



2017 2018

annual report



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

about the college

The College of Midwives of Ontario is the regulator of midwives in the province of Ontario.

We regulate more than 900 midwives practising in Ontario by:

- Ensuring that midwives meet high standards, and
- Acting when risks are identified.

Midwives provide care in a variety of settings including homes, clinics, hospitals, and birth centres. All midwives follow the same professional principles and standards of practice. We provide guidance to help them do so.

Our purpose is to protect the public and the public interest.

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message from the president

Across Ontario, from Windsor to Ottawa, and Hamilton to Kenora, midwifery clients and the public can be confident that their midwives provide safe and effective care. The College of Midwives of Ontario achieves this through proportionate regulation in the public interest.

In my first year elected as the President of the College, I am proud to say that every decision Council has made has been through this public interest lens. Our mission is to regulate midwifery in the public interest, and we always consider the public, clients and families who are choosing midwifery, when making decisions.

We also know that the best way to ensure all of Ontario's midwives are practising to our high standard is to engage with the membership directly. We have spent time over the past year reaching out to the membership, to make sure that midwives are aware of the different initiatives of the College, and to ask for feedback through public consultations. We have prioritized member engagement in a number of ways, and worked towards being more transparent and accountable to the membership. We have also increased our social media presence, sharing more information on Facebook and Twitter.

To educate the membership, we have created new guides to ensure that it is clear to each member how to meet our standards and follow the governing legislation and regulations. On November 1, 2017, we held our Member Education Day in Toronto. We were honoured to host Deanna Williams and Dr. Zubin Austin, whose informative presentations were appreciated by our members, and set the stage perfectly for our afternoon member consultation on the new Professional Standards for Midwives. Thank you again to all of the members who joined us in person and through our live and interactive webcast. It was a great day.

It has been my pleasure in this past year to continue working with our College stakeholders; the Ministry of Health and Long-Term Care, other regulators, the Association of Ontario Midwives, the Midwifery Education Program, and many others. When we all do our part, midwifery care is truly excellent.

Thank you for your time and attention to this report.

Sincerely,

A handwritten signature in black ink that reads "Tiffany Haidon". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Tiffany Haidon, RM
President
College of Midwives of Ontario



message from the registrar and ceo

This has been a strong and productive year for us at the College, and I am so proud of the work that our team has accomplished. We are now in the second year of our Strategic Plan and our guiding principles of accountability, transparency, integrity, proportionality, and innovation have been at the centre of all of our work.

We have achieved a lot in the 2017-2018 fiscal year, including our ongoing review of College standards, policies, and by-laws, along with existing legislation. We continue to look for opportunities to modernize our governing documents, and move towards risk-based regulation. Council approved the new Professional Standards for Midwives (see more on page 9) and made submissions to the Ministry of Health and Long-Term Care to change the way that midwives order laboratory tests and prescribe drugs and controlled substances (see more on page 13). We streamlined Registration policies and held public consultations on upcoming changes to by-laws.

In addition to these large policy initiatives, the College's ongoing activities ran smoothly. College staff ensured we met deadlines, responded promptly to members of the public and midwives, and brought forward reports and information to Council. Council members and non-council committee members worked hard to prepare for Council meetings, committee meetings, and panels. Council and staff together ensured that the College fulfilled our regulatory mandate and duties, and I would like to thank them all for their work in contributing to the success of this year.

This past year has put us much closer to achieving our strategic priorities of modernizing legislation and regulations, implementing risk-based regulation, and encouraging public participation and engagement. We are on a strong path, and I know that we can accomplish the goals we have set. You can read more about these initiatives in this report.

Regards,

A handwritten signature in black ink that reads "Kelly Dobbin".

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

meet your council

The College's work is overseen by our Council, consisting of midwives elected by the profession, and public members appointed by the government. Council sets the strategic direction of the College and ensures our long-term success.



Tiffany Haidon, RM
President
Professional Member
Elected May 2017



Barbara Borland, RM
President
Professional Member
Term ended May 2017



Caroline Brett
Public Member
Term ended June 2017



Deirdre Brett
Public Member
Term began June 2017



Carron Canning, RM
Professional Member
Term ended October 2017



Rochelle Dickenson
Public Member



Claudette Leduc, RM
Professional Member
Term ended October 2017



Jennifer Lemon
Vice-President
Public Member



Susan (Sally) Lewis
Public Member
Term began July 2017



Lilly Martin, RM
Vice-President
Professional Member
Elected October 2017



Isabelle Milot, RM
Professional Member



Wendy Murko, RM
Professional Member



Lisa Nussey, RM
Professional Member
Term began October 2017



Philip Playfair
Public Member
Term ended August 2017



Claire Ramlogan-Salanga, RM
Professional Member
Term began October 2017



Gemma Salamat
Public Member



John Stasiw
Public Member
Term began August 2017



Jan Teevan, RM
Professional Member



Edan Thomas, RM
Professional Member
Term began October 2017

This year, we welcomed several new members of Council, and said farewell and thank you to a few of our long-serving Council members. Welcome to our new public members Deirdre Brett, Sally Lewis, and John Stasiw, and our new professional members Lisa Nussey, Claire Ramlogan-Salanga, and Edan Thomas. We're thankful to outgoing Council members Barbara Borland, Caroline Brett, Carron Canning, Claudette Leduc, and Philip Playfair for their contributions to the College of Midwives of Ontario.

Non-Council Appointed Committee Members, April 2017 - December 2017

- Heather Brechin, RM
- Christi Johnston, RM
- Alexandra Nikitakis, RM
- Lisa Nussey, RM (joined Council October 2017)
- Tia Sarkar, RM
- Mylene Shields, RM
- Edan Thomas, RM (joined Council October 2017)

Non-Council Appointed Committee Members, December 2017 - March 2018

- Heather Brechin, RM
- Christi Johnston, RM
- Claudette Leduc, RM
- Amy McGee, RM
- Alexandra Nikitakis, RM



council & committee highlights

In the 2017-2018 fiscal year, our College Council met four times, holding meetings on June 28, 2017; October 12, 2017; December 12 & 13, 2017; and March 21, 2018. We post all of our meeting materials on our website, and advise midwives and members of the public when we post our materials. All agendas and meeting materials are kept on our website.

In addition to our Council meetings, we have seven statutory committees mandated under the *Regulated Health Professions Act, 1991 (RHPA)*. They are: Executive; Registration; Quality Assurance; Inquiries, Complaints, and Reports; Discipline; Fitness to Practise; and Client Relations. Each committee reports to Council, and these reports are public and included in the Council meeting materials.

Council

budget

The 2018–2019 draft budget was approved by Council at its March 21, 2018 meeting.

The College's revenue is from membership fees, and our relatively low membership numbers compared to other regulated health colleges mean that our revenue is not sufficient to meet our expenses.

In acknowledgment of this discrepancy, the Ministry provides funding annually to allow the College to fulfill its mandate of regulating midwifery in the public interest. We appreciate the Ministry's role in funding the work that our College does, and continue to work towards financial independence.

professional standards

Setting and maintaining high professional standards is fundamental to public protection and public confidence in the midwifery profession. We need to ensure that the College of Midwives of Ontario standards of practice clearly set out the high expectations we have of all midwives.

The development of the new Professional Standards for Midwives (Professional Standards) is a major step forward in reforming our current standards of practice. It forms the first phase of a wider program of work to streamline our approach to regulation, promoting targeted and proportionate regulation in the public interest.

Public protection is at the heart of everything we do, and our principles-based approach to setting standards is designed to benefit midwifery clients, the greater public, and the profession as a whole.

The Professional Standards were reviewed by Council on multiple occasions, and passed at the March 21, 2018 meeting of Council for implementation on June 1, 2018.

public consultations

Council approved four public consultations last year; two on the Professional Standards for Midwives; one on a proposal to change the Fee and Remuneration By-law and increase fees; and one on the General By-law that is intended to update our Register by-law and bring it in line with the new Bill 87 provisions in the RHPA. Public consultations on the Fees and Remuneration By-law and the General By-law will be held in the 2018–2019 fiscal year.

Executive Committee

Last year the Executive Committee piloted a tool to conduct assessments of the external financial auditor, and after a successful completion of the pilot, the tool was approved for use. Executive Committee will conduct a Comprehensive Audit Assessment approximately every five years, and Annual Assessments to allow the Committee to make recommendations for the external auditor, recommend the auditor for tender or reappointment, and to note any concerns. This year the Executive Committee used this tool to oversee the auditor, and were satisfied with the auditor's report.

Registration Committee

The Registration Committee introduced a new Jurisprudence course for all initial applicants to the College, and those seeking to re-enter the General Class from Inactive. This is to ensure that all practising midwives are familiar with the laws, regulations, and standards that apply to midwives in Ontario. This requirement applied to all applicants wishing to become registered as a midwife in Ontario on July 1, 2017, and comes into effect for class changes on April 1, 2018.

The Registration Committee also undertook a major project to streamline its policies, and rescinded a number of policies on March 1, 2018.

The Registration Committee held panels to address 58 referrals. More information on Registration Committee panels and Registration numbers can be found on pages 18 and 19 of this report.

Quality Assurance Committee

The Quality Assurance Committee has continued its work reforming the Quality Assurance Program (QAP).

The Committee has created a self-assessment questionnaire for midwives to complete as part of the 2018 QAP report. The Self-Assessment Questionnaire is a tool for members to reflect on their practice, identifying areas of strength and using areas for improvement to inform continuing education and professional development needs.

The Quality Assurance Committee has also recruited midwives to take part in focus groups that will be held in 2018. The focus groups will be used to generate information about the knowledge and skills required to be a midwife, and the data generated will help in the development of new peer and practice assessment tools.

In the 2017-2018 fiscal year, the Quality Assurance Committee held panels to address 25 members who were non-compliant with the QAP, and one member who sought an exemption. More information on QAP reporting can be found on page 19 of this report.

Inquiries, Complaints, and Reports Committee

This year, the Inquiries, Complaints, and Reports Committee (ICRC) implemented a new complaints survey to be sent via email to members and complainants following a decision. This survey will ask both members and complainants for their feedback on the process.

The ICRC also revised their Risk Assessment Tool, and posted this decision-making tool to the website. Read more about this decision on page 15.

Following the Bill 87, the *Protecting Patients Act*, 2017 receiving royal assent on May 30 2017, the ICRC worked to ensure the College's compliance with the provisions in the Act. The Committee reviewed the changes and how they affect ICRC proceedings. The College communicated the changes to midwives.

There were 33 cases closed by the ICRC this fiscal year, and a breakdown of the outcomes of those cases can be found on page 20.

Discipline Committee

There were no Discipline Committee proceedings or referrals in the 2017-2018 fiscal year.

Fitness to Practise Committee

There were no Fitness to Practise Committee proceedings or referrals in the 2017-2018 fiscal year.

Client Relations Committee

The Client Relations Committee met in 2017 to discuss updating the Sexual Abuse Prevention Policy and the Guideline on Reporting Sexual Abuse to reflect Bill 87 changes. The Committee also suggested revisions be made to the Guideline on Appropriate Professional Behaviour with Clients and directed that a Sexual Abuse Complaints Guide be developed.



meeting our strategic priorities

We set out our College's vision, mission, outcomes and key priorities in our Strategic Plan, and it identifies our guiding principles – the values that underpin our work as an organization and our relationships with the public, members, and stakeholders. Our Strategic Plan is published on our website.

We have entered the second year of the College's 2017–2020 Strategic Plan, and come a long way towards meeting our strategic priorities. In this report we share some of the initiatives we have undertaken.

our strategic priorities:

1. Modernization of Legislation & Regulation
2. Implementation of Risk-Based Regulation
3. Public Participation & Engagement



modernization of legislation & regulation

The College has long sought to make changes to legislation and regulations to improve the effectiveness and efficiency of our programs; to respond to best practices in regulation; to remove barriers to the delivery of safe, timely and quality midwifery care; and to improve client experience in the health care system. All legislation and regulations that define and inform the practice and regulation of midwifery are under review.

how we will achieve it:

1. Lead legislative reform of the *Midwifery Act, 1991* and other relevant legislation to optimize the midwifery scope of practice
2. Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation
3. Broaden knowledge and understanding within the membership and key stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.

drugs and labs submissions

We have requested a change to the *Laboratory and Specimen Collection Centre Licensing Act, 2015*, that would grant midwives the authority to order all laboratory tests within their scope of practice as defined by the *Midwifery Act, 1991*.

We are also requesting that the Ministry rescind the list in the Designated Drugs Regulation made under the *Midwifery Act, 1991* to instead allow midwives access to any drug or substance approved by Health Canada, within the scope of midwifery practice, excluding any drug or substance prohibited to midwives under the New Classes of Practitioner Regulations.

We believe these changes are in the public interest. We know that a list of laboratory tests or prescription drugs is prone to being outdated because future gold standard testing and evidence-based prescribing cannot be predicted.

Midwifery clients are at risk of receiving suboptimal care when midwives are not able to follow the recommendations of constantly changing clinical practice guidelines.

Requiring midwives to consult with a physician only to order a laboratory test or prescribe a medication that is in scope also has the potential to undermine the clients trust in their midwife. The College receives inquiries from clients asking why their midwife, who they trust to deliver their care and their newborn's care, is not allowed to order a blood test or prescribe a medication.

Clients often choose midwifery care because midwives are the only professional that provides the option of a home birth and provides postpartum primary care at home, a unique care experience.

We believe that midwifery clients should have access to the same tests and medications as clients who choose to have their care delivered by a family physician. We have submitted our changes to the Ministry on this topic.

professional misconduct regulation submission

In July 2017, we requested numerous changes to our Professional Misconduct Regulation; specifically, we revised 24 existing provisions and added four new provisions. These changes are necessary to ensure consistency with other health colleges so that midwives are held to the same expectations in terms of conduct and professional practice as other regulated health professionals in Ontario.

We also proposed to remove references to specific College standards to align with the upcoming changes to the College's Standards of Practice.

quality assurance regulation submission

In July 2017, we requested changes to the General Regulation, which includes Quality Assurance Program requirements, to reflect emerging evidence about what supports professional competence.

The proposed regulation proposes to replace the details of the current regulation, describing the specific quality assurance activities midwives must engage in, how many activities they must complete, and how they should report, with broader categories. While these details were originally included to support a rigorous and measurable quality assurance program, they no longer reflect best practice.

If the Ministry agrees with our proposals, we will be able to develop a new quality assurance program, using research evidence, that contributes to the competence of health care professionals in general and midwives specifically.



implementation of risk-based regulation

Implementation of risk-based regulation is a three-year initiative with interlinked projects covering all regulatory arrangements and College policies and processes. Its successful completion at the end of 2019 will enable us to deliver, to its fullest extent, proactive risk-based regulation in the public interest; regulation that is effective, targeted, proportionate and transparent. In this fiscal year, we successfully delivered the first phase of the initiative, including completing the detailed analysis of the current regulatory processes across the organization as the foundation for the design of the future processes.

how we will achieve it:

1. Deliver the effective operation of the new systems to balance necessary levels of public protection with reasonable levels of risk
2. Enhance the organizational capability to deliver risk-based regulation effectively and efficiently
3. Ensure responsiveness and transparency of our new regulatory approach.

transparent decision making

We are committed to responsiveness and transparency in our new regulatory approach. While we move toward being risk-based regulators, we are sharing information with our members, members of the public, and stakeholders about our decision-making tools; and ensuring that information is published in a format that is clear, understandable, and accessible. Council and staff have started utilizing these new risk-based regulation tools effectively.

Inquiries, Complaints, & Reports Committee (ICRC) risk assessment framework

Designed to guide panels in their assessment of complaints and reports, the ICRC Risk Assessment Framework aids panel members in making fair and consistent decisions. The framework assists panel members when considering clinical and/or practice issues that may be raised in complaints and reports, along with the risk of harm they pose to clients and the public interest.

In this tool, risk is categorized into one of four categories: no or minimal risk; low risk; moderate risk; or high risk. By categorizing all actions into risk categories, decision makers on the panel are able to uniformly assess each complaint and report, enabling transparent, consistent and fair decision-making.

Information about this tool has been shared with members, the public, and stakeholders.

policy development process

As part of our move towards risk-based regulation, we developed a rigorous approach to policy making to ensure that policy decisions are based on a proper evaluation of risk, solid evidence, and a thorough analysis of options and impacts.

This process ensures that regulatory tools are not adopted as the default solution but introduced to mitigate risk when other

nonregulatory options are unable to deliver the desired results.

Our Regulatory Impact Assessment (RIA) Statement is our new tool for policy development. This tool assesses the expected impact of each regulatory or policy initiative before any regulatory measure is introduced or revised. The results of this analysis are a justification of the need for regulation. Regulatory impact assessment is designed to help decision-makers: understand the impact of decisions; structure ideas; test assumptions; and think beyond a regulation-based solution as the default.

We first successfully used the new RIA statement at the June 28, 2017 Council meeting, and shared information about this decision-making tool in our newsletter.

collecting data

Council has directed College staff to work on a new data strategy which will outline how the College will capture, share, and use data to help transition the College into a more data-driven organization. This strategy will come to Council for final approval in the 2018-2019 fiscal year.

learning from trends

In 2017, we completed an analysis of past professional conduct matters, which will be used to help us focus our energy and resources, and to be effective in fulfilling our mandate of public protection.

We will use our findings to ensure members know how to meet all of the College standards, especially those that we receive complaints about. To help educate members, we have created new guiding documents for the membership. In the 2017-2018 fiscal year, we created the Professional Misconduct Guide, and the Guideline for Reporting Sexual Abuse. We have also updated some of our existing guides, including the Guide to Compliance with the *Personal Health Information Protection Act, 2004* (PHIPA).



public participation & engagement

The College's purpose is to protect the public and the public interest, and we do this by ensuring that all midwives in Ontario are held to our high and achievable standards. All decisions made by the College are made in the public interest. To increase our accountability to the public, we have prioritized increasing public participation and engagement.

how we will achieve it:

1. Inform and educate the public regarding the College's role and how we fulfill our public protection mandate
2. Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions.

public engagement strategy

To be sure we are regulating appropriately in the interests of the public and clients of midwifery services, we developed a strategy around public participation and engagement. This strategy was approved by Council in December 2017, and sets out the principles and model we will work to starting from 2018 onwards.

Public engagement is a process of actively bringing the voices of the clients and the public into decisions that are relevant to them. The decisions may be relevant to the public either because they have an interest in the issues being discussed, or because they are directly affected by the decision being made. Regardless of the motivation, the key to good engagement is giving people who want to contribute the opportunities to do so.

We anticipate that the College and the public will benefit from increased public engagement in the following ways:

- Better awareness of the College and its role will give midwifery clients greater knowledge about what to expect when visiting a midwife.
- Members of the public will know that the College is a resource for them, and be more likely to know that they can call the College with questions or concerns.
- The College will be able to craft better policies with public input.
- The public will have greater trust in the College, and be confident in our ability to make fair and consistent decisions.
- The College will be more accountable to the public through inviting members of the public to take a larger role in decision making.

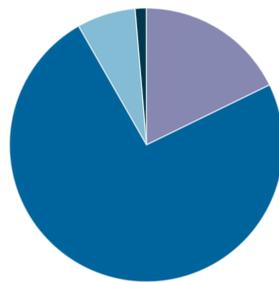
In order to inform and educate the public, and to allow for public engagement, we first need to build awareness about the College, and develop channels of communication between the College and the public. Increasing public awareness about the College is our goal for 2018.



by the numbers

membership statistics 2017-2018 fiscal year

910
registered
midwives
as of March 31st, 2018.



● General	673
● General with New Registrant Conditions	63
● Supervised Practice	12
● Inactive	162

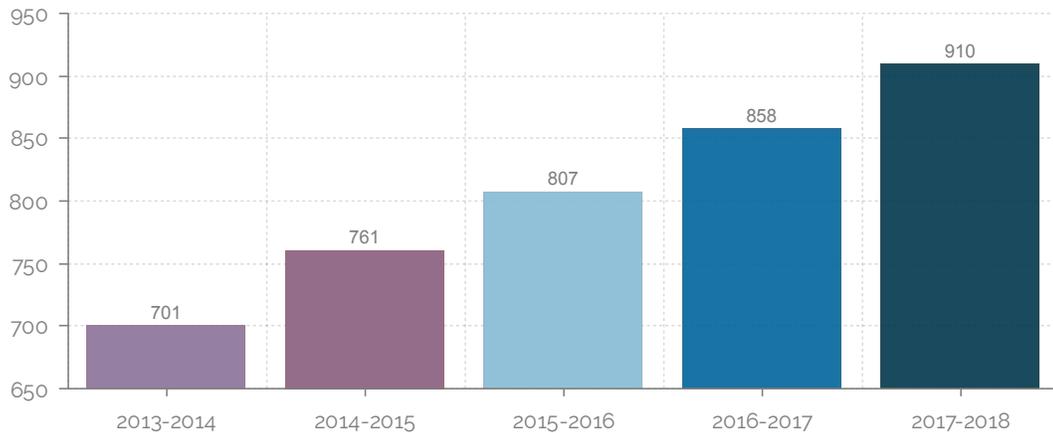


76 new registrations*
+ 4 re-registrations

*60 registrants from the Midwifery Education Program
10 registrants from the International Midwifery Pre-registration Program
6 registrants from out of province

- 2 Suspended for Non-payment of Fees
- 2 Revoked for Non-payment of Fees
- 24 Resignations

Numbers of registered midwives over the last five years



by the numbers

top member questions



Laboratory tests.
In 2016-2017 the College received questions from members about ordering particular laboratory tests, such as NIPT and TSH.



Midwife/client relationship.
Our practice advisor received questions about the midwife/client relationship, and about under what circumstances midwives can end the midwife/client relationship. One example is whether midwives must care for clients even when they do not agree with their health care decisions.



Scope of practice.
We have received questions from midwives about scope of practice, such as IUD insertion.

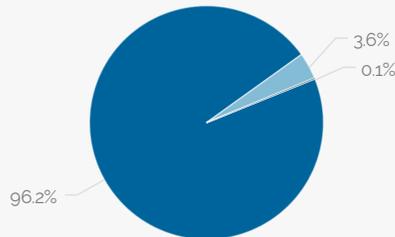
did you know?



Next to midwives, the professionals who call our practice advisor most are **pharmacists** looking for clarification about what midwives are allowed to prescribe.

college panels

Quality Assurance Program reporting

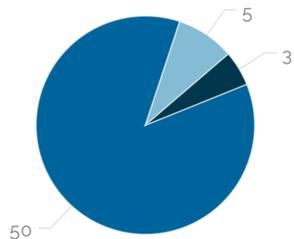


Compliant: Compliance with the QAP was consistent with last year, at 96%.

Non-Compliant: QAP non-compliant cases were reviewed by a panel of the Committee and resulted in no further action.

Exempt: A panel of the Committee reviewed and approved one exemption application to exempt one member from QAP requirements.

The Registration Committee held 10 panels to address:



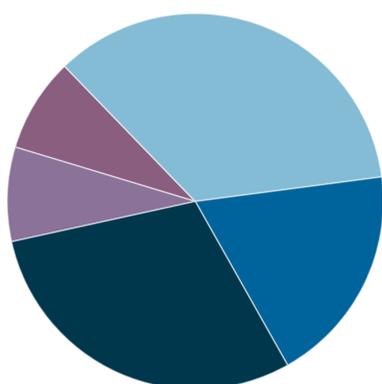
- Active Practice Shortfalls 50
- Applications for class change from Inactive to General 5
- Applications for registration 3

by the numbers

The Inquiries, Complaints, and Reports Committee (ICRC) held 34 panels to address complaints and reports, and 33 decisions were made. The cases discussed at each panel were first opened at the College in the 2017-2018 fiscal year, or in a previous fiscal year, as some cases span fiscal years. The decision breakdown is below.

33 Cases Closed this Year

Decision breakdown



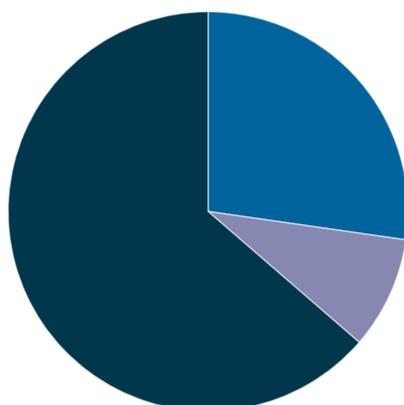
*The College stopped issuing written cautions in September 2017

Note: One case can have multiple outcomes

In the 2017-2018 fiscal year, 22 new ICRC cases were opened, the sources of which can be found below. As ICRC cases can span fiscal years, more cases were deliberated than opened in the 2017-2018 fiscal year.

22 Open ICRC Cases

Source of investigation





financial statements

COLLEGE OF MIDWIVES OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2018



Report of the Independent Auditor on the Summary Financial Statements

To the Council of the
College of Midwives of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2018 and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Midwives of Ontario for the year ended March 31, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated September 12, 2018.

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

Management's Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

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

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Midwives of Ontario for the year ended March 31, 2018 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.



Toronto, Ontario
September 12, 2018

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Financial Position

March 31	2018 \$	2017 \$
ASSETS		
Current assets		
Cash and cash equivalents	1,508,744	1,792,539
Accounts receivable	3,576	2,574
Due from the Ontario Ministry of Health and Long-Term Care	799,415	-
Prepaid expenses	41,236	33,542
	<u>2,352,971</u>	<u>1,828,655</u>
Capital assets	<u>159,742</u>	<u>199,284</u>
	<u><u>2,512,713</u></u>	<u><u>2,027,939</u></u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	240,301	172,266
Deferred registration fees	823,388	770,493
Deferred project funding	3,352	11,800
	<u>1,067,041</u>	<u>954,559</u>
Deferred lease incentives	<u>52,701</u>	<u>64,632</u>
	<u><u>1,119,742</u></u>	<u><u>1,019,191</u></u>
NET ASSETS		
Invested in capital assets	132,484	165,855
Internally restricted for therapy and counselling	16,000	10,000
Unrestricted	1,244,487	832,893
	<u>1,392,971</u>	<u>1,008,748</u>
	<u><u>2,512,713</u></u>	<u><u>2,027,939</u></u>

COLLEGE OF MIDWIVES OF ONTARIO

Summary Statement of Operations

Year ended March 31	2018 \$	2017 \$
Revenues		
Government grant - operations	799,415	840,293
Government grant - project funding	75,140	95,155
Registration fees	1,632,022	1,524,808
Administration and other	74,411	48,708
	2,580,988	2,508,964
Expenses		
Salaries and benefits	1,246,356	1,244,996
Professional fees	85,103	99,946
Council and committees	171,377	151,896
Office and general	122,871	134,747
Rent and utilities	159,810	156,687
Quality assurance program	27,297	3,355
Investigations and hearings	170,900	59,894
Membership dues and fees	25,648	29,948
Information and communications technology	71,021	112,320
Government projects	75,140	95,155
Amortization	41,242	44,078
	2,196,765	2,133,022
Excess of revenues over expenses for year	384,223	375,942

COLLEGE OF MIDWIVES OF ONTARIO

Note to Summary Financial Statements

March 31, 2018

1. **Basis of presentation**

These summary financial statements have been prepared from the audited financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2018, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

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

HILBORN

LISTENERS. THINKERS. DOERS.



21 St Clair Ave E. , Suite 303

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