b) information relating to any complaint against the Member or investigation of the Member in process by another regulatory body, inside or outside of Ontario, and the outcome of the complaint or investigation;

(c) the name, address and telephone number of the Member's principal place of practice as well as all past practice locations;

(d) the name address and telephone number of all other places where the Member practices midwifery, not including the private residences of clients;

- (e) the Member's residential address, telephone number and personal email address;
- (f) with respect to each hospital, birth centre and health facility in Ontario where the Member has privileges, the date that each privilege was granted, restricted, suspended, revoked, resigned or otherwise terminated, if applicable;
- (g) information required by the Quality Assurance Committee; and
- (h) information required by the Minister for the purpose of health human resource planning or for the purpose of compiling statistical data.

14.06 – Changes to Information

A Member shall inform the College, in a form acceptable to the Registrar, of a change to any previously provided information under paragraphs (a) to (f) of section 14.05 within fourteen (14) days of the change.

Appendix 3: Information to be made public pursuant to section 23 of the Health Professions Procedural Code (Code), being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA)

23 (1) The Registrar shall maintain a register. 2007, c. 10, Sched. M, s. 28.

Contents of register

(2) The register shall contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.
10. Every result of a disciplinary or incapacity proceeding.
11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
13. A notation of every revocation or suspension of a certificate of registration.
14. A notation of every revocation or suspension of a certificate of authorization.
15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
20. Information that is required to be kept in the register in accordance with the by-laws. 2017, c. 11, Sched. 5, s. 11 (1).

Publication ban

(3) No action shall be taken under this section which violates a publication ban, and nothing in this section requires or authorizes the violation of a publication ban. 2007, c. 10, Sched. M, s. 28.

BRIEFING NOTE FOR COUNCIL

Subject: Fee and Remuneration By-laws, Approval after Consultation

Summary

Bylaw changes approved at the March 2018 Council meeting were out for consultation over the last months. The consultation closed June 3, 2018. All feedback obtained can be found on the consultation page of the College's website : <http://www.cmo.on.ca/about-the-college/consultations/public-consultation-fees-and-remuneration-by-law>.

Background

Background information can be found in the briefing note presented to Council at the December 2017 meeting and in the briefing note and the Recommended Fee and Remuneration By-law Changes document presented to Council at the March 2018 meeting.

Key Considerations

The Fee and Remuneration By-law Consultation received 29 comments. This feedback is being summarized by theme for ease of understanding but Council members are invited to view the feedback in its entirety.

1. Midwives are asked to pay higher fees without higher wages.

The College does understand the financial strains on midwives. At the same time the College has a mandate to protect the public interest. The fee increases being implemented are necessary to meet the budgetary requirements of the College to deliver on its mandate.

Additionally, the College continues to be in a position of financial reliance on the Ministry of Health and Long Term Care, and continues to work toward financial self-sufficiency.

2. The College should reduce its fees by leaving downtown Toronto.

Staff and Council members meet regularly with stakeholders including the Ministry, the Association, The Office of the Fairness Commissioner, and the IMPP. The College also benefits from being able to share resources with other Colleges which are located within the downtown core.

3. The College's fees are higher than other Colleges.

Members of the College do pay higher fees than do the members of many other Regulated Health Colleges in Ontario. The College has a small membership number (higher only than Chiropractors, Denturists, and Dental Technologists) which makes it difficult to cover the cost of core programs with membership fees. In addition to having a low membership number the College regulates primary health care providers and must deliberate on highly complex cases in the Investigations, Complaints, and Reports program area.

To understand the annual resources generated from membership fees in comparison to other Colleges regulating primary health care providers, we can use the rough equation of *membership fees x number of members = resources*. We have included the College of Nurses in this analysis as Nurse Practitioners do have primary health models of care.

Royal College of Dental Surgeons = \$2160 fee x 9960 members = \$21,513,600
 College of Physicians & Surgeons = \$1625 x 32500 members = \$52,812,500
 College of Nurses = \$214.70 x 160,994 members = \$34,565,411
 College of Midwives = \$2150 x 910 = \$1,956,500

As you can see from the above the College's budget is less than 1/10 of the budget of the lowest grossing of the above Colleges.

Although the College does regulate a much lower number of members, the core programs to regulate those members must be sufficient to protect the public.

4. The College should offer lower fees for new registrants.

The College presently offers an Inactive Class with a reduced membership fee. We should also note that we do offer proration of membership fees for new registrants to their months of practice during the registration year.

The College cannot presently meet its budgetary requirements and offer also offer lesser fee for new registrants. Staff will commit to look at this alternative and/or additional reduction of fees once the College reaches financial independence of the Ministry. At that time the College will be in a better position to look at this option as well as others in more detail.

The feedback in this area was valuable and will be noted to inform future discussion around fees.

5. The new Installment Fee feels punitive to those having trouble making payments.

The College takes the feedback of its members very seriously. After receiving feedback about this new fee it is clear that this fee could be perceived as penalizing those that are already having trouble meeting the high demands of membership fee charges from the College and the Association.

College staff recommends to Council the removal of this previously approved fee after taking into account feedback through the consultation and thanks members for their feedback. The addition of an installment fee or the dissolution of installments may be considered in the future.

Recommendations

The following recommendation is submitted for approval:

Approve the By-laws as circulated by Council after the March 2018 meeting, with the removal of the installment fee in response to member feedback.

Implementation Date

June 13, 2018

Legislative and Other References

References:

December 2018 Council Meeting – Upcoming Fees and Remuneration By-law changes briefing note

March 2018 Council Meeting – Fees and Remuneration By-law changes briefing note

Attachments

Chart- Fee and Remuneration By-law Changes

Submitted by:

Carolyn Doornekamp, Director of Operations



Remuneration By-law Changes

Note: The article numbers may shift in the final By-law document to accommodate the addition of a definition section similar to that which is included in the General By-law (article A of General By-law). This addition will strengthen consistency between the two By-law documents.

Existing	Change
<p>3.4 Every Member who holds a certificate of registration in the general class or the supervised practice class shall pay to the College:</p> <ul style="list-style-type: none">i. an annual membership fee of \$1750 on or before October 1 of 2014. an annual membership fee of \$1850 on or before October 1 of 2015.ii. an annual membership fee of \$1950 on or before October 1 of 2016, October 1, 2017, October 1, 2018, and October 1, 2019.iii. an annual membership fee of \$1950 plus an inflationary increase of 2% on or before October 1, 2020.iv. each year thereafter until this by-law is further amended inflationary increases of 2% will apply to the annual membership fee.	<p>3.4 Every member who holds a certificate of registration in any class other than inactive shall pay to the College an annual membership fee of \$2150 on or before October 1 of 2018. Each year thereafter until this by-law is further amended inflationary increases of 2% will apply to the annual membership fee.</p>
<p>3.5 Every Member who holds a certificate of registration in the inactive class shall pay to the College:</p> <ul style="list-style-type: none">v. an annual membership fee of \$875 on or before October 1 of 2014.an annual membership fee of \$925 on or before October 1 of 2015.vi. an annual membership fee of \$975 on or before October 1 of 2016, October 1, 2017, October 1, 2018, and October 1, 2019.vii. an annual membership fee of \$975 plus an	<p>3.5 Every member who holds a certificate of registration in the inactive class shall pay to the College an annual membership fee of \$1075 on or before October 1 of 2018. Each year thereafter until this by-law is further amended inflationary increases of 2% will apply to the annual membership fee.</p>

Existing	Change
<p>viii. inflationary increase of 2% on or before October 1, 2020. each year thereafter until this by-law is further amended inflationary increases of 2% will apply to the annual membership fee.</p>	
<p>3.7 Every member who holds a certificate of registration in the transitional class shall pay to the College an annual membership fee of 1/12 of the annual membership fee paid by a Member in the general class for each month that the member holds a transitional certificate of registration.</p>	<p>Eliminated</p>
<p>3.9 Members may pay their annual membership fees and administration fees in instalments. Instalment amounts will be set by the College at least 60 days before the fees are due. The instalment due dates are as follows:</p> <ul style="list-style-type: none"> i. if paying the amount owing in one instalment: October 1 ii. if paying the amount owing in two instalments: October 1 and February 1 	<p>No change</p>
	<p>4.3 If a member is granted an alternate payment arrangement for their annual membership fee by the Registrar and fails to meet the obligations under that plan then the member shall pay, in addition to the outstanding balance owed, a penalty equivalent to fifteen percent (15%) of the annual membership fee.</p>
<p>4.3 If a Member fails to pay any committee or program fee, the College may charge interest at a rate of 1.5% per month on any</p>	<p>4.4 If a member fails to pay any committee, program or administration fee, the College may charge</p>

Existing	Change
<p>committee or program fee, that is unpaid as of the applicable due date, and the College shall consider the accrued interest on the any unpaid fee as part of the fee itself.</p>	<p>interest at a rate of 1.5% per month on any committee, program or administration fee, that is unpaid as of the applicable due date, and the College shall consider the accrued interest on the any unpaid fee as part of the fee itself.</p>
<p>5.1 The Registrar may suspend a member’s certificate of registration for failure to pay a fee set out in these by-laws if, after 30 days’ notice of the default, the member’s fees remain outstanding (Health Professions Procedural Code, section 24).</p> <p>5.2 When a member is suspended due to non-payment of fees the public register will contain a notation of the suspension.</p> <p>5.3 When a member is suspended due to non-payment of fees, the suspension will remain in effect until such time as all outstanding fees plus an additional administration fee of \$50 are received. If the suspension is not lifted, the member’s certificate of registration is revoked one year after the day the suspension began.</p>	<p>5.1 When a member is suspended due to non-payment of fees, the suspension will remain in effect until such time as all outstanding fees plus an additional administration fee of \$50 are received. If the suspension is not lifted, the member’s certificate of registration is revoked, without further notice, one year after the day the suspension began.</p> <p>5.2 When a member is revoked for non-payment of fees the former member shall pay all outstanding fees upon reinstatement.</p>
<p>6.2 Tax receipts are sent to members by the end of February the following year.</p>	<p>6.2 Tax receipts shall be available to members by the end of February the following year.</p>
<p>7.2 Committee or program fees include, but are not limited to the following:</p> <ul style="list-style-type: none"> i. For assessments and evaluation ordered by the Quality Assurance Committee <ul style="list-style-type: none"> (a) A Member shall pay up to \$2500 for each practice audit and each follow-up practice audit. (b) For programs given by an education institute, the fee charged by the institution; ii. For Specified Continuing Education or Remediation Programs ordered by the Inquiries, Complaints and Reports Committee <ul style="list-style-type: none"> (a) A Member shall pay up to \$2500 for each 	<p>7.2 Committee or program fees include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) For assessments and evaluations ordered by the Quality Assurance Committee or Specified Continuing Education or Remediation Programs ordered by the Inquiries, Complaints and Reports Committee or the Quality Assurance Committee <ul style="list-style-type: none"> (a) A member shall pay up to \$2500 for each assessment and each follow-up assessment (b) For programs delivered by a third party, the fee charged by that party

Existing	Change
<p>practice audit and each follow-up practice audit.</p> <p>(b) For programs given by an educational institution, the fee charged by the institution;</p> <p>iii. For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor.</p>	<p>(ii) For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor.</p> <p>(iii) For Requalification Programs the applicant or member bears all costs.</p>
<p>9.2 The renewal of a certification of registration is due on or before April 1 of each year.</p>	<p>9.2 The renewal of a certification of authorization is due on or before April 1 of each year.</p>
<p>9.7 The fee for the issuing of a duplicate document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal of a certificate of authorization is \$100.</p>	<p>9.7 The fee for the issuing of a duplicate document or certificate respecting a professional corporation, other than the first certificate of authorization is \$100.</p>
<p>10.1 Council members and non-council committee members who are not public councilors shall be paid an honoraria for participation in and preparation for meetings and other expenses reasonably incurred in relation to the performance of their duties in accordance with the honoraria and expense policy as approved from time to time by Council. (Schedule 1)</p>	<p>10.1 Council members and committee members shall be paid honoraria for participation in and preparation for meetings and other expenses reasonably incurred in relation to the performance of their duties in accordance with the honoraria and expense policy as approved from time to time by Council. (Schedule 1)</p>
<p>11.1 FEES FOR CHANGE OF CLASS A Member requesting a change from the Inactive class to the General class more than once in any 12 month period shall pay a fee of \$500.</p>	<p>11.1 FEES FOR CHANGE OF CLASS A member requesting a change from the Inactive class to the General will be charged \$50.</p>
<p>11.2 FEES FOR LETTERS OF PROFESSIONAL CONDUCT AND LETTERS OF GOOD STANDING The fee for the College to issue a letter of professional conduct for a Member is \$40 if the Member requests that the letter be issued in fifteen (15) days or less and it is so issued, and \$60 if the Member requests that the letter is issued in three (3) days or less and it is so issued.</p>	<p>11.2 FEES FOR LETTERS OF PROFESSIONAL CONDUCT The fee for the College to issue a Letter of Professional Conduct for a member is \$40 if the member requests that the letter be issued in fifteen (15) days or less and it is so issued, and \$60 if the member requests that the letter is issued in five (5) days or less and it is so issued.</p>

Existing	Change
	<p>11.3 FEES FOR LETTERS OF STANDING AND PROFESSIONAL CONDUCT</p> <p>The fee for the College to issue a letter of Standing and Professional Conduct for a member is \$40 if the member requests that the letter be issued in fifteen (15) days or less and it is so issued, and \$60 if the member requests that the letter is issued in five (5) days or less and it is so issued.</p>
	<p>11.14 APPLICATION FOR REINSTATEMENT</p> <p>A person who submits an application for reinstatement in any class shall pay an application fee of \$100.</p>
	<p>11.15 REQUEST FOR RECEIPTS, TAX RECEIPTS OR LETTERS</p> <p>A person who requests a hard copy of a receipt, tax receipt or letter shall pay a fee of \$50 for the provision of the hard copy document which is otherwise available electronically.</p>
	<p>11.16 REQUEST FOR FILE FROM MEMBER OR FORMER MEMBER</p> <p>A member or former member shall pay a fee of \$100 to obtain a copy of their registration file.</p>

BRIEFING NOTE FOR COUNCIL

Subject: Proposed Changes to the Alternate Practice Arrangement Program

Background

In 2014, the Alternate Practice Arrangement (APA) program was put in place to *support inter-professional care models. It is intended to support those midwives who have innovative proposals to contribute to the health care needs of their community, or who require flexible work options to remain in the profession (APA Type 1 Policy, 2015, attached).* Currently, the College has APA agreements with 8 midwives and 3 midwifery practices. The below provides an overview of the current APAs:

1. Members provide care that is outside of the midwifery scope of practice under delegation from a physician.
2. Members are authorized to work in interprofessional teams, for example with physicians or as part of a family health team.
3. Members are exempt from complying with the active practice requirements as set out in the Registration regulation.
4. Members are exempt from complying with the Quality Assurance Program requirements as set out in the Quality Assurance Regulation.
5. Members are authorized to administer oxytocin for induction and to continue providing midwifery care to clients with gestational diabetes mellitus (GDM) who require pharmaceuticals.

Currently, all APAs are approved by the Registrar.

Key Considerations

At its March 2018 meeting, the College Council approved the Professional Standards for Midwives (Professional Standards). When it comes into effect on June 1, 2018, it will eliminate the need for College approval for the majority of the current APAs. For example, under the Professional Standards, midwives will be able to work interprofessionally with other health care providers without the College's approval. Previously, midwives were required to work in a "small group of no more than four midwives" so did require the College's approval to be able to work with physicians in their communities. In accordance with the new Professional Standards midwives are now required to:

25. Establish and work within systems that are clear to clients whether you are a sole practitioner, part of a primary care team of midwives, or a member of an interprofessional care team by:

25.1 developing and following a consistent plan of care

25.2 practising with clearly defined roles and responsibilities based on scopes of practice

25.3 assuming responsibility for all the care you provide

25.4 ensuring that the results from all tests, treatments, consultations, and referrals are followed-up and acted upon in a timely manner

25.5 providing complete and accurate client information to other midwives or care providers at the time care is transferred over to them

25.6 taking reasonable steps to ensure that a midwife or another care provider known to the client is available to attend the birth...

Similarly, with the implementation of the Professional Standards, midwives will be able to make necessary arrangements with physicians in their communities where 24-hour access to midwifery care is not available (e.g. solo practitioners) without the College's prior approval. In accordance with the new Professional Standards midwives are now required to:

27. Ensure clients have 24-hour access to midwifery care throughout pregnancy, birth, and postpartum or, where midwifery care is not available, to suitable alternate care known to each client...

For any future alternate arrangements, the Quality Assurance Committee proposes a different approach to exempting midwives from College standards. The Committee recommends:

1. Granting waivers of standards in accordance with the Waiver Policy – Standards (see draft policy attached). Midwives requesting a waiver will have to demonstrate to the College that there are exceptional circumstances related to their practice that warrant a departure from the current standards.
 - Every application every application will be considered on its individual merits
 - All waivers will be approved by the Registrar who has an overriding authority to enter into “contracts” with members.
2. Permitting midwives who work under delegation to do so without the College's approval
 - Delegation of controlled acts is authorized under the *Regulated Health Professions Act, 1991* (RHPA) and can be made by a health care provider to another health care provider or to an unregulated person. For example, a physician can delegate a controlled act of placing an instrument, hand or finger into an artificial opening into the body to a midwife who does not have this controlled act but is allowed to accept a delegation from the physician if they have the knowledge, skills and judgment to perform the procedure competently and safely. Similarly, a midwife could delegate the controlled act of the insertion of a catheter into a client during labour to an unregulated second birth attendant. Even though delegation of controlled acts is explicitly allowed under the *Regulated Health Professions Act, 1991*, for the purposes of the APA program all members working under delegation require College approval.
 - The College's expectations for those midwives who delegate and accept delegations are set out in the Professional Standards:

31. *Be accountable for your decisions to delegate and accept delegations of controlled acts by:*

31.1. *delegating acts only to individuals whom you know to be competent to carry out the delegated act, and who are authorized to accept the delegation*

31.2. *delegating only those acts you are authorized and competent to perform*

31.3. *accepting only delegated acts that you are competent to perform.*

31.4. *ensuring the client has provided informed consent to the performance of the delegated act.*

3. Managing active practice reporting shortfalls through registration
 - The current Active Practice Reporting policy outlines a consistent process where a member a shortfall in active practice numbers. If the shortfall is greater than 30% of the birth numbers required by regulation, the Registrar will notify the member of the shortfall and request a response from the member explaining the reasons for the shortfall. A panel of the Registration Committee will meet to determine an appropriate shortfall plan in order to ensure that the member is offering choice of birth place and maintaining their skills in both out-of-hospital and hospital settings.
4. Managing exemptions from the Quality Assurance Program requirements through quality assurance
 - Under the Quality Assurance Regulation, a member can be granted an exemption from any or all of the requirements of the Quality Assurance Program because of illness or any other circumstance the Quality Assurance Committee considers appropriate. All members requesting an exemption must provide the College's Quality Assurance Committee with a completed exemption request form to be reviewed by a Quality Assurance Committee panel.
5. Collecting and analyzing data in a consistent manner for a few years and proposing changes to the current standards, where relevant.

Recommendations

1. That the APA Type 1 Policy be rescinded; and that the Waiver Policy – Standards be approved as presented (the application form is brought to Council for information only).

Implementation Date

June 13, 2018 pending Council approval.

Legislative and Other References

- *Regulated Health Professions Act, 1991*
- Registration Regulation

- Quality Assurance Regulation
- Professional Standards for Midwives (effective June 1, 2018)
- Active Practice Reporting Policy

Attachments

1. APA Type 1 Policy (current)
2. APA Type 1 application form (current)
3. Draft Waiver Policy – Standards
4. Application form (draft)

Submitted by: Quality Assurance Committee

ALTERNATE PRACTICE ARRANGEMENT – TYPE 1 POLICY

PURPOSE

To clearly define the criteria and requirements of an Alternate Practice Arrangement – Type 1 (modified primary care).

The Alternate Practice Arrangement (APA) program has been developed to support inter-professional care models and in response to requests from midwives for flexibility in the delivery of midwifery care. It is intended to support those midwives who have innovative proposals to contribute to the health care needs of their community, or who require flexible work options to remain in the profession.

RATIONALE

To ensure Registration and Quality Assurance Program elements for members participating in an Alternate Practice Arrangement – Type 1 are transparent, objective, impartial and fair.

SCOPE

This policy applies to all departments and administrative offices of the CMO and to all registered members who apply for an APA.

POLICY

Registrants must provide rationale and/or evidence for the criteria below in their application for Alternate Practice Arrangement – Type 1:

1. Evidence of need for alternate practice arrangements. For example:
 - a. Insufficient number of midwives to provide on call coverage for clients
 - b. Serving communities with unique needs
 - c. A midwife or midwifery practice group has identified a need for flexibility in their practice or community
2. Evidence where the APA remains consistent with the model of midwifery practice in Ontario along with clear evidence and rationale where it deviates from the model of midwifery practice in Ontario. If the APA midwife is mentoring a new registrant (NR), evidence that APA doesn't significantly deviate from the midwifery model. In addition, assurance must be provided that under the APA an NR will continue to go to both home and hospital births, that continuity of care will be maintained, and that if there is an extension of scope, the NR is being supported in the practice.

3. Evidence of support from the community.
4. Practice protocols addressing the alternate practice arrangements will be developed by the member and approved by the College.
5. Informed choice document outlining arrangement of care will be developed.
6. There must be measurable and achievable objectives.
7. Quality Assurance Program requirements must be met by each midwife, as set out in the APA.
8. APA must ensure all providers share consistent information with clients, even if elements of the midwifery model, including continuity of care throughout pregnancy, labour and postpartum is not being delivered.
9. APA midwife must have a plan to collect and share client feedback, if APA is not applicable to the Quality of Care Evaluation.
10. APA midwife must allow CMO to access their applicable data from BORN; alternate practice arrangements are reviewed and evaluated annually by the College.
11. Proof of appropriate liability insurance must be made available to the CMO before the commencement of care under the APA.
12. Funding for the APA must be described as part of the midwife's application.
13. APA midwife must be in good standing with the CMO. The CMO will consider factors such as the member's history with the College, whether the member is currently under investigation, whether the member has terms, conditions and limitation in place, whether the member has been directed to complete a Specified Continuing Education or Remediation Program or whether the member has signed an undertaking with the College.
14. The midwife applicant must describe to the CMO the impact on herself, her clients, her community and any others who will be affected, if the APA is not approved by the CMO.

All APA – type 1 applications will be received by CMO staff and if approved, a Letter of Agreement will be drafted under the guidance and review from legal counsel. This letter will be provided to the member signed by the Registrar and will be in place until the next renewal cycle of the APA. Each member must re-apply for the APA annually and the application and evaluation materials will be reviewed by staff.

Alternate Practice Arrangement Application

Type 1: Modified Primary Care



This form is for use by midwives who are currently registered in Ontario, who wish to maintain their registration while working in a setting or practice arrangement outside a conventional midwifery practice group.

A **\$100 fee** is required for each APA application, regardless of the number of midwives applying. A complete application form for each midwife participating in the APA is required.

A. Midwife Information

Name:

Registration Number:

Date:

Date of initial registration:

Date of last Active Practice Reporting (APR):

Expected start date:

B. APA Information

1. Attach the alternate practice arrangement in as much detail as possible.
2. Attach a rationale for the alternate practice arrangement.
3. Provide the names and professions of any other practitioners directly involved in this alternate practice arrangement. Please send signed Memoranda of Agreement with any and all primary health care professionals involved in the Alternate Practice Arrangement to the CMO with this application form.
4. If applicable, will a non-midwife be providing second attendant services? Please complete the application found at www.cmo.on.ca
Yes No

C. Midwifery Model

This section helps to determine the extent to which the APA aligns with the midwifery model:

1. Will you be attending births:
Yes No (if no, skip to question 5 below)
 - a. If yes, how many births do you anticipate attending in a 12-month period?

2. Will you be attending home births and/or birth centre births:
Yes No
 - a. If yes, how many home births and/or birth centre births do you anticipate attending in a 12-month period?

3. Will you be attending hospital births:
Yes No
 - a. If yes, how many hospital births do you anticipate attending in a 12-month period?

4. Will you be providing choice of birthplace to your clients?
Yes No Not applicable

If you answered "No" or "Not applicable" to the above, please provide a rationale in an attached document.

5. Will you be maintaining continuity of care, as defined in the CMO Standard on Continuity of Care:
Yes No Not applicable

If you answered "No" or "Not applicable" to the above, please provide a rationale in an attached document.

Will you be providing:
 - a. Antenatal care: Yes No
 - b. Intrapartum care: Yes No
 - c. Postpartum care:
 - i. Maternal: Yes No
 - ii. Infant Yes No

- | | | | |
|----|---------------------------------------------|-------|----|
| 6. | Will you be supervising/mentoring learners? | | |
| | a. Midwifery students | Yes | No |
| | b. IMPP Clerks | Yes | No |
| | c. Medical students | Yes | No |
| | d. New Registrants | Yes | No |
| | e. Other | _____ | |

Please add any other information as needed in an attached document.

D. Working Outside the Scope of Midwifery:

While you are in an Alternate Practice Arrangement will you be gaining any skills or knowledge that might be useful to midwifery practice if and when you return to conventional midwifery practice? (E.g. well woman care etc.) Please list:

Are there any procedures etc. that will be delegated to you by a physician that are outside the scope of midwifery care? (E.g. IUD insertion, vacuum extractions) Please list:

E. Requirements:

As part of this process we will require you to agree to the following:

1. Participate in an evaluation process conducted by the College throughout the year.
2. If applicable, provide access to your data pertaining to your activities from BORN.
3. Provide the College with proof of liability insurance.
4. Consent to release information to TPA and OMP.

I agree to the requirements:

Name	Signature	Date
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WAIVER POLICY – STANDARDS

Purpose

The purpose of this policy is to outline the circumstances in which College standards may be waived.

Scope

This policy applies to all midwives who wish to apply for a waiver of standards.

Definitions

“Code” means the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA) as amended from time to time.

“controlled acts authorized to midwives” means the list of controlled acts authorized to midwives pursuant to section 4 of the *Midwifery Act, 1991* and section 4 of the Controlled Acts Regulation made under the RHPA.

“exceptional circumstances” means conditions beyond one’s control that justify waiving College standards.

“midwifery scope of practice” has the same meaning as in section 3 of the *Midwifery Act, 1991*.

Policy Statement

College standards may be waived in exceptional circumstances.

A midwife seeking a waiver of standards must demonstrate to the College that there are exceptional circumstances related to their practice that warrant a departure from the current standards. Every application will be considered on its individual merits.

In all cases an applicant must satisfy the College that the following apply:

1. The waiver will support the public interest which the standards are designed to safeguard
2. A public benefit will be gained by a departure from the standards, and
3. Granting a waiver will not give rise to a risk of harm to the:
 - a. clients’ interests
 - b. regulatory objectives set out in [section 3 \(1\) of the Code](#), and
 - c. College’s [regulatory outcomes](#)

References (legislative and other)

1. Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*, s. 3(1)
2. *Midwifery Act, 1991*, ss. 3 and 4
3. Controlled Acts Regulation, made under the *Regulated Health Professional Act, 1991*, section 4
4. Regulatory Outcomes, Strategic Framework 2017–2020, College of Midwives of Ontario

Approved by: Council

Approval date: June 13, 2018

Implementation Date: June 13, 2018

Last reviewed and revised: June 13, 2018



Application for a Waiver of Standards

Please refer to the College's [Waiver Policy-Standards](#) that outlines the circumstances in which the College may grant you a waiver of standards. Submit your application only if you are confident that you will be able to demonstrate to the College that exceptional circumstances exist and that granting you a waiver is in the public interest. Please note that the College does not have the power to waive, or permit practice outside of, statutory provisions such as the midwifery scope of practice or the controlled acts authorized to midwives. Midwives can only perform acts outside of statutory provisions through delegation. If you have an active practice shortfall or seek an exemption from the quality assurance requirements, please contact the College.

Member

Applicant name:

Applicant certificate of registration number:

Do you currently have a waiver from the College?

If yes, please provide details:

Details of waiver and its impact on client care

Please indicate the standard(s) for which you request a waiver:

Please provide reasons for requesting a waiver:

Please describe how the waiver will impact client care should it be granted to you:

Enter details

Evidence of exceptional circumstances

Please provide evidence of exceptional circumstances below:

Enter details

Please list any attached document(s) you are providing in support of your application:

List the attached documents. Enclose the documents to support your application.

Public interest rationale

You must satisfy the College that the following apply in all circumstances:

1. Will the waiver support the public interest which the standards are designed to safeguard?

Enter details

2. Will a public benefit be gained by a departure from the standard(s) for which you request a waiver?

Please explain

3. Will granting a waiver give rise to a risk of harm to the clients' interests?

Please explain

5. Will granting a waiver will give rise to a risk of harm to the regulatory objectives set out in [section 3 \(1\) of the Code](#)?

Please explain

6. Will granting a waiver give rise to a risk of harm to the College's [regulatory outcomes](#)?

Please explain

Declarations

In making this application:

1. I confirm that I have read and understood the [Waiver Policy – Standards](#).
2. I declare that the information in this application is complete and accurate, and that I will notify the College as soon as any information provided in this application has changed.

Signed

Enter electronic signature

Name

Enter your name

Date

DD/MM/YYYY

For office use only

Date received:

Received by:

Reference number:

BRIEFING NOTE FOR COUNCIL

Subject: Registration Class Change Policies

Summary

Within the Registration Streamlining Plan, the class change policies and forms were identified as high priority for review and revision. To date, the class change application forms have been updated and the class change application process has been detailed and is available on the College's website.

The registration policies, specifically, Reissuing a General Certificate to the Holder of an Inactive Certificate Policy has been reviewed by staff and the Registration Committee and it has been determined that it does not align with the College's policy development framework. In addition, as the Policy on Active Practice Requirements establishes a threshold and process related to class change, it has also been reviewed to determine if it is still in keeping with the registration requirements under the Registration Regulation. Finally, the Requalification Program Policy also references active practice in relation to class change from Inactive to General and therefore necessitated having to review this policy as well. The recommendation from the Registration Committee is to rescind the Reissuing a General Certificate to the Holder of an Inactive Certificate Policy and to amend the Policy on Active Practice Requirements and the Requalification Program Policy. Instead of being guided by these three separate policies, class change applications will be processed solely in accordance with the requirements outlined in the Registration Regulation, thereby distinguishing current clinical experience and active practice.

Background

Section 15 of the Registration Regulation outlines how a member holding a General certificate may obtain an Inactive certificate of registration and how the Inactive certificate holder may return to the General class. The Registration Regulation states that the member may apply to be re-issued a General certificate if they meet all the requirements for re-issuance of a General certificate, which include the requirements outlined in section 8(1) and sections 4, 6 and 7 of the Registration Regulation, and are the same as the entry-to-practise requirements with the exception of the education program and the qualifying examination.

The Registration Regulation is specific about the non-exemptible current clinical experience requirement that must be met in order for an Inactive member to be eligible for a General certificate of registration. The Registration Regulation states:

- s. 8(1)2. *The applicant must,*
 - i. *have current clinical experience consisting of active practice for at least two years out of the four years immediately before the date of application, and*
 - ii. *have attended at least 60 births, of which at least,*
 - A. *40 were attended as primary midwife,*
 - B. *30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,*
 - C. *10 were attended in hospital, of which at least five were attended as primary midwife, and*
 - D. *10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.*

Where a member does not meet the current clinical experience requirement above, the Registration Regulation enables the members to still become eligible for a General certificate by way of completing a requalification program. The intention being that if a member does not have current clinical experience and active practice in line with this time frame and numbers, they are likely in need of some form of refresher in order to safely return to practice.

In accordance with the registration policies, active practice has been used as a measure of current clinical experience when considering class change applications. This has been a useful approach as generally the member's last active practice requirement report would be on file with the College. However, this is challenging as the active practice numbers, for the two and five-year requirements specified as conditions of a General certificate in section 12 of the Registration Regulation, are different from the numbers outlined in section 8(1)2 (noted above).

The inactive to general Policy has been interpreted to mean that if a member last met their active practice requirement, whether two or five-years, they have met the current clinical experience requirement for a General certificate of registration.

In addition, the Policy on Active Practice Requirements, specifies that where a member has a shortfall of greater than 30% in active practice only then will the member be referred to the Registration Committee for a requalification program.

Therefore, although the use of active practice as outlined in the policies served a purpose at a time before the College had annual online reporting of active practice numbers, this approach now requires revisiting to simplify the requirements as outlined in the Registration Regulation and to ensure consistency between the requirements, the process and the policies.

Members now report their active practice numbers annually by October 1 and the College can pull the data from the database to assess 2 out of 4 years and the actual birth numbers.

By rescinding the Reissuing a General Certificate to the Holder of an Inactive Certificate Policy and removing the paragraph in the Policy on Active Practice Requirements under the section titled *Members returning to General Class from Inactive Class*, will enable the College to simplify the process and ensure consistency with the Registration Regulation when assessing applications from members wishing to move from Inactive to General. In addition, the Requalification Program Policy will require changes to remove reference to the Active Practice Requirements Policy. This will also separate active practice as a condition of holding and maintaining a General certificate of registration versus meeting the requirements for re-entry to practise, which serve similar but different purposes.

Key Considerations

Operational Impact

Clarifying and ensuring consistency between the Registration Regulation and registration policies/processes is one of the goals of the streamlining process, which has been undertaken by the College. It is important to consider the operational impact of changing or rescinding policies. In this case, it is understood that the policies were developed at a certain time to address regulatory and operational needs. Part of the reason active practice has been used to gauge eligibility for class change is that active practice is referenced in the Registration Regulation in relation to current clinical experience, and staff needed a way to efficiently assess whether a member applying for a General certificate could be considered “current in reporting active practice numbers”. However, based on the current College policy development process and definition, the policies related to class change do not meet the criteria.

College policies (program and operational) are necessary tools to describe, in greater detail, issues set out in legislation, regulation or by-laws. Policies alone are not legally binding. If a matter deals with procedures and actions related to an activity covered in the legislation or regulation but otherwise does not introduce any new information, a Guide or Information Sheet will be developed.

The Registration Regulation is clear about the requirements for re-issuance of a General certificate and provides an alternative route of entry via a requalification program where those requirements are not met. Therefore, while the class change policies provide some practical process information for determining if a member meets the requirements, this information is not needed. Furthermore, understanding that the numbers for current clinical experience and active practice requirements are different suggests that the use of a policy as a regulatory tool, in this case, confuses the matter.

Panel Referrals

It is possible that with only following the Registration Regulation requirements as outlined in sections 15(4) and 8(1)2, the number of referrals to the Registration Committee for shortfalls in current clinical experience may increase. This is something staff will monitor over the coming year as we streamline the process.

Recommendations

The following motions are submitted for approval:

- 1) That the Reissuing a General Certificate to the Holder of an Inactive Certificate Policy be rescinded, effective immediately.
- 2) That the Policy on Active Practice Requirements and the Requalification Program Policy be amended as presented to remove references to active practice and class change, effective immediately.

Implementation Date

For immediate implementation. Implementing these recommendations immediately will not affect members or stakeholders. No notification time is needed as the members wishing to change class will be required to meet the current clinical experience requirements as outline in the Registration Regulation. The process for staff evaluating current clinical experience will be clearer, and members will be consistently evaluated against the same criteria when determining if a member has current clinical experience for re-issuance of a General certificate of registration.

Legislative and Other References

[O. Reg. 168/11](#) – Registration Regulation

Attachments

- Reissuing a General Certificate to the Holder of an Inactive Certificate Policy

- Policy on Active Practice Requirements with recommended edits
- Requalification Program Policy with recommended edits

Submitted by:

The Registration Committee

Reissuing a General Certificate to the holder of an Inactive Certificate Policy

PURPOSE

To expedite the process for members to be reissued a General certificate of registration when they currently hold an Inactive certificate of registration when Active Practice Reporting is current and all other requirements have been met.

RATIONALE

To ensure registration practices are transparent, objective, impartial and fair.

LEGISLATION

The relevant legislation, regulations and by-laws regarding registration with the CMO includes:

- the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, as amended from time to time
- Registration Regulation made under the *Midwifery Act, 1991*
- the CMO by-laws, Articles 14 and 15

Providing false or misleading information or documents to the College or any other person with respect to the member's professional qualifications is a matter of professional misconduct and an offense under the Act.

SCOPE

This policy applies to all departments and administrative offices of the CMO, to all CMO officers, to Council and committee members and employees, and to all registered members.

POLICY

When a member who currently holds a certificate of registration in the Inactive class wishes to be reissued a General certificate of registration, the Deputy Registrar/Registrar may approve the change in class of certificate when the following conditions are met:

1. Member is current in reporting Active Practice numbers.
2. Member has met all other requirements to be reissued a General certificate of registration including registration fees, NRP, CPR, ES certification, and the CMO's pharmacology examination.

When Active Practice Reporting, or any other requirement, has not been met, a panel of the Registration Committee will review the request.

Policy:	Policy on Active Practice Requirements (APR)
Approved by:	Executive Committee
Date Approved:	August 10, 2015
Date to be Reviewed:	February 2018
Revision date(s):	February 25, 2015
Effective date:	August 10, 2015
Attachments:	-

COLLEGE OF
MIDWIVES
OF ONTARIO



ORDRE DES
SAGES-FEMMES
DE L'ONTARIO

POLICY ON ACTIVE PRACTICE REQUIREMENTS

PURPOSE

To clearly define the College's Active Practice Requirements.

RATIONALE

To ensure registration practices are transparent, objective, impartial and fair.

LEGISLATION

The relevant legislation, regulations and by-laws regarding registration with the CMO include:

- the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, as amended from time to time
- Registration Regulation (O. Reg. 168/11) made under the *Midwifery Act, 1991*, sections 12 and 15

The following constitute professional misconduct under the Professional Misconduct Regulation (O. Reg. 388/09) made under the *Midwifery Act, 1991*:

- Providing false or misleading information or documents to the College or any other person with respect to the member's professional qualifications
- Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate

SCOPE

This policy applies to all departments and administrative offices of the CMO, to all CMO officers, to Council and committee members and employees, and to all registered members.

POLICY

The intention of the College's active practice requirements is to ensure that midwifery clients are being offered choice of birthplace and that the member's skills are being maintained in both birth settings.

The College's Registration Regulation, clause 12(2)(b), indicates that a member satisfies the active practice requirement if the member provides midwifery care over a one-year period to at least 20 women, at least 10 of whom the member attended as primary midwife with at least 5 births occurring in a hospital and at least 5 in a residence, clinic or birth centre. Alternatively, the member may satisfy the requirement over a two-year period if the member provides midwifery care to at least 40 women, at least 20 of whom the member attended as primary midwife with at least 10 births occurring in a hospital and at least 10 in a residence, clinic or birth centre.

Once the member meets the requirements outlined in subsection 12(2) in the first two-year period after registration, the member can thereafter satisfy her active practice requirements in five-year increments. In the subsequent five-year periods, members are required to provide midwifery care to at least 100 women, at least 50 of whom the member attended as primary midwife with at least 25 births occurring in a hospital and at least 25 in a residence, clinic or birth centre. This is summarized in the following chart:

Active practice requirements	1-year	2-year	5-year
Primary out-of-hospital births	5	10	25
Primary hospital births	5	10	25
Total Births	20	40	100

Relevant Active Practice Requirement Information:

Active Practice Periods and Reporting Obligations

Members will be required to report birth numbers annually to the College by October 1st. They will report on births attended from July 1st to June 30th during the previous calendar year. However, members will only be required to meet their active practice requirements in a one, two or five-year period in accordance with s.12 of the Regulation.

Active practice periods may overlap and the member may use the same numbers in two different periods. For example, a member may choose to meet the active practice requirements over a five-year period from 2010 to 2015. If the member then chooses to meet the active practice requirements over a five-year period from 2013 to 2018, the member could

use some of the same births from the earlier period.

Active Practice Requirements Shortfalls

Should a member fail to meet the active practice requirements as set out in Section 12 of the Registration Regulation, active practice shortfalls will be addressed in the following ways:

- If the shortfall is **less than 30%** of the birth numbers required by regulation, the Registrar will notify the member of the shortfall and request a response from the member explaining the reasons for the shortfall. The Registrar will then determine an appropriate shortfall plan.
 - Less than 30% of the birth numbers required by regulation means that in a two-year period, the member did not meet the full active practice requirements but attended a minimum of 7/10 primary out-of-hospital births, 7/10 primary hospital births and 28/40 total births.
 - Less than 30% of the birth numbers required by regulation means that in a five-year period, the member did not meet the full active practice requirements but attended a minimum of 18/25 primary out-of-hospital births, 18/25 primary hospital births and 70/100 total births.
- If the shortfall is **greater than 30%** of the birth numbers required by regulation, the Registrar will notify the member of the shortfall and request a response from the member explaining the reasons for the shortfall. A panel of the Registration Committee will meet to determine an appropriate shortfall plan in order to ensure that the member is offering choice of birth place and maintaining her skills in both out-of-hospital and hospital settings.

The Registrar or Registration Committee may consider the following non-exhaustive list of factors in determining an appropriate shortfall plan:

- the extent of the member's shortfall;
- whether the member has complied with the active practice requirements in the past;
- whether the member can demonstrate their skills in both birth settings in other ways;
- whether the member's shortfall resulted from transfers of care where the member could not remain in a supportive role³
- whether during the active practice period the member attended births outside of Ontario (as a registered midwife in another jurisdiction) where the care provided is substantially equivalent to the care provided within the Ontario Model of Midwifery Care;
- whether the member's shortfall resulted from unplanned changes to birth location during the intrapartum period;
- any other relevant factors.

If a member receives a notice from the Registrar regarding a shortfall, the member may address any of the applicable factors set out above in the member's response. This may include

demonstrating skills through faculty positions or as a sessional instructor with the Ontario Midwifery Education Program or International Midwifery Pre-Registration Program, teaching commitments such as Emergency Skills workshops, or research projected related to midwifery. Where applicable, the member should provide details, including the number of births that the member wishes the Registrar of Registration Committee to consider, the dates of the births, and the circumstances of the transfer of care and/or change to birth location. For births attended outside of Ontario, an out-of-province reporting form should be requested from the College.

Deleted: Members returning to General Class from Inactive Class

Members holding Inactive Certificates of Registration are not permitted to practise midwifery. However, depending on the length of time that a member has held an Inactive Certificate of Registration, they may still satisfy the active practice requirements. When a member with an Inactive Certificate of Registration wishes to return to the General class of registration, the College will determine whether the member meets the active practice requirements at the time of the request to change. If the member has a shortfall in active practice requirements of over 30%, a panel of the Registration Committee will review the request and may order the member to complete a Requalification program (see the College's Requalification Program Policy).

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Policy:	Requalification Program
Approved by:	Council
Date Approved:	February 25, 2015
Date to be Reviewed:	February 2018
Revision date(s):	--
Effective date:	February 25, 2015
Attachments:	none



REQUALIFICATION PROGRAM POLICY

PURPOSE

To clearly define the requalification program.

RATIONALE

To ensure registration practices are transparent, objective, impartial and fair.

LEGISLATION

The relevant legislation, regulations and by-laws regarding registration with the CMO include:

- the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, as amended from time to time
- Registration Regulation made under the *Midwifery Act, 1991*, sections 8(5) and 15(4)

SCOPE

This policy applies to all departments and administrative offices of the CMO, to all CMO officers, to Council and committee members and employees, and to all registered members.

POLICY

The Registration Committee may approve a requalification program for:

1. Members with Inactive Certificates of Registration who request a change to a General Certificate of Registration and who cannot demonstrate current clinical experience and active practice in accordance with s. 8(1)2. of the Registration Regulation; and
2. Former members who resigned within five years and wish to reapply for a General Certificate of Registration.

A requalification program involves individualized assessment of midwifery knowledge and skills, as well as orientation to the current practice of midwifery in Ontario.

In each case, the College will determine appropriate assessment and orientation requirements based on the member's:

- Work experience in midwifery;
- Experience with the Ontario model of care;
- Work and/or academic pursuits related to the provision of midwifery care;
- Recent clinical experience in midwifery outside of Ontario; and
- Changes to the practice of midwifery in Ontario since the member last practised.

Where a requalification program is required, the member bears all costs.

Requalification programs are individualized and may include supervised practice and the completion of a specified supervision plan.

IN CAMERA

BRIEFING NOTE FOR COUNCIL

Subject: Sexual Abuse Prevention Policy (SAPP) Approved by Executive Committee

Background

On May 30, 2017, Bill 87 (The Protecting Patients Act) received Royal Assent. Resulting amendments to the Regulated Health Professions Act (RHPA) and the Health Professions Procedural Code (HPPC), Schedule 2 to the RHPA required changes to the SAPP.

The Client Relations Committee directed that revisions be made to the Sexual Abuse Prevention Policy in accordance with O.Reg. 260/18 “Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code” and that these revisions be brought forward to the Executive Committee for approval on May 16, 2018.

The policy was revised to provide a clear definition of the beginning and end of the midwife-client relationship that align with definitions set by the Ministry’s regulation.

Implementation Date

The SAPP was approved by Executive Committee May 16, 2018 and took effect immediately.

Attachments

Sexual Abuse Prevention Policy

Submitted by:

Shivani Sharma, Policy Analyst

Sexual Abuse Prevention Policy

Purpose

This policy sets out the College's definition of the beginning and end of a midwife-client relationship and assists midwives in complying with the provisions of the Regulated Health Professions Act, 1991 (RHPA) that address sexual abuse.

Scope

This policy applies to all midwives registered with the College.

Definitions

“Direct Interaction” is:

- the first in-person meeting between a midwife and client, even if the client does not ultimately retain the midwife for midwifery services; or
- the first instance of communication in relation to clinical care being provided by a midwife to a client

In the preceding definition:

- “Clinical Care” is care provided to a client by a midwife within the scope of midwifery practice or outside the scope under delegation
- “Communication” refers to dialogue or authorization for an assessment that takes place in-person, electronically, through mail or through a mobile device between a midwife and client

A “minor” health care service consists of episodic or short-term care provided for a condition that is not serious, complex or urgent in nature

“Sexual abuse” of a client by a midwife is:

- Sexual intercourse or other forms of physical sexual relations between the midwife and the client,
- Touching, of a sexual nature, of the client by the midwife, or
- Behaviour or remarks of a sexual nature by the midwife towards the client.¹

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.²

¹ s. 1(3), Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, S.O., 1991, c. 18.

² *Ibid*, s. 1(4).

Policy Statement

The Beginning and Termination of a Midwife-Client Relationship

A midwife-client relationship begins when there is a direct interaction between a midwife and an individual at the earliest occurrence of the following events:

- the midwife has, in respect of a health care service provided by the midwife to the individual, charged or received payment from the individual or a third party on behalf of the individual
- the midwife has contributed to a health record or file for that individual
- the individual has consented to the health care service recommended by the midwife
- the midwife prescribed a drug for which a prescription is needed to the individual³

A midwife-client relationship ends at the latest occurrence of the preceding events.

Sexual Relationship Prohibited During the Midwife-Client Relationship

A midwife must not become sexually involved with a client. Sexual involvement with a client is considered to be sexual abuse under the RHPA, regardless of whether the midwife believes there is consent from the client.

Pursuant to the RHPA, a midwife cannot provide midwifery care to their spouse.⁴ As such, a midwife-client relationship cannot exist between a midwife and their spouse.

A midwife can only provide care to a sexual partner, and not be considered as sexual abuse, if all of the following conditions are satisfied:

- There is, at the time the midwife provides the health care services, a sexual relationship between the individual and the midwife
- The midwife provided the health care service to the individual in emergency circumstances or in circumstances where the service was minor in nature
- The midwife has taken reasonable steps to transfer the care of the individual to another midwife or regulated health professional and there is no reasonable opportunity to transfer care to another regulated midwife or regulated health professional⁵

In these circumstances, the sexual partner to whom care is being provided is not considered to be a client of the midwife.⁶

Sexual Relationship Following Termination of the Midwife-Client Relationship

Pursuant to the RHPA, a former client is deemed to remain a client for the purposes of the sexual abuse provisions for a period of one year from when the former client would otherwise cease to be a client.⁷

³ *Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code*, O.Reg. 260/18, s. 1.1.

⁴ *Supra* note 1, s. 1(5) and (6).

⁵ *Supra* note 3, s. 1.2.

⁶ *Ibid.*

⁷ *Supra* note 3, s. 1(6).

As a result, if one year has passed since the latest occurrence of events that could occur in a midwife-client relationship as listed above, the former client will no longer be considered a client and a sexual relationship with the former client after that year has passed would not be prohibited.

References (legislative and other)

1. Health Professions Procedural Code, Schedule 2, to the Regulated Health Professions Act
2. Regulated Health Professions Act, 1991, S.O. 1991, c. 18

Approved by: Executive Committee

Approval date: May 16, 2018

Implementation Date: May 16, 2018

Last reviewed and revised: May 16, 2018

BRIEFING NOTE FOR COUNCIL

Subject: 4th Quarter Statement –Accompanying Details

Summary

The 4th Quarter statement is presented for Council approval.

Background

The 4th Quarter Statement shows the College's spending against its operational budget by category. Additional information is also provided about special project funding usage, and the usage of our Investigations and Hearings accrual.

This statement is being provided to Council after receipt of adjustments from the external auditor. Although these adjustments are included it is possible the auditor could recommend further adjustments as they have not yet provided the draft financial statements for approval. In the event of further adjustments mention will be made at the next Council meeting, and the Statement of Operations would be adjusted to reflect those changes.

At the end of the fiscal year, the College accrues estimated costs for open Professional Conduct matters. We accrue enough resources in order to take each case to completion. These accruals allow the College to have confidence that it has set the adequate resources aside to deal with its liabilities.

It should be noted the statement is usually approved by the Executive Committee and not Council. Given the time constraints created by the meeting and the audit schedule this year, Executive was not asked to approve the statements. The Executive Committee did see a detailed draft before adjustments, and the adjustment did not change the statement significantly.

Key Considerations

There are no budget areas that are more than 5% over the budget and the spending in many areas is well under the budgeted amount.

Other notes to consider when reading the Q4 Statement:

- 1) The College's revenue for the year lined up closely with our estimate. We estimated 1,717,100 in revenue, and we received \$1,706,433. This is a difference of \$10,667.
- 2) Overall the College underspent against its budget. This underspending resulted in the creation of net assets for the College.
- 3) An additional chart has been provided to show spending against the grant received for the Birth Centre project. You will note that we spent all of those funds.
- 4) An additional chart has been provided to show spending against the grant received for Narcotics. The remaining funds will be set aside in future for continued work in this area.
- 5) You can see in a separate chart information about the spending against the accrual for Professional Conduct for this year. You will see that we overspent by about 13K against the accrual. It should be noted that the accrual is an estimate on spending made at the start of the fiscal, and cases may cost more or less than the estimate. This overage can be attributed to the processing costs associated with some highly complex cases.

Recommendations

The following recommendation is submitted for approval:

Approve the Q4 statement as presented.

Implementation Date

N/A

Legislative and Other References

N/A

Attachments

Q4 Final Statement F17-18 (Council)

Submitted by:

Carolyn Doornekamp, Director of Operations

CMO STATEMENT OF OPERATIONS: FISCAL April 1, 2017- March 31, 2018 (F18)

Q4 Statement

BUDGET CATEGORY	F18 BUDGET AMOUNT	Q4 Spending April 1, 2017 - Mar 31, 2018	Q4 Spending April 1, 2016-Mar 31, 2017	Percentage Variance Against Budget	Variance Notes F18 to Budget
STAFF- Salaries and Benefits					
Sub-Total	\$1,401,917	\$1,246,355	\$1,244,996	88.90%	
OPERATIONAL COSTS					
<i>Professional Fees</i>					
Sub-Total	\$93,086	\$85,103	\$99,946	91.42%	
<i>Council, Committees and Panels Per Diem Expenses</i>					
Sub-Total	\$165,486	\$171,377	\$151,896	103.56%	Slight overspend against the Council budget is associated with increased training, and an increase in the number of meetings for some committees
<i>Office and General</i>					
Sub-Total	\$384,125	\$305,815	\$340,009	79.61%	
<i>Membership Fees</i>					
Sub-Total	\$29,994	\$24,020	\$24,174	80.08%	
<i>Conferences and Meetings</i>					
Sub-Total	\$20,686	\$11,878	\$19,279	57.42%	
<i>Program & Project Expenses</i>					
Sub-Total	\$380,541	\$235,835	\$113,489	61.97%	
CAPITAL COSTS					
Sub-Total	\$40,680	\$41,242	\$44,077	101.38%	
TOTALS	\$2,516,515	\$2,121,625	\$2,037,866	84.31%	
REVENUE FROM FEES	\$1,717,100	\$1,706,433	\$1,573,516	99.38%	
GRANT FROM RPU/MOHLTC		\$799,415	\$840,293		
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR		\$384,223	\$375,942		

BIRTH CENTRE DETAILS F18	
Birth Centre Grant	\$66,692
Birth Centre Expenses	\$66,692
Net Birth Centre	\$0

ACCRUAL DETAILS F18	
Accrued Liabilities	\$97,847
Accrued Liability Usage	\$110,137
<i>Overspend Against Accrual</i>	<i>\$12,290</i>

*note: this loss is included in the Statement above in the Program and Project Expenses line

NARCOTICS SPECIAL FUNDING GRANT	
Grant	\$ 11,800
Usage	\$ 8,448
Remaining Grant	\$ 3,352

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – June 13, 2018.

Prepared by: Kelly Dobbin

1. General Highlights

The 2018 election cycle for professional member positions on Council is underway. Voting for eligible members commenced June 1 and closes June 30. There are four candidates running for two positions. Professional Council member Isabelle Milot has decided not to run for a subsequent term on Council at this time. The staff wish to thank Isabelle for her considerable contribution to the College as a Council member, Executive member, Chair of Registration, member of the Professional Standards Working Group and member of the Strategic Planning Working Group. We look forward to working closely with Isabelle through to the completion of her term in October 2018.

The Fairness Commissioner Grant Jameson has announced that Doris Dumais, Director of the Office of the Fairness Commissioner (OFC) has accepted a secondment into the Citizenship and Immigration Division in the role of Project Operations Director, to provide focused leadership on implementation of temporary accommodations solutions and reception of asylum seekers to Ontario. Chris Rosati has been appointed to the role of Acting Director of the Office of the Fairness Commissioner, effective May 22, 2018. We look forward to continuing to work closely with the senior leadership of the OFC.

The College Registrar accepted the officer position of Treasurer of the Canadian Midwifery Regulators Council (CMRC), effective April 9, 2018. The Registrar is working closely with the CMRC Executive Committee and newly hired Executive Director, Tracy Murphy, to ensure a smooth launch to the new governance and organizational structure. The next CMRC Board meeting is scheduled for June 19, 2019.

Public consultations regarding proposed changes to the Fees & Remuneration Bylaw and the Register section of the General Bylaw closes on June 3rd. Staff will collect and review all feedback. As the consultation closing date is later than the deadline to submit the Council materials for public posting, the package will be updated as soon as possible to include the consultation feedback, analysis and recommendations for any changes in advance of June 13th meeting.

Further proposed General Bylaw changes (all sections other than the Register section) are being brought to Council by the Executive Committee for approval for circulation and public consultation.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College continues to work with the ministry on its Scope of Practice submission. The College recently submitted a detailed list of laboratory tests and drugs that are within the scope of practice of midwifery, but currently excluded from midwives' authority to order or prescribe by the list-based models. The Regulatory Design and Implementation Unit (RDIU) of the Health Workforce Regulatory Oversight Branch is currently working with the Laboratories and Genetics Branch to review the list of laboratory tests the College proposed, as well as the proposal to have an open ordering authority in regulation. The RDIU is also working closely with the Ontario Public Drug Program and Health Analytics Branch to assess the cost of the proposed expanded authority for drugs, as the economic impact to patients, private businesses and the health care system are all key policy considerations in a proposal to the minister and cabinet for a regulatory change. As requested by the ministry as part of the Model for the Evaluation of Scopes of Practice in Ontario, the College has recently launched a survey to members to collect feedback from midwives on the proposed changes as well as data to corroborate the challenges with the existing regulatory structure. We expect to be updated on next steps after the provincial election concludes.

The College has been assigned a new ministry liaison, Senior Policy Analyst Sarah Kibaalya, in the newly formed Regulatory Oversight and Performance Unit. We look forward to working with the unit on our funding related files as well as the previously submitted Professional Misconduct and Quality Assurance Regulations.

ii. Public Participation & Engagement

The focus of the first year of our public engagement strategy is growing our online audience. To achieve this goal, we initiated a Google Adwords campaign in the month of March. Our advertisement was seen 10700 times by Google users, and 375 users clicked on our webpage as a result of seeing the advertisement. The advertisement cost \$135, with an average cost per click of \$0.36. The keywords searched that most frequently translated to clicks were midwife, pregnancy, about midwives, College of Midwives of Ontario, and Ontario midwife. Women between 25-34 years of age were the most likely to click on our website.

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has also launched a Google Adwords campaign that is designed to bring people to the Ontario Health Regulators website. They are featuring each health profession and providing customized advertisements for each College. This campaign will run this summer.

3. Stakeholder Engagement (e.g. meetings)

The College has been actively engaged with stakeholders since the last report, including the following:

- Policy Working Group, co-led by the Association of Ontario Midwives and the Ontario Midwifery Program on March 23, April 25;
- Canadian Midwifery Regulators Council (CMRC) Board meeting and Election of Officers on April 9;
- Canadian Midwifery Registration Exam (CMRE) Committee on April 9;

- National Research Planning Meeting for Canada’s Midwifery Abortion Implementation Study on April 13;
- Meeting with the Ontario Midwifery Program (OMP) to review Clinic Birth oversight framework on April 18;
- Canadian Midwifery Regulators Council (CMRC) Executive meetings on April 23, May 18;
- Laurentian University and McMaster University MEP presentations on April 9 and April 25;
- Federation of Health Regulatory Colleges (FHRCO) Annual Meeting and Board Meeting on May 4;
- Attendance at the Ontario Midwifery Conference (AOM) May 7-9;
- Meeting with the Independent Health Facilities Branch (IHF) on May 14;
- International Midwifery Pre-registration Program (IMPP) meeting on May 17;
- Presentation to the Board of the Toronto Birth Centre on May 17;
- Attendance at the FHRCO Corporate Services Networking Group on May 17; and presentation on the new FHRCO Corporate Services file share.
- Ontario Midwifery Strategy Council (scheduled June 4);
- Association of Ontario Midwives Liaison (scheduled June 6)

4. Executive Expectations

i. Interaction with Registrants and Members of the Public

The College continues to communicate regularly with members and stakeholders through email notifications, quarterly newsletters, annual reports, Twitter and Facebook. In addition, we regularly assist members and stakeholders via email, telephone and in person.

ii. Programs and Projects (e.g. department work; database)

The College’s peer and practice assessment program (a requirement under the RHPA, 1991, sections 80.2 and 82) is being redeveloped. In January 2018, Dr. A Sidiq Ali of Research & Evaluation Consulting Inc. and Dr. Pina Pejovic of Strategy & Insights were awarded the contract to develop the tools for a new peer and practice assessment program (introduction to assessments and consultants is attached). Drs. Ali and Pejovic attended the QAC’s meeting in May to seek the committee’s feedback on proposed aspects of the assessment including the competencies that will be used to develop the assessment tools. In addition, two focus groups took place on May 24, 2018 to inform the development of the program.

As required by s. 84(4) of the Health Professions Procedural Code, being Schedule 2 of the Regulated Health Professions Act, the College submitted a formal report to the Health Professional Regulatory Advisory Council outlining the changes that have been made to its Client Relations Program. More specifically, the following changes have been made:

- The Sexual Abuse Prevention Policy has been revised to reflect Bill 87 changes with respect to the following:
 - The Guideline for Reporting Sexual Abuse has been updated to reflect Bill 87 changes with respect to penalties associated with failing to make a report
 - The Guideline on Appropriate Professional Behaviour with Clients has been updated to include more guidance to assist midwives in maintaining appropriate professional boundaries with clients

With respect to sexual abuse complaints, the following resources and forms have been created:

- Sexual Abuse Complaints Guide– this guide assists complainants in understanding the complaints & discipline process for matters involving sexual abuse allegations
- Guide on Funding for Therapy & Counselling– this guide provides information on the process for obtaining funding for therapy and counselling for individuals who were, or may have been, sexually abused by a member of the College while they were a client
- Funding Application Forms– these are administrative forms that must be completed and submitted to the Client Relations Committee for their consideration in granting funding for therapy and counselling

For more information, please refer to the Client Relations Committee Annual Report to Council.

iii. Human Resources

The revised College Staff Operations Manual (formerly named Personnel Policies) was approved by the Registrar and became effective May 8, 2018. These policies incorporate recent changes made under the Employment Standards Act under Bill 148. Highlights of the Staff Operations Manual will be presented to Council for information and is located, in its entirety, in Council's Resource Section of BoardEffect for reference.

We are pleased to announce that Ashleagh Coyne joined the College as a Coordinator in the Registration department on May 24, 2018. Ashleagh has a background in regulation in both Ontario and in Ireland. Her experience working within the regulatory sector includes improving registration processes, analyzing data, liaising with members/students/stakeholders, and supporting boards and committees. Ashleagh has a Masters in Environment, Society and Development and also has volunteer experience in both Toronto and Ireland.

BRIEFING NOTE FOR COUNCIL

Subject: Council is asked to approve the revised Facility Standards and Clinical Practice Parameters for Midwife-Led Birth Centres in Ontario.

Background

One of the College's duties, acting on behalf of the Ministry of Health and Long-Term Care, is to administer assessments of the two Ontario Midwife-Led Birth Centres (MLBC) licensed under the *Independent Health Facilities Act* (IHFA). The College is responsible for setting the Facility Standards & Clinical Practice Parameters (FS & CPP) for the MLBCs which also serves as the basis for assessments.

In the past year, the College has conducted a comprehensive review of the FS & CPP. This work was undertaken to prepare for the next scheduled general assessments of the MLBC in the fall of 2020. Once the FS & CPP is approved, the College will revise its assessment program to align with the new minimum standards. The revised assessment program will include the revision or development of:

- Assessment tools to facilitate fair, impartial, objective and transparent assessments of the quality and standards of services provided, based on the Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres.
- Qualification criteria for assessors
- Training for assessors with new tools
- Criteria to determine onsite or offsite assessments for emergent assessments (resulting from incident reports)

The comprehensive review of the FS & CPP was led by a consultant and included the review of College of Physician and Surgeons of Ontario FS & CPPs, and consultations with the Independent Health Facility Branch, the Ottawa Birth and Wellness Centre, and the Toronto Birth Centre.

Key Considerations

The revised FS & CPP for MLBC establishes criteria for qualifications and credentialing of health care providers who carry out core services at the MLBC (management of labour, birth, immediate postpartum and newborn care). The revised document names registered midwives, registered physicians and

Aboriginal Midwives as potential candidates for appointment. The College's FS & CPP have been revised to allow for aboriginal midwives to provide services within an IHF. However, there are ministry considerations that must be addressed to allow for this opportunity. The ministry is currently reviewing the considerations and will continue to update the CMO.

The criteria for the Quality Advisor aligns (where relevant) with the revised Council member eligibility for election criteria as listed in the proposed general bylaws (in this package).

The government has proposed the *Oversight of Health Facilities and Devices Act, 2017*, S.O. 2017, c. 25, Sched. 9 which, when in force, will replace the *Independent Health Facilities Act*. The proposed FS & CPP will require minimal revisions at that time to reference the new Act.

The College recommends a delayed implementation date of January 1, 2019 (approximately 6 months) to allow for the MLBC to ensure compliance with the new standards.

Recommendations

The following motion is submitted for approval:

To approve the proposed Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres as presented, effective January 1, 2019.

Implementation Date

January 1st, 2019

Legislative and Other References

[*Independent Health Facilities Act, 1990*](#)

[*Oversight of Health Facilities and Devices Act, 2017, S.O. 2017*](#)

Attachments

1. Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres, 2018 (proposed)
2. Facility Standards & Clinical Practice Parameters, 2015

Submitted by: Kelly Dobbin, Registrar & CEO



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres

May 2018 - draft

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Preface

The core services provided in a birth centre are midwife-led and consistent with the [Midwifery Act, 1991](#), the Regulations made under the Act, and Ontario midwifery standards of practice. The licensed facility in which core services are provided is consistent with the [Independent Health Facilities Act](#) and the Regulations made under the Act.

The Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres set minimum standards for all midwife-led birth centres and serves as the basis for College assessments conducted on behalf of the Ministry of Health and Long-Term Care.

The Facility Standards and Clinical Practice Parameters for Midwife-Led Birth Centres do not replace clinical judgment. Rather, the minimum standards are intended to enable health care providers (HCP) and staff to provide safe, quality care within the licensed facility. All HCPs working in a midwife-led birth centre will follow the approved protocols, policies and procedures.

The Facility Standards and Clinical Practice Parameters for Midwife-Led Birth Centres are subject to periodic review. Amendments in the form of replacement pages may be issued from time to time. Such pages will be posted to the College's website. The College will perform a comprehensive review, in consultation with the Ministry and all licensed midwife-led birth centres, every 5 years.

Volume 1:
Facility Standards

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1 Organization and Administration

1.1 Governance

1.1.1 General

The Midwife-Led Birth Centre (MLBC) is a not-for-profit corporation with a governing board and is separate from other health, hospital, or medical services.

The MLBC board meets the following governance requirements:

- a) The board reviews and approves the vision, mission and values of the organization with input from staff and key stakeholders.
- b) the board reviews the vision, mission and values occurs at least every five years, or earlier if there is a significant change in the environment, scope of services or mandate of the organization.
- c) The board has a written code of conduct and/or policies that addresses confidentiality, diversity and inclusion, anti-discrimination, ethical conduct, and conflict of interest
- d) The board has written policies and procedures that outline the board's role, responsibilities and structure.
- e) Governance policies and procedures are reviewed and approved by the board at minimum every five years and updated as needed.
- f) The board of directors develops and approves the organization's strategic goals or ends and reviews them annually.
- g) The strategic plan outlines multi-year strategic directions and goals or ends.
- h) The executive director's role and responsibilities are detailed in writing.
- i) The board uses an objective and transparent recruitment and hiring process for senior management positions.
- j) A contingency plan for temporary absences of the executive director is in writing.
- k) The board reviews, at least annually, the organization's progress in achieving operational objectives.
- l) Minutes of the board's meeting are documented in accordance with legal requirements.

1.1.2 Accountability

The MLBC Board has a formal accountability relationship with the Ministry of Health and Long-Term Care pursuant to the Terms of Funding. In turn, the MLBC Executive Director is accountable to the MLBC Board.

1.2 Administration

The MLBC adheres to the following minimum administrative standards:

- a) There is a written organizational structure.
- b) There is a human resources management plan in place.
- c) There is evidence of adherence to generally accepted accounting principles, in the form of an auditor's opinion contained within the organizations's financial statements and/or organizational response to a management letter.

- d) There are written agreements for contracted and/or purchased services obtained from individuals or other facilities.
- e) There is a process for informing the community of the services provided in the MLBC.

1.3 Client Services

1.3.1 General

Core services are consistent with the [Midwifery Act, 1991](#), the Regulations made under the Act, and Ontario midwifery standards of practice. All health care providers (HCPs) delivering core services within the MLBC are subject to the regulation of their respective authority for the care they provide to their clients. However, all HCPs providing care at a MLBC are also required to follow the approved protocols, policies and procedures of the MLBC.

1.3.2 Language

An effective plan is in place to provide services in both official languages, in accordance with the [French Language Services Act](#), in those areas designated as being bilingual and for those public service agencies designated under the Act. This includes all written information and signs.

1.3.3 Accessibility

The MLBC operates in accordance with the requirements of the [Accessibility for Ontarians with Disability Act](#). An effective plan is in place to provide translation services and sign language interpretation. Information is made available in plain language, both in print and online.

1.3.4 Orientation

The MLBC provides opportunity for orientation to the facility and services for all clients. The orientation information may be accessed in-person or through written material and examples of items to include are:

- a) eligibility for Admission
- b) services offered
- c) services not available
- d) geographic location

1.3.5 Core Services

Core services include the provision of care to clients during labour and the immediate postpartum period and to their newborn babies. Core services are the birth services covered within the funding agreement between the Ministry of Health and Long Term Care (MOHLTC) and the MLBC.

The following are examples of interventions and services that are not available at a MLBC:

- a) pharmaceutical augmentation or induction of labour;
- b) epidural, regional and/or general anesthesia;
- c) forceps or vacuum extractions;
- d) caesarean section;
- e) narcotic analgesia.

2 Staffing a Birth Centre

2.1 General

The MLBC complies with all relevant workplace health and safety and employment standards and laws:

- Ministry of Labour's [Employment Standards Act](#)
- Ministry of Labour's [Occupational Health and Safety Act](#)
- Integrated Accessibility Standards under the [Accessibility for Ontarians with Disabilities Act 2005](#)

2.2 Executive Director and Staff

The Executive Director ensures access to core services 24 hours a day, 7 days a week, and 365 days a year.

There is staff to:

- a) deliver safe care to clients;
- b) provide security and safety for clients, visitors, HCPs and staff;
- c) administer operations;
- d) clean and maintain the facility; and
- e) provide orientation and continuing education for staff and HCPs.
- f) allow for one staff member or HCP who is certified in Basic Cardiac Life Support (BCLS) to be on site when any client or visitor accessing core services are present.

2.3 Staff Orientation, Continuing Education and Evaluation

There is an orientation process for new staff and HCPs that provides the training appropriate to the position and allows staff and HCPs to be able to:

- a) deliver safe care to clients;
- b) provide security and safety for clients, visitors, HCPs and staff; and
- c) maintain a safe and clean facility

There is a continuing education program for all staff and HCPs to improve skills necessary to provide safe services within the facility.

All staff and HCPs directly involved in core services should be certified in BCLS.

All staff receives evaluation of their performance at least annually.

3. Health Care Providers

3.1 Qualifications of health care providers delivering core services

There is an effective process in place to ensure all HCPs are qualified to provide core services. At a minimum:

- a) Midwives providing core services are to be registered with the College of Midwives of Ontario and eligible to provide core services.
- b) Aboriginal Midwives working under the exemption referenced in s. 8 of [the Midwifery Act, 1991](#) and s. 35 of the [Regulated Health Professions Act, 1991](#) meet the requirements set out by their community authority.
- c) Physicians providing core services are to be registered with the College of Physicians and Surgeons of Ontario and are eligible to provide core services.
- d) HCPs maintain and provide evidence acceptable to the Board of the knowledge and skills required to provide core services;
- e) HCPs have professional liability insurance coverage to a level acceptable to the Board.

3.2 Credentialing and Maintenance of Appointment

3.2.1 Credentialing

The MLBC Board of Directors credentials and appoints all HCPs delivering core services.

Where the HCP is a member of a regulatory college under the [Regulated Health Professions Act, 1991](#), the process includes:

- a) obtaining relevant information, including registration and professional conduct information, from the appropriate health regulatory college(s) for initial and re-appointments;
- b) requiring each HCP to consent to the release of professional conduct information to the MLBC in the form of a Letter of Professional Conduct or equivalent; and
- c) monitoring and reporting restriction, suspension and revocation of appointments in accordance with the Schedule 2 of the [Regulated Health Professions Act, 1991](#) (Health Professions Procedural Code) mandatory reporting requirements.

Where the HCP is an Aboriginal Midwife, this process includes:

- a) obtaining relevant information, including confirmation of current endorsement, from the community authority or council for initial or re-appointments;
- b) requiring each Aboriginal Midwife to consent to the release of relevant information from the community authority to the MLBC in the form of a Letter(s) of Professional Conduct or equivalent; and
- c) monitoring and reporting restriction, suspension and revocation of appointment in accordance with the community authority's usual practice.

3.2.2 Maintenance of Appointment

A review of the credentials of all appointed HCPs providing core services is conducted at least annually and will include a check that:

- a) Midwives providing core services are registered with the College of Midwives of Ontario and eligible to provide core services;

- b) Aboriginal Midwives working under the exemption referenced in the [Midwifery Act, 1991](#) and s. 35 of the [Regulated Health Professions Act, 1991](#), meet the requirements set out by their community authority;
- c) Physicians providing core services are registered with the College of Physicians and Surgeons of Ontario and are eligible to provide core services;
- d) HCPs have professional liability insurance coverage to a level acceptable to the Board; and
- e) HCPs have met the MLBC Board of Director's facility-based continuing education and training requirements for HCPs providing core services at the MLBC.

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4 Quality Management

4.1 Quality Advisor

4.1.1 General

The Quality Advisor acts in accordance with O. Regulation 57/92, s.1 under the [Independent Health Facilities Act](#) (IHFA). The Quality Advisor or their designate is a midwife, registered with the College of Midwives of Ontario, and:

- a) holds the appropriate certificate of registration;
- b) is not in default of payment of any fees prescribed by College bylaw;
- c) is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
- d) has not been the subject of any professional misconduct, incompetence or incapacity finding, in any jurisdiction;
- e) has not had a certificate of registration revoked or suspended, in any jurisdiction, for any reason other than non-payment of fees;
- f) does not have a notation on the Public Register of a finding of professional negligence or malpractice made against the member;
- g) does not have a notation on the Public Register of a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act;
- h) does not have a criminal finding of guilt or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act;
- i) does not have a notation on the Public Register of a charge made by a court in relation to any provincial or federal offence;
- j) does not have a notation on the Public Register of a finding of guilt made by a court in relation to any provincial or federal offence;
- k) is not the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code;
- l) is not the subject of an incapacity inquiry under section 57 or 58 of the Code;
- m) is not subject to any revocations, suspension or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;
- n) is not subject to a term, condition, limitation or undertaking imposed by or provided to either the Discipline Committee or the Fitness to Practice Committee;
- o) does not have a notation on the Public Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaint and Reports Committee;
- p) is not currently subject to an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- q) has not been required to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned;
- r) has not been required by a panel of the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program in the preceding three (3) years;
- s) is not in any default of returning any required information or form required under the Regulations or the by-laws to the College; and
- t) is not in default of any order issued by any panel or committee of the College.

The Quality Advisor or designate:

- a) is present at the MLBC to effectively observe the delivery of core services;
- b) is available on call when not present in the facility;

- c) ensures core services are provided in accordance with Ontario midwifery standards of practice;
- d) chairs the Quality Advisory Committee; and
- e) leads the Quality Management Program.

4.1.2 Responsibilities to the Board of Directors

The Quality Advisor is responsible for advising the Board on the professional aspects of the MLBC, including:

- a) recommendations and actions taken to improve the quality of care in the facility;
- b) recommendations for appointment and re-appointment of HCPs;
- c) recommendations for restriction, suspension or revocation of appointments;
- d) recommendations from the QAC regarding policies, procedures and protocols; and
- e) recommendations resulting from Ministry of Health or College of Midwives of Ontario assessments.

4.2 Quality Advisory Committee

4.2.1 General

The MLBC has a Quality Advisory Committee (QAC) in accordance with O. Reg. 57/92, s. 1-3. under the [Independent Health Facilities Act](#) (IHFA).

The QAC has a mechanism in place to seek input from stakeholders, including clients, appointed health care providers, other relevant health professionals, relevant community organizations, and MLBC staff.

The QAC meets at least annually and maintains a set agenda and minutes of meetings.

4.3 Quality Management Program

4.3.1 General

The MLBC has a Quality Management Program that evaluates the quality of care provided in the facility and informs quality improvement initiatives. The MLBC determines the methods most suitable to their needs for collecting the information and data to evaluate the quality of care.

At a minimum, the QMP systematically evaluates the following:

- a) clinical outcomes of client and newborn care;
- b) all adverse clinical events;
- c) facility safety and incident reports;
- d) quality of care provided by appointed health care providers;
- e) quality of services provided by staff;
- f) infection prevention and control practices, lapses and breaches;
- g) client and community feedback;
- h) health care provider feedback;
- i) staff feedback;

- j) compliance with IHFA
- k) compliance with PHIPA
- l) compliance with CMO CPP & FS
- m) compliance with and effectiveness of MLBC policies, procedures and protocols;
- n) impact of non-core services on the core services of the MLBC;
- o) records management; and
- p) clinical equipment and supplies.

4.3.2 Data Collection

All data collection, including that relating to the quality management program, is collected in accordance with:

- [Independent Health Facilities Act, R.S.O. 1990, c.1.3 O. Reg. 57/92:](#)
- [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A](#)
- College of Midwives of Ontario standards

5. Policies and Procedures

5.1 General

The MLBC has written policies and procedures that are available to all HCPs and staff. The policies and procedures inform and provide sufficient guidance to ensure;

- a) the goals of the MLBC are achieved;
- b) roles and responsibilities are defined;
- c) clients are provided with safe care;
- d) there is appropriate guidance for emergencies;
- e) sufficient and appropriate equipment, supplies and medications are available;
- f) the facility is adequately maintained;
- g) infection controls standards are upheld;
- h) the quality management program fulfills its objectives; and
- i) the staff have documented in writing that they have reviewed these annually.

The policies and procedures are updated as needed and reviewed at least every 5 years.

6 Health Records

6.1 General

Health records are to be created and maintained in accordance with:

- [Independent Health Facilities Act, R.S.O. 1990, c.1.3 O. Reg. 57/92:](#)
- [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A](#)
- College of Midwives of Ontario standards

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7 Physical Facility

7.1 General

The physical facility of the MLBC has adequate space to provide a safe, comfortable and satisfactory experience for clients and their chosen family members and support people, HCPs and staff.

It is open to accommodate clients labouring and giving birth 24 hours a day, 7 days a week, 365 days a year.

7.2 Physical Facility and Equipment

7.2.1 Construction

The MLBC complies with the following:

- a) Canadian Standards Association (CSA) standard for health care facilities;
- b) Ontario Building Code;
- c) Accessibility for Ontarians with Disabilities Act (AODA); and
- d) Canadian Centre for Occupational Health and Safety (CCOHS), including Workplace Hazardous Materials Information System (WHMIS).

The MLBC meets all relevant construction, fire, safety, health codes, zoning regulations and legislation.

7.2.2 Facility Design and Furnishing

With respect to all services provided, the MLBC demonstrates the following:

- a) the physical facility adequately ensures privacy for every client.
- b) layout facilitates the provision of safe care.
- c) heating, cooling and ventilation systems ensure comfort and safety.
- d) the security of clients, visitors, HCPs and staff.
- e) the facility is barrier free and accessible to emergency stretchers.
- f) furnishings and facility structures are in compliance with current Provincial Infectious Diseases Advisory Committee (PIDAC) standards

7.2.3 Facility Inspections

The facility maintains a record of inspections by the Public Health Department, Fire Department, building inspectors and others concerned with public safety as required by municipal, provincial and federal standards.

8 Medications, Equipment and Supplies Management

8.1 General

The MLBC provides equipment, supplies and medications necessary for safe delivery of core services. All HCPs and clinical staff are oriented to use all medications, equipment and supplies.

8.1.1 Medication Inventory and Storage

A drug inventory and storage system is in place. Periodic inspection is conducted to ensure restocking takes place and all expired drugs are replaced and safely discarded.

8.1.2 Medical Gases

Medical gases that are within the midwifery scope to administer are available to all clients delivering in the MLBC. The MLBC has appropriate equipment and physical facility standards to ensure their safe administration, ventilation, storage, and removal.

8.2 Birth Equipment and Supplies

The MLBC has effective procedures to ensure that equipment and supplies are appropriately stocked, not expired, stored and maintained, and are readily accessible for the provision of services.

Equipment used in providing core services is regularly assessed for accuracy and reliability in accordance with manufacturer's specifications.

8.3 Non-Obstetrical Emergency Equipment

Suitable equipment for non-obstetrical emergencies is available at the birth centre for all visitors, clients and staff and includes:

- a) portable emergency resuscitation equipment;
- b) defibrillator; and
- c) epinephrine for anaphylaxis.

9 Infection Prevention and Control Practices

9.1 General

The MLBC is held to the following standards established by the Provincial Infectious Diseases Advisory Committee (PIDAC) to ensure appropriate infection prevention and control in the facility and in the reprocessing of equipment (where applicable):

- a) Infection Prevention and Control for Clinical Office Practice; and
- b) Best Practices in Cleaning, Disinfection and Sterilization of Medical Equipment/Devices

With respect to the cleaning and maintenance of birthing pools or tubs, the MLBC is held to manufacturer's guidelines and the following standard:

- a) Best Practices in Perinatology (Section D. Environmental Cleaning in Perinatal Care)

9.2 Biomedical Waste

9.2.1 General

All HCPs and staff, including those providing cleaning services, are competent to handle and dispose of biomedical waste in accordance with [Routine Practices and Additional Precautions In All Health Care Settings \(PIDAC, 2011\)](#).

9.2.2 Disposal of Biomedical Waste and Placentas

All biomedical waste, including placentas are disposed of in accordance with [C-4: The Management Of Biomedical Waste In Ontario](#). Clients wishing to keep their placenta after giving birth are accommodated and provided guidance on safe transport, burial and/or disposal.

Volume 2: Clinical Practice Parameters

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10 Planned Place of Birth

10.1 Eligibility for Admission

The MLBC establishes and publishes eligibility for admission criteria that is consistent with the *Midwifery Act*, the regulations made under the Act, and Ontario midwifery standards of practice.

The obligation to ensure that the client is fully informed of the risks, benefits and alternatives to giving birth in the MLBC rest with the primary health care provider.

The MLBC establishes the following minimum criteria for determining eligibility for admission:

- b) the client is under the care of an appointed MLBC health care provider;
- c) the client is in good health;
- d) the client is experiencing an uncomplicated pregnancy;
- e) the client and the HCP have a reasonable expectation of having an uncomplicated labour and birth;
- f) the fetus is expected to be healthy at birth;
- g) there are no impediments to instituting common emergency procedures if necessary;
- h) there are no difficulties foreseen in transporting the client/newborn with the usual emergency transport system; and
- i) the result of consultations, when required, is confirmation of healthy pregnancy or labour progress.

11 Transfer from the Birth Centre

11.1 General

The MLBC liaises with local hospitals and emergency services to develop procedures for seamless and safe transfers of clients and newborns.

The HCP determines the need for transport to a hospital, the appropriate method of transport, and the intended receiving hospital.

11.2 Transport

The MLBC has the following:

- a) An agreement with the receiving hospital when an appointed HCP does not have admitting privileges at that hospital.
- b) A protocol for initiating emergency services that includes, at a minimum,
 - a. the designated person responsible for calling 911;
 - b. the designated person responsible for contacting the receiving health facility;
 - c. communication with involved family members; and
 - d. documentation to be used to facilitate and record the transfer.

11.3 Refusal of Client/Newborn Transport

If the client refuses the transfer for themselves or the newborn, the attending HCP documents the refusal.

12 Laboratory and Diagnostic Samples

12.1 General

The MLBC provides all equipment and supplies to allow HCPs to collect, store and transport samples for laboratory testing relevant to core services.

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13 Research Activities

13.1 General

Research is conducted,

- a) in accordance with written research policies and procedures approved by the MLBC Board of Directors;
- b) by researchers trained to conduct such research;
- c) in a manner that protects the client's health, choice, comfort, safety, and right to privacy;
- d) in a manner that protects the MLBC and clients from unsafe practices;
- e) after approval by an external Ethics Review Board; and
- f) after approval IHF Director approval.

13.2 Data collection

Data collection relating adheres to the [Personal Health Information Privacy Act, 2004, S.O. 2004, c. 3, Sched. A.](#)

14 Education

14.1 Clinical Placements

The MLBC provides access to students in clinical placements from programs acceptable to the Board.

At a minimum, the MLBC provides:

- a) opportunities for midwifery clinical educational placements; and
- b) opportunities for inter-professional clinical educational placements.

End of draft document

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College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Ontario Birth Centres: Facility Standards & Clinical Practice Parameters

For Midwife-Led Birth Centres

The College of Midwives of Ontario

January 2015

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Preface

The care in a birth centre (BC) is midwife-led. In midwife-led care, the midwife is the most responsible professional in the planning, organization and delivery of care. The guiding principles of midwife-led care are the protection and promotion of normal birth, continuity of care and being cared for by a known and trusted midwife during labour. Overall, in a midwife-led model of care, there is an emphasis on the ability of women to experience birth with minimum intervention.

The care provided within BCs is consistent with the established philosophy of midwifery care in Ontario. The delivery of this care could include alternate practice arrangements for midwives with approval from the College of Midwives of Ontario (CMO).

The guiding principles of the Facility Standards and Clinical Practice Parameters (CPP) are as follows:

- Midwifery philosophy is maintained through full scope of midwifery practice and care
- BCs are not hospitals
- BC clients have received prenatal care from a midwife or midwifery practice group
- Midwives provide the same services in BCs as they provide in home settings
- Midwives in BCs provide services, in particular to vulnerable populations, in order to meet community needs and to make midwifery care outside hospital more accessible to women in Ontario
- BCs provide increased access to midwifery
- BCs provide an environment that is culturally safe with appropriate care
- BCs have a high volume of normal births providing a site for education and research
- BCs may offer complementary services (which are funded separately from core services) that meet the needs of the community

For details on the model of midwifery care see:

CMO Standard *The Midwifery Model of Care*

CMO Standard *Continuity of Care*

CMO Standard *Informed Choice*

CMO Standard *Consultation and Transfer of Care*

Using and Updating this Document

This document is comprised of two related but distinct components: facility standards and clinical practice parameters. The appendix (*Midwife-Led Birth Centres – Facility Standards and Clinical Practice Parameters: Legislation, Regulations, Standards, Guidelines and Required Protocols, Policies and Procedures*) applies to both components. This document has been written in a way that: intends to provide the larger, oversight requirements of BC operation and provision of care; and, allows users to review and use each component separately in their area of responsibility. This means that there is some intentional repetition between the facility standards and the clinical practice parameters.

These standards and parameters are subject to periodic review. Amendments in the form of replacement pages may be issued from time to time. Such pages will be posted to the CMO's website. A review of the parameters and standards is planned as part of the BC Pilot Project evaluation.

The College of Midwives of Ontario would like to acknowledge the work of the Winnipeg Birth Centre in developing policies and procedures and their generosity in sharing these with the CMO in the development of the CPPs.

Purpose of Facility Standards & Clinical Practice Parameters

The principle purposes of this document are to support midwives in implementing a Quality Management Program specific to BCs and to act as a guide for assessing the quality of client care provided in the centres.

Facility Standards & Clinical Practice Parameters: for Midwife-Led Birth Centres is a framework designed to assist midwives when providing care to women choosing to labour and give birth in a Birth Centre (BC).

Facility Standards and Clinical Practice Parameters (CPPs) are not intended to replace a midwife's clinical judgement. It is understood that the same standard of care that midwives provide in a home setting will be provided in the BC and that the tenets of continuity of care, informed choice, and choice of birth-place remain the foundation of the care delivered. All midwives working in a BC will follow one set of protocols, policies and procedures.

Role of the College of Midwives of Ontario

In developing CPPs, the College of Midwives of Ontario (CMO) worked to ensure that CPPs are:

- based on the appropriate mix of current, scientifically reliable information from research literature and clinical experience;
- implemented with procedures developed by consensus and consultation with the profession at large;
Note: *At the pilot phase, this consensus and consultation will include the professionals and communities leading and working with the pilot sites.*
- set exclusively from the quality of care perspective, as such, some of the conclusions reached could add to care costs;
- flexible enough to allow for a range of appropriate options including the need to take into account the variations in community need and resource realities from urban to rural areas;
- supportive and provide assistance to midwives and BC staff without restricting them to overly prescriptive or rigid formulas;
- updated regularly based on appropriate research studies and other learning;
- clearly stated to reduce uncertainty for midwives and improve their clinical decision making; and
- widely distributed to ensure that all midwives benefit from this knowledge.

Responsibilities of the College of Midwives of Ontario

Responsibilities of the CMO include:

- assessing the quality of care provided in BCs when requested by the Director of Independent Health Facilities (the Director). The CMO shall maintain a roster of midwives and other qualified persons to serve as assessors and inspectors as required;
- communicating with the Director about standards and issues that are conditions of BC funding;
- assessing each BC prior to it providing services to women;
- assessing service quality in facilities. The Better Outcomes Registry & Network (BORN) information system monitors individual and facility outcome performance; and
- providing education to BC staff so that they may continually improve the services they provide to clients.

The CMO works with BCs and their governing Board of Directors (Board) so that BCs can:

- develop a BC Quality Management Program that is based on the CPPs;
- monitor facility performance by conducting quality assessments;
- continually improve client services; and
- resolve issues and conduct reassessments as necessary.

Volume 1 Facility Standards

1 Organization and Administration

1.1 Client Services

1.1.1 General

Midwifery practice groups and midwives working in BCs shall be subject to regulation by the CMO for all of the care they provide both within and outside the BC.

A BC provides a comfortable, safe environment for women anticipating a normal labour and birth, and has provisions for client safety, privacy, and comfort. The BC has pre-arranged relationships with one or more hospitals for consultation with appropriate health care professionals and for transfer of care to hospital(s) with 24-hour obstetrical and neonatal care services.

1.1.2 Language

Every effort is made to provide services in both official languages, in accordance with the *French Language Services Act*, in those areas designated as being bilingual. This includes all written information and signs. Every effort is made in these areas to hire bilingual personnel.

1.1.3 Accessibility

BCs operate in accordance with the requirements of the *Accessibility for Ontarians with Disabilities Act*. This includes access to translation services and sign language interpretation.

1.1.4 Orientation

All clients using BCs are provided with orientation to the facility and services. Information, including admission criteria and continuation in the BC program of care, is provided in plain language, both in print and online.

1.1.5 Scope of Care

Midwives practising at the BC are required to abide by the College of Midwives of Ontario standards, which promote woman-centred decision-making, autonomy, and respect for choice. Midwives who provide care in the BC are responsible for prenatal care, intrapartum care, and postpartum care up to six weeks after the birth, regardless of location of birth.

The scope of practice of midwives in a BC shall be the same as in any other setting: the assessment and monitoring of women during pregnancy, labour, and the post-partum period and of their newborn babies; the provision of care during normal pregnancy, labour, and post-partum period; and the conducting of spontaneous, normal vaginal deliveries.

Because midwives are the only regulated health professionals caring for women at a BC, the following are examples of interventions and services that are NOT available and will form the basis of informed choice discussions with prospective clients. These examples are not considered part of normal pregnancy and childbirth and are not part of the BC or Ontario midwifery care regardless of where the midwifery services are provided:

- (a) pharmaceutical augmentation or induction of labour;
- (b) epidural, regional and/or general anaesthesia;
- (c) forceps or vacuum extractions;
- (d) caesarean section;
- (e) narcotic analgesia.

1.1.6 Practice Arrangements

If a midwifery practice group is to operate its clinic within the BC (i.e., if the BC is the only or the primary location of clinic services for that practice), space and resource requirements must be considered and appropriate policies and procedures must be in place to address any issues that may arise from this arrangement.

1.1.7 Unfunded Services

Complementary, unfunded services through individual contracts with the Ministry of Health and Long-Term Care may also be offered in the BC. Relationships with all organizations or groups with which the BC has formed an alliance in order to provide services shall be governed by agreements/contracts between the service provider(s) and the Ministry of Health and Long-Term Care. These agreements/contracts should ensure that core services are not compromised and that resources (space, equipment, supplies, personnel, funding, etc.) are protected.

1.2 Governance

1.2.1 General

The BC is a not-for-profit corporation with a governing Board and is separate from other health, hospital, or medical services. The BC Board plays a significant role in the guidance of the organization. In achieving its success, the Board governs and works as a team towards achieving goals. Exercising collective influence, Board members have no individual authority or power. The Board has a shared responsibility with the midwives and other staff working in the BC to ensure the care provided is safe, of high quality and meets the needs of the women who choose to give birth there.

How a Board governs affects an organization and impacts the service that it provides. Fully adopting best practices in governance helps the BC Board operate at an optimal level and achieve the goals of the organization.

Effective governance is responsive to the changing needs of the community being served, and to the professionals and staff providing services. Since each BC will be operating in a unique community, the Board may choose to adapt practices in the way that is most suitable to their community.

1.2.2 Partners and Stakeholders

The Board includes representation from all partner organisations or groups providing services in the BC.

Mechanisms exist to ensure meaningful input is sought from all key stakeholder organisations or groups.

1.2.3 Accountability

Accountability involves a formal relationship between parties where responsibility is conferred and accepted. It includes an obligation to report on the execution of that responsibility.

The BC Board has a formal accountability relationship with the Ministry of Health and Long-Term Care pursuant to the Terms of Funding.

In turn, the BC Leadership Team is accountable to the BC Board.

The BC has a complete accountability framework articulated in writing. It is based on:

- clear roles and responsibilities
- clear performance expectations
- balanced expectations and capacities
- credible and timely reporting
- reasonable review and adjustment

The BC Board has policies that provide the framework for organisational governance that adhere to the following minimum requirements:

- (a) The BC Board oversees the recruitment, hiring and performance of the Midwifery Program Director.
- (b) The BC Board oversees the recruitment, hiring and performance of the Administrative Director.
- (c) There is a conflict of interest policy that is reviewed prior to every meeting of the Board.
- (d) There is effective and complete documentation of all Board activities (e.g., meeting minutes, current policies and procedures, adequate financial reporting, etc.).
- (e) The BC Board effectively communicates information among its members, to groups with whom the BC has an alliance or partnership and to stakeholders.
- (f) The BC Board membership is well managed and encompasses the skills and competencies required to reflect the community it serves.
- (g) Individual members of the BC Board demonstrate high standards of professional conduct.
- (h) The BC Board regularly evaluates its performance and revises its structure or policies.
- (i) The BC carries liability insurance as required by the Director pursuant to the Funding Agreement.

1.3 Organization and Administration

The BC shall adhere to the following minimum administrative requirements:

- a) There is a written plan for the operation of the centre, including mechanisms for operation in the absence of the Administrative Director, which is consistently followed.
- b) There is evidence of consistent adherence to generally accepted accounting principles.
- c) There is a written organizational chart that delineates the current responsibilities, both clinical and administrative, within the BC.
- d) There is an orientation program and a continuing education program for all staff.
- e) All staff receive evaluations of their performance on a regular (i.e., annual or more often as needed) basis as defined by the BC Leadership Team.
- f) Fire and emergency drills are held regularly.
- g) There are mechanisms in place, which are consistently followed, for staff to review the results of quality management activities, plan corrective actions, and monitor effectiveness of action(s) taken.
- h) There are written agreements for contracted and/or purchased services obtained from individuals or other facilities. Agreements are reviewed regularly.
- i) Contracts for student health professional clinical placements are approved by the BC Leadership Team and the professional staff member(s) responsible for the provision of services to women/newborns.
- j) There is a plan for informing the community of the services provided in the BC.
- k) Policies relating to the organization and administration of the BC will be revisited on a regular basis.

2 Staffing a Birth Centre

2.1 Staff Requirements

2.1.1 General

2.1.1.1

Qualified health professionals provide care in BCs. The complement of midwives providing services at a Birth Centre (BC) is a viable number that can provide intrapartum backup and a workable call structure based on the model of care, which requires a Registered Midwife and a qualified second attendant dedicated to the care of each woman. A written staffing model (that includes job descriptions for both clinical and non-clinical staff) shall be in place and consistently followed to ensure that women will receive safe care 24 hours a day, 7 days a week, and 365 days a year.

2.1.1.2

There shall be sufficient ancillary and administrative personnel to ensure:

- (a) efficient administrative operation of the BC;
- (b) security and safety for all staff, clients and visitors;
- (c) availability of appropriate educational and support programs;
- (d) appropriate and timely cleaning and maintenance of the facility; and
- (e) access to any other services offered.

2.1.1.3

The BC complies with all relevant workplace health and safety and employment standards and laws.

All registered midwives are ethically obligated to know their personal serologic status with respect to HBV, HCV and HIV. Periodic testing is recommended for the midwife's health and to prevent exposing their clients to infection.

All providers have an ethical obligation to determine their serologic status following any direct exposure to blood or human tissue in the workplace, e.g. needle stick injury, and to follow any subsequent reporting requirements of Public Health.

2.1.2 Health Professionals

Health professionals providing services in the BC shall:

- (a) be currently registered with the relevant regulatory College in the province of Ontario or appropriate governing body;
- (b) meet the credentialing requirements as set out by the Board;
- (c) maintain and provide evidence acceptable to the Board of the knowledge and skills required to provide the services offered by the BC;
- (d) maintain and provide evidence of continuing education appropriate to the position;

- (e) have malpractice insurance coverage to a level acceptable to the appropriate regulatory body; and
- (e) practice within their own scopes of practice but will maintain alignment with the principles of midwifery care in Ontario.

2.1.2.1

There will be adequate numbers of professional and support staff on duty and on-call 24 hours a day, 7 days a week, to meet the demands for services routinely provided, and in periods of high demand or emergency, to ensure the woman's/newborn's safety.

Health professionals who have and maintain current certification in maternal cardiopulmonary resuscitation (CPR), newborn resuscitation (NRP), and emergency skills (ES) are present at each birth.

2.1.3 Administrative Professionals and Support Staff

Administrative professionals, including a qualified Administrative Director with authority, responsibility and accountability for overall centre administration, will be on staff to support the effective operation of the BC. In order to ensure the safety of all clients, families, and staff using the building on a round-the-clock basis, security staff will also be retained.

2.2 Credentialing and Maintenance of Privileges

2.2.1 Credentialing

The BC Board of Directors credentials all midwives and other health professionals providing services and care in the BC. This process includes:

- (a) identified professional staff categories and duties;
- (b) an established credentialing process that involves obtaining information from the relevant health regulatory college for initial appointments and re-appointments, and which includes confirmation of current registration with the appropriate regulatory body;
- (c) the requirement that each professional signs a consent for their regulatory body to release to the BC registration information in a Letter of Professional Conduct or equivalent; and
- (d) a process for monitoring and reporting suspension and revocation of privileges in accordance with the Health Professions Procedural Code's mandatory reporting requirements.

2.2.2 Non-midwifery Professionals Providing Care in the Birth Centre

2.2.2.1

Other personnel may be utilized by the BC on a consultant basis to support choices, respond to a community need, or support full provision of care. A list of consultant personnel providing health services in the BC shall be maintained and each individual must be privileged and authorized by the BC.

2.2.2.2

A BC may engage with allied health professionals to provide services in the BC. Some may be involved on a collegial or consultative basis in the care of the midwife's clients. These health professionals are currently registered to practice their profession in Ontario and function within the scope of practice outlined by their College.

2.2.2.3 Alignment with Midwifery Philosophy

Health professionals will be accountable to their own regulatory bodies. Any professional providing care in the BC will do so in a way that is aligned with the midwifery philosophy, which is an evidence-based philosophy supporting normal labour and birth.

Appropriate interdisciplinary agreements will be in place to support effective collaboration.

3 Quality Management in the Birth Centre

3.1 Quality Advisor

3.1.1 General

As outlined in the *Independent Health Facilities Act (IHFA)* General O. Regulation 57/92, every BC shall appoint a Quality Advisor to provide advice to the BC Board with respect to the quality and standard of services provided in the BC. The Quality Advisor of a midwife-led BC shall be a Registered Midwife with no terms, conditions or limitations on her certificate of registration.

The BC shall have a designated Quality Advisor who is the Midwifery Program Director of the BC. The Quality Advisor chairs the Quality Advisory Committee of the BC as required by regulation under the IHFA.

There shall be a written agreement between the Quality Advisor and the BC.

3.1.2 Responsibilities

The Quality Advisor advises the BC Board with regard to the quality of services provided. The Quality Advisor is responsible for advising the Board on the professional aspects of the BC which include, but are not limited to, the following:

- (a) establishment and maintenance of a safe environment for professional and other staff and women/newborns;
- (b) supervision of all clinical and professional activities;
- (c) selection and appointment of staff and the annual review of privileges granted to each member of staff;
- (d) the accuracy and reliability of the appropriate equipment used in providing care and appropriate training of all staff who use equipment;
- (e) remote power supply monitoring and backup power available;
- (f) maintenance of all necessary clinical records with adherence to client confidentiality;
- (g) establishment of a Quality Management Program; and
- (h) completion of a CMO-approved assessment plan.

3.1.3 Reporting Requirements

Whenever the Quality Advisor has reasonable grounds to believe that any aspect of the services provided in the BC are not being provided in accordance with generally accepted professional standards or has reasonable grounds to believe that not all persons who provide services in the BC are qualified to do so, the Quality Advisor reports these concerns in writing to the Director, IHF forthwith.

3.1.4 Role

The Quality Advisor or her designate shall:

- (a) be physically present as the Midwifery Program Director at the BC on a regular basis, and be available for consultation at any time when services are provided. All interactions and consultations between the Quality Advisor and BC staff or Board shall be documented;

- (b) seek advice from other health care professionals where necessary to ensure that all aspects of the services provided through the BC are provided in accordance with generally accepted professional standards; and
- (c) consult with the Quality Advisory Committee at least quarterly and document the substance of the discussion, actions agreed upon, and the completion date for any actions agreed upon.

3.1.5

The Quality Advisor shall advise the Board and document advice concerning, but not limited to, the following:

- (a) the qualifications, selection and ongoing education of the professional and other staff working in the BC;
- (b) whether adequate and appropriate staffing, equipment and procedures are available to ensure client and staff safety in the BC;
- (c) testing being performed on a periodic basis to ensure the accuracy and reliability of the BC's equipment;
- (d) the proper design of consultation requests, performance protocols, documentation, and reports used at the BC; and
- (e) the facility's policies regarding the maintenance of all appropriate clinical records, including their maintenance for the required length of time.

3.2 Quality Advisory Committee

The BC shall have a Quality Advisory Committee (QAC) as required by the IHFA General Regulation. The QAC consists of representatives from the BC Board and health care professionals who provide services in or in connection with the BC.

The QAC, whose chair is the Quality Advisor, shall have a mechanism in place to regularly solicit input from consumers, relevant health professionals, appropriate agencies from the community, and professional and non-professional BC staff.

4 Facility Emergency Protocols

4.1 Emergency Protocols

The BC shall have and consistently follow appropriate written policies and safety procedures for emergencies, including but not limited to:

- (a) a pre-arranged relationship and an emergency plan with local emergency health services;
- (b) written emergency protocols (e.g., fire, pandemic planning) shall be available to all midwives and staff; and
- (c) fire and emergency drills shall be held regularly, according to best practices.

4.2 Emergency Transfer and Transfer of Woman/Newborn

The BC shall have and consistently follow appropriate written policies and procedures for the emergency transfer of a woman/newborn including the requirement that prior arrangements for the care of the woman/newborn be in collaboration with a receiving health facility in the event of an emergency. These prior arrangements include the following:

- (a) an agreement to follow the CMO Standard *Ambulance Transport*
- (b) the designation of who in the BC is responsible for contacting the receiving health facility, and who in the receiving facility is to receive the woman/newborn following transport;
- (c) the specific kind of documentation to be used to facilitate the transfer;
- (d) the role of the health professional in the receiving health facility; and
- (e) accommodation to allow students to continue their role in the care of clients in the event of a transfer.

4.3 Hospital Privileges

The BC shall have and follow appropriate written procedures to address situations where a BC health care professional:

- (a) has admitting privileges at the receiving health facility;
- (b) does not have admitting privileges in the receiving health facility; or
- (c) has had hospital privileges denied or revoked.

5 Health Records

Health records provide a format for continuity of care and documentation of legible, uniform, complete and accurate maternal and newborn information. Records are readily accessible to health care professionals and maintained in a system that protects confidentiality, provides for storage, retrieval, and prevention of loss.

An appropriate system for processing, maintaining, storing, retrieving and distributing health records shall be established, and consistently followed, as required by the General Regulation under the *Independent Health Facilities Act*, the *Regulated Health Professions Act*, relevant privacy legislation including the *Personal Health Information Protection Act*, the *Midwifery Act*, and the CMO Standard *Record Keeping*.

6 Facilities, Equipment and Supplies

6.1 General

A BC is equipped to provide a safe environment for an uncomplicated labour and birth. It is also equipped for the management of obstetrical emergencies in the midwifery scope and emergency transfers.

The physical facility of the BC is adequate to accommodate clients for the level of care required for uncomplicated labour and birth and the immediate postpartum care of healthy women and newborns. The CMO Standard *Consultation and Transfer of Care* shall be consistently followed. This means that women who require interventions outside the midwifery scope of practice or who require ongoing monitoring beyond what the midwife is able to provide in the BC will need to be transferred to hospital for continuing care. For this reason, the BC is not equipped for prolonged stays for clinical reasons, although it is equipped to be open 24 hours a day as needed to accommodate women labouring and giving birth at any time.

There is space for furnishings, equipment and supplies to comfortably accommodate the childbearing woman, families, staff, midwives and other health professionals, including students, providing services. The physical facility is adequate to ensure privacy for every client. Appropriate government bodies will review the specifications and safety where necessary (e.g. Public Health for kitchen areas and appliance suitability and safety). Records for any evaluations will be maintained and stored.

6.2 Physical Facility and Equipment

6.2.1

The facility meets all construction, fire, safety, and health codes as well as zoning regulations appropriate to a BC. The minimum requirements of the BC are that it complies with the following:

- (a) Canadian Standards Association (CSA) health care facilities requirements;
- (b) Ontario Building Code (OBC) for life safety issues including CSA and other building systems standards embedded within the OBC;
- (c) accessibility requirements in accordance with the *Accessibility for Ontarians with Disabilities Act*, to support client, family and staff needs;
- (d) *Occupational Health and Safety Act*; and
- (e) infection control guidelines and standards and Provincial Infectious Disease Advisory Council (PIDAC) best practices.

6.2.2

Taking into account all of the services being provided at the BC (i.e., both core function and any additional non-funded services) the specific considerations that must be made include, but are not limited to, the BC complying with:

- (a) Building Codes

- i. BC site complies with all applicable building codes, including fire and life safety requirements.
- (b) Electrical
 - i. Electrical hazards are managed according to applicable codes.
 - ii. All electrical devices are certified.
 - iii. Emergency power supply can provide for safety of clients
- (c) Access
 - i. Allows barrier free access in accordance with provincial legislation and municipal by-laws.
 - ii. Doors and corridors can safely accommodate stretchers and wheelchairs.
 - iii. Elevators and stairwells are equipped and maintained to enable evacuation/transport
- (d) Size
 - i. BC size is adequate for all care to be provided safely, to accommodate volume of births, to ensure client comfort and privacy and to accommodate any unfunded services being provided.
- (e) Ventilation
 - i. Ventilation must ensure client and staff comfort. Where applicable, ventilation and air circulation should be augmented to address care-related air-quality issues (e.g., use of nitrous oxide as analgesia for labour and postpartum).
- (f) Medical compressed gases and pipelines

Medical compressed gases and pipelines must comply with:

 - i. Canadian Standards Association standards;
 - ii. Specific applicable recommendations arising from provincial legislation; and
 - iii. A second supply of oxygen (normally a spare cylinder) with pressure gauge, regulator, and wrench shall be available.
- (g) Layout

Layout facilitates safe client care and client flow.

The following areas are physically separate, where appropriate:

 - i. administration and client-waiting area;
 - ii. personal health information storage;
 - iii. birthing room, including washroom facilities;
 - iv. emergency exit(s);
 - v. clean utility area ;
 - vi. dirty utility room;
 - vii. non-sterile storage area;
 - viii. sterile area;
 - ix. staff rooms, including washroom facilities;
 - x. public washroom; and
 - xi. kitchen.
- (h) Safety
 - i. Provisions are in place to ensure client, staff and public safety. This includes but is not limited to lighting as required for provision of care and movement in and around the BC.
- (i) Emergency Measures

Provisions are in place to ensure:

- i. Safe evacuation of clients and staff in case of any emergency (i.e., stretchers, wheel-chairs, or other adequate methods of transport are available);
- ii. Easy access for an ambulance to transfer clients to a hospital; and
- iii. Ready access to resuscitation equipment (maternal and neonatal).

(j) Infection control

Provisions are in place to ensure that the BC can comply with all relevant infection control guidelines. This includes, but is not limited to such measures as:

- i. floors, walls, baths and furniture that can be cleaned to meet infection control requirements;
- ii. adequate hand-washing facilities and proper towel disposal;
- iii. laundry facilities suitable for linens and birth supplies and appropriate clean storage;
- iv. openings to the outside effectively protected against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current, or other effective means;
- v. space that can accommodate required equipment and staff; and
- vi. appropriate measures to prevent and address infestation.

6.2.3

The facility maintains a record of periodic inspections by the Health Department, Fire Department, building inspectors and other officials concerned with public safety. The facility is also barrier free and accessible to emergency stretchers.

6.2.4

Smoking is not permitted in the facility.

6.2.5

The facility is neat and clean.

6.2.6

Additional space is available for services including, but not limited to:

- (a) business operations;
- (b) secure health records storage;
- (c) secure pharmacological storage;
- (d) waiting/reception rooms;
- (e) TTY telephones;
- (f) family room and play area for children;
- (g) client conference rooms;
- (h) family kitchen facilities;
- (i) toilet for individuals accompanying the woman;
- (j) bath and toilet facilities for all labouring women;
- (k) appropriate access to parking;
- (l) utility/work areas, storage areas;
- (m) adequate information technology (IT); and

(n) staff area, including hand washing, kitchen, bathing, and sleeping facilities.

6.2.7

Equipment and space is in, or available to the BC to provide for:

- (a) sound proofing between rooms;
- (b) internal communication system;
- (c) portable lighting and heating sources;
- (d) emergency lighting and heating sources;
- (e) hot water heaters with adequate water pressure;
- (f) hot water and tub facilities available to all labouring women;
- (g) sterilization facilities;
- (h) access to information and communication technology; and
- (i) laundry equipment.

7 Providing a Sanitary Environment

7.1 General

BCs follow best practices and standards established by the Provincial Infectious Diseases Advisory Committee (PIDAC) and the Canadian Standards Association (CSA) to ensure the following basic requirements:

- (a) The facility provides a sanitary environment.
- (b) The facility is clean and properly maintained.
- (c) Adequate toilet facilities are available for staff, visitors and clients.
- (d) Birthing rooms and any areas where a woman's assessment is carried out have facilities for hand washing.
- (e) The kitchen area is cleaned and maintained according to BC policies.

7.2 Infection Control Practices

BCs adhere to:

- (a) accepted standards of infection control practices pertinent to the care provided and the procedures performed at the BC as a means to protect both health care workers and clients at the BC; and
- (b) actions that minimize the risk of infection, including:
 - i. adhering to proper use of disinfectants;
 - ii. maintaining equipment properly;
 - iii. handling regulated waste according to accepted standards; and
 - iv. observing body fluid precautions.

7.3 Using Sterile Techniques

Operative procedures and invasive procedures are carried out using sterile techniques.

7.4 Disposing of Biomedical Waste

All biomedical waste is discarded in accordance with the current PIDAC Guidelines. All staff, including housekeeping, are trained in accordance with *Routine Practices and Additional Precautions In All Health Care Settings* (PIDAC, 2011).

8 Equipment and Supplies Management

8.1 Drugs and Other Substances

8.1.1

An appropriate drug inventory system shall be in place and consistently used. Periodic inspection, in accordance with best practices, is conducted to ensure restocking takes place and all out-dated drugs are replaced and properly discarded.

8.1.2

Sufficient supplies are available for the administration of medications and intravenous fluids as authorized in Ontario Regulation 884/93, *Designated Drugs*.

8.1.3

Medical gases that are within the midwifery scope to administer (i.e., oxygen and nitrous oxide) shall be available to all women delivering in the BC. The BC shall have appropriate equipment and physical facility standards to ensure the safe storage, administration, and removal of these gases.

8.2 Birth Equipment

8.2.1

All equipment is available, in a readily accessible manner, to allow health care professionals to respond to potential and actual emergency situations in the facility during the antepartum, intrapartum and postpartum periods.

8.2.2

Equipment necessary to care for women anticipating a normal labour and birth, and for newborns is on site in the BC. This includes, but is not limited to that required by the CMO Standard *Essential Equipment, Supplies and Medications*.

8.2.3

Equipment on site includes, but is not limited to, that which is necessary to perform the following procedures:

- (a) physical assessment of mother and baby;
- (b) drug administration
- (c) collection of laboratory specimens (blood, urine, cultures, and smears);
- (d) amniotomy (including detection of amniotic fluid via microscope);
- (e) episiotomy and episiotomy/laceration repair;
- (f) sharps disposal;
- (g) biomedical waste disposal;
- (h) sterilization of instruments;
- (i) resuscitation of mother and newborn including portable or wall suction and portable or wall oxygen; and

- (j) weighing the newborn

Portable lighting and portable heat sources shall be available as well as equipment and supplies as necessary to comply with best practices for infection prevention and control.

8.2.4 Equipment for Maternal and Newborn Emergencies

Suitable equipment for both maternal and newborn emergencies is required. Equipment includes, but is not limited to:

- (a) intravenous supplies;
- (b) medications used for maternal bleeding;
- (c) maternal and newborn resuscitation;
- (d) blood collection equipment;
- (e) appropriate equipment to administer oxygen and perform suction;
- (f) nitrous oxide; and
- (g) equipment packaged and readily available for maternal or newborn transport by ambulance.

8.2.5 Equipment for Non-Obstetrical Emergencies

Suitable equipment for non-obstetrical emergencies is also available at the birth centre for all visitors, clients and staff and includes, but is not limited to:

- (a) portable emergency resuscitation station;
- (b) defibrillator; and
- (c) epinephrine for anaphylaxis.

Volume 2 Clinical Practice Parameters

9 Planned Place of Birth

9.1 Risk Assessment

The risk criteria for determining eligibility for admission of a woman to and continuation in the Birth Centre (BC) program of care is established based on the CMO Standard *Consultation and Transfer of Care*.

An out of hospital birth is defined as a birth conducted by a primary care provider where other specialized medical care (obstetrical, paediatric, surgical and/or anaesthetic skills) is not provided on site. A BC is such a site.

The choice of birth place should be assessed individually and throughout the course of care for every midwifery client. This assessment may go beyond clinical indications to encompass psychological or other considerations.

Decisions about whether an out of hospital birth is suitable are based on the judgment of the care provider in collaboration with the informed choice of the client. The obligation to ensure that the client is fully informed of the risks, benefits and alternatives to giving birth in the BC rests with the midwife.

Care providers must take into account factors such as distance, weather conditions, availability of emergency support systems, family and environmental supports, and any relevant psychosocial factors when determining the appropriateness of a particular birth setting.

9.2 General Guide for BC Births

1. The woman is in good health;
2. The woman is experiencing an uncomplicated pregnancy;
3. The fetus is expected to be healthy at birth;
4. The woman and her care provider have a reasonable expectation of having an uncomplicated labour and birth;
5. The woman has received adequate prenatal care by a privileged BC provider;
6. The care provider is able to monitor the well-being of the mother and the fetus during the pregnancy and birth process using available clinical methods, skills, equipment and laboratory testing;
7. There are no impediments to instituting common emergency procedures if necessary, e.g., IV's, position changes, etc.;
8. There are no difficulties foreseen in transporting the mother/newborn with the usual emergency transport system;
9. The woman has a means of transporting herself and her newborn to and from the BC; and
10. The result of consultations, when required, is confirmation of healthy pregnancy or labour progress.

10 Transfer from the Birth Centre

10.1 General

There is an appropriate written plan developed in collaboration with all hospitals with which the BC has a relationship. In particular, the BC shall have prior arrangements in place for transfer of care between sites. A BC liaises with local hospitals, consultants and emergency services. Optimal safety is ensured with the maximum cooperation between all health care providers and services including hospital emergency services and BC midwives and staff.

10.2 Non-emergency Transports

The majority of transports from out of hospital births into hospital are in non-emergency situations. In non-emergencies, consultation and transfer of care may take place pursuant to the arrangements the attending midwife has with the hospitals at which she has admitting privileges. Non-emergency transports will generally not use emergency services.

10.3 Emergency Transports

In emergencies, the midwives at the BC shall make every effort to accommodate a rapid transfer of care to the closest hospital with obstetric and/or neonatal care.

10.4 Guidelines for Maternal/Newborn Transport

BC policies and procedures with all collaborating hospitals shall be agreed upon and documented. These will be in place for the emergency management and non-emergency transport of the woman/newborn. The BC will document and review transports in a timely manner.

Prior arrangements for the care of the woman/newborn shall be made with the receiving health facility in the event of an emergency. In those situations where the health and safety of the woman and/or newborn are at risk, the woman/newborn is offered transport by the most expeditious means to the receiving facility.

There is an appropriate written policy on maternal/newborn transport that is made available to staff and to all clients upon intake into care. If the woman refuses the transfer, the attending health professional should obtain written confirmation from the woman that she is refusing the transfer and if the woman refuses to provide such written confirmation, the attending health professional must document such refusal.

11 Equipment, Supplies, and Medication

BCs shall abide by the relevant CMO standards related to equipment, supplies, and medications. BCs shall have proper procedures that are consistently followed to ensure that equipment, supplies, and medication are appropriately stocked, safely stored and maintained, and readily accessible for the care of every woman and newborn.

Resources needed for any unfunded services offered in the BC will also be stocked, stored, maintained, and accessed in a way that ensures the comfort and safety of all women, staff, and the public.

See the following CMO documents for information on equipment and medications:

CMO Standard Essential Equipment, Supplies and Medications

Amended Ontario Regulation 884/93 Designated Drugs

CMO Standard Prescribing and Administering Drugs

12 Infection Control

In order to maintain a safe environment for women and newborns, as well as all staff at the BC, up to date knowledge and best practices in infection control shall be utilized at the BC. The following items form the basis of the policies and procedures relating to infection control in the BC.

Staff providing care at a BC will be responsible, at a minimum, for:

- (a) knowing what the current infection control guidelines are for the practice setting;
- (b) assessing risks and knowing how to apply infection control procedures;
- (c) adhering to current infection control programs;
- (d) educating and modelling infection control practices for others;
- (e) being aware of what infection control resources are available;
- (f) advocating for best practices in infection control;
- (g) ensuring ongoing quality of infection control practices;
- (h) utilizing the personal protective equipment that is made available to them by the BC including clothing to be worn only on-site while on duty at the BC; and
- (i) monitoring changes to infection control practices and updating practise accordingly.

BCs shall be prepared to dispose of placentas in accordance with best practices in infection control and to accommodate clients who wish to keep their placenta after giving birth. Placentas will be retained for evaluation and sent to pathology in cases where the newborn is suspected to be compromised.

13 Laboratory and Diagnostic Testing

Laboratory and other diagnostic testing will be done in accordance with the midwifery scope of practice and the CMO Standard *Laboratory Testing* and the *Laboratory and Specimen Collection Centre Licensing Act, 1990*.

Access to laboratory and diagnostic testing services shall be established with appropriate service providers and shall be available in a timely manner.

The BC shall develop appropriate detailed internal policies and protocols related to laboratory and diagnostic testing and results. The BC shall have policies and protocols developed with any hospitals providing obstetrical and newborn care, emergency transport services, and laboratory and diagnostic services.

14 Quality Management

14.1 Quality Management Program

A robust Quality Management Program is a planned, systematic and comprehensive strategy that permits internal and external review of the quality of care provided in order to provide safe and responsive care to women and newborns.

There is an appropriate established policy for evaluating the quality of direct care services to childbearing families, and the environment in which the services are provided, which includes a clear process to identify and resolve problems that arise between clients and providers as well as between providers. This process does not replace the client/practitioner complaints or the mandatory reporting processes and obligations under the RHPA but should be part of an internal policy and process that is utilised to address client and provider concerns in a proactive manner.

A BC will develop appropriate protocols for record keeping and data collection that meet the requirements set out by the CMO and MOHLTC. Analysis of data may lead to recommendations by the CMO or MOHLTC for changes to policy or clinical practice.

14.2 Assessment Protocols

A BC shall have appropriate protocols that include, but are not limited to, assessment of the following areas:

- (a) outcomes of maternal and newborn care;
- (b) client and community satisfaction;
- (c) provider satisfaction;
- (d) compliance with the BC's stated goals;
- (e) compliance with and effectiveness of midwives' practice protocols;
- (f) compliance with CMO standards of practice; and
- (g) compliance with and effectiveness of the BC's administration and organization protocols.

14.3 Clinical and Organizational Practice Protocols

BCs shall have appropriate clinical and organizational practice protocols that conform to the CMO's protocol requirements that are followed by all care providers. Clinical protocols shall allow midwives to use clinical judgement in providing safe, responsive care for their clients and shall:

- (a) allow for client decision making;
- (b) allow the midwife to work fully within the scope of midwifery care;
- (c) be based on current available scientific evidence and take into account health care practices in local and comparable communities;
- (d) be dated, reviewed, and updated at specific intervals; and
- (e) be developed by midwives practising at the BC and reviewed and approved by the BC's Board.

14.4 Woman/Newborn Care

The BC shall implement the following quality management activities related to direct woman/newborn care:

- (a) annual (at least) review of protocols, policies, and procedures related to maternal and newborn care;
- (b) evaluation of the process for determining eligibility for admission to and continuation in the BC program of care;
- (c) evaluation of the appropriateness of medications prescribed, dispensed, or administered in the BC;
- (d) performance evaluations of health professionals employed by or on the staff of the BC (peer review and self-evaluation);
- (e) regular meetings of health professionals to review the management of care of individual women/newborns and to make recommendations for improving plan of care;
- (f) regular review of transfers of women and newborns to hospital care to determine appropriateness and quality of the transfer;
- (g) regular review and evaluations of significant problems or complications of pregnancy, labour, and postpartum and the appropriateness of the clinical judgement of the health professional in obtaining consultation and attending to the problem;
- (h) regular review of all health records for legibility and completeness; and
- (i) evaluation of staff ability to manage emergency situations by unannounced periodic drills for woman and newborn emergencies.

14.5 Maintaining a Safe Environment

The BC shall implement the following quality management activities related to maintaining a safe environment:

- (a) routine testing of the efficiency and effectiveness of all equipment;
- (b) routine review of housekeeping procedures and infection control;
- (c) evaluation of maintenance policies and procedures and infection control procedures;
- (d) evaluation of maintenance policies and procedures for heat, ventilation, emergency lighting, waste disposal, water supply, and laundry and kitchen equipment; and
- (e) evaluation of staff on their ability to manage emergency situations by regularly holding fire, power failure, and natural disaster drills.

Staff members shall participate in the development and implementation of quality management activities, the review of information resulting from these activities, the planning to address any deficiencies identified, and the review of effectiveness of any corrective actions taken on the deficiencies.

14.6 Compliance with the Birth Centre's Stated Goals

A BC shall have a mission statement. Every year the BC Board will undertake a self-evaluation to assess how well it has met its stated goals and report the findings to the BC Board of Directors, staff, and stakeholders, including the CMO.

14.7 Clinical Care Provided

A BC shall collect data on the outcome of client care. This data will include but not necessarily be limited to the following:

(a) Outcomes

- i. number of spontaneous vaginal births;
- ii. number of newborns;
- iii. newborn birth weights;
- iv. newborn APGAR scores;
- v. number of newborns breastfed;
- vi. time spent in BC by client;
- vii. neonatal morbidity/mortality;
- viii. maternal morbidity/mortality; and
- ix. number and types of interventions needed including
 1. perineal repairs
 - a. lacerations and degree;
 - b. episiotomies;
 2. artificial rupture of membranes;
 3. medications (all medications in the *Designated Drugs* regulation);
 4. emergency procedures (including dystocia and post-partum hemorrhage management) , including neonatal resuscitation.

(b) Consultations with Physicians

- i. number;
- ii. reasons

(c) Transfers to Hospital

- i. number of women transferred out of BC to hospital;
 - a. number of non-emergency transports and number of emergency transfers
- ii. times of
 1. initiation of transfer;
 2. discharge time from BC;
 3. admission time to hospital; and
 4. transfer of care, if applicable;
- iii. reasons for transfers to hospital;
- iv. number of women transferred to hospital where care was transferred to a physician.
- v. rationale for consultation with physician;
- vi. name(s) of hospital(s);

- vii. outcomes of women transferred out of BC; and
- viii. outcomes of babies transferred out of BC.

14.8 Client and Community Involvement

A BC shall collect appropriate data in the areas of client and community involvement. This data will include, but not necessarily be limited to, the following:

- (a) number of women
 - i. attending orientation sessions;
 - ii. requesting care in BC;
 - iii. accepted in BC; and
 - iv. referred elsewhere and reasons for the referral;
- (b) demographic information about the client population.

14.9 Clinical Outcomes

Midwives will use clinical judgement in providing safe, responsive care for their clients in a BC. All midwives with practice privileges in the BC must abide by the same set of written practice protocols acceptable to the Board of Directors of the BC. See the CMO Standard *Practice Protocols*. These protocols shall outline the roles of the midwives throughout the care provided and include the following areas:

- (a) Labour and Birth
 - i. pre-labour rupture of membranes at term;
 - ii. nutrition in labour;
 - iii. fetal surveillance
 - 1. first stage of labour;
 - 2. second stage of labour; and
 - 3. third stage of labour;
 - iv. lack of progress during
 - 1. first stage of labour; and
 - 2. second stage of labour;
 - v. meconium stained amniotic fluid;
 - vi. artificial rupture of membranes;
 - vii. episiotomy;
 - viii. medications – administration;
 - ix. gases – administration;
 - x. vaginal birth after caesarean; and
 - xi. retained placenta.
- (b) Immediate Postpartum Protocols
 - i. immediate postpartum care of mother;
 - ii. immediate postpartum care of baby; and

- iii. medications
 - 1. eye prophylaxis; and
 - 2. vitamin K.

(c) Emergency Protocols

- i. abnormal fetal status;
- ii. antepartum hemorrhage;
- iii. prolapsed cord;
- iv. undiagnosed breech;
- v. undiagnosed twins;
- vi. shoulder dystocia;
- vii. postpartum hemorrhage;
- viii. neonatal resuscitation.

(d) Perinatal Death Protocol

- i. death and bereavement;
- ii. stillbirth;
- iii. antepartum intrauterine death.

14.10 Compliance with the College of Midwives of Ontario's Standards of Practice

14.10.1

Midwives work in teams and function as primary caregivers within their scope of practice and according to the Standards of Practice of the CMO. Each birth should be planned with the understanding that two midwives will be in attendance, except in those situations when a second birth attendant is approved by the CMO as alternate practice arrangements. This second birth attendant shall be competent and knowledgeable to attend birth and follow the midwifery model of care.

All midwives providing services in a BC:

- (a) are currently registered in good standing to practice their profession in Ontario and function within the scope of practice as outlined by the CMO in accordance with the CMO Registration Regulation, including
 - i. maintenance of CPR, NRP and ES qualification;
 - ii. maintenance of malpractice insurance; and
- (b) maintenance of active practice requirements according to the CMOs current requirements; and
- (c) have access to laboratory services in accordance with the CMO Standard *Laboratory Testing*; and
- (d) have access to consultation with appropriate specialists including physicians as per the CMO Standard *Consultation and Transfer of Care*.

14.10.2

Review of practice privileges in a BC shall take place annually and shall include an evaluation of each midwife and compliance with all requirements of the CMO's Standards of Practice, including the *Consultation and Transfer of Care*.

14.10.3

Midwives practising in the BC shall hold regular peer case reviews. All cases involving significant morbidity or mortality shall be the subject of peer case review. This obligation is separate and apart from any obligation to hold peer case reviews pursuant to the Quality Assurance Program of a regulator of any health professional. If a peer case review held by midwives practising in the BC is being done in compliance with the CMO's Quality Assurance Program, all midwives participating must agree to that prior to the peer review and all midwives must follow the Quality Assurance Program requirements for peer reviews.

14.11 Use of Unfunded Services

The BC shall evaluate any unfunded services offered in order to ensure the safety, comfort and satisfaction of all clients, families and staff. The evaluation should also evaluate the impact of unfunded services on core service provision.

15 Research Activities

When research is conducted by the BC or by employees or affiliates of the BC, or when the BC is used as a research site such that BC clients and/or staff are the subjects of research, qualified researchers must conduct the research. A qualified researcher is defined as having evidence of formal training and/or experience in the conduct of clinical, epidemiologic, or sociologic research.

Research shall be conducted:

- (a) in accordance with written research policies and procedures approved by the BC Board of Directors;
- (b) by staff trained to conduct such research;
- (c) in a manner that protects the client's health, choice, comfort, safety, and right to privacy
- (d) in a manner that protects the BC and its clients from unsafe practices; and
- (e) after review of the research plan and approval by an external Ethics Review Board.

16 Education

16.1 Clinical Placements

The education of midwifery students is central to the maintenance and growth of the profession. Opportunities shall be made available for student clinical placements in the BC with clinical preceptors. As well, the BC shall serve as a high-volume site of normal birth that may be beneficial for students of other health care disciplines to receive clinical education. The following list sets out the role of the BC in the education of future maternity care providers.

A BC provides:

- (a) opportunities for midwifery clinical educational placements;
- (b) opportunities for preceptor/mentor/supervisor education and continuing professional development;
- (c) opportunities for inter-professional clinical educational placements;
- (d) support from a referral hospital in which midwives have full-scope privileges;
- (e) protocols for student access to hospitals where he/she does not have a formal placement;
- (f) sufficient volume to support an education evaluation process; and
- (g) potential for education research projects in addition to the education evaluation research.

16.2 Continuing Education

The BC may also serve as a site for:

- (a) refresher clinical placements for health professionals needing higher volume placements in a normal birth setting;
- (b) continuing education and remediation for Registered Midwives; and
- (c) support for new registrant midwives with low birth numbers.

BRIEFING NOTE FOR COUNCIL

Subject: Proposed changes to the General Bylaw

Background

During its December 2017 meeting, Council made the decision to propose revisions to the General Bylaw to appoint non-council public members on Committees. The proposed revisions incorporate Council's direction, and in addition, include revisions to eligibility criteria for election and appointment to Council and Council disqualification criteria to align with the recently proposed changes to Article 14 of the General Bylaw (the Register). As well, the proposed changes address gender inclusive language and general improvements for clarity and cohesion with the College's governance policies.

Revisions to the General Bylaw have been made with input from the Executive Committee and legal counsel.

The Article 14 of the General Bylaw (the Register) and the Fees & Remuneration Bylaw were approved by Council in March for public consultation. They will return to Council in June for final review and approval.

Key Considerations

Appointment of non-Council public members to Committees

In the College's 2017-2020 Strategic Plan, Public Participation & Engagement was identified as one of the strategic priorities. Council also committed to increasing public involvement in the College's governance structure and in the design of the College's regulatory work. The appointment of non-Council public members would contribute to the achievement of this priority and would demonstrate the College's commitment to public engagement and will bring the voices of the clients and the public into decisions that are relevant to them.

Eligibility Criteria for Elections and Appointments and Disqualification Criteria

The Executive Committee has requested Council to consider proposed changes to the eligibility criteria for nomination to Council, appointment to Committees as well as disqualification criteria of sitting Council members. The proposed changes make, for example, criminal charges, findings of criminal guilt, as well as cautions ordered by the ICRC criteria for ineligibility or disqualification. The requirement to complete a Specified Continuing Education and Remediation

Program, however, is proposed as an ineligibility criterion only if it was completed within the past three years, as these activities are considered remedial and not punitive. The proposed criteria aligns with the proposed changes to Article 14 of the General Bylaw, currently under consideration by Council. The rationale for these proposed changes is that the general public must have trust in Council members' and non-council members' personal and professional conduct, as these persons are accountable to the public for the important decisions of the College. All professional conduct criteria listed are matters considered to be moderate to high risk in accordance with the College's risk assessment framework.

Governance training

In the effort to improve Council Competency, a training program related to the duties, obligations and expectations of Council and Committee members is being developed by the College. College bylaws can require completion of the College delivered course (i.e. via Online module, for example) as an eligibility requirement for election and appointment. If approved, Council may consider approving previously attended Council orientation training and experience on Council as equivalent to the training program for existing/former Council members who choose to run for subsequent elections or choose to apply for non-council appointments.

Recommendations

The following motion is submitted for approval:

To approve the General Bylaws (excluding the Article 14, Register) for 60-day public consultation.

Implementation Date

The Bylaws will return to Council for approval in October 2018 after the public consultation period.

Attachments

1. Proposed General Bylaw

Submitted by: Kelly Dobbin, Registrar & CEO



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

General By-law

JUNE 2009
REVISED SEPTEMBER 2011
REVISED MAY 2013
REVISED SEPTEMBER 2014
REVISED MARCH 2016
REVISED OCTOBER 2018

Style Definition: TOC 2: Tab stops: 16.65 cm, Right, Leader:
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GENERAL BY-LAW

ARTICLE 1 – INTERPRETATION

1.01 – Definitions

In these by-laws:

“Act” means the Midwifery Act, 1991, S.O. 1991, c. 31, as amended from time to time, and includes the Regulations thereunder.

“Code” means the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991, as amended from time to time.

“College” means the College of Midwives of Ontario/L'Ordre des sage-femmes de l'Ontario.

“Committee” means a committee of the College and includes statutory, standing and ad hoc committees and any committee established by the Council under these by-laws, including planning groups and working groups, but does not include a Board of Inquiry or a panel of the Inquiries, Complaints and Reports Committee.

“Council” means the Council of the College.

“Deputy Registrar” means the person appointed by the Council as the Deputy Registrar for the College.

“Director” means the person on staff in a senior position with oversight responsibilities and has been assigned the designation.

“Member” means a Member of the College used in the RHPA and the Act.

“Offence” means any of the following:

- (a) an offence under the Criminal Code of Canada;
- (b) an offence related to prescribing, compounding, dispensing, selling or administering drugs;
- (c) an offence that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offence under the Highway Traffic Act);
- (d) an offence in which the member was impaired or intoxicated; or
- (e) any other offence relevant to the member's suitability to practice the profession.

“Member” means a Member of the College.

“Professional Association” means an organized group of individuals who promote and advocate for the interests of the profession related to midwifery, but does not include an institution whose sole purpose is to educate.

Commented [MS1]: Remove because the College made a decision to collect information about all offences (see proposed changes to the Register).

Commented [MS2]: Member is defined twice...

“Related Corporation” means a corporation wholly or substantially owned or controlled by the Member or a person related to the Member.

“Related Person” means a person connected with a Member by blood relationship, marriage, cohabitation or adoption and includes a spouse, and

- (a) persons are connected by blood relationship if one is the child or other descendant of the other or one is the brother or sister of the other;
- (b) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other;
- (c) persons are connected by cohabitation if they live together in a conjugal relationship, whether inside or outside of marriage; and
- (d) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is so connected by blood relationship, except as a brother or sister, to the other.

“Registrar” means the person appointed by the Council as Registrar for the College and includes an Acting Registrar.

“Regulations” means the regulations made under the RHPA and the Act, as amended from time to time.

“RHPA” means the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, as amended from time to time, and includes the regulations thereunder.

“Spouse” means either of two persons who are married to each other and includes a common law spouse and a same sex partner of the person.

1.02 — Singular and Plural/Masculine and Feminine

~~In these and all by-laws of the College, the singular shall include the plural, the plural shall include the singular, the masculine shall include the feminine and the feminine shall include the masculine.~~

Commented [KD3]: Language throughout these bylaws has been updated to be gender inclusive.

1.02 – Legislative References

Any reference in these and all by-laws of the College to a statute, a Regulation or a section of a statute or Regulation shall be deemed to apply to any re-enactment or amendment of that statute, Regulation or section, as the case may be.

1.03 – Consistency with RHPA and Act

All provisions of these and all by-laws of the College shall be interpreted in a manner consistent with the RHPA and the Act and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from the by-law.

1.04 – Calculating Time

A reference to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

1.05 – Holidays

A time limit that would otherwise expire on a holiday or a weekend is extended to include the next day that is not a holiday or a weekend.

ARTICLE 2 – GENERAL

2.01 – Head Office

The head office of the College shall be in the City of Toronto, in the Province of Ontario, at such place therein or at such other location in the Province of Ontario as Council may determine from time to time

2.02 – Forms

Certificates of registration and other forms issued by the College shall be in such form or forms as the Registrar shall approve from time to time.

ARTICLE 3 – EXECUTION OF CONTRACTS AND OTHER DOCUMENTS

3.01 General Signing Authority

Documents requiring execution by the College may be signed by the President, ~~together with either the Vice-President (Professional), Vice-President (Public), Registrar, Deputy Registrar, Director of Operations~~ or other such person as the Council may designate, and all documents so signed are binding upon the College without further authorization or formality.

3.02 – Other Signing Authority

The Council may appoint, from time to time, any one or more officers or persons to sign contracts, documents and instruments in writing on behalf of the College, either generally or in relation to specific contracts, documents or instruments in writing.

3.03 – Seal

The seal, an impression of which is appended in Appendix A of these by-laws, shall be the seal of the College.

3.04 – Use of Seal

The seal of the College shall be affixed to any document that requires the College seal by a person authorized to sign the document on behalf of the College.

ARTICLE 4 – BANKING AND FINANCE

4.01 – Fiscal Year

The fiscal year of the College shall commence on the first day of April and conclude on the last day of March.

4.02 – Appointed Bank

The Council shall appoint, from time to time, one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.

4.03 – Authorized Signatories for Amounts Less Than \$10,000

All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 shall be signed by any two (2) of the following: Registrar, Director, President, Vice-President.

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~~4.03 – Authorized Signatories for Amounts Less Than \$10,000~~

~~All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 shall be signed by any one (1) of the following: Registrar, Deputy Registrar or Director and any one (1) of the following: President, Vice-President (Professional), Vice-President (Public), Registrar, Deputy Registrar, or Director.~~

4.04 – Authorized Signatories for Amounts of \$10,000 or More

All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$10,000 or more shall be signed by at least one (1) of the following: President or Vice-President and two (2) of the following: Registrar, Director, President, Vice-President. Written authorization can be given at each instance of signing for the Registrar or Director to sign on behalf of the President or Vice-President.

~~4.04 – Authorized Signatories for Amounts of \$10,000 or More~~

~~All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$10,000 or more shall be signed by at least one (1) of the following: Registrar, Deputy Registrar or Director and any two (2) of the following: President, Vice-President (Professional), Vice-President (Public), Registrar, Deputy Registrar, or Director.~~

4.05 – Borrowing

Subject to any limitation set out in these or any other by-laws of the College, the Council may, by resolution,

- (a) borrow money on the credit of the College;
- (b) limit or increase the amount or amounts that may be borrowed;
- (c) issue, sell or pledge debt obligations of the College, including, but not limited to, bonds, debentures, notes or other liabilities, whether secured or unsecured; and
- (d) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College.

4.06 – Delegation of Borrowing Authority

The Council may, from time to time, authorize one or more officers, Council members or employees of the College to exercise any or all of the powers set out in section 4.05 in such manner as Council shall determine.

4.07 – Indemnification

Every Council member, Committee member and officer or employee of the College, including assessors, and each of ~~their~~ heirs, executors and administrators and estate and effects, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:

- (a) all costs, charges and expenses whatsoever that ~~are sustained or incurred~~ in any action, suit or proceeding that is brought, commenced or prosecuted against ~~them~~ in respect of any act, deed, matter or thing whatsoever made, done or permitted by ~~them~~ in or about the execution of the duties of ~~their~~ office; and
- (b) all other costs, charges and expenses that ~~are sustained or incurred~~ in or about or in relation to the affairs of the College except such costs, charges or expenses as are occasioned by ~~their~~ own willful neglect or default.

4.08 – Appointment of Auditor

The Council shall appoint a chartered accountant or a firm of chartered accountants to audit the accounts of the College and to prepare financial statements for the fiscal year.

4.09 – Term of Office

The Auditor shall remain in office until removed by the Council.

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4.10 – Audited Financial Statements and Report

The audited financial statements of the College together with a signed and certified copy of the Auditor’s report shall be presented annually to the Council.

4.11 – Deadline for Report

The report of the Auditor shall be prepared within one hundred and ten (110) days of the close of the fiscal year for presentation to the Council unless Council has approved a later deadline.

ARTICLE 5 – COUNCIL

5.01 – Authority of the Council

The Council shall manage and administer the affairs of the College.

5.02 – Honoraria

The amount payable to members of the Council and Committees who are Members for attendance at, travel to and preparation for the transaction of College business, shall be equivalent to the amounts set out in Schedule 1 to the Fees and Remuneration By-laws.

5.03 – Composition of Council

~~In accordance with the requirements set out in the Act, the Council shall be composed of at least seven (7) and no more than eight (8) persons who are members of the Council elected in accordance with these by-laws and at least five (5) and no more than seven (7) persons who are appointed to the Council by the Lieutenant Governor in Council. The number of elected Council members shall exceed the number of appointed Council members at all times except when there are vacant positions on the Council.~~

5.04 – Term of Office

The term of office of an elected member of Council shall, subject to section 5.47, commence on the day of the first regular Council meeting after the election and shall continue for approximately three (3) years until their successor takes office in accordance with these by-laws, or until they resigns their office or is removed from Council, or until such other time designated by Council, whichever occurs first.

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5.05 – Electoral Districts

The College shall have one electoral district, which shall be the Province of Ontario.

5.06 – Election Date

An election of members to the Council shall be held in the month of June each year.

5.07 – Number of Members Elected

The number of Council members elected each year shall correspond to the sum of,

- (a) the number of Council members whose term of office has expired or will expire on the day of the first Council meeting after the election, and
- (b) the number of Council members whose seat has become vacant and not been filled before June.

5.08 – Eligibility for Election

A Member is eligible for election to the Council if, on the deadline for the receipt of nominations and up to and including the final date for voting in the election,

- (a) the Member holds a certificate of registration other than a certificate in the Transitional class;
- (b) the Member is not in default of payment of any fees prescribed by College by-law;
- (c) the Member is not the subject of any disciplinary or incapacity proceeding in any jurisdiction;
- (d) the Member has not been the subject of any professional misconduct, incompetence or incapacity finding, in any jurisdiction, ~~in the preceding six (6) years~~;
- (e) the Member's certificate of registration has not been revoked or suspended, in any jurisdiction ~~in the preceding six (6) years~~ for any reason other than non-payment of fees;
- (f) the Member does not have a notation on the Register of a finding of professional negligence or malpractice made against the member;
- (g) the Member does not have a notation on the Register of a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act;
- (h) the Member does not have a notation on the Register of a criminal finding of guilt or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act;
- (i) the Member does not have a notation on the Register of a charge made by a court in relation to any provincial or federal offence;
- (j) the Member does not have a notation on the Register of a finding of guilt made by a court in relation to any provincial or federal offence;
- (k) the Member is not the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code;
- (l) the Member is not the subject of an incapacity inquiry under section 57 or 58 of the Code;

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- (m) the Member is not subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;
- (n) the Member's certificate of registration is not subject to a term, condition, or limitation or undertaking imposed by or provided to either the Discipline Committee or the Fitness to Practice Committee;
- (o) the Member does not have a notation on the Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaints and Reports Committee;
- (p) the Member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- (q) the Member has not been required to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned;
- (r) the Member has not completed a specified continuing education or remediation program required by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;
- (s) the Member has not been a director, board member, officer or employee of a Professional Association in the preceding 12 months;
- (t) The Member has not been director, owner, or board member of an educational institution relating to midwifery in the preceding 12 months;
- (u) the Member has not been disqualified from Council within the preceding three (3) years;
- (v) the Member is not a member of a council of any other college regulated under the RHPA;
- (w) the Member is not and has not been an employee of the College during the previous two years;
- (x) the Member has been nominated in accordance with the by-laws;
- (y) the Member has completed and returned the conflict of interest questionnaire and the Member does not have a conflict of interest to serve as a member of Council;
- (z) the Member is not in any default of returning any information or form required under the Regulations or the by-laws to the College;
- (aa) the Member principally practises or principally resides in Ontario; and
- (bb) the Member has attended and successfully completed the College's training program relating to the duties, obligations and expectations of Council and committee members prior to the date of nomination.

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5.09 – Eligibility to Vote

A Member is eligible to vote in an election for members of Council if, on the day of the election, the Member,

- (a) holds a certificate of registration other than a certificate in the Transitional class;
- (b) principally practices or principally resides in Ontario;
- (c) is not in default of any fees or other amounts owed the College; and
- (d) is not in default of returning any ~~information or form required under the Regulations or by-laws to the College~~.

5.10 – Disputes Decided by Registrar

Any disputes regarding a Member's eligibility to vote in an election shall be decided by the Registrar.

5.11 – Notice of Election and Nominations

At least ninety (90) days before the ~~final~~ date ~~for voting~~ of ~~in~~ an election, the Registrar shall notify every Member of the date of the election, and of the nomination procedure including the deadline for returning nominations to the College.

5.12 – Nomination Deadline

The nomination of a candidate for election as a member of the Council shall be in writing and shall be received by the Registrar at least sixty (60) days before the ~~final~~ date ~~for voting in~~ of the election.

5.13 – Signed Nominations

The nomination shall be signed ~~supported~~ by at least two (2) Members who support the nomination and shall also be signed by the nominee as a signal of ~~their~~ consent to the nomination.

5.13 – Confirmation of Eligibility

The Registrar shall request every nominee to confirm ~~their~~ eligibility for election to the Council in writing and any nominee who fails to provide such confirmation in the manner and by the deadline set by the Registrar, shall not be eligible for election.

5.14 – Conflict of Interest Questionnaire

The Registrar shall request every eligible nominee to complete and return a conflict of interest questionnaire and any nominee who fails to complete and return the questionnaire in the form and by the deadline set by the Registrar, shall not be eligible for election.

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5.15 – Personal Statement

The Registrar shall invite every eligible nominee to provide a personal statement in the form and manner and by the deadline established by the Registrar, and any personal statement that is not submitted in the form and manner and by the deadline set by the Registrar shall not be included with the materials sent to Members under section 5.20.

5.16 – Withdraw of Nominations

A candidate may withdraw ~~their~~ nomination for election to the Council, in writing, up to the end of the seventh (7th) day after the nomination deadline, after which time the withdrawal of nominations shall be at the discretion of the Registrar.

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5.17 – Acclamation

If, following the deadline for the return of the conflict of interest questionnaire and the written confirmation of eligibility, the Registrar determines that the number of eligible candidates is less than or equal to the number of members to be elected, the Registrar shall declare those candidates who are eligible for election to be elected by acclamation and shall notify the candidates and the membership of this result in the manner that the Registrar deems most expedient and practical.

5.18 - Where There Are No Candidates

If there are no candidates who are eligible for election, the Registrar shall, as soon as possible call a by-election.

5.19 – Registrar’s Electoral Duties

The Registrar shall supervise and administer the election of candidates and, without limiting the generality of the foregoing, the Registrar may, subject to the by-laws,

- a) appoint returning officers and scrutineers;
- b) establish procedures and any necessary deadlines including procedures and deadlines relating to the receipt of nominations, personal statements and online votes;
- c) establish procedures for the counting of online votes;
- d) provide for the notification of all candidates and Members of the results of the election;
- e) do anything else that the Registrar deems necessary and appropriate to ensure that the election is fair and effective, including the modification of election procedures, ~~applying the election procedures with necessary modifications to permit electronic voting.~~

5.20 – Voting Process

No later than thirty (30) days before the [final](#) date of [voting in](#) an election, the Registrar shall send every Member a list of the eligible candidates, the personal statement of every eligible candidate who has submitted a personal statement in the form and manner and by the deadline established by the Registrar, a link to online voting and an explanation of the voting process.

5.21 – Online Vote Verification

Online votes submitted to the College must be received by the College on or before the election date in order to be counted in the vote.

5.22 – Number of Votes Cast

A Member may cast as many votes in an election of Members to the Council as there are Members to be elected, but shall not cast more than one (1) vote for any candidate.

5.23 – Results

As soon as practicable after the online votes have been counted, the Registrar shall advise the membership of the results of the election and shall advise each eligible candidate of the results of the election, the number of votes [they](#) received and the candidate's right to request a recount in accordance with section 5.25.

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5.24 – Tie Votes

In the event that a winner cannot be declared because two (2) or more candidates have received the same number of votes, the Registrar shall break the tie, by lot.

5.25 – Request for Recount

A candidate may require a recount by delivering a written request to the Registrar no more than seven (7) days after receiving notification of the election results and paying the recount fee. (See Fee and Remuneration By-Law)

5.26 – Manner of Recount

The Registrar shall hold a recount no more than fifteen (15) days after receiving a written request and the required fee and the recount shall be conducted in the same manner as the original counting of the online votes except that each of the candidates shall be entitled to attend and observe the recount in person or by a representative.

5.27 – Change in Results

In the event that the recount changes the election outcome, the candidate requiring the recount is entitled to the reimbursement of [their](#) reasonable travel expenses to attend the recount as well as the recount fee.

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~~5.28~~ — Proxy Voting

~~A Member who is eligible to vote may permit another person to vote on his or her behalf by delivering to the College, at least five (5) days before the election date, a letter that includes the following:~~

- ~~a) the Member's name and registration number;~~
- ~~b) the Member's signature;~~
- ~~c) the name of the person who will be voting on the Member's behalf; and~~
- ~~d) the signature of the person who will be voting on the Member's behalf.~~

5.28 – Referral of Disputes to Executive Committee

If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of Council, the Executive Committee shall hold an inquiry into the validity of the election of the member of Council in question and, following the inquiry, shall make a report and recommendation to the Council.

5.29 – Options Available to Council

The Council may, after reviewing the report and recommendation of the Executive Committee and subject to section 5.26, do one of the following:

- a) declare the election result in question to be valid; or
- b) declare the election result in question to be invalid; and either
 - i. declare another candidate to have been elected; or
 - ii. direct that another election be held.

5.30 – Minor Irregularities Not Fatal

Council shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of the by-laws or a procedure established by the Registrar.

5.31 – Filling of Vacancies

If the seat of an elected Council member becomes vacant less than twelve (12) months before the expiry of the member's term of office, the Council may,

- a) leave the seat vacant;
- b) appoint as an elected member, the candidate, if any, who had the most votes of all the unsuccessful candidates in the applicable election of Council members; or
- c) direct the Registrar to hold a by-election in accordance with this by-law.

5.32 – By-Election

If the seat of an elected Council member becomes vacant more than twelve months before the expiry of the member's term of office, a by-election shall be held in accordance with this by-law.

5.33 – Manner of Holding By-Elections

A by-election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.

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5.34 – Term of Office for Members Filling Vacancies

The term of office of a Member appointed or elected to fill a vacancy shall continue until the date that the former Council member's term would have expired.

ARTICLE 6 – COMMITTEES

6.01 – Duties and Responsibilities

The duties and responsibilities of each Committee shall be those set out in these by-laws, the RHPA, the Code and the Terms of Reference for that Committee, as approved by Council, where applicable.

6.02 – Creation of Non-Statutory Committees

In addition to the statutory Committees required by the Code, the Council shall establish and maintain any additional standing or special Committees, including Sub-Committees, Ad-hoc Committees, planning groups and working groups, deemed necessary for the efficient function of the College.

6.03 – Election of Executive Committee

The members of Council shall elect five (5) members to the Executive Committee from amongst their number on the day of the first regular Council meeting after the election (Schedule 1)

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6.04 – Composition of Executive Committee

The Executive Committee shall be composed of three (3) members of the Council who are Members and two (2) members of the Council appointed by the Lieutenant Governor in Council.

6.05 – Role of Past President

Where the Council determines that the immediate Past-President of Council may serve as a member of the Executive Committee, in addition to the five (5) elected members,

the immediate Past-President may serve for up to one year as an ex-officio member of the Executive Committee and shall not be entitled to vote.

6.06 – Composition of Other Committees

Unless stated otherwise in the by-laws, ~~and subject to the Code, the Council may constitute every Committee of the College as it deems necessary or advisable, from time to time. Any member of any such Committee may be removed from a Committee at any time at the discretion of the Council.~~

Deleted: shall be composed of at least three (3) persons and shall include at least one (1) member of the Council who is also a Member and at least one (1) member of the Council appointed by the Lieutenant Governor in Council, except that the Discipline Committee shall include at least two (2) members of the Council appointed by the Lieutenant Governor in Council.

6.07 – Ratios

~~The number of Committee members who are also Members shall, wherever possible, exceed the number of Committee members appointed by the Lieutenant Governor in Council.~~

6.07 – Chairs

Unless stated otherwise in these by-laws, the Chair or Chairs of each Committee shall be appointed by the Council.

6.08 – Ex-Officio Committee Members

The President shall be a non-voting ex-officio member of every Committee, with the exception of the Executive Committee of which ~~they are~~ a voting member, and the Registrar or Deputy Registrar shall be a non-voting ex-officio member of every Committee.

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6.09 – Appointment and Term of Office of Committee Members

Unless otherwise stated in the by-laws, every Committee member shall be appointed by the Council, shall serve for a term of office of approximately one (1) year, and may, subject to Council's discretion, be re-appointed to the same Committee or to another Committee at the expiration of ~~their~~ term if ~~they~~ meets the eligibility requirements at that time.

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6.10 – Appointment of Non-Council Members to Committees

The Council may, at its discretion, appoint a Member who is not a member of the Council ~~and a person who is not a member of the College~~ to any Committee ~~or a working group.~~

6.11 – Decisions Regarding Appointments

In making an appointment under section 6.09 or 6.10, the Council shall take into consideration the location of practice ~~or residence~~, experience, expertise, availability and other qualifications and characteristics of the ~~candidate for appointment~~, in order to complement the attributes of the other Committee members.

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6.12 – Eligibility for Appointment

(1) A Member is eligible for appointment to a Committee or a working group if, on the date of the appointment,

- (a) the Member holds a certificate of registration other than a certificate in the Transitional class;
- (b) the Member is not in default of payment of any fees prescribed by College by-law;
- (c) the Member is not the subject of any disciplinary or incapacity proceeding, [in any jurisdiction](#);
- (d) the Member has not been the subject of any professional misconduct, incompetence or incapacity finding [in any jurisdiction](#) ~~in the preceding six (6) years~~;
- (e) the Member's certificate of registration has not been revoked or suspended [in any jurisdiction](#) ~~in the preceding six (6) years~~ for any reason other than non-payment of fees;
- (f) ~~the Member does not have a notation on the Register of a finding of professional negligence or malpractice made against the member;~~
- (g) ~~the Member does not have a notation on the Register of a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act;~~
- (h) ~~the Member does not have a notation on the Register of a criminal finding or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act;~~
- (i) ~~the Member does not have a notation on the Register of a charge made by a court in relation to any provincial or federal offence;~~
- (j) ~~the Member does not have a notation on the Register of a finding of guilt made by a court in relation to any provincial or federal offence;~~
- (k) ~~the Member is not subject to a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code;~~
- (l) ~~the Member is not the subject of an incapacity inquiry under section 57 or 58 of the Code;~~
- (m) ~~the Member is not subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;~~
- (n) the Member's certificate of registration is not subject to a term, condition, or limitation, ~~or undertaking~~ imposed by ~~or provided to~~ either the Discipline Committee or the Fitness to Practice Committee;

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- (o) ~~the Member does not have a notation on the Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaints and Reports Committee;~~
 - (p) ~~the Member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;~~
 - (q) ~~the Member has not been required to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned;~~
 - (r) ~~the Member has not completed a specified continuing education or remediation program required by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;~~
 - (s) ~~the Member has not been a director, board member, officer or employee of a Professional Association, in the previous 12 months.~~
 - (t) ~~the Member has not been a director, board member or owner of a midwifery educational institution in the previous 12 months.~~
 - (u) ~~the Member has not been disqualified from Council within the preceding three (3) years;~~
 - (v) ~~Member is not a member of a council of any other college regulated under the RHPA;~~
 - (w) ~~the Member is not and has not been an employee of the College during the previous two years;~~
 - (x) ~~the Member has completed and returned the conflict of interest questionnaire and the Member does not have a conflict of interest to serve as a member of a committee;~~
 - (y) ~~the Member is not in any default of returning any information or form required under the Regulations or the by-laws to the College;~~
 - (z) ~~the Member principally practices or principally resides in Ontario; and~~
 - (aa) ~~the Member has attended and successfully completed the College's training program relating to the duties, obligations and expectations of Council and committee members prior to the date of appointment.~~
- (2) ~~A person who is not a Member is eligible for appointment to a Committee or a working group if, on the date of the appointment, they meet the eligibility criteria as the Council may from time to time determine.~~

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6.13 – Removal of ~~Non-Council~~ Committee Members

The Council may remove a ~~non-Council~~ member of a Committee at its ~~discretion~~.

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ARTICLE 7 – MEETINGS OF COUNCIL AND COMMITTEES

7.01 – Council Meetings

Council meetings shall, wherever possible, be held in the Toronto area on dates set in advance and shall occur at regular intervals and at such frequency as necessary for Council to conduct its business but shall, in any event, occur at least three (3) times per year.

7.02 – Committee Meetings

Committee meetings shall, wherever possible, be held in the Toronto area on dates set in advance and without limiting the generality of the foregoing, shall occur at such frequency as necessary for the Committee to conduct its business but shall, in any event, occur at least one (1) time per year.

7.03 – Chair of Council

The President acts as Chair of Council and, in the President's absence, a Vice-President appointed by the Chair, shall serve as Chair of Council. In the event that the Chair is unable or unwilling to appoint a Vice-President to serve as Chair, the Council shall elect, from amongst their number, a member to serve as Chair at that meeting.

7.04 – Quorum

Unless otherwise required by the Code or the by-laws, a simple majority of members of the Council or a Committee that includes, in both cases, at least one member of the Council who is a Member and one member of the Council who is appointed to Council by the Lieutenant Governor in Council, shall constitute a quorum for the purpose of a meeting.

7.05 – Simple Majority

Unless otherwise required by the Code or the by-laws, Council and Committee members shall, when making decisions, make every effort to reach a consensus, defined as a state of mutual agreement among members of a group where all legitimate concerns of individuals have been addressed to the satisfaction of the group but, where a decision cannot be reached by consensus, a conventional voting process shall be used and the decision shall be made by a simple majority of the votes cast by the members present.

7.06 – Minutes

The Chair of Council and all Committee Chairs shall ensure that accurate and approved records of all Council and Committee proceedings are recorded and maintained at the College office.

7.07 – Meetings by Other Means

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Any meeting of the Council or a Committee, other than a hearing that must be held in person, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other, and persons participating in the meeting by such means are deemed to be present at the meeting.

ARTICLE 8 – CONFLICT OF INTEREST

8.01 – Definition of Conflict of Interest

For the purposes of this and all College by-laws, a conflict of interest may be real or perceived, actual or potential, direct or indirect.

8.02 – Perception of Conflict

A member of Council or a Committee member would be perceived to have a conflict of interest in a matter if a reasonable person, knowing the relevant facts, would believe that the Council or Committee member's position or relationship with another organization, or the Council or Committee member's personal interests, whether financial or otherwise, would be sufficient to influence the objective discharge of the Council or Committee member's official duties.

8.03 – Interests of Family

For the purposes of this by-law, the personal or financial interests, direct or indirect, of a Related Person or a Related Corporation, are interpreted to be the interests of the member of Council or the Committee member, as the case may be.

8.04 – Where Conflict Shall Not be Deemed

Members of Council and Committee members shall not be deemed to have a conflict of interest with respect to issues relating to the indemnification of other Council members, or the acquisition of insurance for the indemnification of Council members.

8.05 – Conflict Relating to Role

Where a member of Council or a Committee member believes that they may have a conflict of interest with respect to their overall role as a Council or Committee member, they shall advise the President of the nature of the potential conflict as soon as possible.

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8.06 – Investigations Relating to Conflict of Role

Where the President has been advised by a Council or Committee member that they may have a conflict of interest with respect to their overall role under section 8.05, the President shall advise the Executive Committee and, if the Executive Committee

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believes that the member may have a conflict of interest, it shall ask the President to investigate the matter.

8.07 – Report to Council

The Executive Committee shall report the results of its investigation to the Council and the Council shall determine whether there is a conflict of interest as defined in section 8.01 with respect to the overall role of the Council or Committee member in question.

8.08 – Where a Conflict of Interest Relating to Role Exists

Where the Council determines that a member of Council or a Committee member is in a conflict of interest with respect to ~~their~~ overall role, the Council shall,

- a) in the case of a Committee member, remove the individual from the Committee; or
- b) in the case of a member of Council, either
 - (i) remove the member from the Council and from any Committee upon which ~~they are~~ a member, if the individual is an elected member of Council; or
 - (ii) send a report to the Public Appointments Secretariat requesting the removal of the member concerned from the Council, if the member was appointed to the Council by the Lieutenant Governor in Council.

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8.09 – Declaration of Conflict Relating to Council Matters

Where a member of Council believes that ~~they~~ may have a conflict of interest with respect to a matter that will be or is the subject of discussion, deliberation or action by the Council, ~~they~~ shall consult with the President or the Registrar at the earliest opportunity and, if there is any doubt about the matter, declare the potential conflict to the Council and accept the Council's decision as to whether there is a conflict of interest as defined in section 8.01.

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8.10 – Where a Conflict Exists

Where a member of Council or a Committee member believes that ~~they~~ has a conflict of interest, or where Council has decided that the member has a conflict of interest under section 8.09, with respect to a matter that is the subject of discussion, deliberation or action by the Council or a Committee, ~~they~~ shall:

- a) prior to any consideration of the matter at the meeting, disclose the fact that ~~they have~~ a conflict of interest;
- b) not take part in the discussion of, or vote on, any question in respect of the matter;
- c) absent ~~themselves~~ from the portion of the meeting relating to the matter; and

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- d) not attempt, in any way, to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

8.11 – Declarations Recorded in Minutes

Every declaration of conflict of interest shall be recorded in the minutes of the meeting.

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8.12 – Declaration of Conflict Relating to Committee Matters

Where a Committee member believes that ~~they~~ may have a conflict of interest with respect to a specific matter that will be the subject of discussion, deliberation or action by the Committee, ~~they~~ shall consult with the Committee Chair at the earliest opportunity and accept the Chair's direction as to whether there is a conflict of interest as defined in section 8.01 and any action the Chair undertakes to address the conflict.

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8.13 – Use of College Property

A member of Council or a Committee member shall not use College property or information of any kind to advance ~~their~~ own interests, either directly or indirectly.

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8.14 – Staff Positions

A member of Council or a Committee member may not hold any other position, contract or appointment with the College while serving as a member of Council or as a Committee member.

8.15 – Confidentiality Agreement

Members of Council ~~and~~ Committee members, are required to sign the confidentiality agreement approved by Council.

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ARTICLE 9 - DUTIES OF COUNCIL AND COMMITTEE MEMBERS

9.01 – Expectations and Duties

Every member of Council and every Committee member shall, in the performance of ~~their~~ duties:

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- (a) familiarize ~~themselves~~ with the Act, the RHPA, the Code, the by-laws and any policies of the College;
- (b) familiarize ~~themselves~~ with any other records, documents and guidelines that may be necessary for the performance of ~~their~~ duties;
- (c) comply with the provisions of the Act, the RHPA, the Code, the by-laws, any rules of the College and rules that are adopted by Council, from time to time;

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- (d) regularly attend meetings on time, be prepared and participate constructively in discussions;
- (e) ensure that confidential matters coming to their attention as a member of the Council or as a member of a Committee are not disclosed, except as required for the performance of their duties, as directed by the Council or the Chair or in accordance with the Act¹;
- (f) conduct themselves in an appropriate manner with College staff, other members of Council or members of the Committees, Members and members of the public;
- (g) avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the by-law; and
- (h) perform the duties associated with their position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

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9.02 – Contravention of Duties

~~A complaint about a member of Council or a Committee member alleging a contravention of one or more of the duties and expectations set out in section 9.01 shall be in writing and shall be filed with the Registrar. The Registrar shall advise the President, who shall bring the complaint to the attention of the Executive Committee.~~

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9.02 – Disqualification of Elected Council Members

The Council shall disqualify an elected a member of Council, if the Member,

- a) resigns from the Council;
- b) ceases to hold a certificate of registration;
- c) is in default of payment of any fee prescribed by College by-law for a period of more than thirty (30) days;
- d) has a certificate of registration in any jurisdiction outside of Ontario revoked or suspended for any reason other than non-payment of fees;
- e) is the subject of any professional misconduct, incompetence or incapacity proceeding, in any jurisdiction;
- f) is the subject of any professional misconduct, incompetence or incapacity finding, in any jurisdiction;
- g) has a notation on the Register of a finding of professional negligence or malpractice made against the member;

¹ Section 36 of the RHPA permits disclosure in a number of specific circumstances and members of the Council, Committee members, staff and persons retained or appointed by the College are expected to obtain advice if they believe that one of the exceptions under section 36 may apply.

- h) has a notation on the register of a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act;
- i) has a notation on the Register of a criminal finding of guilt or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act;
- j) has a notation on the Register of a charge made by a court in relation to any provincial or federal offence;
- k) has a notation on the Register of a finding of guilt made by a court in relation to any provincial or federal offence;
- l) is the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code;
- m) is the subject of an incapacity inquiry under section 57 or 58 of the Code;
- n) is subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;
- o) has a term, condition, limitation or undertaking imposed by or provided to the Discipline Committee or the Fitness to Practice Committee;
- p) has a notation on the Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaints and Reports Committee;
- q) is the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- r) is required to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned;
- s) is required by a panel of the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program;
- t) is in default of returning any information or form required under the Regulations or the by-laws to the College;

- u) becomes a director, board member, officer or employee of a Professional Association.
- v) becomes a director, board member or owner of a midwifery educational institution.
- w) becomes a member of a council of any other college regulated under the RHPA;
- x) fails, without reasonable cause, to attend two (2) meetings of the Council in any twelve-month period;

- y) fails, without reasonable cause, to attend two (2) meetings of a Committee in any twelve-month period;
- z) fails, without reasonable cause, to attend a hearing of which they are a panel member.
- aa) fails, in the opinion of the Council, to discharge properly or honestly any office to which ~~they have been elected or appointed;~~
- bb) ceases to either principally practise or principally reside in Ontario.

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9.03 – Contravention of Duties

A complaint about a member of Council or a Committee member alleging a contravention of one or more of the duties and expectations set out in section 9.01 shall be in writing and shall be filed with the Registrar. The Registrar shall advise the President, who shall bring the complaint to the attention of the Executive Committee.

9.04 – Registrar’s Receipt of Information

If the Registrar receives information, in writing, which suggests that an elected member of Council meets one or more of the criteria for disqualification set out in 9.02 5.32, the Registrar shall advise the President, who shall bring the information to the attention of the Executive Committee.

9.05 – Subject Member Not Involved

If the information received by the Registrar under sections 9.01 or 9.02 relates to the President, the Registrar shall bring the information directly to the attention of the Executive Committee and if the information relates to a member of the Executive Committee, the President shall bring the information to the attention of the remaining members of the Executive Committee.

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9.06 – Opportunity to Respond

If the Executive Committee believes that the information may warrant formal consideration by Council, the member of Council whose conduct is the subject of concern shall be given a reasonable opportunity to respond to the information before the Executive Committee makes a decision in this regard.

9.07 Report to Council

If, after reviewing the Council member’s response, the Executive Committee believes that the information does not warrant formal consideration by Council, it shall update Council at its next regularly scheduled Council meeting of the Executive Committee’s recommendation that no action is warranted.

9.08 – Consideration by Council

If, after reviewing the Council member's response, the Executive Committee believes that the information warrants formal consideration by Council, it shall raise the matter at the next scheduled Council meeting or, if in the opinion of the Executive Committee the matter should be addressed sooner, shall call a meeting of the Council to determine whether the member meets one or more of the criteria for disqualification set out in section 5.32: 9.02

9.09 – Two-thirds Majority

A two-thirds majority of all Council members, but not including the member whose conduct is under scrutiny, is required to disqualify an elected member of the Council.

9.10 – Voting by Alternative Means

If a Council member is not present at the meeting where a vote is being conducted regarding the disqualification of another Council member, they may vote by mail, facsimile, teleconference or email.

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9.11 – Recording of Votes

The Chair of the Council meeting shall ensure that the number of votes in favour of a motion to disqualify a member of Council, the number of votes against the motion and the number of abstentions are recorded.

9.12 – Subject Member Not Entitled to Vote

The elected member of Council who is the subject of a motion for disqualification shall not be present during the discussion or vote and shall not vote on the motion.

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9.13 – Effect of Disqualification

An elected Council member who is disqualified by Council ceases to be a member of the Council and ceases to be a member of any Committee of which they are a member.

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9.14 – Sanction

The appropriate sanction can include one or more of the following:

- a) censure of the Council/Committee member,
- b) removal of the Council/Committee member from any Committees upon which they are a member, and
- c) removal of an elected or non-Council member from the Council/Committee or a report requesting removal of the member concerned from the Council to the Public Appointments Secretariat.

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ARTICLE 10 - OFFICERS

10.01 – Officer Positions

The officers of the College shall include the President, the Vice-President (Professional), the Vice-President (Public) and such other officers as Council may determine from time-to-time.

10.02 – Election of Officers

The election of officers shall take place as set out in Schedule 1 to these by-laws.

10.03 – Duties of President

The President shall, when present, preside at all meetings of the Council and all meetings of Members, chair the Executive Committee, develop agendas, sign such contracts, documents or instruments in writing as require their signature, and have such other powers and duties as may be assigned to him or her by Council from time to time.

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10.04 – Duties of Vice-President

The duties of the Vice-Presidents shall include all the powers and all the duties of the President in the absence or inability or refusal to act by the President and any such duties as may from time to time be assigned to the by Council.

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10.05 – Duties of Other Officers

The duties of all other officers of the College, if any, as determined by Council under section 10.01, shall be such as the terms of their engagement call for or the Council requires of them.

10.06 – Delegation of Duties

In the event that an officer is absent or otherwise unable or unwilling to perform their duties, or for any other reason that the Council deems sufficient, the Council may delegate any or all of the officer's duties and powers to any other officer or to any Council member, for whatever period of time the Council sees fit.

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ARTICLE 11 – THE REGISTRAR

11.01 – Duties of the Registrar

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, the Code, the regulations, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.

11.02 – ~~Duties of the Deputy Registrar~~

~~The Registrar or Council may appoint a Deputy Registrar and once appointed the Deputy Registrar may perform any of the statutory and other functions of the Registrar in the absence or incapacity of the Registrar or where the Registrar formally or informally assigns those functions to the Deputy Registrar and, without limiting the generality of the foregoing, the Deputy Registrar may appoint investigators under the Code.~~

ARTICLE 12 – DUTIES OF MEMBERS

12.01 – Professional Liability Insurance

Every Member, other than those in the inactive class shall maintain professional liability insurance acceptable to the College and provide evidence of coverage upon request by the College.

~~12.02 – Code of Ethics~~

~~Every Member shall abide by the Code of Ethics of the College, which is attached as Schedule 2 and forms part of these by-laws.~~

ARTICLE 13 – REGISTRATION RENEWAL

13.01 – ~~Annual Renewal~~

On or before October 1st each year, every Member shall complete and submit to the Registrar an annual registration renewal form in the manner set out by the Registrar.

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13.02 – Annual Registration Card

The College shall make available an Annual Registration card to each Member whose certificate of registration is not subject to a suspension and who has completed an annual renewal application and paid any fees owed to the College (Fees and Remuneration By-Law).

13.03 – Terms, Conditions and Limitations

The Annual Registration Card of a member whose certificate of registration is subject to a term, condition or limitation shall include a notation to that effect.

ARTICLE 14 – THE REGISTER

[insert here as soon as approved by Council – June 2018]

ARTICLE 15 – PROFESSIONAL CORPORATIONS

15.01 – Required Information

Every Member shall, for every professional corporation of which the Member is a shareholder, provide the following information, in the form and in the manner requested, within thirty (30) days of receiving a written request from the Registrar:

- (a) the name of the professional corporation as registered with the Ministry of Consumer and Business Services,
- (b) any business names used by the professional corporation,
- (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation,
- (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director,
- (e) the principal practice address, telephone number, facsimile number and email address of the professional corporation,
- (f) the address and telephone number of all other practice locations, other than the private residences of clients, at which the professional services offered by the professional corporation are provided, and
- (g) a brief description of the professional activities carried out by the professional corporation.

15.02 – Changes to Information

Every Member shall, for every professional corporation of which the Member is a shareholder, advise the College, in writing, of any changes to the information required under section 15.01 within fourteen (14) days of the change.

15.03 – Information Public

The information specified in section 15.01, and any changes to that information under section 15.02 are designated as public for the purposes of paragraph 14 of subsection 23(2) of the Code.

15.04 – Change of Shareholder

A corporation that holds a certificate of authorization issued by the College is required to notify the College, in writing, of every change of shareholders of the corporation within fourteen (14) days of the date that the change of shareholders takes effect.

ARTICLE 16 – FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE

16.01 – Confirmation of Therapy or Counselling from Regulated Health Professional

In addition to the requirements set out in the Code, a person receiving therapy or counseling for sexual abuse from a member of one of the health regulatory colleges

listed in Schedule 1 to the RHPA, must, in order to receive funding from the College, sign a document:

- (a) indicating that **they are** aware of the therapist's or counselor's training and experience;
- (b) confirming that the therapy or counseling is being provided; and
- (c) confirming that the funds received are being used only for therapy or counseling.

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16.02 – Confirmation of Therapy or Counseling Provided by Person who is not a Regulated Health Professional

In addition to the requirements set out in the Code, a person receiving therapy or counseling for sexual abuse from a person who is not a member of one of the health regulatory colleges listed in Schedule 1 to the RHPA, must, in order to receive funding from the College, sign a document:

- (a) indicating that **they** understand that the therapist or counselor is not subject to professional discipline;
- (b) indicating that **they are** aware of the therapist's or counselor's training and experience;
- (c) confirming that therapy or counseling is being provided; and
- (d) confirming that the funds received are being used only for therapy or counseling.

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16.03 – Confirmation from Therapist or Counselor

In addition to the requirements set out in the Code, a person providing therapy or counseling to the therapist or counselor of a person receiving therapy or counseling for sexual abuse must, in order for the person receiving therapy to obtain funding from the College, sign a document;

- (a) indicating that **they have** not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature;
- (b) detailing **their** training and experience;
- (c) confirming that the therapy or counseling is being provided; and
- (d) confirming that the funds received are being used only for therapy or counseling.

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ARTICLE 17 – MEMBERSHIPS IN OTHER ORGANIZATIONS

17.01 – Authorization by Council

The Council may authorize membership in a provincial, national or international organization of bodies with similar functions and may authorize the payment of such annual fees and costs for representation at meetings of the organization.

ARTICLE 18 – BY-LAWS AND AMENDMENTS

18.01 – Effective Date

These by-laws shall become effective as of [DATE]

18.02 – Prior By-Laws Revoked

Upon these by-laws becoming effective, all prior by-laws of the College are revoked, but such revocation shall not affect the previous operation of such by-laws or affect the validity of any act done or right, privilege, obligation or liability acquired or incurred under, or the validity of any contract or agreement made pursuant to the by-laws, prior to their repeal.

18.03 – Amendments

The by-laws of the College or any section thereof may be enacted, amended, or revoked by a two-thirds majority of the Council members present and voting at a meeting of the Council called for that purpose.

Passed and enacted by the Council of the College
in accordance with the Code, on the _____ day
of _____.

Witness the corporate seal of the College

President

Registrar

APPENDIX A

Seal of the College of Midwives of Ontario

SCHEDULE 1

Process for Election of Officers

The elections will be supervised by the Elections and Nominating working group and the Registrar. The Registrar may be assisted by scrutineers.

A member of Council is eligible for election to the Executive Committee if, on the deadline for the receipt of submissions of candidacy, the member has served, wherever possible, at least twelve (12) months on Council.

The term of office of a member of the Executive Committee shall commence on the day of the first meeting of the Executive Committee after the September election and shall continue for approximately one (1) year, until the term of office of the subsequently elected Executive Committee commences or until ~~they resign or are~~ removed from ~~their~~ office or from Council, or until such other time designated by Council, whichever occurs first.

At least forty-five (45) days before the date of the election, the Registrar shall notify every member of Council of the date of the election and of the procedure, criteria and deadline for Council members to submit, in writing, their candidacy for a position as a member of the Executive Committee and any personal statement that the member wishes to be circulated to the Council in support of ~~their~~ candidacy.

Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, the Registrar shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the President, Vice-President (Professional), Vice-President (Public) and Executive Committee member(s) to indicate so, in writing, to the Registrar.

A Council member's written intent must be supported by the signatures of one (1) other Council member and be returned to the Registrar no later than 11:59 p.m. on the day one week before the meeting of Council when the election of officers shall take place. The Registrar may, at any time, inform a Council member about any other Council member's written intent that has been submitted before the deadline. At least five (5) days prior to the meeting of Council when the election of officers shall take place, the Registrar shall circulate to the Council a list of the eligible candidates for election to the offices of the President, Vice-President (Professional), Vice-President (Public) and Executive Committee members.

A Council member may withdraw as a candidate at any time before the election.

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At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of President.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

Where no candidate is nominated for a position or, in the case of Executive Committee members at large, where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.

In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.

The results of each election will be tabulated and reported by the Registrar, with the number of votes accorded to each candidate to remain confidential.

Once the President is elected, the Vice-President (Professional), shall be nominated and elected in a similar manner. Once the Vice-President (Professional) has been elected, the Vice-President (Public) shall be nominated the remaining Executive Committee positions shall be filled in a similar manner.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots.

SCHEDULE 2

Code of Ethics (September 2015)

Each midwife shall act, at all times, in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, to serve the interest of society, and above all to safeguard the interests of individual clients.

Each midwife is accountable for their practice, and, in the exercise of professional accountability, shall:

1. Act in a way that promotes and safeguards the well-being of clients and advocate for their interests to be heard.
2. Clearly inform and educate clients and the public as to the scope, role, function, standards and philosophy of midwifery practice, as well as with respect to any limitations of midwifery.
3. Respect clients' right to informed choice.
4. Provide care which respects individuals' needs, values and dignity, and does not discriminate on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
5. Avoid any abuse of the privileged relationship that exists with clients. Such a relationship allows privileged access to the person, property or residence of the client as well as to personal practices or customs of the client.
6. Refrain from disclosing confidential information about a client without the consent of the client or the client's authorized representative, except where disclosure is required or authorized by law.
7. Ensure that no action or omission on their part or within their sphere of influence is detrimental to the condition or safety of clients. A midwife will never engage in the practice of midwifery while their ability to perform any professional service is impaired.
8. Openly acknowledge to clients and health care practitioners any conscientious objection or conflict of interest, which may affect professional practice or the client's right to informed choice.
9. Consult or transfer care in accordance with the standards of practice of the profession.

- ~~10. Assist clients to find appropriate alternate care if for any reason the midwife is unable to provide care.~~
- ~~11. Attempt to provide the best possible care under any circumstance. A midwife may not refuse to attend or abandon a client in active labour.~~
- ~~12. Build a professional reputation based upon the midwife's ability and integrity and advertise professional services only in a manner that upholds the dignity of the profession.~~
- ~~13. Avoid the use of professional qualifications in the promotion of commercial products, in order to maintain the independence of professional judgment.~~
- ~~14. Refuse to accept any gift, favour or hospitality, which might reasonably be seen to create conflict of interest.~~
- ~~15. Assume responsibility for complying with the mandatory reporting requirements of the Regulated Health Professions Act.~~
- ~~16. Strive to maintain and improve professional knowledge and competence.~~
- ~~17. Facilitate ethical research in midwifery practice.~~
- ~~18. Assist health care practitioners and students to develop and maintain professional competence.~~