



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

March 20, 2019



College of
Midwives
of Ontario

Ordre des
sages-femmes
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NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, March 20, 2019 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,
Registrar & CEO



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, March 20, 2019 | 9:30 am to 5:00 pm
 College of Midwives of Ontario
 21 St Clair Ave, Suite 303

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome, Safety Review, & Land Acknowledgment	T. Haidon	9:30	INFORMATION		-
2.	Conflict of Interest	T. Haidon	9:35			-
3.	Review and Approval of Proposed Agenda	T. Haidon	9:36	MOTION	3.0 Agenda	4
4.	Consent Agenda <ul style="list-style-type: none"> - Draft Minutes of December Council Meeting - Inquiries, Complaints and Reports Committee Report - Discipline Committee - Fitness to Practise Committee - Client Relations Committee - Registration Committee - Quality Assurance Committee Report 	T. Haidon	9:40	MOTION	4.0. Draft Minutes 4.1 ICRC Report 4.2 DC Report 4.3 FTP Report 4.4 CRC Report 4.5 RC Report 4.6 QAC Report	7
5.	President's Report	T. Haidon	9:45	MOTION: Approval	5.0 President's Report	29
6.	Registrar's Report	K. Dobbin	10:00	MOTION: Approval	6.0 Registrar's report	31
	2019 Operational Plan	K. Dobbin	10:15	MOTION: Approval	6.1 Operational Plan	35
BREAK 10:45 AM						

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
7.	Executive Committee Report	T. Haidon	11:00	MOTION: Approval	7.0 Executive Report 7.1 Statement of Operations	39
	Governance/ Information Technology Policy	C. Doornekamp	11:30	MOTION: Approval	7.2 Briefing Note 7.3 Revised Governance Process #6 7.4 Approved Information Security Policy	42
8.	Performance Measurement Framework	M. Solakhyan	11:45	DISCUSSION	8.0 Briefing Note 8.1 Performance Measurement Framework	51
9.	IN CAMERA		12:15	MOTION		64
LUNCH 12:30 PM						
10.	Pre-Audit Presentation	B. McKenzie	1:30	INFORMATION	9.0 Pre-Audit Communication	65
11.	New Registrants Policy	E. Thomas	2:00	MOTION: Approval	11.0 Briefing Note 11.1 Current NR Policy 11.2 Current NR Guideline 11.3 Proposed NR Policy	90
12.	Transitional Certificate of Registration	E. Thomas	2:30	MOTION: Approval	12.0 Briefing Note 12.1 Current Transitional Certificate of Registration Policy 12.2 Information Sheet 12.3 Undertaking 12.4 Supervisor Agreement	99
BREAK 2:45 PM						
13.	Governance Education Modules	Z. Grant	3:00	MOTION: Approval	13.0 Briefing Note	116

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
14.	Budget & By-law	C. Doornekamp	3:15	MOTION: Approval	14.0 Briefing Note 14.1 Budget 2019/2020 14.2 Proposed Fees & Remuneration By-law	119
15.	Adjournment	T. Haidon	5:00	MOTION		-
	Next Meetings: June 25-26, 2019 Oct 8-9, 2019 Dec 10-11, 2019			INFORMATION		-

MINUTES OF COUNCIL MEETING

Held on December 12, 2018 9:30 am to 5:00 pm
Boardroom (21 St. Clair Avenue East, Suite 303)

Chair: Tiffany Haidon, RM

Present: Tiffany Haidon, RM; Jennifer Lemon; Lilly Martin, RM; Lisa Nussey, RM; Wendy Murko, RM; Claire Ramlogan-Salanga, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Dierdre Brett; Maureen Silverman, RM; Karen Wood

Regrets: None.

Staff: Kelly Dobbin; Carolyn Doornekamp; Marina Solakhyan; Shivani Sharma; Jieun Lee; Krista Mandani

Observers Sarah Kibaalya (Ministry of Health); Christine Allen (AOM) – AM only

Recorder Zahra Grant

1. Call to Order, Safety, Welcome and Land Acknowledgment

Tiffany Haidon, Chair, called the meeting to order at 9:30 am and welcomed all present.

2. Declaration of Conflict of Interest

No conflicts of interest were declared.

3. Proposed Agenda

MOTION: That proposed agenda be approved as presented.

Moved: Lisa Nussey

Seconded: John Stasiw

CARRIED

4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of October 11 and 12, 2018 Council Meeting
- Second Quarter reports:
 - Registration Committee
 - Quality Assurance Committee

- Client Relations Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee

be approved as presented.

Moved: Sally Lewis
 Seconded: Wendy Murko
 CARRIED

5. President's Report

Tiffany Haidon, Chair, introduced her report to Council and provided general highlights.

Ms. Haidon also shared an important update with the Council regarding the College's operational funding grant from the Ministry of Health and Long-Term Care. On November 8, 2018 the College was informed by the Ministry that the operational grant that the College had requested and received on an annual basis for the past 25 years would no longer be issued. It was also noted that the decision was effective retroactively to April 2018. This news places the College's finances at a significant shortfall eight months into the fiscal year, however, under the guidance of the Executive Committee, plans to implement cuts at the operational and Council level are underway to ensure the College continues to deliver on its mandate. Although plans are aimed at minimizing the impact on the membership, the Council will need to propose membership fee increases at its next meeting in March 2019. Proposed changes will not impact the public.

MOTION: That the President's Report to Council be approved as presented

Moved: Jan Teevan
 Seconded: Lilly Martin
 CARRIED

6. Registrar's Report & Operational Plan

The Registrar, Kelly Dobbin, introduced her report and provided a progress report of the 2018 Operational Plan.

All the initiatives in the 2018 operational plan were developed with the objective of meeting the College's strategic priorities. An overview of how the Strategic Plan for 2017-2020 was developed was provided for the benefit of new members to the Council. The registrar was happy to share that all initiatives, with the exception of the revised registration regulation, were achieved. Gratitude and congratulations were extended to staff, Council and committee members on a successful operational year.

With respect to the proposed changes to the registration regulation, in March 2018, the Council decided to delay submitting proposed changes to the Ministry. Midwifery practice in Ontario is evolving and there are changes to the way some midwives practice and how they are funded. It was decided that in consideration of these critical factors, it was important to re-analyze the policy decisions, particularly in the areas of competency and, currency of practice. There is opportunity in the upcoming year to work collaboratively with the Canadian Midwifery Regulators Council and regulators in other provinces on these issues.

Year two of the HIROC Risk-Assessment program is complete. A self-assessment checklist, all of the areas that were identified to complete this year have been completed. Participation in the program has shown to be a good tool for the evaluation and measurement of our effectiveness at mitigating risks at both program and operational levels.

Victoria Marshall, Communications Officer, shared with the Council the Stakeholder Engagement Strategy outlining the purpose and objectives and how they contribute to achieving the College's strategic goals. The College has a unique role, and we need to ensure that our relationships with our stakeholders serve our mandate of regulation in the public interest. The main stakeholders identified by the College have been divided into three categories: midwifery organizations and regulatory partners; professionals (current and future practitioners); and the public, including midwifery clients. The College will continue to strive to improve networks in the interest of regulatory excellence and will form collaborative relationships with others as appropriate.

MOTION: That the Registrar's Report including the Operational Plan be accepted as presented.

Moved: Edan Thomas
Seconded: Wendy Murko
CARRIED

7. Health Workforce Regulatory Oversight Branch, Strategic Policy and Planning Division

Allison Henry, Director, and Thomas Custers, Manager, from the Health Workforce Regulatory Oversight Branch were welcomed by the Council to answer questions related to the Ministry's position of no longer funding the College and to present on the Regulatory Oversight unit's proposed oversight and measurement framework to be implemented this year.

8. Executive Committee Report

Tiffany Haidon, Chair, introduced the Executive Committee's report to Council, beginning with the financial statements. Carolyn Doornekamp, Director of Operations, presented

the summarized Q2 Statement of Operations. The statements were approved by the Executive at their November meeting, and were presented to Council for information only.

The proposed committee composition as recommended by the Executive Committee was presented to the Council. The committee based their recommendations on the Expression of Interest form, the competency matrix and capacity building. Council was also asked to approve the Executive's recommendation to appoint five non-council committee members for one-year terms: Christi Johnston; Claudette Leduc; Amy McGee, Isabelle Milot and Alexandra Nikitakis.

MOTION:

That the Executive Committee report be accepted as presented.

That the Committee composition recommendations proposed by the Executive Committee be accepted as revised:

- That John Stasiw be appointed as chair of Discipline/Fitness to Practise.
- That Lilly Martin be appointed as chair of QAC.
- That Lilly Martin remain member of Discipline/Fitness to Practise.
- That Jan Teevan remain member of QAC.

Moved: Wendy Murko
Seconded: Edan Thomas
CARRIED

9. IN CAMERA

MOTION: That the public be excluded from the meeting pursuant to clause 7.2(b) of the Health Professions 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 1:37 pm.

Moved: Jan Teevan
Seconded: Lilly Martin
CARRIED

MOTION: Be it resolved that Council move out of in-Camera at 3:30 pm.

Moved: Jan Teevan
Seconded: Edan Thomas
CARRIED

It was shared publicly that a decision was made in camera to extend the strategic plan for one year. This decision was made to allow focus on necessary actions that College will need to take for budget and operational planning.

10. Fetal Health Surveillance Policy

Jan Teevan, Chair of Quality Assurance Committee presented the recommendation that Council approve rescinding of the Fetal Health Surveillance (FHS) Policy. The recommendation is being brought forward on the basis that it is redundant to enforce a specific type of continuing education requirement, when continuing education is already incumbent on members through their QAP record reporting. FHS is a *Canadian Competency for Midwives* and midwives are required to maintain competency in all areas of midwifery practice as stated in the Professional Standards. Rescinding the policy does not pose a risk to the public.

MOTION: That the Fetal Health Surveillance Policy be rescinded.

Moved: Edan Thomas

Seconded: Lilly Martin

CARRIED

11. Guide on Caring for Related Persons

Deirdre Brett, Chair of the Client Relations Committee presented the Guide on Caring for Related Person. While other health regulatory Colleges such as the College for Physicians & Surgeons of Ontario has a clear policy that prohibits caring for relations, there is no literature or evidence within the context of midwifery care in Ontario to maintain this position as a standard of practice. The Guide was developed as a regulatory tool to inform midwives of the potential risks midwives should consider when making a decision to provide care to relatives and other individuals they hold a close relationship to.

The Council expressed some concern that having the Guide could be misconstrued by members as encouraged behavior. Although at this time there is no evidence to prohibit midwives from caring for related persons, the guide is not to be understood as encouragement. The Guide is meant to bring attention to members the issues that need to be seriously considered and acknowledge any potential risks before deciding to provide care.

The Council approved the Guide as a regulatory tool but made the suggestion for stronger language to highlight that providing care to relatives and close contacts is discouraged. Council also advised a that a different title would help with how the Guide is perceived.

MOTION: That the Guide on Caring for Related Persons be approved with the following revisions:

- Stronger language to illustrate discouragement of this type of care
- Title change

That the Standard on Caring for Related Persons be rescinded.

Moved: John Stasiw
Seconded: Wendy Murko
CARRIED

12. Alternative Dispute Resolution (ADR): Eligibility & Facilitator Policy

Wendy Murko, Chair of ICRC presented to Council the recommendation that the proposed Alternative Dispute Resolution Program be approved. To implement the program, three documents related to the program have been developed. The ADR Eligibility Policy, the ADR Facilitator Policy and the Guide to ADR. Currently, all complaints received by the College are resolved through referral to the *Inquiries, Complaints and Reports Committee (ICRC)*. The *Health Professions Procedural Code* allows for a complaint to be resolved using ADR, unless the complaint has already been referred to the Discipline Committee or involves an allegation of sexual abuse. ADR would be used when low-risk complaints are received. It was noted that the College used to have an ADR program but was discontinued in 2001 due to incapacity to establish an effective program framework and process. The College is now in a position to offer this and has worked with other Colleges to develop standardized policies and processes.

MOTION: That the College implement an ADR Program at the College; that the ADR Eligibility Policy be approved as presented; and that the ADR Facilitator Policy be approved as presented.

Moved: Jan Teevan
Seconded: Wendy Murko
CARRIED

13. Information Technology Policy

Carolyn Doornekamp, Director of Operations presented a draft of the *Information Security Policy (for Council, Committee and Working Group Members)* for Council approval. Over the last year, a review of the College's Privacy and Security policies took place. The proposed policies being presented were revised or created to ensure that they meet best practices, reflect current technology (ie. cloud usage) and offer practical guidance to users. Three types of users were identified through this process, namely staff, Council and consultants, and a new policy was created for each group. The new policy created for Council is presented here for Council approval in advance of the policy being incorporated into the governance policies.

MOTION: That the *Information Security Policy* be approved for incorporation into the Governance Policies.

Moved: Lilly Martin
Seconded: Maureen Silverman
CARRIED

14. ADJOURNMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 4:45pm

Moved: Sally Lewis

Seconded: Jan Teevan

CARRIED

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Wendy Murko, RM
Professional	Wendy Murko, RM, Edan Thomas, RM, Lisa Nussey, RM
Public	Jennifer Lemon, John Stasiw, Susan Lewis
Non-Council	Christi Johnston, RM, Claudette Leduc, RM

Committee Members (Current)

Chair	Wendy Murko, RM
Professional	Wendy Murko, RM, Edan Thomas, RM, Lisa Nussey, RM; Maureen Silverman; Lilly Martin, RM
Public	Jennifer Lemon, John Stasiw, Susan Lewis
Non-Council	Christi Johnston, RM, Claudette Leduc, RM

Committee Meetings

The ICRC meeting was held via teleconference on November 28, 2018. A summary of the decisions made during the meeting are provided below.

Alternative Dispute Resolution

The ICRC approved the implementation of the Alternative Dispute Resolution (ADR) program, the ADR Eligibility Policy and the ADR Facilitator Policy, which were brought forward to Council and approved on December 12, 2018. The ADR program will be implemented on April 1, 2019. Currently, all complaints received by the College are resolved through a referral to the ICRC. However, the *Health Professions Procedural Code* allows for a complaint to be resolved through ADR. ADR involves a process through which the complainant and the member work together with a facilitator to come to a resolution that is agreed to by all parties. The program was implemented at the College previously but was discontinued due to a lack of staff resources. The College has been working with other Colleges and have developed standardized policies.

Data Strategy

The Committee approved new quarterly and annual ICRC reports to Council. The implementation date of the new reports will be determined once all parts of the data strategy have been developed. Overall, the strategy includes data that will be collected to track the College's performance as a regulator, and to identify the areas of greatest risk.

Oral Caution Process

The Committee reviewed the oral caution process and made some decisions to strengthen its delivery. The ICRC decided to provide the Member with a copy of the caution script after it is delivered. The Committee also decided to consider requiring the affected member to complete a

reflective paper after the caution, as part of a Specified Continuing Education or Remediation (SCERP). The Committee also decided that the current process of not allowing the member to participate orally in the caution will remain in place. Oral cautions are considered one of the most serious dispositions that the ICRC can render and is an opportunity for the ICRC to express their views and concerns about the member's practice.

During the meeting, staff also briefed the Committee on the relevant departmental deliverables identified in the College's Operational Plan, and on the annual results of the benchmarks, and complaints process survey. A summary of these briefings are provided below.

Failure to Make a Mandatory Report Procedures

The Professional Conduct department provided the Committee with information on the consequences of failing to make a mandatory report as required under the *Health Professions Procedural Code*. The department identified procedures relating to a failure to make a mandatory report as a priority in the College's Annual Operational Plan. Following the Committee meeting, additional information was posted to the website for members with respect to the mandatory reports requirements, and the consequences for failing to make a mandatory report.

HIROC Risk Assessment Checklist Program

The Professional Conduct department reported on its activities conducted over the last year to complete this program, which were identified as priorities in the complaints and reports mismanagement module of the program. The department is on track to complete the program within its timelines. The College made a decision in July 2016 to complete the Risk Assessment Checklist program, developed and administered by the Healthcare Insurance Reciprocal of Canada (HIROC). The program follows a three-year cycle, and the reporting cycle occurs in August of each year.

Benchmark Review

Last year, the ICRC approved the implementation of benchmarks and streamlining measures to reduce the total duration of investigations. The Professional Conduct department conducted a review of the actual duration of investigations against those benchmarks to evaluate the effectiveness of these streamlining measures, and briefed the Committee on the outcome of the review. Due to streamlining efforts the department was able to reduce the total average duration of investigations by over 100 days. Tools like the new panel schedule, an improved decision drafting and review process, and greater collaboration with investigators have helped in these efforts to reduce durations. The Professional Conduct department plans to conduct a benchmark review every three years.

Complaints Process Feedback Survey Results

The Professional Conduct department briefed the Committee on the results of the complaints process survey since its implementation. The response rate has increased significantly since the re-implementation of the survey; it has increased to 56% from the previous 5% response rate. The ICRC approved the re-implementation of the new online complaints survey on November 14, 2017. The previous survey was issued by mail and had a very low response rate. The new survey is distributed by Survey Monkey and the questions are streamlined. The survey evaluates the College's complaint process on timeliness, transparency of procedures, public protection, helpful and knowledgeable staff, and understandable ICRC decisions and reasons. The department will

continue to distribute the online survey and monitor the feedback received. The results of the survey will be shared with the Committee on an annual basis.

Panel Meetings

COIN 294C/295C/296C: for deliberation (teleconference, October 24, 2018)
COIN 298C/299C: for deliberation (teleconference, November 27, 2018)
COIN 303C: for deliberation (teleconference, December 4, 2018)
COIN 311C: for deliberation (teleconference, December 14, 2018)

Trainings

None.

Attachments:

Professional Conduct Current Files Listing, as December 31, 2018

Respectfully Submitted,

Wendy Murko, Chair

Professional Conduct Current Files Listing, as of December 31, 2018

TOTAL ACTIVE CASES	25	TOTAL MONITORED CASES	13
Mandatory Reports (also captured as Registrar's Investigations) COIN 284R, 312R, 314R, 315R	4	Discipline	0
Complaints COINs 282C, 297C, 300C, 301C, 302C, 303C, 304C, 305C, 307C, 308C, 311C, 313C, 317C, 318C	14	Complaints & Reports COINs 252R, 257RI, 266RI, 285RI, 286RI, 287C	6
Fitness to Practice/Incapacity COIN 306I	1	Fitness to Practice/Incapacity	0
Registrar's Investigations/ Registrar's Inquiries COINs 284R, 288RI, 291RI, 293RI, 309RI, 310RI, 312R, 314R, 315R, 316RI	10	HPARB / Judicial Review COINs 245C, 246C, 247C, 265C, 275C, 276C, 277C	7
Closed since last Report COINs 288RI, 294C, 295C, 296C, 298C, 299C	6	Closed since last Report COIN 289C	1
Active complaints beyond 150 days COIN 282C, 297C	2		
Decision Drafting & Review COIN 303C, 311C	2		

DISCIPLINE COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Members (Current)

Chair	John Stasiw
Professional	Lilly Martin, RM, Jan Teevan, RM; Wendy Murko, RM; Lisa Nussey, RM; Edan Thomash, RM; Claire Ramlogan-Salanga, RM; Maureen Silverman, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Meetings

November 30, 2018 – Via Teleconference

A summary of the decisions made during the meeting are provided below:

Bill 87 Rules of Procedures Revisions

The Committee approved the revised Discipline Rules of Procedures. The Rules of Procedures required revisions to align with recent amendments to the *Regulated Health Professions Act, 1991 (RHPA)*. The Federation of Health Regulatory Colleges of Ontario (FHRCO) consulted with Richard Steinecke, legal counsel to SML, to review the Rules of Procedures to assist Colleges in their implementation of Bill 87. Richard Steinecke conducted a thorough review of the Rules of Procedures and drafted updates and approaches to various issues, which were highlighted by staff in the Rules of Procedures reviewed by the Committee.

In addition, staff briefed the Committee on recent amendments to the *RHPA*. On May 1, 2018, a number of amendments came into effect, and three sets of regulations were enacted. Relevant changes include the expansion of the definition of a client for the purpose of sexual abuse, and third-party production orders.

Data Strategy

The Committee approved the proposed quarterly and annual Discipline Committee reports to Council. The main changes to the reports include a breakdown of contested versus uncontested hearings, the specific action or disposition taken by the Committee, the number of days from referral to hearing, the number hearing days, and the results of appeals. The implementation date of the new reports will be determined once all parts of the data strategy have been developed. Overall, the strategy includes data that will be collected to track the College's performance as a regulator, and to identify the areas of greatest risk.

Panel Meetings/Hearings

None

Trainings

None.

Items

None

Attachments:

None

Respectfully Submitted,

Lilly Martin, Chair (Up to December 13, 2018)

FITNESS TO PRACTISE COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Members (Current)

Chair	John Stasiw
Professional	Lilly Martin, RM, Jan Teevan, RM; Wendy Murko, RM; Lisa Nussey, RM; Edan Thomash, RM; Claire Ramlogan-Salanga, RM; Maureen Silverman, RM
Public	Jennifer Lemon, Susan Lewis, John Stasiw, Deirdre Brett
Non-Council	Claudette Leduc, RM

Committee Meetings

November 30, 2018 – Via Teleconference

A summary of the decision made at the meeting is provided below.

Data Strategy

The Committee approved the proposed quarterly and annual Fitness to Practise Committee reports to Council. The main changes in the proposed annual reports include the number of findings, the specific action taken by the Committee, the number of days from referral to hearing, the number hearing days, and the results of appeals. The implementation date of the new reports will be determined once all parts of the data strategy have been developed. Overall, the strategy includes data that will be collected to track the College's performance as a regulator, and to identify the areas of greatest risk.

Panel Meetings/Hearings

None.

Trainings

None.

Items

None.

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair (Up to December 13, 2018)

CLIENT RELATIONS COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Deirdre Brett
Professional	None
Public	None
Non-Council	Christi Johnston, RM, Amy McGee, RM

Committee Members (Current)

Chair	Deirdre Brett
Professional	Lisa Nussey, RM
Public	John Stasiw
Non-Council	Christi Johnston, RM, Amy McGee, RM

Committee Meetings

N/A

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

N/A

Attachments:

N/A

Respectfully Submitted,

Deirdre Brett, Chair

REGISTRATION COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Jennifer Lemon (Interim Chair, October 11, 2018 – December 13, 2018) Isabelle Milot, RM (term ended October 11, 2018)
Professional	Claire Ramlogan-Salanga, RM; Edan Thomas, RM
Public	Jennifer Lemon; John Stasiw
Non-Council	Alexandra Nikitakis, RM

Committee Members (Current)

Chair	Edan Thomas, RM
Professional	Claire Ramlogan-Salanga, RM; Edan Thomas, RM
Public	Jennifer Lemon; John Stasiw, Deirdre Brett
Non-Council	Alexandra Nikitakis, RM, Isabelle Milot, RM

Committee Meetings

November 16, 2018, 9:30 am to 12:30 pm, teleconference

Panel Meetings

October 18, 2018, 9:30 am to 12:30 pm, teleconference
3 Requalification Programs (Inactive to General)

November 08, 2018, 9:30 am to 12:30 pm, teleconference
1 Requalification Program (Inactive to General)
1 Supervised Practice

December 06, 9:30 am to 12:30 pm, 2018, teleconference
1 Requalification Program – Supervised Practice extension
1 Re-registration (former member)

Trainings

None

Items

1. POLICY ON NEW REGISTRANTS

The New Registrant's Policy was slated for review as part of the Registration Streamlining Plan. The first review and proposed revisions were brought forward to the Registration Committee by staff as part of the November meeting of the Registration Committee. The purpose of the review was to clarify the information and process as outlined in the New Registrants Policy and Guideline, which have not been reviewed since 2006. The Committee reviewed the revised draft policy and asked for further work and for it to be brought forward to the next Registration Committee meeting, which was held on March 1, 2019. The draft proposed policy is included for Council's consideration – please see agenda item 15 on the Council agenda for March 20, 2019.

2. SUPERVISED PRACTICE

Staff have reviewed the current processes associated with issuance of a Supervised Practice certificate of registration. The Supervised Practice class provides an avenue for an applicant who does not otherwise meet the birth numbers outlined in the Registration Regulation, to practise under supervision and obtain the clinical experience required for a General certificate of registration. Staff reviewed the process for issuance of a Supervised Practice certificate of registration and proposed some procedural changes. Previously supervisor agreements were being signed when the applicant submitted their application form, instead of being completed after issuance and review of a Plan for Supervised Practice and Evaluation so that the supervisor and the supervisee is aware of what is required. In addition, it was recommended that work be done to update the template for establishing Plans for Supervised Practice Evaluation, to address clinical deficiencies and to provide more clarity for supervisors and supervisees. The Committee agreed with this approach and proposed changes will be brought back to the Registration Committee for review and approval at a later date.

3. RISK ASSESSMENT TOOL – REQUALIFICATION PROGRAMS

The Registration Panel Risk Assessment Tool for Determining Requalification Programs has been consistently used by all relevant panels since it was approved by the Committee in July 2018. It was requested that it be brought to the Registration Committee for review and possible revision of the tool. It was emphasized that it is a working document and changes can be made if necessary. Staff were asked to review it in line with the discussion held and bring it back to the next meeting.

4. DATA STRATEGY – REGISTRATION COMMITTEE REPORTS TO COUNCIL

Currently all statutory committees submit reports of their activities to Council. The Committee approved a new format for the committee quarterly and annual reports. The implementation date will be determined once all parts of the data strategy have been developed and approved either internally or by appropriate statutory committees.

Quarterly Membership Stats – October 1, 2018 to December 30, 2018

Respectfully Submitted,

Edan Thomas, Chair

College of Midwives of Ontario

Quarterly Membership Stats - April 1, 2018 to December 31, 2018

Registration Class/Status	June 30, 2018	Sept 30, 2018	Dec 31, 2018	Net Change (last 2 Qtrs)
General	666	691	695	4
General with New Registrant Conditions	83	82	71	-11
Supervised Practice	11	16	11	-5
Inactive	172	166	172	6
Current Members	932	955	949	-6
Resigned as a Member	236	248	257	9
Revoked for non-payment of fees	22	21	22	1
Revoked for failure to meet registration requirements	9	9	9	0
Revoked by order of the Discipline Committee	1	1	1	0
Suspended for non-payment of fees	2	2	5	3
Expired Certificate of Registration	1	1	1	0
Deceased	3	3	3	0
Total Registrants	1206	1240	1247	
Changes Within Quarter	April 1, 2018 - June 30, 2018	July 1, 2018 - Sept 30, 2018	Oct 1, 2018 - Dec 31, 2018	
New Members	26	34	7	
Re-registrations	1	1	3	
Resignations	4	12	12	
Revocations	1	0	1	
Suspensions	0	0	5	
Net Change Within Quarter	22	23	-8	

QUALITY ASSURANCE COMMITTEE

Q3 REPORT TO COUNCIL

Committee Members (to December 13, 2018)

Chair	Jan Teevan, RM
Professional	Lilly Martin, RM; Claire Ramlogan-Salanga, RM; Jan Teevan, RM
Public	Susan Lewis; Dierdre Brett
Non-Council	None

Committee Members (Current)

Chair	Lilly Martin, RM
Professional	Lilly Martin, RM; Claire Ramlogan-Salanga, RM; Jan Teevan, RM; Maureen Silverman, RM
Public	Susan Lewis
Non-Council	None

Committee Meetings

November 21, 2018 – Via Teleconference 9:30 AM to 12:30 PM

Panel Meetings/Hearings

November 26, 2018 – QAP Non-Compliance Panel 9:30 AM to 12:30 PM

- 17 members were marked non-compliant
 - 6 non-compliant members were approved by staff
 - 11 non-compliant members were reviewed by the panel
- 3 Exemption requests were received and reviewed by the panel

Trainings

There were no trainings held in Q3.

Items

QA Peer and Practice Assessment Program

Assessor training for the new Quality Assurance Peer and Practice Assessment Program was held on November 22, 2018. Eleven assessors were in attendance. The training day confirmed that the College has a great pool of assessors. After the training session, it was decided to part ways with assessment specialist Sid Ali of *Research & Evaluation Consulting Inc.* and Pina Pejovic of *Strategy & Insights* and to finalize and pilot assessment tools in-house.

Attachments:

None

Respectfully submitted,

Jan Teevan, RM (Up to December 13, 2018)

PRESIDENT'S REPORT

REPORT TO COUNCIL – March 20, 2019

Prepared by: Tiffany Haidon, RM

1. General Highlights

With the start of the new year 2019, I look forward to working closely with Kelly and College staff to realize the accomplishments of the College's proposed Operational Plan for 2019. As a Council, we should be very proud of the huge accomplishments and gains achieved this year through the hard work of Kelly, the directors and staff. This work also could not have been completed without the hard work of Council and Committee members. As Chair, I thank every one of the Council members for their commitment and engagement to completing the work needed to help the College achieve regulatory excellence. I look forward to starting a new fiscal year with renewed energy and dedication.

2. Governance

Meeting weekly with the Registrar has kept me abreast of ongoing work of College staff on projects and initiatives that work toward meeting our Strategic goals. These meetings are beneficial in order to be prepared for any new items needing to come to Council.

Registrar Performance/ Performance Tool

The Registrar's mid-year informal evaluation will occur in May. I would like to remind Council members to be mindful of keeping track of their feedback on the Registrar's performance in order to provide that input for the formal review at the end of the review period. With revisions to the Registrar's job description, a new performance tool will be created with the input of our Director of Operations and expert review.

Assessment of External Auditor Tool

The review of the auditor for 2018-2019 was initiated at February's Executive Committee meeting. I look forward to improving the financial literacy and mentoring of the new members to the committee on this tool to ensure an effective hand-over in October, when my term expires.

3. Stakeholder Engagement (e.g. stakeholder meetings, conferences)

Participation occurred at the following meetings:

1. AOM/ CMO Liaison Meeting- collaborative and informative discussions occurred to meet the mandate of both the College and the Association.
2. OMSC: January 14, 2019

3. OMRG: January 28, 2019
4. Registration Committee (Ex-Officio) March 1, 2019

Submitted by:

Tiffany Haidon, RM

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – March 20, 2019

Prepared by: Kelly Dobbin

1. General Highlights

The College was advised on March 5 by the Ministry that it intends to cover the College's 2018-19 projected shortfall of approximately \$400,000. Efforts are underway to expedite processing of the transfer of funds before March 31, 2019. The College acknowledges the Ministry's efforts to find an equitable path forward and also recognizes that funding for 2019-20 and beyond is unlikely. The inclusion of the budget in the Council package is therefore delayed as we seek the Executive Committee's direction to revise the briefing note and budget to address the now anticipated receipt of these funds. We have asked for confirmation in writing in advance of Council meeting on March 20 so that Council may make a fully informed decision regarding necessary membership fee increases that account for the 2018-19 funding.

The College submitted its Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC) on March 1, 2019. This report will be published on our website within 30 days of its submission.

The 2019 election cycle for professional member positions on Council will commence in April with a call for nominations. Voting commences June 1 and closes June 30. Professional Council members' terms that are open for election include Tiffany Haidon and Wendy Murko. Neither midwives are eligible for re-election as they will have served on Council for three consecutive terms, totalling nine years. Both terms will expire in October 2019 when the newly elected members will commence their respective terms.

The College received public member Karen Wood's resignation from Council early in the new year. We have been working closely with the Public Appointments Secretariat to secure a new public appointment as soon as possible. We thank Karen for the time she served on Council and wish her well in her other endeavours.

The College's annual operational planning day took place in January. The *Annual Operational Plan* sets out our program of work for the period of January 1, 2019 to December 31, 2019 (whereas the College's financial year runs from April 1 to March 31). The plan is set in the context of our [Strategic Plan 2017-2020](#), approved by Council in December 2017, and provides greater detail on the activities we will undertake in 2019 to achieve the delivery of that strategy. All of the activities set out in the *Annual Operational Plan* will build on the activities delivered in 2018 and will continue to:

- improve our regulatory approach so that it is more proportionate and targeted, works better for the midwifery clients and the public and which imposes a reduced burden on those we regulate; and

- improve our performance in delivering our regulatory functions: improving operational effectiveness and efficiency, being more transparent about our requirements and expectations, and delivering a better experience for those who interact with us.

Council is asked to approve this plan. Please refer to the attached plan in the package.

The College has developed a Governance Education Module that requires Council approval. The General Bylaw sets out the criteria for eligibility for election to Council and for non-Council appointment to committees. Completion of a governance training program is a requirement for eligibility. The Governance Education Module and its accompanying Governance Manual is the College's proposed training program. Current Council members will have an opportunity on its training day, prior to its Council meeting, to independently progress through the module and take a short exam after completion. Feedback is requested and approval is sought at Council in order to pilot the module during the upcoming election cycle.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College continues to work towards modernizing legislation and regulations related to the regulation of midwifery practice. There have been no updates from the Ministry since our last Council meeting in December regarding the previously submitted Quality Assurance Regulation, Professional Misconduct Regulation or to the Scope of Practice submission which recommended changes to the Designated Drugs Regulation or the Laboratories Regulation under the *Laboratory and Specimen Collection Centre Licensing Act*.

ii. Implementation of Risk-Based Regulation

The final step in the College's efforts to implement risk-based regulation is the development and implementation of a Performance Measurement framework. A general overview of the framework is provided to Council for its review and general feedback. The final template for the Performance Measurement Report will be presented to Council in June for approval. Once approved, the College will report annually on its performance and make the reports publicly available on its website. Please refer to Agenda item #8 for a detailed briefing note and framework.

iii. Public Participation & Engagement

The newly published "About Midwifery" brochures have been distributed to all midwifery practices throughout Ontario. As a reminder to Council, these brochures describe the role of the College and provide information to clients and their families about how the College regulates midwifery in the public interest.

The College launched its 25-year anniversary campaign in January to celebrate the achievements and notable moments of regulating midwifery over the past 25 years. These events have been shared on our social media platforms and will continue to be shared throughout 2019.

3. Stakeholder Engagement

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

- Federation of Health Regulatory Colleges of Ontario (FHRCO) strategic planning meeting December 13
- Call with ADM Patrick Dicerni December 20
- Call with ADM Patrick Dicerni January 7
- Ontario Midwifery Strategy Council meeting January 14
- Canadian Midwifery Regulators Council Executive Meeting Jan 14
- Call with ADM Patrick Dicerni January 25
- Ontario Midwifery Reference Group January 28
- Interview with TVO January 30
- Attendance at an Evening with Harry Cayton January 30
- Canadian Midwifery Registration Exam Committee Meeting February 5
- Participation in The CART MiPMaP Study: Midwifery prevention & Management of Unintended Pregnancy February 8
- Canadian Midwifery Registration Exam Committee Meeting February 13
- Canadian Midwifery Regulators Council Executive Committee Meeting February 20
- Federation of Health Regulatory Colleges of Ontario (FHRCO) meeting February 20
- Call with acting/ADM Sean Court March 5, 2019
- Canadian Midwifery Regulators Council Meeting March 18

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 and telephone. Practice advice is offered only insofar as it relates to upholding standards of practice. Practice advice issues are tracked in order to inform the development or revision of guidance materials or regulatory tools.

The College published our winter edition of On Call newsletter for midwives. The winter issue provided an update on the College's current financial situation from our President and Registrar, celebrated our 25-year anniversary, and shared a new brochure for midwifery clients. The newsletter also highlighted news from the December Council meeting, important updates

for midwives on continuing competencies, QAP, and our processes for complaints, discipline, and Registrar's Investigations.

ii. Programs and Projects

After Council approved the policies and guide for the College's Alternative Dispute Resolution program at its December meeting, we have been actively engaged in developing procedures for its implementation on April 1st, 2019.

In accordance with the College's policy on participation in external research, the Registrar reported to Council in October regarding our participation as a Canadian Institute for Health Research (CIHR) project grant co-applicant for the proposed study entitled "Midwifery Prevention and Management of Unintended Pregnancy Across Canada". The grant was not awarded however a grant application has been resubmitted after addressing some of the application reviewers' comments. The College's role in the project is to inform the investigations and ensure that the regulatory aspects (in terms of barriers and facilitators) are appropriately considered and understood. The College participated in the national stakeholder meeting to inform the resubmission in February.

iii. Human Resources

We are sad to say goodbye to Victoria Marshall, Communications and Stakeholder Relations Officer, and thank her for the contribution she made to the College. We wish her well in her new position and anticipate finding a replacement in the near future. Krista Madani, Professional Conduct Manager, remains working remotely after her recent move to British Columbia and has generously agreed to remain in the position until we find a suitable replacement.

Attachments

2019 Annual Operational Plan

College of Midwives of Ontario
Annual Operational Plan
 January 1, 2019-December 31, 2019

STRATEGIC PRIORITY #1: MODERNIZATION OF LEGISLATION AND REGULATION		
Initiatives	Success Measures	Planned Activities
1.1 Lead legislative reform of the Midwifery Act and other relevant legislation to optimize the midwifery scope of practice	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication.</p> <p>Communication with the membership and stakeholders is clear, targeted, consistent and effective.</p>	Continue to work with the Ministry of Health and Long-Term Care (Ministry) on proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, including proposed rescinding of Appendix B of the Laboratories Regulation made under the Act.
1.2 Improve the quality of midwifery regulation to remove unnecessary regulatory barriers and burdens in order to enhance regulatory effectiveness, transparency, flexibility and innovation.	<p>The proposed changes to the Midwifery Act, other relevant legislation and all regulations made under the Midwifery Act are submitted.</p> <p>There is regular communication of information on legislative and regulatory changes through formal channels of communication.</p>	<p>Continue to work with the Ministry on proposed changes to the Designated Drugs Regulation</p> <p>Continue to work with the Ministry to finalize the proposed changes to the General Regulation (note: the College is ready to implement a new Quality Assurance Program and relevant processes to administer the program as soon as the regulation is approved by the government)</p> <p>Continue to work with the Ministry to finalize the proposed changes to the Professional Misconduct Regulation</p> <p>Complete background research to inform changes to the Registration Regulation</p>
1.3. Broaden knowledge and understanding within the membership and key	There is regular communication of information on legislative and	Continue to update the website content to raise awareness among the membership and applicants

stakeholders of the legislative and regulatory framework relevant to the practice of midwifery.	regulatory changes through formal channels of communication.	about the College, its role and the requirements
	Communication with the membership and stakeholders is clear, targeted, consistent and effective.	Complete Guide on Midwifery Scope of Practice
		Implement stakeholder and student engagement strategy, previously approved by Council, to raise awareness among the students and members about the College, its role and requirements

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION

Initiatives	Success Measures	Planned Activities
2.1. Deliver the effective operation of the new systems to balance necessary levels of public protection with reasonable levels of risk	Existing College systems and processes are reconfigured to ensure that they are in line with risk-based regulation	Complete regulatory performance measurement framework (including implementation plan) to evaluate the College’s regulatory effectiveness
		Complete the College’s data strategy and implementation plan
		Strengthen IT/data security
2.2. Enhance the organizational capacity and capability to deliver risk-based regulation effectively and efficiently	<p>Regulatory actions undertaken by the College focus on our regulatory outcomes and are proportionate to the risk being managed</p> <p>Risk Assessment Checklists Program is satisfactorily completed</p> <p>Council and staff effectively utilize risk-based regulation tools</p> <p>Regulatory activities and decision making are reported appropriately</p>	<p>Successfully complete the HIROC risk assessment checklists (Year 3 - final phase)</p> <ul style="list-style-type: none"> - Registration and Licensure - Failure to register and license in a fair and/or consistent manner - Complaints and Resolution - Mismanagement of practitioner/member complaints - Administration – Mismanagement of complaints from members of the public - Rights - Inappropriate release and/or denial of request to access information - Rights - Privacy breach - Employment – Wrongful dismissal - Fiduciary – Employee fraud

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION

Initiatives	Success Measures	Planned Activities
Initiative 2.2. continued		Implement a new quality assurance peer and practice assessment program
		Review and revise documents pertaining to the risk-based regulatory framework, including: <ul style="list-style-type: none"> - Updating risk register - Completing risk matrix
		Continue to streamline registration processes: <ul style="list-style-type: none"> - Approval and implementation of the New Registrants Policy - Approval and implementation of changes to the Transitional Class of Registration Policy - Implementation of criminal record and screening process - Revisions to the supervised practice plan template
		Implement alternative dispute resolution (ADR) Program for low risk complaints
		Develop regulatory guidance based on identification of risks (or gaps) arising out of complaints trends and changes made to governing legislation/regulations, including: <ul style="list-style-type: none"> - Revise Sexual Abuse Prevention Policy to define certain terms used in Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code, O. Reg. 260/18, s. 1.2. - Guide on Reporting Child Abuse - Guide on Mandatory & Voluntary Reporting

STRATEGIC PRIORITY #2: IMPLEMENTATION OF RISK-BASED REGULATION

Initiatives	Success Measures	Planned Activities
Initiative 2.2. continued		<p>Implement stakeholder engagement strategy to enable the College to use risk mitigation as the foundation for partnership</p> <p>Review the Professional Standards for Midwives (a review after the first year was requested by Council) and other College standards.</p>

STRATEGIC PRIORITY #3: PUBLIC PARTICIPATION AND ENGAGEMENT

Initiatives	Success Measures	Planned Activities
3.1 Inform and educate the public regarding the College's role and how we fulfill our public protection mandate	Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging	Continue to update the website content to ensure clearer navigation of pages and availability of easy to access and relevant information to the public.
3.2 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 initiatives and activities are targeted and mutually beneficial	<p>Public engagement plan implementation, including:</p> <ul style="list-style-type: none"> - Roll out of "What to expect from your midwife" brochure - 25 years of regulation timeline posting and promoted posts - Continue to grow followers - Pitch op-eds to magazines/online about what to expect from midwife - Implementation of non-Council public members on Committees <p>Continue collaboration with health regulatory colleges on the FHRCO-led Public Engagement Project</p>

EXECUTIVE COMMITTEE

REPORT TO COUNCIL – March 20, 2019

Committee Members

Chair	Tiffany Haidon
Professional	Claire Ramlogan-Salanga, VP; Jan Teevan
Public	Jennifer Lemon, VP; Susan "Sally" Lewis

Committee Meetings

February 20, 2019 – Skype conference call

March 4, 2019 – Teleconference call

Items

Approved on Behalf of Council

- A new Financial Statement Template was approved by the committee for financial reporting. The proposed 2019-20 budget will be presented to Council based on the new template.
- The College's Q3 statement of operations was approved at the Executive Committee meeting on February 20, 2019. See attached.

Q3 Statement of Operations A revised budget was approved by Council at its December 2018 meeting and the third quarter statement is presented against that forecast. The College was able to find savings mid-year by careful expense cuts to its final two quarters. These expense cuts included reducing meetings and meeting attendance, pausing projects that required external consultants in favour of creating plans to complete the work with the Colleges existing staff, and implementing an immediate hiring freeze that halted planned staff increases. Savings found cannot fully offset the loss for the year, and the College is projecting a loss of \$398,381 for the 2018-19 fiscal year at this time.

Proposed Budget

The Executive committee reviewed the 2019-20 Proposed Budget and membership fee increases and it is being brought forward to Council for approval under a separate agenda item.

Governance Policy Updates

The committee reviewed the Colleges' Governance Policy, Governance Process #6 Confidentially and Disclosure of College Information which was updated to align with the Information Security Policy that was approved at the December 2018 Council meeting. The revised Governance Policy is being brought forward by the Committee for approval.

Sunsetting Professional Council Position

The Committee decided against the option of sunsetting a Professional member Council position at this time, which was discussed a cost-saving measure as well as a means of achieving a balance of professional and public member. A risk was identified that by sunsetting a professional position, the Council would be vulnerable to becoming unconstituted should one of the seven professional members resign or be disqualified mid-term.

College of Nurses of Ontario's (CNO) Governance Vision 2020

The Committee supported submitting a letter to the Ministry acknowledging support for the College of Nurses' Governance Vision 2020. Many of the CNO's proposed governance changes are principles that the College of Midwives has already adopted or are working towards adopting in our governance strategy. The letter will acknowledge support of CNO's vision with a caveat that some of the legislative changes being proposed, particularly those that recommend Colleges bear the cost of remuneration for public Council members, will be a challenge for our College to achieve and sustain with our current financial positioning.

Attachments:

1. Q3 Statement of Operations
2. Governance Policy, Governance Process #6 Confidentially and Disclosure of College Information

Respectfully Submitted,

Tiffany Haidon, Chair

CMO STATEMENT OF OPERATIONS: FISCAL April 1, 2018- March 31, 2019 (F19)

Q3 Statement

BUDGET CATEGORY	F19 FORECAST BUDGET AMOUNT	F19 Budget to end of Q3	Q3 Spending April 1, 2018- December 31, 2018	Q3 Spending April 1, 2017- December 31 2017	Percentage Variance Against Budget	Explanatory Notes
STAFF- Salaries and Benefits						
Sub-Total	\$1,258,635	\$943,976	\$864,768	\$872,003	68.71%	
OPERATIONAL COSTS						
<i>Professional Fees</i>						
Sub-Total	\$108,890	\$81,668	\$67,174	\$62,342	61.69%	
<i>Council, Committees and Panels Per Diem Expenses</i>						
Sub-Total	\$155,000	\$116,250	\$98,647	\$131,698	63.64%	
<i>Office and General</i>						
Sub-Total	\$352,060	\$264,045	\$232,206	\$257,786	65.96%	
<i>Membership Fees</i>						
Sub-Total	\$48,004	\$36,003	\$48,856	\$21,883	101.77%	The revised CMRC membership fee was more than originally communicated to the College (\$36,900 rather than \$30,000). Most membership fees are paid for the year though, and at most there may be a 10% overage against the line.
<i>Conferences and Meetings</i>						
Sub-Total	\$18,500	\$13,875	\$15,974	\$10,917	86.35%	Overage relates to when the bills are paid - there is no anticipated overspend against the budget by year end
<i>Program & Project Expenses</i>						
Sub-Total	\$320,376	\$240,282	\$81,374	\$66,687	25.40%	
CAPITAL COSTS						
Sub-Total	\$41,372	\$31,029	\$27,396	\$30,974	66.22%	
TOTALS	\$2,302,837	\$1,727,128	\$1,436,394	\$1,454,290	83.17%	
REVENUE FROM FEES	\$1,904,456	\$1,428,342	\$1,436,824	\$1,344,023	100.59%	
PROJECTED SHORTFALL	\$398,381					

BIRTH CENTRE DETAILS F19

Birth Centre Grant (Annual)	\$65,154
Budget based on the Grant (9 months)	\$48,866
Birth Centre Expenses (9 months)	\$45,397
Net Birth Centre	\$19,757

PROFESSIONAL CONDUCT ACCRUAL DETAILS F19

Accrued Liabilities for 9 months	\$77,361
Accrued Liability Usage for 9 months	\$59,723

BRIEFING NOTE FOR COUNCIL

Subject: Incorporation of approved Information Security Policy into relevant Governance Policy, Governance Process #6, Confidentially and Disclosure of College Information.

Background

During the December 2018 meeting Council approved the *Information Security Policy*. The approved policy has been incorporated into the revised Governance Policy, Governance Process #6 Confidentially and Disclosure of College Information for approval.

Key Considerations

The *Information Security Policy* was approved by Council at the December 2018 meeting requiring incorporation into the relevant College Governance Policies.

Recommendations

The following recommendations are submitted for consideration or approval:

- 1) That the revisions to the Governance Policy, Governance Process #6 Confidentially and Disclosure of College Information that incorporate *Information Security Policy* be approved as presented.

Implementation Date

March 20, 2019 upon Council approval.

Legislative and Other References

Privacy Code available on BoardEffect.

Attachments

1. draft revised pages of Governance Policy, Governance Process #6 Confidentially and Disclosure of College Information
2. Approved Information Security Policy (for Council, Committee, and Working Group Members).

Submitted by:

C. Doornekamp, Director of Operations

INFORMATION SECURITY

for Council, Committee, and Working Group Members

Purpose

To establish rules for security and privacy while accessing the College of Midwives of Ontario ("College") Resources that protect sensitive and/or confidential information from breach.

Scope

Council, Committee, and Working Group Members

Definitions

Members: professional or public representatives who participate as members of Council, Committee, and/or Working Groups.

Personal Health Information: as defined in the *Personal Health Information Protection Act* (PHIPA) at section 4, which states:

4 (1) *In this Act,*

“personal health information”, subject to subsections (3) and (4), means identifying information about an individual in oral or recorded form, if the information,

(a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family,

(b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,

(c) is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual,

(d) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual,

(e) relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,

(f) is the individual’s health number, or

(g) identifies an individual’s substitute decision-maker. 2004, c. 3, Sched. A, s. 4 (1); 2007, c. 8, s. 224 (6); 2007, c. 10, Sched. H, s. 2.

Resources: all College materials (e.g. files, documents, materials, e-mails).

Sensitive and/or Confidential Information: information, including Personal Health Information, about a registrant or applicant of the College, midwifery practice location, complainant, member of the public, contractor, employee, business contact, vendor, or the work of the College that is not public information and, if shared, might reasonably be considered a breach of privacy by the involved party, or any other information that would be reasonably considered sensitive and/or confidential if viewed by an individual.

Working Group: a temporary committee whose terms of reference is determined by Council.

Policy and Procedures

Members are required to abide by the following rules when accessing College resources. In the event that a member has an information breach or suspects an information breach is possible they must contact the College's Privacy Officer (Director of Operations, operations@cmo.on.ca, 416-640-2252 ext 225) immediately.

Where a laptop or smartphone provided by the College has been lost, the College's IT consultant should also be notified, so that immediate steps can be taken to remotely 'wipe' the device.

The Privacy Officer will conduct an initial assessment to determine whether a breach has occurred, and if so, the nature and extent of the breach. The Privacy Officer will involve the legal team.

Members reporting breaches to the Privacy Officer are asked not to notify affected persons (i.e., those whose information was compromised) directly or to take remedial action or corrective measures before speaking with the Privacy Officer (or, in the absence of the Privacy Officer, the Registrar). The Privacy Officer or Registrar will contact affected persons directly.

EMAIL:

Members must use an email address for College work that is accessible only to themselves and is secured with a password that meets the College's password requirements.

Sensitive and/or confidential information that is sent by email should be done so with caution. Members sending the email with sensitive and/or confidential information should follow these steps:

- Consider if another method of information transfer could be used that is more appropriate (e.g. Sharepoint, file transfer through the College's secure information transfer webpage etc.)
- Password-protect any attached documents containing sensitive and/or confidential information
- Where possible redact any identifying information (e.g. names, addresses, etc.) or use generic terms that are not identifying (e.g. "Member of the College" instead of the name of the midwife)
- Double check all recipients before sending email to ensure there is no error in the destination address

Use of email for sharing of the following information is prohibited:

- 1) Panel deliberation materials and panel decision materials for the College's program areas
- 2) Any Personal Health Information or any document that includes Personal Health Information

The above items should be viewed exclusively through BoardEffect or Sharepoint.

PRINTING AND STORAGE OF HARD COPIES OF SENSITIVE AND/OR CONFIDENTIAL MATERIAL

Sensitive and/or confidential information should not be printed offsite unless absolutely necessary to the workflow of the member. In the event that sensitive and/or confidential information is printed it should only be kept for the time absolutely necessary to complete the associated work. The material must be kept in a secure location when not in use, and should be destroyed at the end of its useful life by irreversible shredding or pulverization.

When printing sensitive and/or confidential information, the member must ensure that no unauthorized party can access the resources. All printers should be cleared as soon as printed; thereby ensuring that sensitive and/or confidential documents are not left on printers.

If a member does not have access to irreversible shredding or pulverization at the print location then they are prohibited from printing sensitive and/or confidential information. Sensitive and/or confidential information cannot be moved between locations or taken away from the printing / destruction location without the written consent of the Registrar or Privacy Officer.

Keys used for access to hard copies of sensitive and/or confidential information must be kept in a safe and hidden location known only to the member.

ELECTRONIC INFORMATION STORAGE

Sensitive and/or confidential information should be viewed on mobile devices only when absolutely necessary to the workflow of the member and must be deleted immediately after viewing in the event that the copy is saved to the mobile device during the process of viewing the information.

Drafts of sensitive and/or confidential information (with the exception of any document containing Personal Health Information) can be saved on computers when absolutely necessary if the following criteria is met:

- 1) The information is accessible only by entering a password that meets the College's password criteria and the password is only known to the member
- 2) There are no other admin level users on the device being used. If there are then the member must delete all materials completely (including drafts and copies in recycling bins) from the device before it used by any other user with admin level access
- 3) The information is tracked and destroyed at the end of its useful life

Members are not permitted to copy any files to USB or any other external device.

PASSWORDS

Passwords used to access College Resources must meet the password standards established by the College and be changed at minimum every year (or immediately if there is the possibility that the password has been compromised in any way).

This policy does not apply to passwords for cellular phones and tablets. PIN codes on all cellular phones and tablets that are enabled to access College Resources or emails related to College work must meet the password standard below:

1. The device must be protected with a PIN
2. The PIN must not be shared with any other person
3. The PIN must be at least 6 characters of numbers out of sequence (eg: not 123456 not 111111)
4. If the device has finger print or facial recognition technology it is recommended to use that technology (not mandatory)

All passwords used to access College resources must meet the following minimum criteria:

- 1) Minimum of eight characters
- 2) Minimum of three different character types (upper case, lower case, numbers, symbols)
- 3) Not a dictionary word (e.g. don't use *apple* but you can use *@pple19!*)
- 4) Does not contain more than three consecutive letters from the user's name
- 5) Should not be something that is easily guessed (e.g. your child's name, birthdate, your address etc.)
- 6) Changed at minimum once a year

Passwords for the College's information sharing platforms cannot be set to autofill (BoardEffect, Sharepoint, TitanFile etc.). All passwords should be entered each time.

Members should not keep passwords for College resources written down for longer than necessary to memorize the password, and should not keep passwords in a location that can be seen or accessed by others.

THE USE OF NETWORKS

Work on networks must be performed cautiously in order to protect the College's sensitive and/or confidential information.

Members must work on a secure wireless network (this includes public networks) when accessing College resources. A network must meet the following criteria to be considered secure:

- 1) Passwords for networks must have a minimum 8 characters, with three of these four included: upper case, lower case, numbers, symbols.¹
- 2) When using public networks members need to verify the wireless network name/SSID of the establishment (e.g. don't assume that because the network is called *TOLibrary1* it is the correct network, verify that is correct before using the network).

Members must ensure private space when dealing with sensitive and/or confidential information (e.g. no cafes, etc.)

When accessing College resources, members must ensure when they step away from their device that it is locked.

¹ In the event that a Member wishes to access College resources on a network that doesn't meet this requirement (e.g. for example when travelling and working in a hotel whose wireless password falls short of this requirement) the Member must get permission from the Privacy Officer (Director of Operations) to make an exception to the network requirement in this policy.

Whenever possible, members are encouraged to use multifactor authentication when accessing College resources.

It is prohibited to open or view any file that could contain Personal Health Information on a public network.

NON-COMPLIANCE

Members must abide by this policy. In the event they do not they may be held in contravention of duties as per the College's General By-law.

References

The College's Privacy Code

The College's General By-law (Article 9)

Governance Policies GP5 and GP6

Approved by: Council

Approval date: December 12, 2018

Implementation Date: December 12, 2018

Last reviewed and revised:

Policy Type: Governance Process
Policy Title: Confidentially and Disclosure of College Information
Reference: GP6
Date approved: November 21, 2014
Date revised: ~~March 20, 2019~~

Deleted: October 13, 2016

All Council and Committee members (“members”) will adhere to the confidentiality provisions as set out in the RHPA* and treat as confidential all sensitive information obtained or available as a result of their appointment/election to the College. All members will take all reasonable precautions to safeguard the confidentiality of such information.

Accordingly,

1. Members will sign a Statement of Confidentiality upon commencement of their term and annually thereafter.
2. ~~Members will sign a Statement of Compliance with the Information Security Policy (for Council, Committee, and Working Group Members) and Privacy Code upon commencement of their term and annually thereafter.~~
3. All records (defined as any tangible information in any form, e.g., document, recording, tape) obtained as a member will remain the exclusive property of the College.
4. Members will maintain confidentiality of information with respect to all matters that come to their knowledge in the course of their duties except as authorized by the RHPA.
5. Other than in the course of completing documented duties, no member will remove any books, records, documents or property belonging to the College, from the College office. Any such property issued to a member in the course of their duties will be returned to the College upon completion of the member’s term.

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* Note: Common law also imposes fiduciary duties on Council members that include the obligation to keep matters confidential.

STATEMENT OF CONFIDENTIALITY

I have read and understood and agree to abide by the College’s Confidentiality and Disclosure of College Information policy.

I have read and understood and agree to abide by sections 36(1) and 40(2) and (3) of the Regulated Health Professions Act (the “RHPA”), which outline my duty of confidentiality and the consequences for a breach of confidentiality.

I understand that:

- all confidential and/or personal information that I have access to or learn through my affiliation with the College is confidential
- as a condition of my affiliation with the College, I must comply with the Confidentiality and Disclosure of College Information Policy and related procedures
- my failure to comply may result in the termination of my affiliation with the College and may also result in legal action being taken against me by the College and others.

I undertake to take all reasonable steps not to access, use or disclose without authorization any confidential and/or personal information that I learn of or possess because of my affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities or meet my legal obligations. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons who are authorized by the College or by law to receive such information.

If I believe that disclosure of confidential information or personal information obtained in the course of my duties is required by law (such as pursuant to a criminal proceeding), I shall notify the Registrar as soon as reasonably possible and as much in advance of the impending disclosure as possible so that the College may obtain legal advice with respect to the matter. In the event that I disclose or attempt to disclose any such confidential or personal information in breach of this statement of confidentiality, I understand that the College shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable.

I agree that I will not alter, destroy, copy or interfere with this information, except with prior authorization and in accordance with the applicable College policies and procedures.

In the event that I have questions or concerns about any matter covered by this Statement or if I have concerns about confidentiality matters concerning the College, I will promptly contact the Registrar.

Name (please print)

Signature

Date

Deleted: ¶
I agree that I will keep any passwords confidential and secure and will protect the confidentiality of any information being accessed. If I have reason to believe that my passwords have been compromised or stolen, I will immediately contact the Registrar.¶

Deleted: or security

BRIEFING NOTE FOR COUNCIL

Subject: Regulatory Performance Measurement Framework

Background

In accordance with s. 2.1 of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA), the College has a duty *to work in consultation with the Minister [of Health and Long-Term Care of Ontario] to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.* So as the regulator of the midwifery profession we have important outcomes to achieve, including ensuring that midwives registered with the College possess the relevant knowledge, skills and behaviours to provide safe, ethical and effective care; and taking action when risks are identified.

The College's structure of external accountability for its work includes the following:

- 1. Structural accountability – public members:** All health regulatory colleges, including the College are structured so that just under half of its Council members are public members appointed by the government. For example, under s. 6(1) of the Midwifery Act, 1991, the Council is composed of “at least seven and no more than eight persons who are [midwives and...] at least five and no more than seven persons appointed by the Lieutenant Governor in Council.” All public members play an important role on Council by bringing a non-practitioner perspective to the discussions and decision-making of the College.
- 2. Political accountability:** In accordance with s. 6 of the Health Professions Procedural Code (Code), each College and the Advisory Council must report annually to the Minister on its activities and financial affairs or at any other times as may be requested by the Minister. Any regulations made by the College have to be approved by the Minister before the Cabinet enacts them. If the Minister is of the view that the College may not be effectively regulating in the public interest, the Minister can appoint a supervisor to take over the role of both the Council and the Registrar.
- 3. Decision reviews:** All College decisions can be reviewed. For example, decisions of the Registration Committee and the Inquiries, Complaints and Reports Committee (ICRC) can be reviewed by the Health Professions Appeal and Review Board (HPARB) and all HPARB decisions can be reviewed by the courts. Courts also have the authority to review any decisions made by other Committees of the College, for example discipline decisions.

4. **Office of the Fairness Committee (OFC):** All Colleges are required to submit annual reports to the OFC, a body set up to examine how Colleges, through their registration processes, demonstrate that they meet the principles of transparency, objectivity, impartiality, and fairness.
5. **Accountability to the profession:** While the College's does not serve or advocate for the profession and its interest, it has some accountability to the profession. For example, the College is required to circulate proposed regulations and by-laws that have an impact on midwives for comment before they are finalized. The College also notifies and explains its regulatory requirements to its members so that they are aware of the expectations upon them.
6. **Accountability to the public:** The College's overarching role is the protection of the public and public interest. There are many ways in which the College is accountable to the public: it develops standards of practice to ensure competent and ethical care; acts when clients complain about the care they receive and when risks are identified; makes important information available on its public register about Ontario midwives which may assist clients in deciding who to choose for their care.

While there exists a robust framework of external scrutiny of the College and its activities, the overall performance evaluation of RHPA colleges is not legislatively mandated. This means there are no independent, external reviews of individual Colleges and no benchmarking of their performance.

In December 2018, representatives of the Regulatory Oversight and Performance Unit of the Ministry presented to Council on the Ministry's plan to implement a regulatory oversight and measurement framework. The College welcomes this important initiative and looks forward to working with the Ministry to implement the framework when it is developed.

Key Considerations

1. On December 2017, Council approved a new strategic plan which emphasized the College's commitment to regulatory excellence, openness, and accountability. An important part of this commitment was the development of the regulatory performance measurement framework. This framework provides the College with a way to review, evaluate and report on its performance using a set of standards based on its legislative mandate and expected outcomes. This process is not legislatively mandated but is a voluntary commitment by the College to evaluate its performance and to demonstrate that it indeed regulates in the public interest. Measuring performance will also communicate to external parties the College's value as a regulator.
2. The attached draft framework provides information about how the College proposes to measure its performance in four broad domains. Each of the four domains

(Regulatory Policy; Suitability to Practise; Openness and Accountability; and Good Governance) comprise a number of performance standards that form the basis of the performance measurement framework.

3. A *performance standard* is a minimum level of performance for the College to achieve while fulfilling its regulatory functions. Some of the standards must be met as they are required under legislation and regulations. Other standards are voluntary which means that the College will strive to meet them. The framework presented to Council does not define the performance standards, however, the standards will be defined in the final document, so they are appropriately interpreted.
4. In developing the performance standards, the College sought to give a balanced overall picture of what the organization is required to do, covering all functional areas of the College such as policy making, registration, investigations and complaints, and quality assurance. Operational questions, such as budgeting and human resources, are beyond the scope of this framework.
5. Qualitative and quantitative data will be used to demonstrate that the College has met each standard. Qualitative data will include descriptions of current legislative and regulatory requirements as well as systems and procedures the College has in place (e.g. details of the peer and practice assessments program and timelines for processing registration applications). Quantitative data will be based on what data is available and feasible to collect given the College's size and resources.
6. The College will use the framework to conduct an annual performance review. The College will compare the results of each year's review with the results from previous years in order to determine how its performance has improved or worsened over time. Where differences are noted, an explanation will be provided. The results of the performance review will be presented to Council every year at its June meeting and will be posted to the website.

Recommendations

Council is asked to review the regulatory performance measurement framework and provide feedback. The template document including the domains, performance standards, evidence, including data sources, and implementation plan will be provided to Council for final review and approval at its June 2019 meeting.

Legislative and Other References

N/A

Attachments

Performance Measurement Framework

Submitted by: Marina Solakhyan, Director, Regulatory Affairs

Performance Measurement Framework

<p>DOMAIN 1: REGULATORY POLICY MAKING</p> <p>Developing regulations and policies and setting standards of practice is one of our core regulatory functions. We have a rigorous approach to policy making to ensure that decisions are based on a proper evaluation of risk, solid evidence and a thorough analysis of options and impacts. This process will ensure that regulation is not adopted as the default solution but rather introduced to mitigate risk when other non-regulatory options are unable to deliver the desired results. Good regulatory policy is evidence-based and is supported by the views of the public, membership and stakeholders.</p>	
<p>Standard 1.1: Impact assessments are conducted for all new regulatory initiatives to ensure that actions undertaken by the College are based on evidence of risk and are proportionate to the regulatory risk being managed.</p>	<p>Examples of evidence: Completed Regulatory Impact Assessment (RIA) statements for every new regulatory tool (including proposed changes to acts, regulations to be submitted to the government; non-governance related bylaws; and standards of practice</p>
<p>Standard 1.2: New regulatory initiatives are evidence-based and reflect up-to-date and best practice</p>	<p>Examples of evidence: description (e.g. evidence of work undertaken to take into account developments in the area of professional regulation and the profession in Ontario and other jurisdictions; evidence that complaints/reports data as well as quality assurance assessments and registration data are used when introducing new regulatory initiatives; schedule for reviewing current standards of practice/policies)</p>

<p>Standard 1.3: Regular and purposeful engagement is undertaken with stakeholders, midwives, the public throughout the regulatory policy making process.</p>	<p>Examples of evidence: description</p> <ul style="list-style-type: none"> - # of stakeholder meetings/events; evidence that proposed changes to regulations, bylaws and standards of practice were circulated to the public, stakeholders and the membership before they were approved by Council – notices sent to members/stakeholders; all comments posted to the website. - Evidence that the College allowed reasonable period for genuine comment – average consultation length) - Evidence of a formal response to consultations on standards of practice, by-laws and changes to regulations (where surveys were conducted, results & analysis formally circulated)
<p>Standard 1.4: Regulatory policy decision-making is open and transparent.</p>	<p>Examples of evidence: Council material, including briefing notes that contain key considerations made by Council in making the decision, posted to the website in advance of the Council meeting (dates and links to Council materials). Evidence that notice of any new major policy initiatives was given to midwives and the public prior to the implementation date (dates of notices and implementation dates)</p>
<p>Standard 1.5: Post-implementation evaluations are conducted on a continuous basis to ensure targeted and proportionate regulation in the public interest and effective use of risk-based regulation.</p>	<p>Examples of evidence: Evidence that all proposed regulatory tools are accompanied by an implementation plan that includes, at a minimum, expected outcomes, benefits and challenges, if relevant, as well as evaluation tactics to assess that the policy remains relevant and needed, and whether the expected outcomes and benefits were achieved (RIA statements).</p>

DOMAIN 2: SUITABILITY TO PRACTISE

The College's overarching objective is the protection of the public, which involves the pursuit to protect, promote and maintain the health, well-being and safety of the public, to ensure that members of the profession are qualified, skilled and competent in the areas in which they practise, and to promote and maintain public confidence in the midwifery profession in Ontario. The College achieves its objectives by registering qualified midwives, setting requirements for continuous education and professional development, and investigating complaints and reports about midwives' competence, professional conduct and fitness to practise.

Standard: Applicants and non-practising midwives meet all College requirements before they are able to practise midwifery in Ontario.

Examples of evidence:

- description of (re)entry to practice requirements
- Checks carried out to ensure that only those eligible to practise are registered and allowed to practise (applications tracking sheet).
- Evidence that there was action undertaken in cases where applicants were not able to demonstrate eligibility to enter the profession (# of total applications/# applicants who met the requirements/ # of panel referrals - on what grounds and with what outcome)

Standard: Midwives continuously demonstrate eligibility, competence and suitability to practise.

Examples of evidence:

- description of currency requirements
- Evidence that checks are carried out to ensure that only those who continue to demonstrate eligibility and competence are allowed to practise (brief description of process)
- Evidence that there was action undertaken in cases where midwives were not able to demonstrate eligibility or competence (how many members successfully renewed/ # of panel referrals and with what outcome) /# of administrative suspensions)
- Evidence of continuing professional development requirements being targeted towards midwives developing their skills and knowledge in their areas of practise and that public protection is prioritized (brief description)
- Evidence of action taken if concerns are identified and mechanisms to address the identified issues through quality assurance processes. (non-compliance rate/panel referrals/with what outcome)

	<ul style="list-style-type: none"> - Evidence of mechanisms used to regularly assess how midwives are performing and how they use the results to improve their practice (# peer assessments undertaken/how many satisfactory or unsatisfactory/action taken to address concerns and identified deficiencies).
<p>Standard: Complaints made to the College about the professional conduct, competence or fitness of practise of a midwife acted upon</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Complaints process (# of complaints-all acted upon)
<p>Standard: Reports or other information obtained by the College about the professional conduct, competence or fitness of practise of a midwife acted upon when appropriate.</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Reports process, including how the College itself can take forward a concern if it meets established criteria available to the public (brief description of process (e.g. sources of information) - Evidence that all reports (mandatory and other) filed with the College were acted upon if when appropriate (total # of reports received by the College? How many investigations launched)
<p>Standard: Complaints and reports about the professional conduct, competence and fitness to practise of a midwife are dealt with taking into account the risk of harm or potential harm to current and potential clients.</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Evidence of using risk-based approach to all incoming complaints and reports - Examples of where serious cases have been identified, prioritized and, where appropriate, an interim order was imposed. - Details of the process for carrying out interim orders. How many interim orders were carried out?
<p>Standard: Action is proportionate to the risk of harm or potential harm to current and potential clients, against midwives who are alleged to have engaged/engaged in acts of professional misconduct, are</p>	<p>Examples of evidence:</p> <p>Evidence that decision making is proportionate to the risk of harm caused or harm to current and potential clients (brief description of decision making and the use of risk assessment tool).</p> <ul style="list-style-type: none"> - Alternative Dispute Resolution is offered for low risk complaints meeting College criteria.

<p>incompetent or whose fitness to practise was impaired.</p>	
<p>Standard: Any concerns related to a midwife’s professional conduct, competence, fitness to practise, and any terms conditions and limitations imposed on the midwife’s certificate of registration as well as suspensions and revocations are shared are available to the public and relevant organizations within the legal framework.</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Brief description of what is available/public register (random audits). - Evidence that the College proactively notifies hospitals and midwifery practice groups about terms, conditions and limitations (TCLs), suspensions and revocations (brief description)
<p>Standard: Risk of harm to the public related to individuals who use the protected title or engage in the practice of midwifery illegally or without authority is managed in a proportionate and risk-based manner.</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Evidence that the public and others have information to identify and report those engaged in unauthorized or illegal practice (e.g. webpage with detailed information on what unauthorized or illegal practise means; how to contact the College if there is a concern about unauthorized practise and how to use the public register to ensure that one is receiving midwifery services from a midwife) - Information that the process of dealing with non-registrants who hold out as midwives is risk-based (# cease and desist letters sent/injunction sought/average length of investigation). - Evidence that the college notifies the public about those engaged in unauthorized or illegal practice (names available on website)

DOMAIN 3: OPENNESS AND ACCOUNTABILITY

The College is committed to reporting regularly and publicly on the execution of its regulatory functions and demonstrating that it acts with integrity and objectivity. In meeting its public protection mandate, the College is accountable to three groups of stakeholders: the government, midwives, and the public (including clients).

Standard: Ensure accountability to the government by providing required and requested reports to the Ministry of Health and Long-Term Care and other governmental agencies.

Examples of evidence:
List of required reports and status of submission

Standard: Maintain a public register to ensure easy access to information about midwives within the relevant legal framework.

Examples of evidence:

- Evidence of the College’s compliance with the relevant legislation and bylaws that set out what should be public. (regular audits)
- Evidence of activity undertaken to ensure members update their information in the member portal in a timely manner (details of checks carried out).
- The public register is accessible at all times (# of major disruptions)
- The public has information to understand how to navigate the register and how to interpret the information provided (brief description/glossary of terms)

Standard: Ensure accountability to the public by making College procedures relevant to the members of the public [Note: this will be further defined] and covering matters such as expectations for midwifery care, investigations and hearings, and decision review available.

Examples of evidence: relevant information for public is readily available and regularly reviewed (e.g. what to expect from a midwife; complaints process; access to information on how to file a complaint in relation to the actions of a midwife; information and access to appeal processes and systems is made easily available to the clients and the public).

<p>Standard: The investigations and hearings process is fair, transparent, timely, consistent and focuses on public protection</p>	<p>Examples of evidence: description of the process</p> <ul style="list-style-type: none"> - defined reasonable timeframes for responding to, and investigating, complaints and requests for information regarding a complaint (information on current timeframes/benchmarks and adherence to those - # of cases referred for lack of timeliness) - Decisions are well-reasoned and consistent (# decisions were appealed /upheld) - The mechanisms used by the College to assess how we are performing and how it uses the results to improve practices (brief description) - Information available on why action is and is not taken to limit a midwife's practice (brief description/availability of decision-making tools). - Evidence that adherence to processes is monitored through scheduled file reviews (e.g. timeframes met; fair and consistent; follow-up) comprehensive file review done annually.
<p>Standard: All parties to a professional conduct, competence and fitness to practise case are provided with relevant information to understand the process and are kept informed on the progress of their case.</p>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> - Evidence of publicly available information about the college's complaints, reports and discipline and fitness to practise processes. - Examples of how the College ensures that all parties are regularly updated on progress of the complaint, Registrar's report, discipline and fitness to practise cases. - Number of complaints/concerns received about late or lack of update notification

<p>Standard: Ensure accountability and fairness to midwives and applicants by making College requirements, policies and procedures relevant to midwives [Note: this will be further defined] and covering matters such as registration, continuing professional development, compliance, enforcement, decision review and reinstatement available</p>	<p>Examples of evidence: Necessary guidance available to help members understand relevant legislation, regulations, standards, policies (brief description).</p> <ul style="list-style-type: none"> - Evidence that with new changes made, guidance is provided. - Midwives have information to understand what is expected of them to remain in good standing, and how their compliance will be monitored and enforced in the event of non-compliance/breach (brief description).
<p>Standard: The registration processes, including decision making is fair, transparent, impartial and objective.</p>	<p>Examples of evidence: description of the process and how it meets the standard.</p> <ul style="list-style-type: none"> - Evidence of defined timeframes for different types of registration – benchmarks and adherence to those - Decision making tools used by the panel to ensure consistency in decision making - Evidence that decisions are well-reasoned (# of appeals considered by HPARB/# of appeals upheld) - The mechanisms used by the College to assess how we are performing and how it uses the results to improve practices (brief description) - Evidence that applicants/members have access to their application/member file when requested (# requests/access granted or denied) - Evidence that adherence to processes is monitored through scheduled file reviews (e.g. timeframes met; fair and consistent; follow-up) comprehensive file review done annually.

<p>Standard: Provide a substantive response to all phone, email or web form correspondence and inquiries that require a response within 2 business days.</p> <p>Note: this standard does not include correspondence and requests for information from the government, other regulators or stakeholder organizations.</p>	<p>Examples of evidence: College policy that all inquiries should be addressed within 2 business days.</p> <ul style="list-style-type: none"> - Evidence of mechanism to deal with complaints from midwives and clients about responsiveness of College staff (# of concerns raised)
<p>Standards: Conduct and publicly report on the College’s regulatory performance through an annual internal review based on objective criteria and principles of good regulation.</p>	<p>Examples of evidence: Regular internal performance reviews, including posting to the website.</p>
<p>DOMAIN 4: GOOD GOVERNANCE The College is expected to have governance arrangements that ensure effective functioning, preserve high degree of regulatory integrity to help us deliver our mandate and achieve decision making that is objective and impartial, and avoids conflict of interest, bias or improper influence.</p>	
<p>Standard: There is a clear allocation of decision making and other responsibilities between the College’s governing body, its statutory committees, and the Registrar within the legal framework.</p>	<p>Examples of evidence: description of the governance model Evidence that the public has access to relevant information to understand governance arrangement and decision-making model</p>

<p>Standard: Council is structurally insulated from inappropriate stakeholder or other influence to support regulatory integrity</p>	<p>Examples of evidence: description</p> <ul style="list-style-type: none"> - Eligibility criteria and selection processes to ensure independence of decision-making - Term limits - Evidence that policies, procedures and criteria for selection and terms of appointment are documented and readily available to aid transparency and attract appropriate candidates.
<p>Standard: There are systems in place to protect independence of Council and committee decision makers from any interests other than the public interest</p>	<p>Examples of evidence: description</p> <ul style="list-style-type: none"> - Evidence of training around conflict of interest - Conflicts of interest declared when appropriate - Disqualification criteria/process exists to protect against conflict of interest
<p>Standard: There are systems in place to ensure that Council and its committees fulfill their duties ethically and with diligence</p>	<p>Examples of evidence: Description</p> <ul style="list-style-type: none"> - Evidence of training on fiduciary duties - Code of Conduct exists for Council and Committee members - Disqualification procedures exists to address unethical behaviours or non-compliance with Code of Conduct
<p>Standard: Council and its committees have a diversity of skills and experience tailored to the functions of the College and are appropriately trained to ensure robust decision making</p>	<p>Examples of evidence: Description Evidence that Council members collectively display the right mix of skills and competencies necessary to run Council effectively Orientation and trainings received</p>

IN CAMERA

The IN CAMERA session of the of Council meeting excludes the attendance of public observers pursuant to the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, section 7(2)(b).

COLLEGE OF MIDWIVES OF ONTARIO

**PRE-AUDIT COMMUNICATION
WITH COUNCIL**

FOR THE YEAR ENDED MARCH 31, 2019

HILBORN  **LLP**

Engagement Partner: Blair MacKenzie

Engagement Manager: Peter Pang

Engagement Staff: Meng Feng

1. Engagement Letter (responsibilities of Hilborn LLP and management in relation to the financial statement audit)
2. Audit Scope and Approach
 - General Approach to the Audit
 - Materiality and Audit Risk
3. Communications with Council and Management Related to Fraud and Error and Other Matters
4. Timing and Expected Content of Post-audit Communication

PRIVATE AND CONFIDENTIAL

February 28, 2019

Ms. Kelly Dobbin, Registrar - CEO
College of Midwives of Ontario
21 St. Clair Avenue East
Suite 303
Toronto, Ontario
M4T 1L9

Ms. Tiffany Haidon, President
College of Midwives of Ontario
21 St. Clair Avenue East
Suite 303
Toronto, Ontario
M4T 1L9

re: College of Midwives of Ontario (the "College")

Dear Ms. Dobbin and Ms. Haidon:

The purpose of this letter (the "Agreement") is to confirm the understanding between College of Midwives of Ontario and Hilborn LLP (the "Firm") in respect of our engagement to audit the financial statements of College of Midwives of Ontario for the year ended March 31, 2019, which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

Objective, Scope and Limitations

Our audit will be conducted with the objective of forming and expressing our opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Our statutory function as auditor of the College is to report to the Council by expressing an opinion on the annual financial statements of the College. We will conduct our audit in accordance with Canadian generally accepted auditing standards.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

An auditor conducting an audit in accordance with Canadian generally accepted auditing standards obtains reasonable assurance that the financial statements taken as a whole are free of material misstatement, whether caused by fraud or error. It is important to recognize that an auditor cannot obtain absolute assurance that material misstatements in the financial statements will be detected because of:

Objective, Scope and Limitations (continued)

- (a) factors such as use of judgment, and the use of testing of the data underlying the financial statements;
- (b) inherent limitations of internal control; and
- (c) the fact that much of the audit evidence available to the auditor is persuasive rather than conclusive in nature.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

Furthermore, because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material fraud. While effective internal control reduces the likelihood that misstatements will occur and remain undetected, it does not eliminate that possibility. For these reasons, we cannot guarantee that fraud, error and illegal acts, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

In making our risk assessments, we consider internal control relevant to the preparation and fair presentation of the financial statements by the College in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

Reporting

Unless unanticipated difficulties are encountered, our report will be substantially in the following form. If we conclude that a modification to our opinion on the financial statements is necessary, we will discuss the reasons with you in advance.

INDEPENDENT AUDITOR'S REPORT

To the Council of College of Midwives of Ontario

Opinion

We have audited the financial statements of College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Reporting (continued)

INDEPENDENT AUDITOR'S REPORT (continued)

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report and does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Reporting (continued)

INDEPENDENT AUDITOR'S REPORT (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date

Chartered Professional Accountants
Licensed Public Accountants

Our Responsibilities

We will perform our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the College in accordance with Canadian accounting standards for not-for-profit organizations. Accordingly, we will plan and perform our audit to provide reasonable, but not absolute, assurance of detecting fraud and errors, including illegal acts, which have a material effect on the financial statements taken as a whole.

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Accordingly, except for information that is in or enters the public domain, we will not provide any third party with confidential information concerning the affairs of the College without the prior consent of the College, unless required to do so by legal authority, or the Chartered Professional Accountants of Ontario Code of Professional Conduct.

Our Responsibilities (continued)

We have considered the relationships between us and the College (including related entities) that, in our professional judgment, may reasonably be thought to bear on our independence. We confirm our independence with respect to the College.

The objective of our audit is to obtain reasonable assurance that the financial statements are free of material misstatement. However, if we identify any of the following matters, they will be communicated to the appropriate level of management:

- (a) misstatements, resulting from error, other than trivial errors;
- (b) fraud or any information obtained that indicates that fraud may exist;
- (c) any evidence obtained that indicates that an illegal or possibly illegal act has occurred;
- (d) significant weaknesses in the design or implementation of internal control to prevent and detect fraud or error; and
- (e) related party transactions identified by us that are not in the normal course of operations and that involve significant judgments made by management concerning measurement or disclosure.

The matters communicated will be those that we identify during the course of our audit. Audits do not usually identify all matters that may be of interest to management in discharging its responsibilities. The type and significance of the matter to be communicated will determine the level of management to which the communication is directed.

We will consider the internal control of the College to identify types of potential misstatements, consider factors that affect the risks of material misstatement, and design the nature, timing and extent of audit procedures to be executed. This consideration will not be sufficient to enable us to render an opinion on the effectiveness of the internal control of the College.

Management's Responsibilities

Our audit will be conducted on the basis that management acknowledges and understands that they are responsible for:

Financial statements

- (a) the preparation and fair presentation of the financial statements of the College in accordance with Canadian accounting standards for not-for-profit organizations;

Completeness of information

- (b) providing us with complete financial records and related data, and copies of all minutes of meetings of Council and Committees;
- (c) providing us with information relating to any known or probable instances of non-compliance with legislative or regulatory requirements, including financial reporting requirements;

Management's Responsibilities (continued)

Completeness of information (continued)

- (d) providing us with information relating to any illegal or possibly illegal acts, and all facts related thereto;
- (e) providing us with information regarding all related parties and related party transactions;
- (f) providing us with any additional information that we may request from management for the purpose of this audit;
- (g) providing us with unrestricted access to persons within the College from whom we determine it necessary to obtain audit evidence;

Fraud and error

- (h) designing, implementing, and maintaining internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- (i) providing us with an assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- (j) providing us with information relating to fraud or suspected fraud affecting the College involving:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others, where the fraud could have a non-trivial effect on the financial statements;
- (k) providing us with information relating to any allegations of fraud or suspected fraud affecting the financial statements of the College as communicated by employees, former employees, regulators or others;
- (l) communicating its belief that the effects of any uncorrected financial statement misstatements, including misstatements related to financial statement presentation and disclosure, aggregated during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole;

Recognition, measurement and disclosure

- (m) providing us with its assessment of the reasonableness of significant assumptions underlying fair value measurements and disclosures in the financial statements;
- (n) providing us with details of any plans or intentions that may affect the carrying value or classification of assets or liabilities;
- (o) providing us with information relating to the measurement and disclosure of transactions with related parties;
- (p) providing us with an assessment of all areas of measurement uncertainty known to management that are required to be disclosed in accordance with Canadian accounting standards for not-for-profit organizations;

Management's Responsibilities (continued)

Recognition, measurement and disclosure (continued)

- (q) providing us with information relating to claims and possible claims, whether or not they have been discussed with legal counsel of the College;
- (r) providing us with information relating to other liabilities and contingent gains or losses, including those associated with guarantees, whether written or oral, under which the College is contingently liable;
- (s) providing us with information on whether the College has satisfactory title to assets, whether liens or encumbrances on assets exist, or whether assets are pledged as collateral;
- (t) providing us with information relating to compliance with aspects of contractual agreements that may affect the financial statements;
- (u) providing us with information concerning subsequent events; and

Written confirmation of significant representations

- (v) providing us with written confirmation of significant representations communicated to us during the engagement on matters that are:
 - i) directly related to items that are material, either individually or in aggregate, to the financial statements;
 - ii) not directly related to items that are material to the financial statements but are significant, either individually or in aggregate, to the audit engagement; and
 - iii) relevant to your judgments or estimates that are material, either individually or in aggregate, to the financial statements.

If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.

We will communicate any misstatements identified during the audit engagement other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Terms and Conditions

Use of Personal Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our audit engagement. Our services are provided on the basis that:

1. You represent to us that management has obtained any required consents for the collection, use and disclosure to us of personal information required under applicable privacy legislation; and
2. We will hold all personal information in compliance with our Privacy Policy, which is viewable on our website at www.hilbornca.com.

Terms and Conditions (continued)

Use and Distribution of Our Report

Our independent auditor's report on the financial statements will be issued solely for the use of the College and those to whom our independent auditor's report is specifically addressed by us. We make no representations of any kind to any third party in respect of the financial statements and we accept no responsibility for their use by any third party.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to in writing by us.

Reproduction of Our Report

If reproduction or publication of our independent auditor's report (or reference to our independent auditor's report) is planned in an annual report or other document, including electronic filings or posting of the annual report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the financial statements, the independent auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either the full or summarized financial statements that we have audited.

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the audited financial statements.

Working Papers

The working papers, files, other materials, reports and work created, developed or performed by our Firm during the course of the engagement are the property of our Firm, constitute confidential information and will be retained by us in accordance with our Firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations and by Firm policy, our client files must periodically be reviewed by practice inspectors, the Canadian Public Accountability Board ("CPAB") and other file quality reviewers to ensure that we are adhering to professional and Firm standards. File reviewers are required to maintain confidentiality of client information.

Terms and Conditions (continued)

Accounting Advice

Except as outlined in this letter, this audit engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the College. Such services, if requested, would be provided under a separate agreement.

Other Services

In addition to the audit services referred to above, we may, as allowed by our provincial Code of Professional Conduct, provide other services (for example, preparation of special reports or other reporting services) as required. Management will provide the information necessary to complete these other services. Management is responsible for filing all reports with the appropriate authorities on a timely basis. We will discuss such services with you prior to undertaking any work and will establish an appropriate fee arrangement with you before incurring any costs.

Governing Legislation

This Agreement is subject to and governed by the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this Agreement and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts, to claim that the action has been brought in an inappropriate forum, or to claim that those courts do not have jurisdiction.

Estimated Fees

Our fee for the audit described above and the preparation of the Federal income tax return and Non-Profit Organization Return for fiscal 2019 will be \$18,000 plus HST.

Any fee estimates and commitments to the timing of deliverables by us take into account the agreed-upon level of preparation and assistance from personnel of the College. This assistance will facilitate our work and will help to minimize our costs. We undertake to advise management in a timely manner should this preparation and assistance not be provided or should any other circumstances arise which cause actual time to exceed our fee estimates. Any failure to provide us with information and assistance on a timely basis may impede our services and require us to suspend our services or withdraw from the audit engagement. If, for any reason, the College is unable to provide us with schedules, information and assistance, we and the College will mutually revise the fee estimate to reflect additional services, if any, required of us to complete our audit engagement.

Costs of Responding to Government Information Requests, etc.

If, with respect to this audit engagement or related services, we are required as a result of actions or demands placed upon or initiated by the College, government regulation, subpoena, or other legal process to produce our working papers, or to respond to information requests, such work will be outside the scope of this audit engagement. We will discuss such matters with you prior to undertaking any work and will establish an appropriate fee arrangement with you before incurring any costs.

Terms and Conditions (continued)

Communications

You agree that in connection with this audit engagement, we may communicate with you or others via telephone, facsimile, post, courier, email, and other means. As all communications may be intercepted or otherwise communicated to an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee.

Termination

Management acknowledges and understands that failure to fulfill its obligations as set out in this Agreement will result, upon written notice, in the termination of this Agreement.

Either party may terminate this Agreement for any reason upon providing written notice to the other party not less than 30 calendar days before the effective date of termination. If early termination takes place, the College shall be responsible for all time and expenses incurred up to the termination date.

If we are unable to complete the audit engagement or are unable to come to a conclusion on the financial statements, we may withdraw from the engagement before issuing our audit report, or we may issue a denial of assurance on the financial statements. If this occurs, we will communicate the reasons and provide details.

Other Matters

Neither party to this Agreement will directly or indirectly agree to assign, transfer or sell to anyone any claim against the other party arising out of this Agreement, except that the College may assign its rights to any such claim to its insurer.

Hilborn LLP is a limited liability partnership. The individuals involved in the audit engagement and related services will be partners, employees, and agents of the partnership. The total liability of Hilborn LLP and any of its partners, employees, and agents for any errors, omissions or negligent acts, whether they are in contract or in tort or in breach of fiduciary duty or otherwise, arising from any professional services performed or not performed by Hilborn LLP or by any of its partners, employees, and agents for you, shall be limited to the amount of professional liability insurance available for your claim.

We will use all reasonable efforts to complete the audit engagement as described in this Agreement within the agreed upon time frames. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by the College of its obligations.

Conclusion

This Agreement reflects the entire agreement between the College and Hilborn LLP relating to the services described herein and supersedes any previous proposals, correspondence and understandings, whether written or oral. The agreements of the College and Hilborn LLP contained herein shall survive the completion or termination of this Agreement.

College of Midwives of Ontario
Toronto, Ontario
February 28, 2019

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Acknowledgement

Please confirm your agreement with the above terms by signing a copy of this Agreement in the space provided and return it to us.

We are pleased to have this opportunity to serve you and assure you that this audit engagement will be given our close attention.

Yours very truly,

I.B. MacKenzie/mf



Chartered Professional Accountants

The services and terms set out above are as agreed.

College of Midwives of Ontario

Ms. Kelly Dobbin, Registrar - CEO

Ms. Tiffany Haidon, President

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Audit Scope and Approach

- a) scope - the audit of the financial statements of College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements including a summary of significant accounting policies.
- b) general approach to the audit - see attached
- c) preliminary assessment of audit risk
 - i) consultation with Council and management (objectives, strategies and the related business risks that may result in material misstatements and matters that warrant particular attention during the audit)
- d) the materiality and audit risk levels on which the audit is based - see attached
- e) the preliminary assessment of internal control, the planned extent of audit work related to internal control and the effect of any control reliance on year-end procedures
 - i) preliminary assessment of internal control derived from discussions with management and audit engagements of prior years is that good control procedures may exist, however it is considered more efficient to obtain audit evidence through substantive based procedures; therefore, control risk is assessed at high
 - ii) internal control procedures and systems are documented through the use of internal control evaluation questionnaires and narratives. The key internal controls of each system are not tested
 - iii) based on inherent risk assessments and control risk assessed as high, the nature and amount of substantive testing will not be reduced to reflect any reliance on controls
- f) the views of Council of:
 - i) matters Council considers that warrant particular attention during the audit, and any areas where they request additional procedures to be undertaken
 - ii) significant communications with regulators
 - iii) other matters Council considers that may influence the audit of the financial statements
- g) the effects of new developments in accounting and assurance standards, legislative or regulatory requirements, and/or changes in business activities on the financial reporting of the College
 - i) no new CPA Canada Accounting Handbook Sections that may impact the financial reporting of the College
 - ii) no new CPA Canada Assurance Handbook Sections that may impact the conduct of the audit engagement
 - iii) no new legislative or regulatory requirements noted that impact the College
 - iv) no changes in business activities that may impact the financial reporting of the College

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Audit Scope and Approach (continued)

- h) other matters of relevance to the audit that Council or management identifies
 - i) consultation with Council and management
- i) the timing of the audit
 - i) year-end audit to take place May 20, 2019

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

General Approach to the Audit

When performing an audit in accordance with Canadian generally accepted auditing standards it is the auditor's responsibility to express an opinion on the financial statements which management is responsible for. Inherent within the financial statement preparation process is the responsibility of management related to internal controls, such as the design and maintenance of accounting records, selection and application of accounting policies, safeguarding of assets and prevention and detection of error and fraud. We will assess the risk related to the internal controls at the planning stage of the engagement. There are two approaches to an audit, which from an effectiveness and efficiency perspective are generally used.

i) Combined approach

The term "combined audit approach" describes the audit strategy of assessing control risk below maximum in which audit evidence is obtained through the performance of tests of key controls, substantive procedures and a degree of analytical review.

When planning to use a combined audit approach for specific financial statement assertions, the auditor should obtain, to the extent necessary to plan tests of controls, an understanding of:

- (a) the control environment;
- (b) control systems that collect, record and process data and report the resulting information; and
- (c) control systems that enhance the reliability of data and information.

It may also be necessary for the auditor to obtain a further understanding of certain control environment factors (such as management's budgetary control methods and the interaction of those charged with governance with external auditors) and of certain aspects of control systems that collect, record and process data and report the resulting information (such as the frequency of processing and the distribution of information).

Substantive procedures are used to gain evidence as to the validity of the data produced by systems underlying the preparation of financial information. Substantive procedures include confirmation of balances with third parties, vouching to source documents, re-performance of calculations and other similar procedures.

Analytical review procedures are procedures by which the auditor:

- i) studies and uses meaningful relationships among elements of financial and non-financial information to form expectations about what the recorded amounts should be;
- ii) compares such expectations with the recorded amounts; and
- iii) uses the results of the comparisons to help determine what, if any, other audit procedures are needed to obtain reasonable assurance that the recorded amounts are not materially misstated.

Analytical review includes reviewing budget to actual variances, discussing with management and documenting reasons for material increases or decreases in balances compared to prior years and similar procedures.

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

General Approach to the Audit (continued)

During the planning phase of the audit, preliminary analytical review procedures are performed and the risks of material misstatement are identified and responded to through the design of audit procedures.

During the interim audit fieldwork, tests of key internal controls are performed.

During the year-end audit fieldwork, further tests of key internal controls and substantive procedures are performed and analytical review is applied.

ii) Substantive approach

The term "substantive audit approach" describes the audit strategy of placing no reliance on internal controls and assessing control risk at high in which audit evidence is obtained through the performance of substantive procedures and a degree of analytical review.

When planning to use a substantive audit approach for specific financial statement assertions, the auditor should obtain, at a minimum, an understanding of:

- (a) the control environment; and
- (b) control systems that collect, record and process data and report the resulting information.

During the planning phase of the audit, preliminary analytical review procedures are performed and the risks of material misstatement are identified and responded to through the design of audit procedures.

During the year-end audit fieldwork, substantive procedures are performed and analytical review is applied.

Conclusion

We intend our audit approach to be that of a substantive audit approach. Based on our preliminary assessment of the College's internal controls, we believe that good control procedures may exist, but it is considered more efficient to obtain audit evidence through substantive based procedures and a degree of analytical review to provide reasonable assurance the financial statements are free of material misstatement; therefore, control risk will be assessed at high and year-end procedures will not reflect any reliance on internal controls.

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Materiality and Audit Risk

The concepts of materiality and audit risk are implicit in the wording of the auditor's report, which is intended to communicate, among other things, that the figures presented are not necessarily precise and that the audit does not provide absolute assurance that the financial statements are not materially misstated. When performing an audit, the auditor seeks reasonable assurance that the financial statements as a whole are not materially misstated.

Materiality and audit risk need to be considered together throughout the audit and, in particular, at the planning and evaluation stages. At the planning stage materiality and audit risk are considered in determining the nature, extent and timing of the auditing procedures. At the evaluation stage they are used in assessing whether the results of those procedures support management's assertion that the financial statements are presented fairly in accordance with Canadian accounting standards for not-for-profit organizations.

a) Materiality

A misstatement or the aggregate of all misstatements in financial statements is considered to be material if, in the light of surrounding circumstances, it is probable that the decision of a person who is relying on the financial statements, and who has a reasonable knowledge of business and economic activities (the user), would be changed or influenced by such misstatement or the aggregate of all misstatements. Misstatements in financial statements arise from departures from Canadian accounting standards for not-for-profit organizations and include departures from fact, inappropriate determination of accounting estimates, and omissions of necessary information. Misstatements may arise from error or fraud, or from the consequences of an illegal act.

Preliminary assessment of materiality: \$70,000

b) Audit Risk

Audit risk is the risk that the auditor will fail to express a reservation in his or her opinion on financial statements that are materially misstated.

Based on our understanding of inherent and control risk and the planned nature and extent of compliance, substantive and analytical procedures to be performed through the audit engagement, the level of audit risk is assessed at low.

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Communications with Council and Management Related to Fraud and Error and Other Matters

We will communicate to Council matters of governance interest while obtaining an understanding of the College and its environment, including its internal control, through enquiries with management regarding:

- a) the legal and regulatory framework applicable to the College and the compliance with such laws and regulations;
- b) management process for identifying subsequent events and whether any subsequent events have occurred;
- c) management's assessment of the risk that the financial statements may be materially misstated due to fraud, including the nature, extent and frequency of such assessments;
- d) management's process for identifying and responding to the risks of fraud in the College, including any specific risks of fraud that management has identified or account balances, classes of transactions or disclosures for which a risk of fraud is likely to exist;
- e) management's communication, if any, to Council or equivalent regarding its processes for identifying and responding to the risks of fraud in the College;
- f) management's communication, if any, to employees regarding its views on business practices and ethical behaviour; and
- g) whether they have knowledge of any actual, suspected or alleged fraud affecting the College.

We shall discuss with Council:

- a) how Council exercises oversight of management's processes for identifying and responding to the risks of fraud in the College and the internal control that management has established to mitigate these risks;
- b) the attitudes, awareness, and actions of Council concerning (i) internal control and its importance in the College, including how Council oversees the effectiveness of internal control, and (ii) the detection or possibility of fraud;
- c) the actions of Council in response to developments in accounting standards, corporate governance practices, and related matters;
- d) the responses of Council to previous communications with Hilborn; and
- e) whether Council has knowledge of any actual, suspected or alleged fraud affecting the College, and if it has any concerns with the integrity or competence of management.

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Communications with Council and Management Related to Fraud and Error and Other Matters
(continued)

Further, we will communicate to Council if any of the below are identified:

- i) questions regarding the honesty and integrity of management;
- ii) fraud involving management;
- iii) fraud involving employees who have significant roles in internal control;
- iv) fraud (whether caused by management or other employees) that results, or may result, in a material misstatement of the financial statements; and
- v) matters related to fraud that in our judgment are relevant to the responsibilities of the Council.

We will communicate to Council and the appropriate level of management on a timely basis if we identify any fraud or information that indicates that a fraud may exist.

We will make Council and management aware, as soon as practicable, and at the appropriate level of responsibility, of significant weaknesses in the design or implementation of internal control to prevent and detect fraud that may have come to our attention.

**COLLEGE OF MIDWIVES OF ONTARIO
PRE-AUDIT COMMUNICATION WITH COUNCIL
FOR THE YEAR ENDED MARCH 31, 2019**

Timing and Expected Content of Post-audit Communication

The timing of the post-audit communication is expected to be in June 2019 prior to the release of the final financial statements.

We will communicate in writing with Council significant findings from the audit including:

- significant qualitative aspects of accounting practices;
- significant difficulties, if any, encountered during the audit;
- significant matters discussed, or subject to correspondence with management;
- uncorrected misstatements and the effect that they, individually or in aggregate, may have on the opinion in the auditor's report;
- the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole;
- significant matters, if any, in connection with related parties; and
- other significant matters relevant to the financial reporting process.

Management will provide us in writing with confirmation of significant representations provided during the engagement (see attached draft management representations letter).

COLLEGE OF MIDWIVES OF ONTARIO

Hilborn LLP
Chartered Professional Accountants
401 Bay Street, Suite 3100
P.O. Box 49
Toronto, Ontario
M5H 2Y4

Dear Sirs/Madams:

This representation letter is provided in connection with your audit of the financial statements of the College of Midwives of Ontario (the "College") for the year ended March 31, 2019, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we are responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design, implementation and maintenance of internal controls to prevent and detect fraud and error. Further, we acknowledge that your examination was planned and conducted in accordance with Canadian generally accepted auditing standards so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to disclose fraud, shortages, errors and other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, having made such enquiries as we consider necessary for the purpose of informing ourselves as of June TBD, 2019, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated February 28, 2019, for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations; in particular, the financial statements are fairly presented in accordance therewith. We hereby approve the financial statements.
2. We have reviewed and approved the adjusting journal entries and trial balance.

Going Concern

3. The financial statements have been prepared on a going concern basis, which we believe to be appropriate and consistent with our assessment of the College.

Completeness of Information

4. We have made available to you all financial records and related data and all minutes of the meetings of members, Council and committees of Council.
5. All transactions have been recorded in the accounting records and are reflected in the financial statements.
6. We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.
7. We are unaware of any violations or possible violations of laws or regulations the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.
8. We are aware of the environmental laws and regulations that impact our College and we are in compliance. There are no known environmental liabilities that have not been accrued for or disclosed in the financial statements.
9. We have disclosed to you the identity of all known related parties and all related party relationships and transactions, including guarantees, non-monetary transactions and transactions for no consideration. We have appropriately accounted for and disclosed such relationships and transactions in accordance with Canadian accounting standards for not-for-profit organizations.

Fraud and Error

10. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
11. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the College and involves:
 - Management;
 - Employees who have significant roles in internal control; or
 - Others where the fraud could have a material effect on the financial statements.
12. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the College's financial statements communicated by employees, former employees, analysts, regulators or others.
13. There are no uncorrected financial statement misstatements or uncorrected presentation and disclosure departures.

Recognition, Measurement and Disclosure

14. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
15. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.

16. There have been no events subsequent to the statement of financial position date up to the date hereof that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and the related notes.

Yours very truly,

COLLEGE OF MIDWIVES OF ONTARIO

Ms. Kelly Dobbin,
Registrar & CEO

Ms. Carolyn Doornekamp,
Director of Operations

DRAFT

HILBORN

LISTENERS. THINKERS. DOERS.

BRIEFING NOTE FOR COUNCIL

Subject: New Registrants Policy

Summary

Registration Committee is proposing significant changes to the way the College has been administering new registrant provisions outlined in the Registration Regulation.

Background

Under the Registration Regulation (section 12(1)4) all members with a general certificate of registration have to meet the following requirements in their first year of practice after receiving their initial general certificate of registration:

1. Must only work within an established practice
2. Must attend a minimum of 30 births as a primary midwife as well as 30 births as a second midwife the latter of which must be attended with a member who is not subject to this condition

Only inter-provincial applicants may not be subject to new registrant conditions if they successfully completed new registrant requirements in the jurisdiction where they initially became registered.

The College's New Registrants Policy and Guideline (see attached) describe in greater detail the requirements set out in the regulation. The policy and the guideline were last reviewed and revised in 2006.

Key Considerations

The below summarizes the main changes brought forward to Council for review and approval:

“Established practice”

As mentioned above all new registrants are required to work within an established practice in their first year of practice after receiving their initial general certificate of registration. “Established practice” is not defined in the regulation. Its definition is included in the Guidelines to the New Registrants Policy as follows:

Established practice:

1. Has midwives who have been funded for at least one year.
2. Has midwives who have had hospital privileges for at least six months and who have current hospital privileges in the community served.

The definition of “established practice” was revised in the proposed policy (see attached) to reflect the intent of the regulation. The focus of “established practice” moved away from arbitrary numbers and details (e.g. has midwives who have had hospital privileges for at least 6 months) to ensuring that the practice has general registrants without new registrant conditions, who attend births in both home and hospital settings and have the capacity to support the orientation of new registrants to the practice and hospital environments.

Working with other new registrants

The proposed policy requires that new registrants attend births only with a general registrant who is not subject to new registrant conditions unless such registrants have already met the requirement of attending a minimum of 30 births as a primary midwife as well as 30 births as a second midwife. This requirement is in line with the regulation and is necessary to ensure that members who just entered the profession work in an established practice with more experienced midwives who would mentor and orient them to the practice of midwifery.

Practising in Ontario

The proposed policy requires that all births be attended in Ontario. This is in line with the regulation that requires that all births must be attended with another College member. This must necessarily be interpreted to mean in Ontario because “member” means the member of the College.

Transfers of Care

It is a requirement that new registrants must attend a minimum of 30 births as a primary midwife as well as 30 births as a second midwife. The current New Registrants policy says that “the Registrar may grant exemptions or extensions in exceptional circumstances according to approved procedures.” In the past, new registrants were allowed to count transfers toward their new registrant requirements, but this was not explicitly stated in the policy. The Registration Committee is making the following recommendations in regard to transfers of care:

- allow only those transfers that include an intrapartum component to be counted towards the 30 births as a primary midwife requirement.
- if the transfer of care (to either a physician or another midwife) takes place during the intrapartum period and a new registrant takes on the role of the second midwife, they should be allowed to count that birth towards fulfilling the requirement of attending 30 births as either a primary

midwife or a second midwife, but not both. As such, double counting will not be allowed.

Other

Minor changes are proposed to remove redundant language and make sure the New Registrants policy does not repeat other College requirements (e.g. quality assurance requirements).

Recommendations

The following recommendations are submitted for consideration:

1. Review the proposed New Registrants Policy and recommend that it be brought forward to the December Council for approval.
2. Recommend that the current New Registrants Policy and Guideline be brought forward to Council to be rescinded.

Implementation Date

June 1, 2019. If approved, the membership will be notified of the changes immediately after the March Council.

Legislative and Other References

s. 12(1)4 of the Registration Regulation under the Midwifery Act, 1991

Attachments

1. Current New Registrants Policy
2. Current New Registrants Guideline
3. Proposed New Registrants Policy

Submitted by: Registration Committee

December 1994
Revised November 1998, June 2005

NEW REGISTRANTS POLICY

All newly registered midwives will be granted registration with the following conditions:

1. A new registrant will work within an established practice (see definition in *Guidelines to the New Registrants Policy*) for a period of at least one full year.
2. A new registrant will attend births with a general registrant until she has attended a minimum of 30 births as a primary midwife and 30 births as a second midwife.

Please see the *Guidelines to the New Registrants Policy* for further details.

RATIONALE FOR THE NEW REGISTRANTS POLICY

The New Registrants policy is designed to ensure that new registrants receive the support and experience that will benefit them in entering the profession of midwifery in Ontario. The support that can be provided in both clinical and interprofessional situations will be a valuable asset to all newly practicing midwives in Ontario.

The requirements of the New Registrant's Policy are intended to assist new registrants to consolidate their prior knowledge and experience and to develop a solid foundation of confidence as a primary caregiver within a supportive environment.

It is acknowledged that this policy will effectively delay new registrants from setting up new practices in previously un-serviced areas of the province. However, midwives who move into under-serviced areas following a year of experience with an established practice will be in a stronger position as a result of that experience. In addition, having had hospital privileges previously may facilitate obtaining privileges at a new hospital.

GUIDELINES TO THE NEW REGISTRANTS POLICY

College requirements for continuity of care and informed choice for clients should remain at the forefront of any arrangements that are being considered in order to meet the requirements of the *New Registrants Policy*.

1. The New Registrant's year may begin when the new registrant enters practice or at any time until the date of the first primary care birth attended as a registered midwife.
2. The New Registrant's year should include reasonable off-call time and holidays.
3. Prior to meeting the minimum clinical requirements of 30 births as a primary midwife and 30 births as a second midwife, the New Registrant:
 - a) May not attend births with a Second Attendant.
 - b) May only attend births with another new registrant or physician (approved under Temporary Alternate Practice Arrangements) up to a maximum of 20% of primary care births.
 - c) May attend births with another new registrant, performing the role of either primary or second midwife if a general registrant is in attendance. It is expected that the general registrant would attend at the same time as the second midwife. As the third midwife in attendance, the general registrant would provide mentoring at the birth, but would not play an active role as one of the two attending midwives. The general registrant would not count this birth for active practice purposes unless she is providing supervision to one of the new registrants.

Once the College has verified that the new registrant has met the minimum clinical requirements, these restrictions will be removed.

4. If the new registrant attends births as the second midwife prior to her first primary and she plans to calculate her year from the first primary, she may count attendance at these births as a second midwife as part of her requirements.

5. If the new registrant is working in a practice with only one other midwife, the practice must arrange monthly peer case reviews with at least one other practice.
6. The new registrant may elect to fulfill a portion of her New Registrant's requirements out of province provided that she can verify this experience to the College's satisfaction.

In this instance, the new registrant may, after registration with the CMO

- a) Use births attended outside of Ontario after CMO registration to fulfill all or part of the minimum clinical requirements of the New Registrant's policy.
- b) Use up to six months of out of province experience gained after CMO registration to fulfill a portion of the requirement for one year of full time practice.

A minimum of six months of the requirement for one full year of practice must take place within an established Ontario practice.

7. Any College supervision requirements must be fulfilled in Ontario.
8. The Registrar may grant exemptions or extensions in exceptional circumstances according to approved procedures.

DEFINITIONS

Established practice:

1. Has midwives who have been funded for at least one year.
2. Has midwives who have had hospital privileges for at least six months and who have current hospital privileges in the community served.

Second Midwife:

1. Normally attends near the end of the first stage of labour, or early in the second stage of labour.
2. Is present for the birth, and provides care together with the primary midwife.
3. Is normally responsible for the assessment and initial care of the newborn at birth and remains after the birth for a minimum of one hour to monitor the well being of baby and mother.

NEW REGISTRANTS POLICY

Purpose

This policy sets out conditions imposed on a registrant's certificate of registration in their first year of practice after receiving their initial certificate of registration in the General class as outlined in s. 12(1)4 of the Registration Regulation, made under the *Midwifery Act, 1991*.

Scope

This policy applies to all new registrants of the College who received their initial General certificate of registration on or after June 1, 2019.

Definitions

“General Registrant” – a College member that has a certificate of registration in the General class.

“New Registrant” – a member of the College who has conditions imposed on their certificate of registration in their first year of practice after receiving their initial certificate of registration in the General class. For the purposes of this policy, the terms “new registrant” and “midwife” will be used interchangeably.

“Transfer of Care” – the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.

Policy Statement

In accordance with s. 12(1)4. of the Registration Regulation, all midwives in their first year of practice after receiving their initial certificate of registration in the General class, have the following two conditions imposed on their certificate of registration. A new registrant's year begins on the day the midwife becomes registered with the College with a certificate of registration in the General class.

Condition 1: Only work within an established practice for a period of one year

Established practice is a practice in Ontario that has general registrant(s) without new registrant conditions attending births in both home and hospital settings. Established practices must have the capacity to support the orientation and mentorship of new

registrants to the practice and hospital environments. Orientation and mentorship typically include, but is not limited to:

- Orientation to practice protocols
- Orientation to the hospital systems, policies and staff
- Facilitating learning opportunities and advising the new registrant of appropriate resources
- Providing in-person and on-call support, advice for clinical situations and objective feedback
- Regular chart reviews.

Condition 2: Attend a minimum of 30 births as a primary midwife as well as 30 births as a second midwife.

Prior to meeting this condition, a new registrant is permitted to attend births with: either a general registrant who is not subject to new registrant conditions, or a new registrant who has already attended a minimum of 30 births as a primary midwife as well as 30 births as a second midwife.

Once this condition has been met, a new registrant may attend births with another new registrant.

A **primary midwife** is a midwife that is responsible for the prenatal, intrapartum and postpartum care of the client and the newborn such as performing assessments, organizing consultations, and writing orders. The primary midwife is generally present for the labour, at birth to deliver the baby, and the immediate postpartum. A new registrant can count transfers of care toward fulfilling the requirement of attending 30 births as a primary midwife if the transfer of care takes place during labour, birth or in the immediate postpartum.

A **second midwife** normally attends near the end of the first stage of labour or early in the second stage of labour. The second midwife is present for the birth and provides care together with the primary midwife. The second midwife is normally responsible for the assessment and initial care of the newborn at birth and remains after the birth until the client and baby are stable.

When an intrapartum transfer of care occurs and a new registrant acting as the primary midwife takes on the role of the second midwife, they can count the birth towards fulfilling the requirement of attending 30 births as either a primary midwife or a second midwife, but not both.

Removal of New Registrant Conditions

It is only after the new registrant has practised in an established practice for a period of one year and attended a minimum of 30 births as a primary midwife as well as 30 births as a second midwife, they must declare that they have completed the conditions and submit the new registrant's clinical experience reporting form to the College.

The College will process the form and if both conditions have been met, the new registrant conditions will be lifted from the midwife's certificate of registration. The College will notify the midwife by email once the conditions are removed and the College's online public register profile will be updated to reflect the midwife's new status.

References

Registration Regulation (O. Reg. 168/11) under the *Midwifery Act*, S.O. 1991, s. 12(1)4
Clinical Experience Reporting form [\[LINK\]](#)

Approved by: Council
Approval date: March 20, 2019
Implementation Date: June 1, 2019
Last reviewed and revised:

DRAFT

BRIEFING NOTE FOR COUNCIL

Subject: Transitional Certificate of Registration

Background

Currently, the Registration Regulation prescribes four classes of certificates of registration: (1) General; (2) Supervised Practice for midwives with identified clinical gaps; (3) Inactive for midwives who are not practising; and (4) Transitional.

Under section 17 of the Registration Regulation, a Transitional certificate of registration is available for applicants who meet all of the requirements for a General or Supervised practice certificate of registration but are awaiting the results of the qualifying midwifery examination. A transitional certificate can be granted for at most 90 days and is revoked if the member is granted a General or Supervised certificate or if the member fails the exam.

The Transitional class of registration was originally created to address the gap of time between when a graduate from the Midwifery Educational Program (MEP) and the International Midwifery Pre-registration Program (IMPP) has written the Canadian Midwifery Registration Examination (CMRE) and when they receive the results of their exam. The CMRE results are issued within 4-6 weeks of the examination sitting.

It is a condition of the transitional class that such members may only practise midwifery under the supervision of a general registrant in a form and manner that is acceptable to the Registrar of the College. The scope of practice and level of supervision required for the Transitional class are currently set out in the Transitional Certificate Policy (see attached). Back in 2013 when the policy was approved by Council, a decision was made that in the interest of public protection the holders of a Transitional certificate of registration must have their activities restricted to those of a clerkship student.

Key Considerations

The Registration Committee does not propose any significant changes to the way the College has been regulating the holders of the Transitional certificates of registration. The relevance of this class of registration and any potential changes will be considered in the context of the changes proposed to the Registration Regulation at a later date. At this stage however a number of changes are necessary to reflect the changes made to other registration policies (e.g. New

Registrants Policy) and to better explain the requirements and expectations of this class of registration to both the applicants and the members of the public. The below summarizes the main changes that are brought forward to Council for review.

- 1. Rescinding the Transitional Certificate of Registration Policy:** The Committee has reviewed the Transitional Certificate of Registration Policy and has determined that the policy can be rescinded. It does not meet the College's policy definition and is not needed as a regulatory tool. The Transitional Certificate of Registration document (see attached) describes the College's process in a more detailed and meaningful way and can replace the policy. Rescinding the policy requires Council approval.
- 2. Births attended while holding a Transitional certificate of registration:** Currently holders of the Transitional certificate of registration are permitted to count their time and births towards meeting the new registrant requirements. This is not in line with the registration regulation as new registrant conditions only apply to members in their first year of practice after receiving their *initial general certificate of registration*. As such, births attended while holding a Transitional certificate should not be counted towards meeting the new registrant conditions as outlined in s.12(1)4. of the Registration Regulation. This issue is addressed in the New Registrants Policy (to be approved by Council at its March meeting – agenda item 11).
- 3. Acknowledgment and Undertaking:** Changes were made to the undertaking to be filed by applicants prior to the Transitional certificate of registration being issued to clarify that the holder of the Transitional certificate of registration can be supervised by *any* member in the General class of registration without new registrant conditions. This document was reviewed and approved by the Registration Committee and does not require Council approval.
- 4. Supervisor Agreement:** Changes were made to the supervisor agreement to be signed by a designated supervising midwife to clarify what appropriate supervision and coordination of supervision means in the context of the Transitional class of registration. This document was reviewed and approved by the Registration Committee and does not require Council's approval.

Recommendations

The following recommendations are submitted for approval:

1. Recommend that the current Transitional Certificate of Registration Policy be rescinded effective June 1, 2019 when the New Registrants Policy comes into effect (pending Council approval). The attached Information Sheet re Transitional Certificate of Registration will be posted to the website when the policy is rescinded as of June 1, 2019. This document does not require Council approval because it is not a policy.
2. The revised Undertaking and the Agreement to Act as a Supervising Midwife will come into effect immediately. They do not require Council approval and are brought to Council for information only.

Implementation Date

June 1, 2019

Legislative and Other References

- s. 17 of the Registration Regulation

Attachments

1. Current Transitional Certificate of Registration including:
 - i) Acknowledgment and Undertaking
 - ii) Agreement to Act as a Supervising Midwife.
2. Information Sheet re Transitional Certificate of Registration
3. Undertaking
4. Supervisor Agreement

Submitted by: Registration Committee

Policy:	Transitional Certificate of Registration
Reference #:	POLCMO_Co2122014
Approved by:	Council
Date Approved:	May 29, 2013
Date to be Reviewed:	May 29, 2016
Revision date(s):	February 12, 2014
Effective date:	February 12, 2014
Attachments:	none



TRANSITIONAL CERTIFICATE OF REGISTRATION

Purpose

To clearly define what a Transitional Certificate of Registration permits.

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

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 registration applicants.

Policy

A Transitional Certificate will allow individuals who meet the registration requirements of the College, but who are awaiting the results of the midwifery qualifying examination, to practise midwifery while under the supervision of a member who holds a general certificate of registration.

A Transitional Certificate **permits** the holder of the certificate to do the following:

- hold clinic independently, however, a supervising midwife who is a general registrant must be on the premises and must review and co-sign the record before the client leaves the clinic in order to intervene if needed.
- conduct home prenatal visits prior to the arrival of a supervising midwife who is a general registrant. The supervising midwife must review and co-sign the record at the client's home at that same visit.

- assess the presence/status of labour when accompanied by a supervising midwife who is a general registrant.
- act as one of two midwives at a birth; supervision must be provided by the other midwife who is a general registrant. The general registrant must be onsite and supervise the clinical care throughout labour, birth and the immediate postpartum period.
- conduct no more than three home postpartum visits without a supervising midwife onsite, provided that the visit is not the first visit after the birth, or the final discharge visit. These unaccompanied visits must be reported by the Transitional Certificate holder to a supervising midwife who is a general registrant prior to the conclusion of the visit.
- contact a supervising midwife who is a general registrant immediately after each phone call or page from a client.

A Transitional Certificate **does not permit** the holder of the certificate to do the following:

- order lab or diagnostic tests, or
- write prescriptions

Members holding a Transitional Certificate are required to have signed an Acknowledgement & Undertaking, which includes undertaking not to order lab or diagnostic tests or to write prescriptions.

Relevant Transitional Certificate Information:

- births completed pursuant to a Transitional Certificate can be counted towards meeting the New Registrants Clinical Requirements. The Transitional Certificate holder should keep records of these births in support of those requirements.
- a new registration number will be issued by the College once the holder is issued a General or Supervised Certificate.
- the initial registration date with the College is the date the Transitional Certificate is issued if the member is issued a General or Supervised Certificate upon the revocation of the Transitional Certificate.
- a Transitional Certificate of registration is revoked on the earliest of the date on which any of the following events occurs:
 1. A General or Supervised certificate of registration is issued
 2. The College notifies the registrant that he or she has failed to successfully pass the midwifery qualifying examination

3. Ninety days have passed since the issuance of the transitional certificate of registration. O. Reg. 168/11, s. 17 (3).
- Once the registrant is notified that he or she has passed the midwifery qualifying examination, a General or Supervised (depending on the circumstances) certificate will be issued in a timely manner and the Transitional Certificate will automatically be revoked and relevant stakeholders will be notified.
 - Please note that the General Certificate issued after a Transitional Certificate holder successfully passes the qualifying examination would be subject to the requirements of working within an established practice for one year, and attending 30 births as a primary midwife and 30 births as a second midwife with a general registrant not subject to these requirements. O. Reg. 168/11, s. 12 (1)4.



ACKNOWLEDGEMENT AND UNDERTAKING

BETWEEN

COLLEGE OF MIDWIVES OF ONTARIO

AND

[Print full legal name of Applicant on line above]

WHEREAS I, _____, am applying for a transitional certificate of registration with the College of Midwives of Ontario ("CMO");

AND WHEREAS paragraph 17(2)(a) of Ontario Regulation 168/11 under the *Midwifery Act, 1991* provides that an applicant shall only be issued a transitional certificate if she has first filed an undertaking acceptable to the Registrar of the CMO.

I hereby acknowledge that I wish to be issued a transitional certificate of registration from the CMO and I accordingly undertake to comply with all of the following requirements while I am the holder of a transitional certificate of registration:

1. I will not order laboratory or diagnostic tests for any clients;
2. I will not prescribe drugs for any clients;
3. I will practice midwifery only under the supervision of a member who holds a general certificate of registration who is acceptable to the Registrar ("supervising midwife");
4. I may hold clinic independently, however, a supervising midwife must be on the premises the entire time and must review and co-sign each client's record before that client leaves the clinic;
5. I may carry out home prenatal visits prior to a supervising midwife's arrival at the home but that supervising midwife must review and co-sign the record at the client's home at that same visit;

6. I will contact a supervising midwife immediately after each phone call or page from a client;
7. I may assess the presence or status of a client's labour when I am accompanied in person by a supervising midwife;
8. I may act as one of two midwives at a client's birth, but the other midwife at the birth, who must be a general registrant, must be onsite at all times and must supervise the clinical care throughout labour, birth and the immediate postpartum period;
9. I may carry out three (3) home postpartum visits without a supervising midwife onsite, provided that the visit is not the first visit after the birth, or the client's final discharge visit. I will report these visits to a supervising midwife prior to the conclusion of each visit.

I acknowledge that this undertaking will be in effect from the day I am issued a transitional certificate of registration until such time as that certificate is revoked pursuant to subsection 17(3) of Ontario Regulation 168/11 under the *Midwifery Act, 1991*.

I further acknowledge that a breach of any provision in this undertaking will constitute professional misconduct and the CMO will be entitled to prosecute me for same and will be entitled to rely on this undertaking in such prosecution and/or in a subsequent application for registration.

I acknowledge that I have been advised of my right to seek legal advice prior to signing this undertaking and I have either obtained such advice or have chosen not to do so.

Signed this _____ day of 201_____, in _____, Ontario.

Print full legal name of Applicant

Signature of Applicant



Agreement to Act as a Supervising Midwife to a Midwife with a Transitional Certificate of Registration

I, _____, Registration number _____ agree to act
(Name of Supervising Midwife) (Registration #)

as supervising midwife for _____. I understand that I
(Name of transitional certificate holder)

will be responsible to the College for the following:

1. Providing appropriate supervision to the transitional certificate holder, as outlined in the CMO's Policy on Transitional Certificate of Registration;
2. Ensuring that supervision continues in my absence while I am off call or on holidays and that any midwife supervising in my absence is a general registrant that is aware of the obligations of supervision;
3. Ensuring that the transitional certificate holder practices midwifery only under the supervision of a member who holds a general certificate of registration;
4. Notifying the College immediately if I am, for any reason, unable to continue as the supervising midwife;
5. Ensuring that the transitional certificate holder does not order laboratory or diagnostic tests for any clients;
6. Ensuring that the transitional certificate holder does not prescribe drugs for any clients;
7. Ensuring that a supervising midwife is on the premises the entire time the transitional certificate holder holds clinic independently, and reviews and signs each client's record before that client leaves the clinic;
8. Ensuring that during home prenatal visits a supervising midwife reviews and co-signs the record at the client's home at that same visit;
9. Ensuring that a supervising midwife is available for immediate contact with the transitional certificate holder after each phone call or page from a client;

10. Ensuring that a supervising midwife accompanies the transitional certificate holder when she assesses the presence or status of a client's labour;
11. Ensuring that, when the transitional certificate holder acts as one of two midwives at a client's birth, the other midwife at the birth is a general registrant and onsite at all times and supervises the clinical care throughout labour, birth and the immediate postpartum period;
12. Ensuring the transitional certificate holder does not conduct home postpartum visits without a supervising midwife onsite during the first visit after the birth or during the client's final discharge visit;
13. Ensuring the transitional certificate holder does not conduct the day one (1) postpartum visit, the discharge visit, and no more than three (3) home postpartum visits without a supervising midwife onsite; and
14. Ensuring that the transitional certificate holder gives a prompt and thorough report to a supervising midwife prior to the conclusion of each postpartum visit when a supervising midwife is offsite.

I currently hold a General certificate of registration and have held a General certificate of registration for a minimum of one year. I am not currently under investigation by the College and have not entered into any undertakings with the College, either of which would disqualify me from supervising the transitional certificate holder.

I understand that the period of supervision for this transitional certificate holder cannot exceed 90 days.

I certify that the information provided in this form is complete and accurate.

Signature of Midwife

Date

Signature of Witness

Witness Name (Print)

Transitional Certificate of Registration

Requirements under the Registration Regulation

In accordance with section 17 of the Registration Regulation made under the *Midwifery Act, 1991*, a Transitional certificate of registration is available for applicants who meet all of the requirements for a General or Supervised Practice certificate of registration but are awaiting the results of the Canadian Midwifery Registration Examination (CMRE).

A Transitional certificate of registration may only be issued to an applicant who has filed an undertaking with the College Registrar in a form and manner that is acceptable to the Registrar.

The holder of the Transitional certificate of registration may only practise midwifery under the supervision of a member holding a General certificate of registration without new registrant conditions.

A Transitional certificate can be granted for maximum of ninety days and is revoked if the member is granted a General or Supervised Practice certificate or if the member fails the exam.

Issuance of a Transitional certificate of registration

To obtain a Transitional certificate of registration an applicant must:

1. complete the registration application form [[LINK](#)] and provide supporting documentation.
2. have met all the requirements for a General or Supervised Practice certificate of registration. Therefore, in the case of an applicant who qualifies for a Supervised Practice certificate of registration, the applicant must have a College approved supervisor and a signed Plan for Supervised Practice and Evaluation [[LINK](#)].
3. have written the CMRE but have not yet received the results.
4. file an undertaking [[LINK](#)] with the College prior to the Transitional certificate of registration being issued to them. By signing an undertaking, the applicants acknowledge that they wish to be issued a Transitional certificate of registration from the College and accordingly undertake to comply with all of the requirements outlined in the undertaking while they hold a Transitional certificate of registration.
5. must have a designated supervising midwife, approved by the College, who meets the Criteria for Approval of Supervisors [[LINK](#)], and who will provide appropriate supervision and coordination of supervision in a form and manner described in the

undertaking and supervisor agreement. The supervising midwife must sign an agreement to act as a supervising midwife prior to the Transitional certificate of registration being issued to the applicant [[LINK](#)].

Births attended while holding a Transitional certificate do not count towards meeting the new registrant conditions as outlined in s.12(1)4. of the Registration Regulation. For more information, see the College's New Registrants Policy [[LINK](#)].

Revocation of a Transitional certificate of registration

In accordance with s. 17(3) of the Registration Regulation, a Transitional certificate of registration will be revoked on the earliest of the date on which any of the following events occurs:

- The member is issued a General or a Supervised Practice certificate of registration.
- The College notifies the member that they failed to successfully pass the examination referred to in paragraph 3 of subsection 8(1) of the Registration Regulation.
- Ninety days have passed since the issuance of the Transitional certificate of registration.

Once the results of the CMRE are issued, eligible members holding a Transitional certificate of registration will be contacted by the College to advise them that they will be issued a General or Supervised Practice certificate of registration. To facilitate this change of class, the member's class of registration and status are updated on the College's online public register.

If the College notifies the member that they have failed to successfully pass the CMRE, the Transitional certificate will be revoked. The member will be notified, and this revocation will be noted on the public register. Once the certificate is revoked the person ceases to be a member of the College and is not eligible to practise the profession. The former member may continue their application for registration and apply to re-write the CMRE.

If ninety days have passed since the issuance of the Transitional certificate of registration and the results of the CMRE have not yet been issued, the member will be notified, and the Transitional certificate will be revoked. Once the certificate is revoked the person ceases to be a member of the College and is not eligible to practise the profession but can remain an applicant and await the issuance of the CMRE results. Once the examination results are issued and the applicant has passed, the applicant may become eligible for a General or Supervised Practice certificate of registration if they continue to meet all the requirements for a General or Supervised Practice certificate of registration.

References

Registration Regulation (O. Reg. 168/11) under the *Midwifery Act*, S.O. 1991, s. 17

Undertaking with the College [[LINK](#)]
Agreement to Act as a Supervising Midwife [[LINK](#)]
Criteria for Approval of Supervisors [[LINK](#)]
Registration application form [[LINK](#)]

Approved by the Registration Committee March 1, 2019



UNDERTAKING BETWEEN THE COLLEGE OF MIDWIVES OF ONTARIO

AND

[Print full legal name of applicant]

WHEREAS I, _____, am applying for a Transitional certificate of registration with the College of Midwives of Ontario (College);

AND WHEREAS paragraph 17(2)(a) of Ontario Regulation 168/11 under the *Midwifery Act, 1991* provides that an applicant shall only be issued a Transitional certificate if they have first filed an undertaking acceptable to the Registrar of the College.

I hereby acknowledge that I wish to be issued a Transitional certificate of registration from the College and I accordingly undertake to comply with all of the following requirements while I am the holder of a Transitional certificate of registration:

1. I will not order laboratory or diagnostic tests for any clients.
2. I will not prescribe drugs for any clients.
3. I will have a designated supervising midwife who is acceptable to the Registrar of the College.
4. I will practise midwifery only under the supervision of a member who holds a General certificate of registration without new registrant conditions.
5. I may hold clinic independently as long as the supervising midwife or a member who holds a General certificate of registration without new registrant conditions is on the premises and the supervising midwife or a member who holds a General certificate of registration without new registrant conditions must review and co-sign the chart before the client leaves the clinic.
6. I may carry out home prenatal visits as long as the supervising midwife or a member who holds a General certificate of registration without new registrant conditions reviews and co-signs the record at the client's home at that same visit.

7. I will contact the supervising midwife or a member who holds a General certificate of registration without new registrant conditions as soon as reasonably possible after each phone call or page from a client.
8. I may assess the presence or status of a client's labour when I am accompanied in person by the supervising midwife or a member who holds a General certificate of registration.
9. I may attend births under the supervision of the supervising midwife or a member who holds a General certificate of registration without new registrant conditions who must be onsite throughout labour, birth and the immediate postpartum period.
10. I may carry out home postpartum visits as long as it is not the first visit after the birth, or the final discharge visit and the visit is reported to the supervising midwife or a member holding a General certificate without new registrant conditions prior to the conclusion of the visit.

I acknowledge that this undertaking will be in effect from the day I am issued a Transitional certificate of registration until such time as that certificate is revoked pursuant to subsection 17(3) of Ontario Regulation 168/11 under *the Midwifery Act, 1991*.

I further acknowledge that a breach of any provision in this undertaking will constitute professional misconduct and the College will be entitled to prosecute me for same and will be entitled to rely on this undertaking in such prosecution and/or in a subsequent application for registration.

I acknowledge that I have been advised of my right to seek legal advice prior to signing this undertaking and I have either obtained such advice or have chosen not to do so.

Signed this _____ day of 201_____,

in _____, Ontario.

Print full legal name of applicant

Signature of applicant



AGREEMENT TO ACT AS A SUPERVISING MIDWIFE TO A MIDWIFE WITH A TRANSITIONAL CERTIFICATE OF REGISTRATION

I, _____ Registration # _____ agree to act as supervising midwife for _____ and to comply with the following requirements.

1. Ensuring that the Transitional certificate holder practises midwifery only under the supervision of a member who holds a General certificate of registration without new registrant conditions.
2. Ensuring that supervision continues in my absence while I am off call or on holidays and that any midwife assuming the role of the supervising midwife is a member who holds a General certificate of registration without new registrant conditions that is aware of the obligations of supervision.
3. Notifying the College immediately if I am, for any reason, unable to continue as the supervising midwife.
4. Ensuring that the Transitional certificate holder does not order laboratory or diagnostic tests for any clients.
5. Ensuring that the Transitional certificate holder does not prescribe drugs for any clients.
6. Ensuring that a member who holds a General certificate of registration without new registrant conditions is on the premises when the Transitional certificate holder holds clinic independently, and reviews and signs each client's record before that client leaves the clinic.
7. Ensuring that during home prenatal visits a member who holds a General certificate of registration without new registrant conditions reviews and co-signs the chart at the client's home at that same visit.
8. Ensuring that a member who holds a General certificate of registration without new registrant conditions is available for prompt contact with the Transitional

certificate holder after each phone call or page from a client.

9. Ensuring that a member who holds a General certificate of registration without new registrant conditions accompanies the Transitional certificate holder when they assess the presence or status of a client's labour.
10. Ensuring that, when the Transitional certificate holder acts as one of two midwives at a client's birth, the other midwife at the birth is a member who holds a General certificate of registration without new conditions, who remains onsite at all times and supervises the clinical care throughout labour, birth and the immediate postpartum period.
11. Ensuring the Transitional certificate holder does not conduct the day one (1) postpartum visit and the discharge visit without a member who holds a General certificate of registration without new registrant conditions onsite.
12. Ensuring that the transitional certificate holder gives a prompt and thorough report to a a member who holds a General certificate of registration without new registrant conditions prior to the conclusion of each postpartum visit when a member who holds a General certificate of registration without new registrant conditions is offsite.

I understand that the period of supervision for this transitional certificate holder cannot exceed ninety days.

I certify that the information provided in this form is complete and accurate.

Signature of Midwife

Date

Signature of Witness

Witness Name

(Print)

BRIEFING NOTE FOR COUNCIL

Subject: Governance Education Module (GEM) training program as an eligibility requirement for Council or Committee appointment.

Summary

The College's GEM training program consists of three educational modules relating to the governance duties, obligations and expectations of Council and Committee members. Completion of the modules and accompanying exam will be required as an eligibility component of any person(s) seeking appointment to Council or a College committee.

Background

Article 5.08 of the Colleges General by-law refers to the conditions for eligibility required of persons who are seeking appointment to Council. It states:

“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,”

under item(z) the requirement states:

“the Member has 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.”

In addition, Article 6.10 of the General by-law refers to the appointment of person(s) to a College committee who are neither members of the profession nor members of the Council.

Section 2 of Article 6.10 refers to the eligibility of a person who is not a professional member of the College (a member of the public) as:

“person who is not a Member is eligible for appointment to a Committee if, on the date of the appointment, they meet the eligibility criteria as the Council may from time to time determine.”

The modules have been developed to target learning around three key governance themes as they relate to Council and Committee members. The first module focuses on legislation and regulations as a governance framework, the second module focuses on the College as a regulatory

institution and the last module focuses specifically on the obligations and expectations of being on the Council or a College committee.

The Governance Manual has been developed as a resource that accompanies the GEM modules and a GEM exam consisting of the thirty (30) questions (ten questions per module) will be required as proof of completion, submitted to the College with nomination or application.

Key Considerations

During its October 2018 meeting, the Council approved changes to its general by-laws which included revisions to eligibility criteria for election and appointment to Council. 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.

Council will have had the opportunity to go through the Governance Manual, Modules, complete the exam and provide feedback on the March Council Training day.

Competency Building

In the effort to improve Council Competency, the GEM modules were developed to build initial competency on the duties, obligations and expectations of Council and Committee members. Any person seeking appointment to Council or a committee would be required to complete the GEM modules and accompanying exam, which will be delivered through the College website. 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.

Applicability

In consideration of equitable and consistent eligibility requirements, Council is asked to consider if and how completion of the modules as an orientation tool would apply to public members appointed by the Public Appointments Secretariat.

Public Engagement Strategy

The GEM training program as an eligibility requirement for non-Council public members seeking appointment to a Committee would support our strategic goal of increased public engagement. Anybody who completes the training program regardless of whether they ultimately appointed to a committee will have an increased understanding of the role of governance

in the regulation of midwives in Ontario and what the duties, obligations and expectations are of members of the Council and its committees.

Implementation

If the GEM training program is approved, the modules would be available through the College website as an embedded program that individuals would be able to access and work through. The exam will also be hosted on the College website. The Governance manual is available as a learning resource to the modules and completion of the accompanying GEM exam upon completion of the modules would be required.

Access

Council is asked to consider accessibility of the GEM resources to the general public from the College website. Governance Manual and Modules can be open access to anybody at any time or access the Modules can be protected for private access through a password, that will be provided by College staff upon request (ie. when an application or nomination is received). Exam access will always be private.

Recommendations

The following or motions are submitted for approval:

1. That the Governance Education Module training program be approved.

Implementation Date

April 1, 2019

Legislative and Other References

By-law Article 5.08 and 6.10

Attachments

None. Governance Manual and Modules provided in Training Day Materials. Exam will be provided on Training Day.

Submitted by: Zahra Grant, Council & Quality Assurance Coordinator

BRIEFING NOTE FOR COUNCIL

Subject: Budget Approved & Fee and Remuneration By-law Changes (related to membership fee increase)

Background

On November 8, 2018 the Ministry of Health and Long-Term Care advised the College that it would no longer provide operational grants to the College for the fiscal year 2018-19 and beyond. The Ministry subsequently advised the College that no final decisions had been made about the College's funding and that its funding was under review. Since that time, the Ministry has advised it will cover the \$398,381 shortfall for fiscal 2018-19. Additionally, the College was advised it should not anticipate receiving any future operational funding from the Ministry for fiscal 2019-20 and forward.

The College addressed the loss of operational funding at its Council meeting in December. It was decided that a combination of increasing membership fees, using net assets, and finding additional efficiencies at the College would allow the College to continue its work and seamlessly deliver on its mandate. Council approved immediate budget reductions with a 2018-19 forecast and recommended similar cuts to future budgets.

The funding for 2018-19 from the Ministry acts as a mitigating factor allowing the College to lower its initial projections regarding membership fee increases.

In February and then March 2019 the Executive Committee met to discuss the best course of action in regard to membership fees and the upcoming 2019-20 budget. The Executive directed staff to prepare a budget based on their discussions and decisions to bring forward to Council.

Key Considerations

In order to raise membership fees for October 1, 2019 registration renewal, Council must propose a fee increase at this March meeting. The College's membership cycle runs from October 1st to September 30th each year. After approving the fee increase a 60-day mandatory consultation will be launched. The final decision regarding the fees will be made at the June 2019 Council meeting.

1. Fees and Remuneration By-law

The College's annual membership and administration fees are addressed in Article 4 of the Fees and Remuneration By-law as follows:

4.2 Every member who holds a certificate of registration in any class, shall pay an annual membership fee and an annual administration fee, which are due on or before October 1 of each year, regardless of the date of initial registration.

4.3 The amount of the annual administration fee for every class of certificate is \$50.

4.4 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.

4.5 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.

4.6 The annual membership fee will be prorated depending on when in the year the member receives their class of certificate.

At its recent meetings, the Executive Committee discussed the best approach to amending Article 4. After careful consideration the Executive Committee determined to raise membership fees for all classes of registration excepting the Inactive class to \$2550 as of October 2019 with inflationary increases thereafter.

2. Fees for members in the Inactive class

Currently, fees for members who are not actively practising the profession and are registered in the Inactive class are set at 50% of the General membership fee. This reduction acknowledges that many of those members are on temporary leaves from practice, for example, taking parental, sick or other leaves such as pursuing advanced education. The Executive Committee was concerned that raising Inactive class fee from its current amount would disproportionality affect Inactive members as they are not earning a midwifery income and may result in Inactive members resigning from the College either temporarily or altogether. The Executive Committee therefore determined the best course of action was to maintain the wording of the current by-laws which set the fee for October 1 2018 to \$1075, subject to an annual 2% increase.

3. Additional considerations regarding risk

- **Re Ministry funding:** In calculating this budget we have not factored in any Ministry funding for 2019-20 forward, aside from the small amount of funding that the College receives to regulate Ontario's two birth centres under the *Independent Health Facilities Act*.

Again, the funding from the Ministry to cover the College's 2018-19 shortfall contributes greatly to the College being able to set fees to a lesser level than it originally anticipated for 2019-20 forward.

- **Re Net assets and risk mitigation:** The College investigated the possibility of a business line of credit in the event that the College was faced with unforeseen expenses that required unplanned use of its remaining net assets. Preliminary discussions with the College's bank indicated its willingness to offer the College a 250K line of credit which has been determined to be sufficient.

Recommendations

The Executive Committee recommends Council to:

- 1) Approve the proposed changes to the Fee and Remuneration By-law for public circulation and consultation.
- 2) Approve the proposed Budget for the 2019-20 fiscal year.

Implementation Date

- 1) By-laws require a 60-day public circulation. Council will consider feedback and consider approval of By-law changes at its June 2019 meeting.
- 2) Budget to be implemented April 1, 2019.

Legislative and Other References

Fees and Remuneration By-law

Attachments

1. Proposed Fee and Remuneration By-law revisions
2. Budget 2019-20 (College of Midwives of Ontario)

Submitted by:

Staff (Carolyn Doornekamp, Director of Operations) under the direction of the Executive Committee



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Budget

April 1, 2019 – March 31, 2020

Approved by Council: _____

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Current Position and Introduction

All health regulatory Colleges in Ontario are supported by membership fees. In the case of the College of Midwives of Ontario, the numbers of registered midwives are small, and as of December 31, 2019, there were only 949 midwives. For comparison, other regulated health Colleges tasked with regulated primary care professionals reported the following membership numbers: the College of Nurses has 175,000 members; the College of Physicians and Surgeons has 41,920 members, and; the Royal College of Dental Surgeons has 10,131 members. Since its inception, the College of Midwives has relied on operational grants from the Ministry of Health and Long-term Care (Ministry) in order to meet the obligations of regulating the midwifery profession under the *Regulated Health Professions Act, 1991* (RHPA) and to address a shortfall between its revenue and expenses. That shortfall was created by the low revenue associated with low membership numbers. The College has no role in increasing numbers of midwives in the province as midwifery is a managed program through the Ministry of Health and Long-term Care and the number of baccalaureate midwifery education program positions are determined by the Ministry of Training, Colleges and Universities.

Despite its small numbers, the College of Midwives has been working steadily toward financial independence. The College submitted two different plans to the Ministry which detailed possible paths to financial independence – one in 2014 and one in 2016. While these plans were not implemented by the Ministry, the College has continued to work toward financial independence.

On November 8, 2018 the Ministry of Health and Long-Term Care advised the College that it would no longer provide operational grants to the College for the fiscal year 2018-19 and beyond. The Ministry subsequently advised the College that no final decisions had been made about the College's funding and that its funding was under review. Since that time, the Ministry has advised it will cover the \$398,381 shortfall for fiscal 2018-19. Additionally, the College was advised it should not anticipate receiving any future operational funding from the Ministry for fiscal 2019-20 and forward.

Although the College projects a deficit budget for the next three fiscal years, it can also project its financial self-sufficiency. The funds received from the Ministry for fiscal 2018-19, along with a combination of expense cuts, membership fee increases, and the use of the College's existing net assets allow the College to present a viable plan for a financially sustainable College. That plan is outlined here, alongside the budget for 2019-20.

The College closed the 2017-18 fiscal year with unrestricted net assets of \$1,244,487. With the support of the Ministry the College will break even for 2018-19, leaving an estimated projected net asset number of \$1,244,487 as the College moves into the 2019-20 fiscal year.

Budget

April 1, 2019 – March 31, 2020

REVENUE		
Membership Fees		\$ 2,171,643
Administration & Other		\$ 86,865
Project Funding - Birth Centres		\$ 66,130
TOTAL REVENUE		\$ 2,324,638
EXPENSES		
	<i>Total per Sub-Category</i>	<i>Total Per Category</i>
Salaries & Benefits		\$ 1,335,950
Professional Fees		
Finance	\$ 29,505	
Legal	\$ 55,963	
Other (Expert Resources)	\$ 30,600	
Total		\$ 116,068
Council and Committee		\$ 122,934
Office & General		
Insurance	\$ 8,439	
Printing & Postage	\$ 21,994	
Equipment Rental	\$ 5,733	
Telecommunications	\$ 22,531	
Office Supplies & Resources	\$ 59,010	
Bank & Credit Card Processing Fees	\$ 42,500	
Total		\$ 160,208
Information Technology, Security & Data		
IT & Network Support	\$ 45,000	
Database Development & Maintenance	\$ 106,000	
Total		\$ 151,000
Rent & Utilities		\$ 204,373
Conferences, Meeting Attendance & Membership Fees		
Conferences & Meeting Attendance	\$ 17,000	
Membership Fees	\$ 60,000	
Total		\$ 77,000
Panel & Programs		
Professional Conduct - Cases & Panels	\$ 200,000	
Professional Conduct - Hearings	\$ 66,742	
Unauthorized & Illegal Practice	\$ 2,000	
Client Relations - Counselling Support	\$ 2,000	
Quality Assurance - Assessments & Panels	\$ 50,514	
Registration - Panels	\$ 10,000	
Total		\$ 331,256
Birth Centre Assessment & Support		\$ 66,130
Capital Expenditures		\$ 42,199
Total Expenditures		\$ 2,607,118
Net Income or Loss		\$ (282,480)
Contingency (Project Costs Associated with Information Technology, Security & Data)		\$ 145,921
Total Expenditures with Contingency		\$ 2,753,039
Final Net Income or Loss		\$ (428,401)

NOTE:

It should be noted that the College has net assets of approximately \$1.2 million that will offset the loss projected.

Notes to the Budget

The College approached expense projections using a zero-based budgeting process, meaning the spending is planned on the real predicted costs projected to occur. Given the College's financial position careful expense abatements were made wherever possible. Some of those savings are detailed here:

- A hiring freeze is in effect at the College, foregoing previously planned new positions
- All staff will receive cuts to their benefits, and merit increases are being withheld for the 2019-20 and 2020-21 fiscal years
- Committees and panels will hold teleconference meetings whenever possible, trainings will be streamlined and reduced, and other cuts will take place to minimize Council's expenses
- The President of the College will forgo their annual stipend and receive instead per diem compensation
- Cuts to conference attendance and office expenses are being made wherever possible
- The College will reduce its use of expert consultants wherever reasonably possible

Increased estimates occurred in some areas that offset savings found with the above changes, mainly,

- The College has seen an increase in professional conduct cases and has accounted for that with an increased estimate
- Costs for the College's information technology, security and data have increased, and funds were set aside for possible spending in this area
- The membership fee structure of the Canadian Midwifery Regulators Council (CMRC) has changed resulting in an increased membership fee

The College will work throughout the year to stay within its budget, and wherever possible to find savings against the budget.

Revenue and Membership Fee Projections

General Information

The College's revenue is comprised of membership fees, additional administrative fees paid by members, and project funding for the College's oversight of the Birth Centre Assessment Program. The College's low membership numbers and slow growth directly limit the potential revenue available to the College.

Members of the College already pay one of the highest membership fees in the province. Despite this, it is necessary to raise fees further at this time in order to both financially sustain the College and enable the College to continue to deliver on its mandate to protect the public.

The number of new members per year is comprised of successful applicants from Canadian Midwifery Education Programs (MEP), the International Midwifery Pre-registration Program (IMPP) and registered midwives from other provinces and territories, less attrition. The Ontario MEP enrollment numbers are set provincially, however the number of Ontario graduates exceeds the number of applicants the College receives, as many graduates leave the province to practise in other Canadian jurisdictions.

Projected numbers are based on membership numbers and change rates from previous years, as indicated in the chart below:

Reference: Membership Numbers by Year

Year	Active Members	Inactive Members	Total Members	Increase Over Prior Year	Annual % Change	Note
2022-23	909	224	1133	45	4.1%	<i>estimate</i>
2021-22	877	211	1088	45	4.3%	<i>estimate</i>
2020-21	845	198	1043	45	4.5%	<i>estimate</i>
2019-20	813	185	998	42	4.4%	<i>estimate</i>
2018-19	784	172	956	49	5.4%	<i>estimate</i>
2017-18	748	159	907	51	6.0%	<i>actuals</i>
2016-17	707	149	856	49	6.1%	<i>actuals</i>
2015-16	681	126	807	46	6.0%	<i>actuals</i>
2014-15	655	106	761	60	8.6%	<i>actuals</i>
2013-14	613	88	701	62	9.7%	<i>actuals</i>
2012-13	564	75	639	55	9.4%	<i>actuals</i>
2011-12	513	71	584	55	10.4%	<i>actuals</i>
2010-11	475	54	529	41	8.4%	<i>actuals</i>
2009-10	436	52	488	42	9.4%	<i>actuals</i>
2008-09	405	41	446	35	8.5%	<i>actuals</i>
2007-08	368	43	411	46	12.6%	<i>actuals</i>

General membership revenue includes membership registration and renewal fees, and the related administrative fees.

Other income includes such items as initial application fees, Letters of Professional Conduct, name changes, duplicate documents, incorporation charges and late penalty fees. In addition, small revenues come from panel-ordered practice audit fees. The College has estimated a calculation of 4% of the total membership fees as administration and other fees.

Membership Fee Increases

In order to meet the revenue projections associated with the proposed budget, the membership fee for all classes of registration, except Inactive class, must be raised to \$2550 plus the related \$50 administration fee on October 1, 2019. This change represents a 16% increase for all members of the College, except Inactive members, who will pay a 2% increase as previously approved in the by-laws. Setting fees to this level will increase revenue but still result in a loss for the College for the 2019-20 fiscal year.

Summary

The College estimates revenue from membership fees and additional administrative fees to be \$2,258,508. Additionally, the College will receive \$66,130 in special project funding for its oversight of the Birth Centre Assessment Program bringing the total revenue estimate to \$2,324,638.

DRAFT

Expense Projections by Category

Category: Salaries & Benefits

Objectives

- To compensate staff at market value to ensure quality recruitment, retention, stability and efficiency
- Ensure internal capacity, skills and knowledge to meet demands of the increasing volume and complexity of work and public safety mandate

Results

- Sufficient internal capacity to meet regulatory obligations
- Retention of valued staff
- Meet the expectations of the public to regulate midwifery in a transparent and effective manner
- Support of the membership

Budget

A total *Salaries & Benefits* cost of \$1,335,950 is projected.

Narrative

For the fiscal year 2019-20 the College continues to have 14 full and part time positions.

1. Registrar/CEO
2. Director of Operations
3. Director of Regulatory Affairs
4. Registration Manager
5. Senior Registration Coordinator
6. Registration Coordinator
7. Registration Coordinator
8. Professional Practice Advisor and Quality Assurance Manager
9. Quality Assurance and Council Coordinator
10. Policy Analyst
11. Manager of Professional Conduct
12. Professional Conduct Coordinator
13. Communications and Stakeholder Relations Officer
14. Bookkeeper (part time)

The College assesses its salaries externally with the assistance of an expert consultant every few years to ensure its market competitiveness. The most recent analysis was completed in 2018.

The College achieves efficiency and effectiveness with the staff complement as outlined, relying more on the expertise and flexibility of staff and less on external consultants. The College has regularly assessed its human resources needs and optimizes the capacity of individuals and positions, ahead of increasing staff size, when possible. The College enters 2019-20 with a hiring freeze and no additional positions are anticipated.

Category: Professional Fees

Objective

- Ensure access to adequate expert consultants to complement staff and Council resources

Result

- Strong operations with access to experts when necessary.

Budget

A total *Professional Fees* cost of \$116,068 is projected.

Narrative

Professional legal, financial and regulatory expertise will be sought as needed to support general operations. Specifically:

- Operational legal counsel related to regulatory responsibilities (excluding Professional Conduct case specific costs and legal costs associated with panels in all program areas- those costs are captured under the *Panel & Program* area)
- The required year-end financial audit as well as financial consultation throughout the year
- Expert consultants for College program improvement

The College has committed to use expert consultants only when absolutely necessary.

Category: Council & Committee

Objectives

- Effective and efficient Council and Committees equipped to meet the needs of the College and make decisions in the public interest
- Adequate succession planning to ensure continued stability and strength on the Council

Results

- Results will include an engaged and effective Council and committee structure that will have the capacity to achieve the above objectives.
- Performance is measured by reaching milestones set out in the Strategic Plan

Budget

A total *Council & Committee* cost of \$122,934 is projected.

Narrative

Work plans have been developed for the College's committees and working groups for this fiscal year.

The College confirms that the per diem rate for professional Council and Committee members is sufficient to attract midwives with necessary competencies to serve on Council and no increase to the per diem rate is projected.

It should be noted that CPP deductions do apply for any professional Council members with billings over \$3500. The College must match these deductions.

Council costs have been reduced for 2019-20 by:

- Moving the President to a per diem model from a stipend model
- Reducing in person meetings wherever possible to reduce travel costs
- Replacing non-Council professional members with non-Council public members when possible
- Reducing Council's reliance on consultant expertise for training by relying on staff expertise

The Council has committed to reducing costs wherever possible.

Category: Office & General

Objective

- Efficient operations that provide the infrastructure and materials required for the office to function efficiently and economically

Result

- Strong and effective operations to support the College's work

Budget

A total *Office & General* cost of \$160,208 is projected.

Narrative

This budget is based on the cost of 12 months of general operations. To increase transparency and ease understanding *Rent & Utilities* and *Information Technology, Security & Data* have been moved from sub-categories of *Office & General* (where they were previously included) into their own categories.

Where possible expenses abatements were included after careful examination of the expense lines in this category, and otherwise only minimal increases were estimated.

Category: Information Technology, Security & Data

Objectives

- Efficient information technology resources that provide adequate infrastructure
- Systems that allow for appropriate retention and dissemination of data
- A member portal and public register that meets legislative requirements and best practices
- Systems that fulfil the requirements under the College's privacy and security policies

Results

- Strong and effective information technology infrastructure to support the College's work
- Appropriately protect the College's data and information

Budget

A total *Information Technology, Security & Data* cost of \$151,000 is projected.

Narrative

This budget is based on the cost of 12 months of information technology, security, and data expenses.

The College has been working through a voluntary risk assessment framework with its insurer in order to strengthen and fortify the College's information management systems and security and ensure the alignment of the College with best practices. The College has been increasing its security and fortifying systems and launched new policies in 2018-19. Although some necessary expense increases were projected in this area over previous years the College will do its best to mitigate costs while ensuring the integrity of its information and data management systems.

Category: Rent & Utilities

Objective

- Appropriate space from which the College can conduct its business including hosting Council and Professional Conduct hearings

Results

- Strong and effective central operations that support the College's work.
- Appropriate location to allow for staff recruitment and retention, and also allows for collaboration with stakeholders

Budget

A total *Rent & Utilities* cost of \$204,373 is projected.

Narrative

This budget is based on the cost of 12 months of *Rent & Utilities* costs under the College's lease for premises that expires in 2023.

Category: Conferences, Meeting Attendance & Membership Fees

Objectives

- Active participation in organizations that benefit the College through access to the resources and expertise in the sector
- Continued work on inter-professional collaboration initiatives
- Partnership with other organizations on joint information-sharing, education, and mutual interest initiatives
- Optimize the economies of scope and scale in work required in response to legislative changes
- Having a voice at the table of important decisions that affect the safe practice of midwifery

Results

- Continued participation in and collaboration with closely related organizations to the College
- Continued acquisition of current knowledge and best practices
- Attendance at relevant educational events and programs
- Keeping abreast of trends and changes in regulation
- Ensuring proper participation in stakeholder meetings

Budget

A total *Conferences, Meeting Attendance & Membership Fees* cost of \$77,000 is projected.

Narrative

MEMBERSHIP FEES & MEETING ATTENDANCE

The College continuously seeks to improve, build capacity and find efficiencies, therefore, involvement in professional regulatory associations allows the College to access important resources across the country.

The College maintains membership in several key organizations. Detailed below are the organizations to which the majority of the membership fees are paid:

Federation of Health Regulatory Colleges of Ontario (FHRCO)

The collaboration developed through members in the Federation is beneficial to the College. It provides the College access to a network of resources that help forward regulation in Ontario. It also helps the College stay current on all emerging issues and trends in regulation in Ontario. All of the health colleges in Ontario are members of FHRCO.

Projected FHRCO Membership Costs - \$8,475

Canadian Midwifery Regulators Council (CMRC)

The CMRC's mandate is to facilitate inter-provincial mobility, to advocate for legislation, regulation, and standards of practice that support a high standard of midwifery care across the country, to provide a forum for Canadian regulators to discuss and take action on issues of mutual concern, and to administer the Canadian Midwifery Registration Exam.

The work of the CMRC is key to enable labour mobility for midwives by ensuring safe standards in every jurisdiction. This allows the College to comply with the Agreement on Internal Trade with a degree of confidence in the competence of midwives from other provinces.

As one of the major contributors of resources (since membership fees are based on provincial midwifery registrant numbers) the College's involvement continues to be critical to the ongoing efforts of the CMRC. The CMRC has communicated a membership fee increase to all members. In the case of the College the membership fee has increased to approximately \$45,000 annually.

Projected CMRC Membership Costs - \$45,000

CONFERENCES

Participating in educational initiatives enables the College to ensure that it has access to current knowledge and best practices. Internal controls are in place to ensure that only relevant events are attended, and the knowledge gained at these events is disseminated to staff and Council.

Conferences chosen include (but are not limited to) both provincial and national conferences addressing professional self-regulation, discipline, governance, privacy/confidentiality. Some examples of the conferences attended are:

- Council and Licensure, Enforcement and Regulation (CLEAR)
- Canadian Network of Agencies for Regulation (CNAR)
- Canadian Association of Midwives (CAM)
- Association of Midwives of Ontario (AOM)

The College has reduced costs in this area by reducing the number of attendees at conferences.

Category: Panel & Programs

For the purposes of reporting the explanations in this section are divided into five sections: Professional Conduct, Unauthorized and Illegal Practice, Client Relations – Counselling Support, Quality Assurance, and Registration. Each of these sections is discussed below.

PROFESSIONAL CONDUCT

Objectives

- Access to adequate funds to conduct investigations and hearings as needed

Results

- Appropriate responses to any matters that warrant an investigation or hearing
- Continued protection of the public

Budget

A total *Professional Conduct* cost of \$266,742 is projected.

Narrative

The proposed budget provides reasonable allowance for the likely volume of investigation, hearing, audit and discipline activities. Costs encompass the following: panel meetings of the Inquiries, Complaints and Reports Committee (ICRC) to review complaints and reports; legal and investigation costs associated with each case, and expert opinions.

The College has budgeted for two referrals to Discipline. Hearing costs include prosecution and independent legal fees, expert witness costs, professional member per diems and expenses, and other operational and administrative costs associated with a hearing.

On April 1, 2019 the College will be launching an Alternative Dispute Resolution program. Once this program is underway it will be clearer if any cost reductions result from the implementation of the program.

UNAUTHORIZED AND ILLEGAL PRACTICE

The budget provides a reasonable allowance for the likely volume of costs associated with unauthorized and illegal practice. Costs are related to investigations and legal advice.

CLIENT RELATIONS – COUNSELLING SUPPORT

The budget provides a reasonable allowance of funds to cover expenses associated with counselling support related to allegations of sexual abuse by members.

QUALITY ASSURANCE

Objectives

- Fulfill legislated requirement to carry out assessments in a way that is effective in protecting the public and fair to members
- Execute the quality assurance program objectives and provide members with the information needed in order to be in compliance with requirements

- Ensure capacity through recruitment and training of expert assessors to conduct peer and practice assessments

Results

- Perform regular Peer and Practice Assessments
- Continued protection of the public
- A Quality Assurance Program that factors in the latest research and remains current and relevant to its membership

Budget

A total *Quality Assurance – Assessments & Panels* cost of \$50,514 is estimated.

Narrative

The College undertook a critical review of the Quality Assurance Program in 2017-18 and 2018-19 that included peer and practice assessments, standards of practice, and quality assurance program requirements. The College underwent this process to both update the current program elements and to ensure support of members with the goal of protecting the public.

The College's quality assurance team has been evaluating, and revising the current program elements, based on extensive literature reviews and environmental scans. While the redesign took place and the associated random assessment program were paused, costs were able to be temporarily lowered. The College plans to launch the remodeled peer and practice assessment program over the coming year. The relaunched program will restore the spending in this area to previous levels.

In 2019-20 the College will incur costs in four main areas namely committee ordered peer and practice assessments, panel costs and their associated legal costs, random peer and practice assessments and assessor training.

REGISTRATION

The College separately tracks costs associated with administering the Registration Program. These involve costs for registration panels under the Registration Committee, and their associated legal costs.

Category: Capital Expenditures

Objectives

- Robust information technology infrastructure to support improved access to information for members of the public
- Ensuring a proper evergreening program that will ensure economic operational efficiencies in the coming years
- Ensure that the technology that the College staff relies on is sufficient for the purpose

Results

- Continued successful evergreening program
- Technology remains current and effective

Budget

A total *Capital Purchases* cost of \$42,199 is projected.

Narrative

The College schedules the purchase of capital equipment based on a 2.5 year cycle.

This area includes: necessary hardware upgrades, licenses for software updates, and evergreening of current hardware.

Leasehold improvements are amortized over the duration of the lease.

Category: Birth Centre Assessment & Support

The College receives special project funding from Independent Health Facilities Branch for its involvement in the oversight of the Birth Centres in Ottawa and Toronto. Oversight of the Birth Centres is not mandated by the *Regulated Health Professions Act, 1991* (RHPA) and the College receives funding so that it can ensure membership fees are not used for its involvement in this separate program. This funding covers costs associated with a regular facility assessment program, and with the work required to maintain preparedness for emergent assessments. The College has a five-year funding package for this work that expires at the end of 2020-21. The College expects to negotiate another five-year funding term at that time in order to assist the Ministry with its oversight obligations.

Contingency (Project Costs Associated with Information Technology, Security & Data)

Given the College's changed financial position important infrastructure projects that were to be undertaken have been postponed. That said, the College is mindful of changing technology and best practices regarding data and security and its need to stay current. The College has committed to try to work within its existing systems for as long as reasonably possible while acknowledging there may be a need to upgrade its infrastructure within the foreseeable future. Given that no project has been scheduled at the present time the College is setting aside contingency funds each year in advance of necessary spending.

Summary and Planning for College Independence

The College has endeavored to reduce expenses wherever possible in order to mitigate membership fee increases made necessary by the loss of future operational funding from the Ministry. The College projects a loss for the 2019-20 fiscal year of \$428,401.

The College can sustain this loss because of its unrestricted net assets. The College expects to close the 2018-19 fiscal year with unrestricted net assets of approximately 1.2 million. The 2019-20 estimated loss will bring the College to an unrestricted net asset number of approximately 800K.

With regards to net assets the College has been advised by its financial advisor that it should not allow its unrestricted net assets to fall below approximately one quarter of its operating budget. Net assets allow an organization to deal with unforeseen liabilities, extraordinary costs, and to mitigate concerns related to cash flow. After much discussion the College's Executive Committee has chosen to project a break-even net asset number (break-even is when the College's revenue is equal to its expenses) that is less than the recommendation. In making this recommendation to Council for approval the Executive weighed the impact of fee raises on members, the reliability of the College's revenue, and the possibility that the College may find some expense savings against its budget over the coming years. To mitigate any small risk associated with this plan a line of credit will be secured as an additional contingency that could be used in advance of a fee increase the following renewal cycle (October of each year) should unforeseen costs make such a plan of action necessary. It should be noted that, setting aside extraordinary circumstances, the College does not project a need to increase fees past inflation in the foreseeable future.

With the membership fee change discussed here the College can project the following losses and gains for the years to come:

Fiscal Year	Loss or Gain
2019-20	-\$428,401
2020-21	-\$185,716
2021-22	-\$219,263
2022-23	\$4,643

At the end of fiscal 2021-22 the College estimates it will have net assets of just over \$400,000. From 2022-23 the College anticipates additions to its net assets year over year allowing the College to strengthen its financial position.

With this plan the College of Midwives can clearly deliver on its mandate. It will do so as a College entirely sustained by its membership fees.



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Fees and Remuneration By-law

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1 ARTICLE 1 – INTERPRETATION

1.1 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.

“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.

“Member” means a member of the College as that term is used in the RHPA and the Act unless otherwise indicated.

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

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

1.2 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.

2 ARTICLE 2 – APPLICATION FEES

2.1 A person who submits an application for a certificate of registration in any class shall pay an application fee of \$100.

2.2 Application fees are due at the time the application is submitted. Application fees are non-refundable, either in whole or in part.

3 ARTICLE 3 – INITIAL MEMBERSHIP AND ADMINISTRATION FEES

- 3.1 Initial membership fees for certificates of registration issued in October shall be the same amount as the annual membership fee payable for that year, and an administration fee of \$50.
- 3.2 Initial membership fees for certificates of registration issued in a month other than October will be 1/12 of the annual fee for each month of membership between the month of initial registration and the following October, and an administration fee of \$50.

4 ARTICLE 4 – ANNUAL MEMBERSHIP AND ADMINISTRATION FEES

- 4.1 The College's membership cycle runs from October 1 to September 30 each year.
- 4.2 Every member who holds a certificate of registration in any class, shall pay an annual membership fee and an annual administration fee, which are due on or before October 1 of each year, regardless of the date of initial registration.
- 4.3 The amount of the annual administration fee for every class of certificate is \$50.
- 4.4 Every member who holds a certificate of registration in any class other than inactive shall pay to the College an annual membership fee of \$2550 on or before October 1 of 2019. Each year thereafter until this by-law is further amended inflationary increases of 2% will apply to the annual membership fee.
- 4.5 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.
- 4.6 The annual membership fee will be prorated depending on when in the year the member receives their class of certificate.
- 4.7 The Registrar shall notify every member of the amount of the fees due and the day on which they are due, at least sixty (60) days before the fees are due.
- 4.8 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:
 - i. if paying the amount owing in one instalment: October 1
 - ii. if paying the amount owing in two instalments: October 1 and February

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5 ARTICLE 5 – PENALTY FEES

- 5.1 If a member fails to pay the annual membership fee, on or before the day on which the fee is due, the member shall pay, in addition to the outstanding balance owed, a penalty equivalent to fifteen percent (15%) of the annual membership fee. If a member chooses to pay a fee by instalment, where allowed, the late penalty fee owing will still be fifteen percent (15%) of the annual membership fee (rather than fifteen percent (15%) of the amount of the late instalment). The entire late penalty fee will be levied each and every time the is late with an instalment payment.
- 5.2 If a member fails to submit a fully completed application, including any certifications or proof of competency that may be required, on or before the day on which the application is due, the member shall pay a penalty equivalent to fifteen percent (15%) of the annual membership fee. If a member chooses to pay a fee by instalment, where allowed, the late penalty fee owing will still be fifteen percent (15%) of the annual membership fee (rather than fifteen percent (15%) of the amount of any instalment).
- 5.3 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.
- 5.4 If a member fails to pay any committee, program, or administrative fee, the College may charge 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 any unpaid fee as part of the fee itself.

6 ARTICLE 6 – NON-PAYMENT OF FEES

- 6.1 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.
- 6.2 When a member is revoked for non-payment of fees the former member shall pay all outstanding fees upon reinstatement.

7 ARTICLE 7 – RECEIPTS

- 7.1 Official tax receipts are issued by the College for total annual membership and administration fees received during a taxation year.
- 7.2 Tax receipts shall be available to members by the end of February the following year.
- 7.3 The tax receipt will indicate the registration period for which the fees apply.

8 ARTICLE 8 – COMMITTEE AND PROGRAM FEES

- 8.1 The College may charge a member a fee in connection with decisions or activities that the College or a College committee are required or authorized to make or do in respect to a member.
- 8.2 Committee or program fees include, but are not limited to the following:
- 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:
 - 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;
 - ii. For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor.
 - iii. For Requalification Programs the applicant or member bears all costs

9 ARTICLE 9 – ALTERNATE PRACTICE ARRANGEMENTS

- 9.1 The fee for the application for approval of an Alternate Practice Arrangement is \$100 and is due at the time of application.
- 9.2 The fee for the annual renewal of an Alternate Practice Arrangement is \$50 and is due at the time of the application for renewal.
- 9.3 Application and renewal fees are non-refundable, either in whole or in part.

10 ARTICLE 10 – PROFESSIONAL CORPORATIONS

- 10.1 The certificate of authorization is valid from April 1 to March 31 each year.
- 10.2 The renewal of a certificate of authorization is due on or before April 1 of each year.
- 10.3 The fee for the application for a certificate of authorization, including on any reinstatement of a certificate of authorization is \$500.
- 10.4 The fee for the annual renewal of a certificate of authorization is \$250.
- 10.5 A professional corporation, or a member listed in the College's records as a shareholder of the professional corporation, shall pay an administrative fee of \$50 for each notice sent by the Registrar to the corporation or member for failure of the corporation to renew its certificate of authorization on time.
- 10.6 The administrative fee is due within thirty (30) days of the date that the notice was

sent and, if the fee is not received by the College within that time, an additional notice may be issued and an additional administrative fee may be required at that time and after every subsequent thirty (30) day period.

- 10.7 The fee for the issuing of a duplicate document or certificate respecting a professional corporation, other than the first certificate of authorization is \$100.

11 ARTICLE 11 –COUNCIL AND COMMITTEE MEMBER REMUNERATION

- 11.1 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)

12 ARTICLE 12 – OTHER MEMBER FEES AND MISCELLANEOUS PROVISIONS

12.1 FEES FOR CHANGE OF CLASS

A member requesting a change from the Inactive class to the General class will be charged \$50.

12.2 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.

12.3 FEES FOR LETTERS OF STANDING AND PROFESSIONAL CONDUCT

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.

12.4 FEE FOR JURISPRUDENCE COURSE

The registration fee for the jurisprudence course for midwifery in Ontario is \$300.

12.5 FEES FOR REQUESTS

A person who requests the Registrar to do anything that the Registrar is required or authorized to do by statute, regulation, by-law, or policy shall pay, if a fee is specified, the specified fee; or if no fee is specified and if the Registrar has set a fee, the fee set by the Registrar.

12.6 REGISTRAR'S DISCRETION

The Registrar may reduce the amount of any fee payable to the College or alter the timing or manner in which a fee is payable in accordance with Council policy or where the Registrar is satisfied that there are exceptional circumstances which warrant the exercise of discretion.

12.7 FEES FOR RETURNED CHEQUES

A member, who pays a fee owed to the College by cheque, shall pay a fee of \$40, in addition to any outstanding balance, in the event that the cheque is returned to the College.

12.8 NAME CHANGE

A fee of \$100 will apply in order to re-issue registration documents and update records as a result of a name change.

12.9 DUPLICATE DOCUMENTS

A fee of \$25 per document will be charged to issue duplicate documents.

12.10 ADMINISTRATIVE FEE FOR NOTICES – FAILURE TO PROVIDE INFORMATION

A member shall pay an administrative fee of \$50 for each notice sent by the Registrar to the member for failure to provide information or a form to the College or a Committee of the College within thirty (30) days of being requested or required to do so.

12.11 ACCESS TO REGISTRATION APPLICANT RECORDS

The fee for a registration applicant to receive a copy of their file is \$50.

12.12 REINSTATEMENT HEARING

An applicant requesting a hearing pursuant to the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991* to consider reinstatement of their certificate of registration shall pay an application fee of \$3,500.00. \$500.00 of that fee shall be non-refundable. The balance of that fee (\$3,000.00) shall be refundable but only if the applicant withdraws the application by notice in writing received by the College not less than 30 days prior to the date scheduled to commence the hearing.

12.13 REQUEST FOR A RECOUNT

The fee for a request for a recount of election results is \$100. The fee shall be refunded if the recount confirms the election results were incorrect.

12.14 APPLICATION FOR REINSTATEMENT

A person who submits an application for reinstatement in any class shall pay an application fee of \$100.

12.15 REQUEST FOR RECEIPTS, TAX RECEIPTS OR LETTERS

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.

12.16 REQUEST FOR FILE FROM MEMBER OR FORMER MEMBER

A member or former member shall pay a fee of \$100 to obtain a copy of their registration file.

SCHEDULE 1

Honoraria (per diem) and meeting preparation for professional members of Council:

CHAIR ¹ RATES	MEMBER RATES	PREPARATION RATES
> 30 mins up to 2 hrs = \$95.50	> 30 mins up to 2 hrs = \$80	> 30 mins up to 2 hrs = \$80
> 2.05 hrs up to 4 hrs = \$191.00	> 2.05 hrs up to 4 hrs = \$160	> 2.05 hrs up to 4 hrs = \$160
>4.05 hrs up to 6 hrs = \$286.50	>4.05 hrs up to 6 hrs = \$240	>4.05 hrs up to 6 hrs = \$240
>6.05 hrs = \$382.00	>6.05 hrs = \$320	>6.05 hrs = \$320

Honoraria (per diem) and meeting preparation for non-Council public members of Council:

CHAIR ¹ RATES	MEMBER RATES	PREPARATION RATES
Up to 3 hrs = \$125	Up to 3 hrs = \$75	Up to 3 hrs = \$75
>3 hrs = \$250	>3 hrs = \$150	>3 hrs = \$150

Summary of eligible expenses:

Item	Allowable Expenses	Excluded Expenses
Travel (see chart below)	Necessary travel to and from meeting (most economical mode of transportation required)	Traffic violations/fines; vehicle repairs and personal travel insurance
Accommodation	Hotels and private homes. Distance conditions apply ² (College approval is required for hotel costs, private homes are charged at \$30/night)	Entertainment and personal services (e.g. movie rentals and dry cleaning)
Food	Meals as noted in the chart below	Alcoholic beverages
Personal Phone Calls	1 long distance call of 10 minutes per day while out of town	Telephone charges in excess of 10 minutes
Job Accommodations	Necessary attendant care, child care and other identified services.	
Conferences	Registration fees; necessary travel to/from event. (Council approval required)	Banquets, entertainment events, special tours, etc.

Breakfast = \$10.00	Lunch = \$12.50	Dinner = \$22.50	Daily Maximum = \$45
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Personal vehicle expenses³:

Distance Driven	Southern Ontario	Northern Ontario*
0-4000 km	40 ¢/km	41 ¢/km

*Northern Ontario as defined by the Ministry of Health: Highway 400 to north of Port Severn
Highway 11 to north of Severn Bridge
Highway 52 to east of Severn Bridge
Highway 60 at Oxtongue Lake
Highway 60 east to Highway 62 at Killaloe Station
Highway 62 to Pembroke

¹ Must be the assigned role in the particular meeting for which one is claiming.

² Residence exceeds a radius of 40 km (one-way) of the meeting site.

³ Can be charged if the residence exceeds a radius of 40 km (one-way) of the meeting site



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