



College of
Midwives
of Ontario | Ordre des
sages-femmes
de l'Ontario

Council Meeting

October 9, 2019



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, October 9 from 9:30 AM to 3:00 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 approximately two weeks 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 two week prior to the scheduled Council Meeting, posted to the College website.

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, October 9, 2019 | 9:30 am to 3:00 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	9:37	APPROVAL	Agenda	4
4.	Consent Agenda: <ul style="list-style-type: none"> • Draft Minutes of September 20, 2019 Council Meeting • Quarter 1 Committee Reports: <ul style="list-style-type: none"> - Inquiries, Complaints and Reports Committee - Registration Committee - Quality Assurance Committee - Discipline/Fitness to Practise Committee - Client Relations Committee 	T. Haidon	9:40	APPROVAL	4.0 Draft Minutes 4.1 ICRC 4.2 Registration 4.3 QAC 4.4 Discipline/ FTP 4.5 Client Relations	6
5.	Executive Committee Report	T. Haidon/ C. Doornekamp	9:45	APPROVAL	5.0 Q1 SOP	15
5.1	Appointment of Interim ICRC Chair	T. Haidon		APPROVAL	-	-
5.2	Addressing or Presenting to Council	K. Dobbin		APPROVAL	5.20 Briefing Note 5.21 Draft Governance Policy 5.22 Public Engagement Strategy 5.23 FHRCO Summary - Deputations	18
5.3	Use of term Chair in Lieu of President	K. Dobbin		APPROVAL	5.3 Briefing Note	32

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
	BREAK		10:45			
6.	Registrar's Report	K. Dobbin	11:00	APPROVAL	6.0 Report	34
6.1	Proposed Drug Regulation			DISCUSSION	6.1 Appendix 1 – Categories of Drugs & Substances	
	LUNCH		12:45			
7.	Prescribing and Administering Standard	L. Martin	1:45	APPROVAL	7.0 Briefing Note 7.1 Revised Prescribing & Administering Standard	43
8.	President's Report	T. Haidon	2:00	APPROVAL	7.0 President's Report	55
9.	Election of Officers: Executive Committee	K. Dobbin	2:30	APPROVAL	9.0 Appendix 1 – General By-Law	57
10.	Approval of Slate of Council 2019-2020 & Meeting Dates	T. Haidon	2:45	APPROVAL	10.0 Slate of Council 10.1 Proposed 2020 Dates	59
11.	Housekeeping - Expressions of Interest - Annual Governance forms	T. Haidon	2:50	INFORMATION		-
12.	Adjournment	Tiffany Haidon	3:00	MOTION		-
	NEXT MEETING: Wednesday, December 11, 2019 (No Training Day)					

MINUTES OF COUNCIL MEETING

Held on September 20, 2019 10:00 am to 12:00 pm
By Videoconference

Chair: Tiffany Haidon, RM

Present: Lilly Martin, RM; Lisa Nussey, RM; Wendy Murko, RM; Claire Ramlogan-Salanga, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM (by teleconference); Maureen Silverman, RM; Deirdre Brett.; Marianna Kaminska; Judith Murray

Regrets: None

Staff: Kelly Dobbin; Nila Halycia; Marina Solakhyan;
Observers None

Recorder Zahra Grant

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

Tiffany Haidon, Chair, called the meeting to order at 10:03 am and welcomed all present.

2. Declaration of Conflict of Interest

No conflicts of interest were declared.

3. Proposed Agenda

MOTION: The proposed agenda was approved as presented.

MOVED: Lilly Martin

SECONDED: Jan Teevan

CARRIED

4. Draft Minutes

The draft minutes of June 26, 2019 were approved with staff noting a correction to the attendance list.

MOTION: That the draft minutes be approved as amended.

MOVED: Sally Lewis

SECONDED: John Stasiw

CARRIED

5. Proposed Amendments to the Designated Drug Regulation

Marina Solakhyan, Director of Regulatory Affairs introduced the proposed amendments to the Designated Drug Regulation. In May of 2019, the College received direction from the Minister of Health to amend its Designated Drugs Regulation made under the *Midwifery Act, 1991* (Act), to include categories of drugs using the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification. The College was requested to undertake this work with a deadline for formal submission of no later than December 31, 2019. The draft is being brought to Council at a special meeting in order to meet 60-day consultation obligations and the timeline for submission to the Ministry.

The initial direction of the Ministry was that the proposed approach using AHFS categories only applied to midwives' authority to prescribe drugs, meaning that the administration of substances by injection, inhalation and suppository would remain as a specified list and that controlled drugs and substances would also be required to be listed individually with additional parameters such as conditions, dose ranges, duration and route of administration in the regulation. However, Allison Henry, Director of the Health Workforce Regulatory Oversight Branch met with the Registrar, Kelly Dobbin the previous day to provide assurance that the Ministry would support the College's proposed draft that proposes AHFS categories for both drugs and substances and where limitations on the controlled drugs and substances are set out in a College standard as opposed to the regulation.

Council was made aware that their January 2018 submission to amend the Designated Drugs Regulation to allow for broad prescribing within the midwifery scope of practice, would not be supported by the Ministry at this time. It is not clear to the College what the Ministry's rationale is for not supporting the Council's previous direction.

Some members of Council expressed disappointment that the Council's original submission would no longer be considered at this time. Members discussed that this new direction was a compromise on a decision and recommendation of Council that was firmly rooted in the public's interest and supported the delivery of safe, evidence-based, responsive, quality care within the midwifery scope of practice. However, all Council members agreed that the proposed regulation before them was a move in the right direction and would provide positive change that would result in midwifery clients receiving greater access to necessary drugs and substances throughout their care.

MOTION: That the Council approve the new direction proposed by the Minister, as opposed to the original decision and submission of Council requesting broad prescribing, administering and laboratory ordering authority; and that the presented draft regulation to enable midwives to prescribe and administer in accordance with AHFS categories be approved for 60-day consultation.

MOVED: Judith Murray
SECONDED: Edan Thomas
ALL IN FAVOUR

6. ADJOURNMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 12:08 pm.

MOVED: Wendy Murko

SECONDED: Sally Lewis

CARRIED

Inquiries, Complaints, and Reports Committee

REPORT TO COUNCIL – Q1

Committee Members

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

Committee Meetings

n/a

Panel Meetings/Hearings

COIN 317C/317C: for deliberation (teleconference, April 11, 2019)

COIN 282C: for deliberation (teleconference, May 1, 2019)

COIN 306I: for deliberation (by email only, May 14, 2019)

COIN 319C: for deliberation (teleconference, May 15, 2019)

COIN 282C: for deliberation follow up Panel (teleconference, May 16, 2019)

COIN 291RI: for deliberation (teleconference, May 24, 2019)

COIN 322C: for deliberation (teleconference, June 19, 2019)

Trainings

n/a

Items

n/a

Attachments:

Professional Conduct Current Files Listing,

Respectfully Submitted,

Wendy Murko, RM, Chair

Professional Conduct Current Files Listing, Q1

TOTAL ACTIVE CASES	33	TOTAL MONITORED CASES	10
Mandatory Reports COIN 306I, 330-332C	4	Discipline COIN 282C	1
Complaints COIN 300C- 302C, 304C & 305C, 308C, 313C, 317C & 318C, 319C, 320C & 321C, 322C, 323C, 324C-326C, 327C, 328C. & 329C, 330C-332C, 334C	24 (one of which was later withdrawn)	Complaints & Reports COIN 254RI, 266RI, 285RI, 306I, 313C	5
Fitness to Practice/Incapacity	0	Fitness to Practice/Incapacity	0
Registrar's Investigations/ Registrar's Inquiries COIN 284R, 239RI, 306I, 309RI & 310RI, 312R, 315R, 316R, 333RI	9	HPARB Review / Judicial Review COIN 265C, 275C, 276C, 277C	4
Closed since last Report COIN 297C 306I, 307C & 308C, 313C 317C, 319C	7	Closed since last Report COIN 287C	1
Number of active complaints beyond 150 days COIN 300-302C, 304C & 305C, 320C & 321C	7		

QUALITY ASSURANCE COMMITTEE

Q1 REPORT TO COUNCIL

Committee Members

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

Committee Meetings

May 9, 2019 – Via Teleconference 12:30 pm – 3:00 pm

Panel Meetings

N/A

Trainings

N/A

Items

QAP Non-Compliance

The committee approved a change in process for the approval of non-compliant QAP programs. The new process authorizes staff to approve all first-time, non-compliant members who have no prior history with the College's registration or professional conduct departments. Panel history has shown that all members who fall under these criteria consistently result in 'no action' outcomes. This process will help the efficiency of the panel by ensuring only higher risk non-compliance gets reviewed by the panel.

Peer and Practice Assessment Tools

The committee reviewed and approved two assessment tools that will be used in the peer and practice assessment program. The two tools include a distance assessment tool and an in-person assessment tool. The distance assessment tool includes scenario-based questions relevant to midwifery practice conducted in an interview style between member and assessor. Responses to the questions are measured against midwifery competency indicators. The distance assessment tool will be applicable to all members.

The in-person assessment tool would be applicable where the distance assessment results warrant a more in-depth assessment into quality and delivery of care. The assessment would take place at the members place of practice and includes reviewing of charts and the assessors asking probing questions about the delivery of care.

Attachments:

None

Respectfully submitted,

Lilly Martin, RM

Discipline/Fitness to Practise

REPORT TO COUNCIL – Quarter 1

Committee Members

Chair	John Stasiw
Professional	Edan Thomas, RM, Maureen Silverman RM, Lisa Nussey, RM Wendy Murko, RM, Jan Teevan, RM, Claire Ramlogan-Salanga, Lilly Martin RM
Public	Susan Lewis, John Stasiw, Mariana Kaminska, Judith Murray, Deirdre Brett
Non-Council	n/a

Committee Meetings

n/a

Panel Meetings/Hearings

n/a

Trainings

n/a

Items

n/a

Attachments:

n/a

Respectfully Submitted,

John Stasiw, Chair

CLIENT RELATIONS COMMITTEE

REPORT TO COUNCIL – Quarter 1

Committee Members

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

Committee Meetings

On May 8, 2019, from 9:30 a.m. to 10:30 a.m., the Committee had a teleconference meeting.

The Committee approved the following:

- The revised Sexual Abuse Prevention Policy (SAPP), which incorporated definitions from the Guide on Mediating Risk in Caring for Related Persons and Others Close to Midwives. This was brought forward to Council in June 2019.
- The revised Guide on Mediating Risk in Caring for Related Persons & Others Close to Midwives, which referenced the newly revised SAPP.

The Committee also provided a directive to staff to approve an application for a change in therapist/counsellor to a person that has been sexually abused or has alleged being sexually abused and has been granted funding for therapy/counselling, if the proposed therapist/counsellor is a regulated health professional.

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

N/A

Attachments:

N/A

Respectfully Submitted,

Deirdre Brett, Chair

College of Midwives of Ontario
Client Relations Committee
October 9, 2019

EXECUTIVE COMMITTEE

REPORT TO COUNCIL

Committee Members

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

Committee Meetings

September 18, 2019 – Videoconference

Items

Approved on Behalf of Council

- The College's Q1 statement of operations was approved (attached)
- Assessment of External Auditor Tool revisions
- Registrar's Review Tool
- GEM Module Completion validity

Q1 Statement of Operations (attached)

The committee approved the Q1 statement of operations. The College is in a good cash flow position and there are no concerns to report.

Assessment of External Auditor Tool

Revisions to the tool were reviewed and approved by the committee. A copy of the tool can be found in the BoardEffect library.

Registrar-CEO Performance Review Manual and Tool

The committee approved the Registrar-CEO Performance Review Manual and accompanying tools. It will be used to review the Registrar-CEO performance in accordance with the review cycle detailed in the manual. A copy of the Manual and Tool can be found in the BoardEffect library.

GEM Module Completion validity

The committee clarified the criteria for the validity of GEM module completion by approving a process where once an individual has completed the modules, consecutive re-election or re-appointments would not require re-completion. However, should a member leave Council or a committee and then return for potential re-election or appointment, completion of the modules would be required again to confirm eligibility.

Motion Recommendations

Committee Composition recommendation

The term of Wendy Murko, Chair of ICRC will come to an end in October when the new slate of Council is approved. This leaves a vacancy for ICRC Chair. The committee recommends Edan Thomas be appointed as interim Chair.

Policy on Open Meetings

See briefing note under sub-agenda item of Executive Report.

Use of Chair in Lieu or President

See briefing note under sub-agenda item of Executive Report.

Attachments

1. Q1 Statement of Operations

Respectfully Submitted,

Tiffany Haidon, Chair

The College of Midwives of Ontario

Q1 Statement of Operations (Fiscal April 1, 2019 - March 31, 2020)

April 1, 2019 - June 30, 2019



	F20 Projected Revenue	F20 Projected Revenue to end of Q1	Q1 Revenue F20	Q1 Revenue F19	Percentage Variance Against Budget
REVENUE					
Membership Fees	\$ 2,151,365	\$ 537,841	\$ 483,946	\$ 420,758	22%
Administration & Other	\$ 86,055	\$ 21,514	\$ 44,554	\$ 48,278	52%
Project Funding - Birth Centres	\$ 66,130	\$ 16,533	\$ 16,532	\$ 16,289	25%
TOTAL REVENUE	\$ 2,303,550	\$ 575,888	\$ 545,032	\$ 485,325	99%
	F20 Budget	F20 Budget to end of Q1	Q1 Spending F20	Q1 Spending F19	Percentage Variance Against Budget
EXPENSES					
Salaries & Benefits	\$ 1,335,950	\$ 333,988	\$ 263,316	\$ 266,770	20%
Professional Fees	\$ 116,068	\$ 29,017	\$ 685	\$ 25,756	1%
Council and Committee	\$ 122,934	\$ 30,734	\$ 16,563	\$ 26,309	13%
Office & General	\$ 160,208	\$ 40,052	\$ 20,235	\$ 21,221	13%
Information Technology, Security & Data	\$ 151,000	\$ 37,750	\$ 19,031	\$ 16,289	13%
Rent & Utilities	\$ 204,373	\$ 51,093	\$ 47,854	\$ 43,085	23%
Conferences, Meeting Attendance & Membership Fees	\$ 77,000	\$ 19,250	\$ 52,100	\$ 55,070	68%
Panel & Programs	\$ 331,256	\$ 82,814	\$ 7,098	\$ 3,671	2%
Birth Centre Assessment & Support	\$ 66,130	\$ 16,533	\$ 11,363	\$ 10,247	17%
Capital Expenditures	\$ 42,199	\$ 10,550	\$ 9,335	\$ 9,132	22%
TOTAL EXPENDITURES	\$ 2,607,118	\$ 651,780	\$ 447,579	\$ 477,550	17%
PROJECTED LOSS	\$ (303,568)				

ADDITIONAL NOTES

- 1 In addition to the Budget detailed above the College has set a contingency budget for project costs associated with information technology, security and data. At the time of production of these statements, there was no spending against the contingency budget.

Contingency	\$ 145,921
Total Expenditures including Contingency	\$ 2,753,039
Projected Net Loss with Contingency	\$ (449,489)

- 2 An accrual was set aside at the end of the previous fiscal to bring outstanding Professional Conduct matters to their conclusion.

Tracking of the spending in this area against the accrual recorded is as follows:

Total Accrual	\$ 226,668
Accrual Budget to end of Q1	\$ 56,667
Accrual Spending to end of Q1	\$ 24,455

- 3 As the Statement Template changed some F19 expenses were adjusted between categories to allow for a better comparison of expenses.

Adjustments made are: (a) Panel costs showing under Council are now showing under Panel, (b) Legal costs that previously were reported under Council are now reported under Professional Fees, (c) Credit Card fees previously reported under Panel and Programs are now reported under Office & General. With these changes the F19 shows differently than what was previously approved.

BRIEFING NOTE FOR COUNCIL

Subject: Addressing or Presenting to Council

Summary

The Executive is requesting Council to consider if it wishes to develop a process for members of the public or members of the profession to address the Council at open meetings.

Background

As Council is aware, all Council meetings are open to the public. To date, there is no mechanism whereby individuals may address or present to Council that is fair or consistent as it would be by direct invitation only. Observers are not permitted to participate in Council meetings. Permitting individuals to address or present to Council supports our public engagement strategy as well as supports the Council's guiding principles of transparency and accountability. The Executive Committee requests Council to consider the addition of a Governance Process policy that sets out expectations and limitations for individuals to address Council in open meetings.

Key Considerations

The Council's guiding principles of transparency and accountability are relevant in this discussion.

Transparency: We act openly to enhance accountability

Accountability: We make fair, consistent and defensible decisions

Achieving our strategic priority of Public Participation and Engagement includes the following:

How we will achieve it: Adopt an effective public engagement program that allows active public participation and engagement, and provides sufficient opportunities for the public to impact decisions

How we will measure our success: Public engagement initiatives and activities are targeted and mutually beneficial

By welcoming individuals to address Council we are allowing for active participation and engagement and providing opportunity for the public to impact Council decisions. While the College regularly invites feedback from the public and members on proposed standards, bylaws, and regulations through our online consultations there are other policy issues that the College may not have considered yet or sought feedback on. A mechanism for Council to hear directly from the public on issues relevant to its role of regulating the profession in the public interest may benefit the College by inviting perspectives on issues that we may not have considered previously. In addition, this proposed process will increase the perception of openness in our work.

Recommendations

The following recommendation is submitted for consideration:

To approve the proposed Governance Process Policy GP15 on Addressing or Presenting to Council in open meetings.

Implementation Date

At the following Council Meeting after approval. As early as December 2019.

Legislative and Other References

N/A

Attachments

1. DRAFT: Governance Process Policy GP15: Addressing or Presenting to Council
2. Public Engagement Strategy
3. FHRCO Summary – Deputations to Council

Submitted by:

Kelly Dobbin, Registrar,
on behalf of the Executive Committee

Policy Type:	Governance Process
Policy Title:	Addressing or Presenting to Council
Reference:	GP15
Date approved:	October 9, 2019
Date revised:	

The Council acts openly and is accountable to members of the public, members of the College and stakeholders. As such, the Council invites individuals to address Council on issues relevant to its role of regulating the profession in the public interest.

Accordingly,

1. A portion of each regularly scheduled Quarterly Council meeting will be designated as a period where the Council will hear from any individual who wishes to address the Council, subject to the conditions set out in this policy.
2. The Council, at a prior meeting, may identify matters on which they wish to have presentations at future meetings. Matters to be heard at a meeting may not be related to an agenda items scheduled for a decision of the Council at the meeting.
3. Persons wishing to address the Council meeting must provide a written request to the Registrar & CEO no later than 10 business days prior to the date of the meeting. Requests shall include a brief description of the specific matter to be addressed.
4. Presentations with respect to complaints or reports, disciplinary matters or specific Members will not be permitted.
5. Requests to address the Council on a specific item will be granted (generally in the order of the receipt of the requests), if approved by the President. The President shall give priority in the selection process to matters previously identified by the Council to be addressed. Persons not permitted to address the Council shall be so notified.
6. The President is not obligated to grant a request to address the Council, and the Council is not obligated to take any action on any presentation it receives.
7. The Council may limit the number of presentations heard at any one meeting.
8. Persons addressing the Council will be required to limit their remarks to ten minutes.

9. If a group wishes to make a submission, a single spokesperson for the group shall be identified.
10. Questions, outside of the timeframe for the presentation, shall not be permitted and only questions posed by the members of Council may be posed. For clarity, this means that persons addressing the Council must make a presentation to the Council and may not spend their allocated time to pose questions to the Council on matters previously deliberated and decided upon.

DRAFT

College of Midwives of Ontario

Public Engagement Strategy

December 2018



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Public Engagement Strategy

Introduction

The role of the College of Midwives of Ontario (College) is to set standards of education, training, conduct and performance necessary to ensure that clients receive high quality midwifery care. Our regulatory activities are driven by our duty to act in the public interest, meaning that we put public at the forefront of all of our work. Our mandate and vision reflect this, as does our Strategic Plan and the associated strategic priorities.

In our 2017–2020 Strategic Plan, we identified Public Participation & Engagement as one of our strategic priorities.

Excerpt from the 2017-2020 Strategic Plan

Public Participation & Engagement

How we will achieve it:

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

How we will measure our success

1. Information on the College's role and its public protection mandate is published in an accessible format with consistent messaging
2. The searchability of the public register is enhanced
3. The College is an accessible resource to the members of the public
4. Public engagement initiatives and activities are targeted and mutually beneficial
5. Increased public involvement in the College's governance arrangements and in the design of our regulatory work.

To help us achieve our priorities, and to make sure we are regulating appropriately in the interests of the public and clients of midwifery services, we have developed a strategy around public participation and engagement. This strategy sets out the principles and model we will work to starting from 2018 onwards.

Background

Our governing legislation, *The Regulated Health Professions Act, 1991* (RHPA) outlines a few engagement requirements of all health regulatory colleges in Ontario. Currently all Colleges are required to:

1. Have public representation on the College Council. *The Midwifery Act, 1991*, for example, stipulates that the Council should be composed of at least five and not more than seven members appointed by the government.
2. Have a website through which the public and members can access information about our programs and about registrants, including their registration history and professional conduct.
3. Ensure college Council meetings are open to the public and all Council meeting materials are posted on the website.
4. Circulate to every member proposed regulations and certain by-laws for a period of at least 60 days before they are approved by the Council.

Beyond these requirements mandated by the RHPA, the regulatory health colleges do not have any legislative obligations with respect to public engagement.

It is common for regulators to supplement the legislative requirements by other methods to promote client and public engagement. At the College, for example, we engage with the public in the development of guidance and standards. Other methods used by regulators include commissioning quantitative or qualitative research, holding online discussion forums or conducting “customer service” surveys. Some of the Ontario regulators, such as the College of Physiotherapists of Ontario, established their own advisory groups, comprised of clients and members of the public. While having such groups have obvious benefits, such as having available a pool of trained people who can be drawn upon at short notice, some drawbacks were highlighted as well. These groups are relatively expensive to establish due to recruitment costs, and require comprehensive orientation and regular guidance.

Whatever the form and level of participation, public engagement requires careful planning and implementation. As the regulator of the midwifery profession in Ontario, we need to be proactive in seeking out information from the consumers of midwifery services. A clear strategy will help us identify client needs and concerns, their experiences of using midwifery services, and their requirements for information, and allow us to be able to respond and regulate accordingly.

What is Public Engagement?

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

have adopted a ladder of engagement model (see below) to outline what is involved in each level.

For the purposes of our public engagement strategy, when we refer to the public we are largely referring to midwifery clients and their families, as well as any other interested parties who are not practising midwives nor midwifery stakeholders.

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

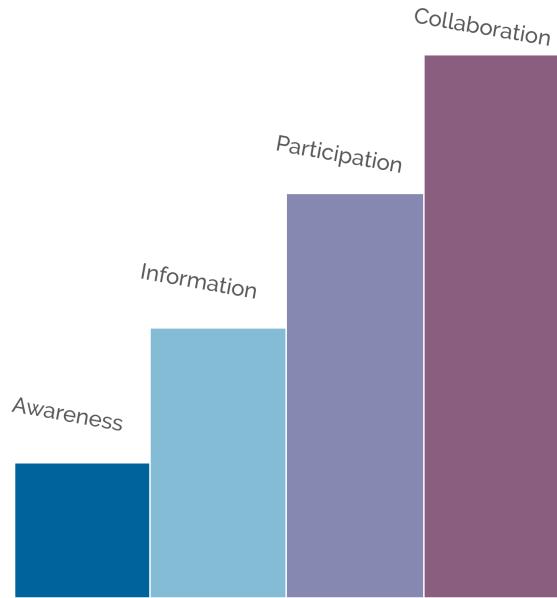
- Better awareness of the College and its role will give midwifery clients greater knowledge about what to expect when visiting a midwife.
- Members of the public will know that the College is a resource for them, and be more likely to know that they can call the College with questions or concerns.
-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

Principles of Public Engagement

The below core principles will guide our work and decisions around public engagement. We will consider each principle as we develop a plan of activities and implement the strategy.

1. We know who we are engaging and why
2. We make use of existing networks and expertise
3. We make sure engagement is meaningful and mutually beneficial
4. We make it easy for people with a diversity of backgrounds and experiences to participate
5. We listen and provide timely feedback
6. We are cost-effective in our resource allocations and ensure value for money
7. We are able to demonstrate that our outcomes are consistent with set expectations

Ladder of Engagement



We will be using the model of a “Ladder of Engagement” in order to build awareness and create connections with members of the public. A ladder of engagement is a commonly used tool in digital organizing, and was most famously used in Barrack Obama’s Primary and Presidential campaigns. This tool brings people in by first offering a small opportunity to engage with an organization, and then proposes further ways to be connected.

We propose to use this model to increase our public engagement, by focussing first on awareness, and then trying to turn that awareness into one-way information sharing, participation, and ultimately full collaboration.

The idea is to bring people together in a way that feels natural and organic. Through this method we should be able to reach members of the public who are interested in the work of the College and who want to be involved further. At any given point in time, there will be people on each rung of the ladder. For example, we currently have members of the public who are unaware that the College exists, some members of the public who are familiar with the College and who do give feedback to public consultations, and we have public members on the College’s Council whose decision-making role is integral to the College.

Some people will be content to stay at a particular stage in the ladder, but we will give opportunities for people to move up. To do this, we will rely on a number of tools. For the purposes of this strategy, we will group tools to match the four steps on our ladder of engagement. Some of the tools we may use are listed below, but this list is not exhaustive.



Awareness:

In order to inform and educate the public, and to allow for public engagement, we first need to build awareness about the College, and develop channels of communication between the College and the public. We can consider people to be on the “awareness” rung of the ladder when they know that the College is here regulating the profession in the public interest.

We aim to increase awareness through posts on our website and social media. To achieve this, we may use social media advertising such as Facebook ads, Twitter promoted posts, Google Adwords, and YouTube ads. We will create content that is public-facing, and will

use the 25th year of midwifery regulation as a draw. Through the Professional Standards for Midwives that will come into force in June 2018, the College will also be requiring midwives to inform their clients about the existence of the College, which will help to increase awareness.



Information:

The next step on the ladder is information, which refers to one-way sharing of information from the College to the public. At this stage, a decision has already been made and we are not asking for the public to give feedback. Information sharing will lead to members of the public having a greater understanding of the College's role, and members of the public will know that the College is a resource for them.

A member of the public who is on the “information” rung of the ladder could be signed up for social media pages or our electronic newsletter, and may engage with some of the content through “liking” the material posted. Someone else on the “information” rung of the ladder could be a midwifery client who is reading one of our brochures at a clinic. Many members of the public will stay on this rung of the ladder, one step above awareness.

We will share information with members of the public who have become aware of the College. Tools we may use include our “What to Expect with your Midwife” brochure, other public facing guides, a public facing newsletter that can be distributed to practices, and a more public focus to our website.



Participation:

After awareness and information, members of the public can choose to continue to climb the ladder to participation. This refers to members of the public receiving our information and responding with their thoughts and feedback. Participation from the public helps us to be able to craft better and stronger policies, and through open and transparent consultations, the public will place greater trust in the College and its processes.

A member of the public is on the “participation” rung of the ladder when they are involved in a two-way conversation with the College. Being active with the College as a “participant” could include joining in public consultations, attending public meetings, or sending feedback without being offered a prompt by the College. “Participants” can also include members of the public making official complaints, as these members of the public are active with the College during the duration of the complaints process. We may ask “participants” to let us know what other information we should be sharing with the public, e.g. creating new guides.

We will aim to manage “consultation fatigue” by ensuring that consultation that we do with members of the public is meaningful and adheres to the principles of public engagement listed above. All feedback received will be properly considered, and we will be clear in our response. Some members of the public may choose not to participate in a

particular consultation if they feel that it is not immediately relevant, and we will make efforts to re-engage them in subsequent consultations. If consultation fatigue is becoming an increasing issue with members of the public on the “participant” rung of the ladder, we can consider segmenting our outreach to ensure we are only corresponding with people on topics they are most interested in. We will regularly assess this by looking at unsubscribe rates and feedback rates.

Collaboration:

Collaboration refers to working together with the public, in an equally weighted relationship. Currently, members of the profession and members of the public work together in a collaborative relationship in the College’s Council, with both midwives and public members appointed by the government determining the direction that the College will take.

A member of the public will have a collaborative relationship with the College when they become a decision maker, or a person who works as an equal partner to create something with the College. This will show the public we are fully accountable to them and adds an additional layer of transparency to our processes.

Members of the public who have participated in College activities and given feedback may choose to become “collaborators” by applying for College Council and committees as council public members appointed by the government or non-council public members, subject to Council approval. We may also invite members of the public to join advisory working groups for particular issues and projects.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

COLLEGE RESPONSE SUMMARY

Issue:

Are deputations to Council permitted?

Summarized:

February 6, 2019

College	Policy/Summary
College of Dental Hygienists of Ontario	See graphic excerpt from CDHO's Bylaw on page 2
College of Homeopaths of Ontario	Not permitted
College of Kinesiologists of Ontario	Not permitted
College of Midwives of Ontario	Not currently permitted but being considered
College of Nurses of Ontario	Not permitted – Council decisions are evidence-informed; staff do research and consultation to provide background for decision-making
College of Optometrists of Ontario	Not permitted
College of Physicians and Surgeons of Ontario	Not permitted
College of Physiotherapists of Ontario	Not permitted
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	<p>By-law allows for Deputations:</p> <p>11.12 Deputations</p> <ul style="list-style-type: none"> (i) The President may effect arrangements to allocate specific time during the meeting to receive and hear deputations on specific topics relevant to the affairs of the College requested by non Members of the Council. No such deputation shall be permitted unless a written request has been provided to the Executive Committee not less than 10 business days before the Council meeting and the Executive Committee gives permission. (ii) Unless the chair otherwise determines, each deputation shall be allowed a maximum of two speakers and a maximum of ten minutes to make a presentation. The chair may grant additional time if he or she considers it appropriate. (iii) The chair may accept questions from members of the Council to seek clarification from the speaker. Neither the Council Member nor the speaker shall engage in debate or in direct or indirect discussion with each other or other persons present.

College	Policy/Summary
Ontario College of Pharmacists	Not permitted
Royal College of Dental Surgeons of Ontario	<p>By-Law allows for deputations with the following process:</p> <ol style="list-style-type: none"> 1. Application is made to the President. 2. It must contain the subject matter of the deputation request and the general content of the address. 3. The application must be received 10 days before Council. 4. If approved the Deputation cannot exceed 5 minutes 5. No Deputation is ever approved at the Council meeting itself.

4.12 Deputations at Council Meetings by External Groups¹

- (1) The President may allocate specific time during the meeting to receive and hear deputations on specific topics relevant to the affairs of the College requested by non-Members of the Council.
- (2) No such deputation shall be permitted unless a written request has been provided to the Executive Committee not less than 10 business days before the Council meeting and the Executive Committee gives permission.

¹ A deputation is a submission made to the Council by a person who is not a Council Member at the person's request. Normally only Council Members and Council resource people (e.g. staff, College consultants) are permitted to speak at Council meetings. Deputations often involve a request by the person for the Council to do something (e.g. make a regulation or bylaw, change a policy).

- (3) Unless the chair otherwise determines, each deputation shall be allowed a maximum of two speakers and a maximum of ten minutes to make a presentation. The chair may grant additional time if he or she considers it appropriate.
- (4) The chair may accept questions from Members of the Council to seek clarification from the speaker. Neither the Member nor the speaker shall engage in debate or in direct or indirect discussion with each other or other persons present.
- (5) Unless determined to be of such a nature as to warrant or require action to be taken on the matter in respect of which the deputation is made on an immediate basis, no action shall be taken at the Council meeting at which the deputation is made.

BRIEFING NOTE FOR COUNCIL

Subject: Use of the terms Chair and Vice-Chair in lieu of President and Vice-President

Summary

The Executive Committee recommends usage of the terms Chair and Vice-Chair in lieu of President and Vice-President when referring to the role in College and Council documents and activities.

Background

The President is elected by the Council with the specific role of facilitating effective governance procedures in acting as Chair of the Council. They are responsible for ensuring the integrity of Council processes and making sure that the College's strategy is formulated clearly and is well understood both within the organization and from the public perspective. Where appropriate, the President represents Council to outside parties.

The term 'President' can be perceived and often connotes a role that has representative authority. The role of the President is not to represent any sort of constituency other than the public interest nor do they have any independent authority in decision-making processes of the Council. In order to be clear about what the role of President entails, changing usage of the term Chair and Vice-Chair in lieu of President and Vice-President is an option the Council is being asked to consider to be more reflective of the role and duties of the position.

Should Council agree to changing usage of the term the documents that would be impacted and require revision are:

- Governance Policies
- By-laws
- President Job Description
- Executive Committee TOR
- Governance Manual
- Governance Modules
- Meeting Templates & Council Report documents
- Website

Key Considerations

Using the term Chair and Vice-Chair in lieu of President and Vice-President at College, Council and Committee levels is beneficial in creating a governance culture where the language used is reflective of what the role entails and is useful in terms of changing the image and perception of the work Council does.

The RHPA, Code and *Midwifery Act* use the terms President and Vice-President, so it is possible for some confusion to arise when using the terms Chair and Vice-Chair in day-to-day communications and documents. However, there are examples where Colleges use different terms than those used in the legislative framework. For example, the RHPA use the terms “member” and “patient”, but several Colleges use “registrant” or “client” instead. Another example is that our College refers to the Client Relations Committee but the RHPA names the statutory committee as the Patient Relations Committee.

In order to mitigate any risk of confusion, it is recommended that we add a definition to the General By-laws to note that the Chair is the President and the Vice-Chair is the Vice-President. The by-laws currently state that the President is the Chair of Council (by-law 7.03).

Recommendations

That Council approve the use of the term Chair in lieu of President and Vice-Chair in lieu of Vice-President when referring to the roles in College and Council documents and activities and to direct staff to make those edits without the need to seek further Council approval.

Implementation Date

Upon approval

Legislative and Other References

[The Midwifery Act](#)
[The Health Professions Procedural Code](#)

Attachments

None

Submitted by:

The Executive Committee

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – October 9, 2019

Prepared by Kelly Dobbin

1. General Highlights

October's meeting marks the end of professional members Wendy Murko and Tiffany Haidon's third consecutive terms on Council. Each have served the maximum number of consecutive years on Council (nine years) and have made considerable contributions to Council, committees and working groups over the years. We thank them tremendously for their commitment to public protection through the regulation of midwifery in Ontario.

We are very pleased to welcome professional member Lilly Martin to a third consecutive term on Council. We are also pleased to welcome professional members Isabelle Milot and Claudette Leduc back to Council after short absences. Their three-year terms commence at the end of the October 9th Council meeting. There are no changes to report regarding public members serving on Council.

On June 10, 2019, allegations of professional misconduct against Nasrin Bandari Vali were referred to the Discipline Committee of the College. A hearing regarding this matter is scheduled for November 27, 2019, at 9:30 a.m. at the College of Midwives of Ontario. The Notice of Hearing and Statement of Allegations can be found [here](#).

The Canadian Midwifery Regulators Council (CMRC) recently made the decision to contract Yardstick Assessment Strategies to revise the Canadian Competencies for Midwives. This revision will include a validation process and is expected to be completed in 2020. The CMRC will ensure that the Canadian Midwifery Education Programs are kept abreast of the developments so that the programs can address the changes in their curriculum and testing if necessary. The revised competencies will lead to a subsequent project to update the blueprint for the Canadian Midwifery Registration Exam.

In accordance with the s.27 of the Independent Health Facilities Act (IHFA), the Registrar or a Committee of the Council of the College of Midwives of Ontario may appoint an assessor to carry out an assessment of the quality and standards of services provided in a licensed Midwife-Led Birth Centre (MLBC). The College-approved *Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres* (FS & CPP) sets the minimum standards for all MLBC and serves as the basis for College assessments conducted on behalf of the Ministry of Health and Long-Term Care. Assessors use assessment tools, developed by the College, to administer the assessment in a fair, impartial, objective and transparent manner. The College has undertaken work to revise the assessment tools to assist with the regularly scheduled general assessments of the MLBC that will be conducted in 2020.

2. Strategic Priorities

i. Modernization of Legislation & Regulations

The College does not have any news to report on regarding the proposed changes to the General Regulation and Professional Misconduct Regulation.

The public consultation for the proposed Designated Drugs Regulation launched on Tuesday September 24th. You can access the consultation page on the College's website [here](#). As reported to Council at its September 20th meeting, the College is pleased to reiterate that the Ministry supports the direction the Council has taken and will work closely with College staff to facilitate the College's formal submission by December 31st, 2019.

The Council will have the opportunity to discuss the drugs and substances that fall under the AHFS categories listed in the proposed regulation at the October meeting. The list of drugs that midwives would typically access under the proposed categories is attached to this report for your information (Appendix 1). A reminder that this list is not part of the proposed regulation but rather just helpful information to Council.

ii. Implementation of Risk-Based Regulation

All College departments are on track to complete the Risk Assessment Checklists program, developed and administered by the Healthcare Insurance Reciprocal of Canada (HIROC). The decision to complete the Risk Assessment Checklists program was made in 2016 as part of the College's 2017–2010 Strategic Plan. It is a web-based, self-assessment program that aims to improve the College's internal processes and systems in the following areas:

1. Registration and licensure
2. Complaints and resolutions
3. Appropriate release of information
4. Privacy
5. Wrongful dismissal
6. Employee fraud

The program follows a three-year cycle, and the reporting cycle occurs in the fall of each year. With the Year 3 report due to be submitted in October, the College will successfully complete the program. The final report, including final scores for each module and a comparison of the College's final scores to

those of peer organizations across Canada, will be presented to Council in December.

iii. Public Participation & Engagement

The College launched webinars with the Baccalaureate Midwifery Education Programs and International Midwifery Pre-registration Program (IMPP). These webinars are designed to introduce students to the College and to midwifery regulation in Ontario. The College aims to virtually meet with students in each year of study going forward. The College has planned two webinar sessions each year with IMPP candidates. One to be conducted in the fall and the second to be conducted in the spring.

The College increased its social media posting frequency and now runs on a Monday/Wednesday/Friday schedule. This increase in posting allows the College to share more information with members, stakeholders and members of the public each week and expand its reach across each platform.

The College translated its *What to Expect from your Midwife* brochure in French and will soon offer it to midwifery practice groups across the province. In addition, the College began pitching out an Op-Ed based on the public-facing brochure to mainstream media in hopes of securing media coverage.

3. Stakeholder Engagement

The College has been actively engaged with stakeholders since the last report, including, but not limited to, the following activities:

- Canadian Midwifery Regulators Council Executive Meeting June 19
- Meeting with Anne Coghlan, Registrar College of Nurses of Ontario July 2
- Meeting with Nancy Whitmore, Registrar College of Physicians and Surgeons of Ontario, July 4
- Federation of Health Regulatory Colleges of Ontario (FHRCO) Board of Directors Meeting July 9
- Accreditation Council Meeting July 10
- Canadian Midwifery Regulators Council Executive Committee Meeting Aug 14
- Meeting with Marsha Pinto, Manager, Health Workforce Regulatory Oversight Branch (HWROB) to discuss Drug Regulation, Aug 22
- Canadian Midwifery Regulators Council Executive Committee Meeting Aug 26
- Meeting with Maureen Boon, Registrar College of Optometrists, Sept 5
- Canadian Midwifery Registration Exam Committee Meeting Sept 6
- Canadian Midwifery Regulators Council AGM and Board of Directors Meeting Sept 9
- Laurentian Webinar First Year Students Sept 11
- Ontario Midwifery Strategy Council Sept 16
- Meeting with Allison Henry, Director of Health Regulatory Oversight Branch Sept 19

- PHIPA Modernization Consultation scheduled Sept 26
- Presentation to IMPP candidates scheduled Oct 2
- Ontario Midwifery Reference Group Meeting scheduled Oct 7
- Federation of Health Regulatory Colleges of Ontario (FHRCO) Board of Directors Meeting scheduled Oct 8

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 issues are tracked in order to inform the development or revision of guidance materials or regulatory tools.

The College developed a renewal tutorial video for the 2019–2020 registration renewal period. This video outlined each step required from members to renew their registration through the online member portal. Additionally, the College launched a new informative webpage for members that includes comprehensive information about what's required from members to renew their registration and submit their APR and QAP reports.

On July 22nd the College published its summer edition of the *On Call* newsletter for midwives. The summer issue covered the results from the College's Fees & Remuneration By-law public consultation, and comprehensive information regarding registration renewal, quality assurance and active practice reporting requirements for 2019–2020. The newsletter also mentioned highlights from the June Council meeting, and updated members about revisions to the Sexual Abuse Prevention Policy, the implementation of the Regulatory Performance Measurement Framework and a \$50 reduction in the proposed increase to registration fees.

ii. Programs and Projects

The Registration department staff have processed a large number of applications over the summer to bring our total registrant number to over 1000 registered midwives. The department successfully launched registration renewal on August 1st whereby all registrants submit their annual registration fees, evidence of continuing competencies, active practice reports and quality assurance program reports by October 1st.

The Quality Assurance department staff have been working with the QAC to re-design its assessment program and have hired a pool of 12 assessors for conducting the assessments once the program is implemented in January 2020. All assessors have had the opportunity to pilot the newly development assessment tools and provide feedback. In May, the QAC approved the tools that

would be used in the program. Staff is now working to develop internal processes and guiding documents. The peer and assessments program will be brought forward to Council for approval at the December Council meeting.

As Council is aware, Alternative Dispute Resolution (ADR) is a complaints process for low risk matters that has no formal investigation. In ADR, the midwife considers the complainant's perspective and provides an account of their conduct that was considered to be problematic by the complainant. In 2018, the College developed the Alternative Dispute Resolution Framework and associated guides. This framework and guides were approved by Council in December 2018 and were successfully implemented prior to April 1, 2019, as directed. While several complaints have been deemed eligible for ADR, only one has had the consent from both parties to proceed in this manner. The College is pleased to report success with implementing the procedures and a satisfactory resolution was obtained.

iii. Human Resources

The Registrar successfully completed the San'yas Core Indigenous Cultural Safety (ICS) Health training program as a professional development activity. Core ICS Health Training is designed for Health Authority, Ministry of Health, and other professionals working in the health care field. It is a unique, on-line training program designed to enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Indigenous people. Learning is self-paced over an eight-week window and typically takes between eight-ten hours to complete. The goal of the Indigenous Cultural Safety (ICS) training is to develop understanding and promote positive partnerships between service providers and Indigenous people. Skilled facilitators guide and support each learner through interactive course materials. The course participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals and a timeline of historical events.

The Director of Operations is currently reviewing the College's Health and Safety policies with the support of the staff appointed Health and Safety Representative. The revised policies will be approved by the Registrar in October. Staff will receive training on these new policies at that time. The launch of the new policies and the delivery of the training will ensure a strong health and safety culture at the College.

With the help of the College's HR Working Group (a staff group set up to collaborate on HR matters) the Director of Operations updated the Performance Appraisal system to make it as meaningful as possible. The revised system provides staff with more opportunity for feedback and reflection, and the delivery process has been streamlined.

There were some staff changes of note during the last quarter. Michele Pieragostini joined our team as the Professional Conduct Manager in mid-July. Michele previously held the same position at the College of Traditional Chinese Medicine Practitioners and Acupuncturists. Krista Madani, the outgoing Manager, participated in orientating Michele to her new role, ensuring a comprehensive transfer of knowledge.

In August, Jieun Lee left her role as the College's Professional Conduct Coordinator to pursue a Master's degree in British Columbia. Ashleagh Coyne answered an internal posting and moved from her role as a Coordinator in the Registration department to the Professional Conduct Coordinator role. Ashleagh and Michele have settled in well to their new roles.

Both Krista and Jieun will be missed as valued members of our team. We thank them for their contributions and wish them luck in their future endeavors.

The role vacated by Ashleagh in Registration was recently filled by Mohammad Aqib Paracha. Mohammad Aqib assisted the department as a temporary contract employee while a search was underway for a replacement. We are pleased that Mohammad Aqib applied for the position and was the successful candidate. We currently have no vacancies at the College.

Attachments

Appendix 1: Proposed categories of drugs and substances based on the AHFS

Appendix 1: Proposed categories of drugs and substances based on the AHFS

The College was requested to propose categories using the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification. The Ministry requested the College propose categories at a Tier 3 level citing that both flexibility and specificity that can be achieved at this level. In some categories, the College has requested Tier 1 or Tier 2 rather than Tier 3 as the Ministry requested. This was done either because there were no Tier 3 categories (e.g. there are no Tier 3 categories in Electrolytic, Caloric and Water Balance but only Tier 1 and Tier 2) or because many of the drugs or categories in Tier 1 or Tier 2 a midwife requires access to (e.g. Anti-infective agents).

Please note that the regulation itself will only contain the categories listed in the category column (in light blue). The regulation WILL NOT CONTAIN the Tier Requested (column 2) or individual drugs and substances (column 3). The information in columns 2 and 3 has been included for your reference only.

Category	Tier Requested	Individual Drugs and Substances
Antihistamines		
First generation antihistamines	2	Diphenhydramine Dimenhydrinate Doxylamine
Anti-infective Agents		
Anti-infective Agents	1	Cefazolin Cephalexin Erythromycin Azithromycin Ampicillin Cloxacillin Penicillin G Amoxicillin-clavulanic acid Ciprofloxacin Sulfonamides Clindamycin Fluconazole Acyclovir Famciclovir Valacyclovir Metronidazole Nitrofurantoin Trimethoprim Sulphamethoxazole
Autonomic Agents		
Alpha- and Beta-adrenergic agonists	3	Epinephrine
Blood Formation and Coagulation		
Haemostatics	3	Tranexamic acid
Cardiovascular Drugs		

Direct vasodilators	3	Hydralazine
B-Adrenergic blockers	2	Labetalol
Central Nervous System Agents		
Analgesics and Antipyretics	2	Diclofenac Naproxen Tylenol with codeine Tylenol with oxycodone Hydromorphone Meperidine Morphine sulfate Fentanyl Nalbuphine/Nubain
Inhalation Anesthetics	3	Nitrous oxide
Miscellaneous anti-convulsants	3	Magnesium sulphate
CNS agents, miscellaneous	2	Flumazenil
Benzodiazepines	2	Lorazepam Oxazepam
Opiate agonists	2	Naloxone
Electrolytic, Caloric and Water Balance		
Alkalinating Agents	2	Sodium bicarbonate
Replacement preparations	2	Calcium gluconate Intravenous fluids
Irrigating Solutions	2	Calcium chloride
Eye, Ear, Nose and Throat (EENT) preparations		
Antibacterials	3	Erythromycin
Gastrointestinal Drugs		
5-HT3 Receptor Antagonists	3	Ondansetron
Prostaglandins	3	Misoprostol
Prokinetic agents	2	Domperidone
Hormones and Substitutes		
Contraceptives	2	IUD Implants Post-coital contraception
Progestins and Oral Contraceptives	2	E.g. Depo-Provera, Oral contraceptives
Anaesthetics Local		
Anaesthetics Local	1	Bupivacaine Chlorprocaine Lidocaine
Oxytocins		

Oxytocins	1	Mifepristone Ergonovine Oxytocin Carboprost Carbetocin Dinoprostone Mifegymiso
Serums, Toxoids, Vaccines		
Serums, Toxoids, Vaccines	1	Varicella Zoster immunoglobulin RhD Immunoglobulin Hepatitis B Immunoglobulin Hepatitis B BCG Tdap MMR Influenza
Skin and Mucous Membrane Preparations		
Antibacterials	3	Metronidazole Clindamycin Mupirocin
Antifungals	3	Nystatin Miconazole Clotrimazole
Corticosteroids	3	Hydrocortisone Betamethasone
Local Anti-infectives, Miscellaneous	3	Iodine Chlorohexidine Benzalkonium
Vitamins		
Vitamins	1	Vitamin B 12 Folic Acid Phytonadione
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents	1	Oxygen

BRIEFING NOTE FOR COUNCIL

Subject: Changes to the Prescribing and Administering Drugs standard

Summary

Changes to the Prescribing and Administering Drugs standard are required in order to reflect current midwifery practice

Background

The [Prescribing and Administering Drugs](#) standard describes the College's expectations regarding the prescribing and administering of drugs. The standard sets out the conditions for safe prescribing, appropriate record keeping and the information that a midwife must include in a prescription. The standard includes an appendix, called Appendix 1, that lists all the drugs midwives can prescribe and administer according to the [Designated Drugs Regulation](#) (O. Reg 884/93). There are two issues in the Prescribing and Administering standard that are being brought to Council's attention:

1. The Prescribing and Administering standard does not reflect the Designated Drugs regulation in one important way – the standard restricts oxytocin use to the postpartum period only and the regulation does not
2. The term “prescription numbers” is a term that is not commonly understood.

1. Restricting oxytocin to the postpartum period only

Restricting oxytocin to the postpartum period allows midwives to use oxytocin for managing postpartum haemorrhages. However, oxytocin is also a substance used to induce and augment labours. Induction of labour and augmentation of labour (to be referred to as induction/augmentation throughout this document) are in the midwifery scope of practice. Induction of labour (stimulating uterine contractions during pregnancy to achieve a vaginal birth) and augmentation of labour (stimulating the uterus to increase the strength, frequency or duration of contractions, after the onset of spontaneous labour, to achieve a vaginal birth) are done in a number of ways by midwives including amniotomy (breaking the bag of water), stretch and sweep (separating the bag of water from the cervix with a gloved finger) and inserting a catheter into the cervix. All of these methods of induction/augmentation involve controlled acts that midwives are authorized to perform according to the Midwifery Act. The other method of induction/augmentation that midwives also have access to, according to the regulations, is using intravenous oxytocin.

While oxytocin induction/augmentation is in scope according to the Midwifery Act and oxytocin is authorized to midwives in the Designated Drugs Regulation, midwives are unable to manage oxytocin induction/augmentation on their own authority because oxytocin is limited in Appendix 1 of the College's Prescribing and Administering Drugs standard to the management of postpartum haemorrhages.

Prescription Numbers

The standard requires midwives include a prescription number on all prescriptions and that this be documented in the client's chart. A prescription number is not part of a prescription generated by a midwifery practice.

Key Considerations

Oxytocin induction/augmentation

- The Designated Drugs Regulation does not list indications for which oxytocin can be used.
- There is evidence to show that the public will benefit from midwives performing oxytocin induction/augmentation on their own authority. Elderhorst et al. (2018) found that low-risk clients in Ontario, at 41 weeks or more of gestation induced under the care of midwives, had the same neonatal morbidity and mortality rates as physicians but with decreased rates of intervention.
- Approximately 60% of practices are managing oxytocin induction/augmentation under medical directives according to data from the Association of Ontario Midwives (AOM). This means that the majority of practices are working under physicians' orders to perform oxytocin induction/augmentation.
- The College has been allowing midwives to administer oxytocin on their own authority through the Alternate Practice Arrangements (APA) program. Currently, three practices, and more than 20 midwives, are permitted by the College to perform oxytocin induction/augmentation.
- A letter was sent to the College on June 3, 2019, written on behalf of the head midwives of 36 hospitals in Ontario, requesting that midwives be permitted to perform oxytocin induction/augmentation on their own authority citing improved client care as an outcome. On June 14 the AOM wrote to the College in support of this letter from the head midwives reiterating that midwives have the knowledge, skills and judgement to perform oxytocin induction/augmentation on their own authority.
- The [Professional Standards for Midwives](#) establishes the parameters within which midwives must practice so managing oxytocin on a midwife's own authority will require midwives to be competent to do so.
- Midwives managing oxytocin induction/augmentation on their own authority supports the principles in the Professional Standards for Midwives by:
 - improving continuity of care
 - reducing transfers of care
 - supporting clients as primary decision-makers.
- Midwives performing oxytocin induction/augmentation will be required to work within the scope of practice which focusses on normal.
- For midwives not currently managing oxytocin inductions and augmentations, there are midwifery resources that can be used to update their knowledge and skills. The AOM has resources dedicated to it that include a full-day training

session on induction and augmentation of labour (<https://www.ontariomidwives.ca/maintaining-primary-care>).

- Midwives are not required to induce/augment with oxytocin if they are not able to be adequately trained, supervised and mentored and must not induce/augment if they are not competent to do so.
- The majority of midwives are already using oxytocin for induction/augmentation, so it is important that the College oversee it. The College will better meet its mandate of public protection by regulating oxytocin induction/augmentation and ensuring midwives are accountable for this care in accordance with the Professional Standards rather than by the current approach that has ordering physicians accountable for care that is within the midwifery scope of practice.

Prescription Numbers

- Reference in the standard to a *prescription number* is not commonly understood among members and other stakeholders because it is a number generated at the pharmacy rather than by the midwife. This makes it difficult to include it in the client's chart
- The College receives member and other stakeholder inquiries about what is meant by *a prescription number*
- Removing *prescription number* from the Prescribing and Administering standard will not lower the standard expected of midwives writing prescriptions or documenting them in the chart

As Council is aware, staff is currently working with the Ministry of Health and Long-Term Care to amend its Designated Drugs Regulation. It is expected that a new Prescribing and Administering Drugs standard will be implemented with the new Designated Drugs regulation in the spring of 2020. Until that time, the current Prescribing and Administering Drugs standard must be modified to address the two issues that require the College's immediate action.

The membership will be made aware of the changes to the standard through a targeted communications piece prior to implementation of the revised standard.

Recommendations

The following recommendations are submitted for consideration:

- a. Rescind Appendix 1 so oxytocin is no longer limited to the postpartum period and midwives can work in accordance with the authority granted to them by the Designated Drugs regulation within the boundaries of the midwifery scope of practice as defined in the Midwifery Act; and
- b. Delete *prescription number* where it occurs in the standard

Implementation Date

Immediately

Legislative and Other References

Midwifery Act
Designated Drugs regulation

Attachments

Proposed Prescribing and Administering Standard with revisions.

Submitted by:

Lilly Martin, Chair
Quality Assurance Committee

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

PRESCRIBING AND ADMINISTERING DRUGS

Purpose

The purpose of this standard is to describe CMO expectations regarding the prescribing and administering of drugs.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

Midwives have the requisite knowledge, skills, and judgment to prescribe drugs from the list of Designated Drugs. Any drug that can be administered by a midwife according to the Ontario Regulation 884/93 Designated Drugs can be prescribed by the midwife.

Standard

The authority of midwives, according to the Ontario Regulation 884/93 Designated Drugs, to initiate a prescription for a drug, is limited to treating conditions that they can diagnose and for which they can provide the necessary counseling, informed choice decision making and ongoing management of care.

In the course of engaging in the practice of midwifery, midwives may use any drug and may administer any substance by injection or inhalation on the order of a member of the College of Physicians and Surgeons of Ontario. Midwives may also administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.

TO ENSURE SAFETY

Midwives must:

- Assess the client, conducting laboratory and diagnostic investigations as appropriate
- Comply with relevant federal and provincial legislation

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

- Adhere to all relevant standards, guidelines or policies established by agencies or organizations (e.g., public health unit or blood banks) involved in the provision or control of any of the authorized drugs or substances
- Provide either a written, or when necessary, a telephone prescription or verbal order
- Consider whether the drug is a safe and effective treatment for the specific client circumstances
- Provide the client and/or client representative with the necessary information about the drug prescribed including expected therapeutic effect, potential side effects, contraindications and precautions
- Consider drug resistance, medication errors, infection control and safety, when they prescribe and/or administer any substance from the regulation
- Ensure there are adequate systems in place to prevent prescription fraud
- Ensure proper reporting of drug reactions and medication errors ([Appendix 2](#)
Appendix 1, Reporting Adverse Drug Reactions and Medication Errors)
- Monitor the client's response to the drug therapy after prescribing, and continue, adjust dosage or discontinue the drug therapy as appropriate.

RECORD KEEPING

Midwives must:

- Conduct a medical history and document the symptoms and/or conditions being treated
- Obtain a full understanding of the drugs the client is taking using the "Best Possible Medication History" (see [Appendix 3](#) *Appendix 2* for an example of what can be included)
- Document in the client's record, in a timely manner, all telephone prescriptions or verbal orders
- Provide a follow-up care plan as appropriate and document in the client's record
- Document the client's response to the drug therapy
- Ensure proper recognition and management of medication errors including documentation and reporting as outlined by Association of Ontario Midwives ([Appendix 2](#)
Appendix 1, Reporting Adverse Drug Reactions and Medication Errors)
- Ensure proper risk management reporting when drug reactions or medication errors occur in a hospital ([Appendix 2](#)
Appendix 1)

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

LEGAL PRESCRIPTION:

- Midwives may only prescribe drugs for the intended purpose as described in the *Guideline to Prescribing and Administering Designated Drugs* (below) and the amended Ontario Regulation 884/93 Designated Drugs.
- Midwives may not self-prescribe a drug, or prescribe a drug for a family member outside the provision of midwifery care, or when there is a conflict of interest.¹
- Midwives will document the drug prescribed **and the prescription number** in the client's record.

A legal prescription prepared by a midwife must include:

- **A prescription number**
- Full date (day, month and year)
- Client's name
- Client's address (if available)
- Name of drug, drug strength (where applicable), dose and the quantity of the prescribed drug
- Full instructions/directions for use of the prescribed drug
- Refill instructions, if any
- Printed name of the midwife prescriber with telephone number and address
- College registration number and the professional designation
- Midwife's signature

MIDWIVES OBTAINING CONSULTS AND PROVIDING INTER-PROFESSIONAL CARE, RELATING TO PRESCRIPTIONS:

- May not delegate the act of prescribing a drug
- Notify any relevant health care provider involved in the client's care when clinically appropriate and document that this notification has been given
- Consult with appropriate health care professional if the client's response to the drug therapy is other than anticipated

¹ CMO Standard *Caring for Related Persons*

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

When midwives continue drug therapy initiated by another health care professional they must:

- Provide and document ongoing assessments
- Monitor and document the client's response to the drug therapy
- Communicate the client's response and change to or discontinuation of drug therapy to the initiating health care provider as appropriate
- Consult with appropriate health care professional at any point in the continuing drug therapy as appropriate

ENSURING APPROPRIATE STORAGE

Midwives must:

- Ensure recommendations for storage and handling issued by the medication/vaccine's manufacturer are followed
- Dispose unused and expired medications/vaccines/blood products in accordance to the guidelines set forth by public health and blood bank

APPENDIX 1

Alphabetic List of Drugs in Midwives' Authority

Any drugs that can be administered by a midwife according to the Ontario Regulation 884/93 Designated Drugs can be prescribed by the midwife

The following drugs are designated in regulation as substances or drugs that midwives may administer by injection on their own responsibility:

Ampicillin — for the purpose of preventing neonatal group B streptococcal disease
 Bupivacaine — for the purpose of local anaesthesia for episiotomy or the repair of tears
 Carbetocin
 Carbetroprost tromethamine
 Cefazolin — for the purpose of preventing neonatal group B streptococcal disease

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

~~Chlorprocaine~~—for the purpose of local anaesthesia for episiotomy or the repair of tears

~~Clindamycin~~—for the purpose of preventing neonatal group B streptococcal disease

~~Dimenhydrinate~~

~~Diphenhydramine hydrochloride~~

~~Epinephrine hydrochloride~~

~~Ergonovine maleate~~

~~Erythromycin~~—for the purpose of preventing neonatal group B streptococcal disease

~~Hepatitis B immune globulin~~

~~Hepatitis B vaccine~~

~~Intravenous fluids~~

~~Lidocaine hydrochloride with or without epinephrine~~—for the purpose of local anaesthesia for episiotomy or the repair of tears

~~Measles-mumps-rubella virus vaccine~~

~~Oxytocin~~—for the purpose of treating postpartum hemorrhage

~~Penicillin G~~—for the purpose of preventing neonatal group B streptococcal disease

~~Phytomedicine~~

~~RhD immune globulin~~

~~Varicella Zoster immune globulin~~

The following drugs are designated as drugs that midwives may administer by inhalation on their own responsibility:

Nitrous oxide Therapeutic oxygen

The following drugs are designated as drugs that midwives may prescribe on their own responsibility:

~~Amoxicillin-clavulanic acid~~—for the purpose of treating mastitis ~~Cephalexin~~—for the purpose of treating mastitis

~~Ciprofloxacin (oral)~~

~~Clotrimazole~~

~~Clindamycin (oral)~~

~~Cloxacillin (oral)~~

~~Diclofenac (oral)~~

~~Domperidone~~—for the purpose of promoting lactation

~~Doxylamine succinate-pyridoxine hydrochloride~~

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

~~Ergonovine maleate (oral)~~

~~Erythromycin ophthalmic ointment~~

~~Folic acid (oral; greater than 1mg/dose)~~

~~Hepatitis B immune globulin~~

~~Hepatitis B vaccine~~

~~Hydrocortisone anorectal therapy compound~~

~~Metronidazole (oral)~~

~~Miconazole~~

~~Misoprostol — for the purpose of preventing postpartum hemorrhage~~

~~Mupirocin betamethasone valerate miconazole (topical)~~

~~Naproxen (oral)~~

~~Nitrofurantoin — for the purpose of treating urinary tract infections~~

~~Nystatin~~

~~Phytonadione~~

~~RhD immune globulin~~

~~Sulfamethoxazole trimethoprim (oral)~~

~~Trimethoprim — for the purpose of treating urinary tract infections~~

APPENDIX 2 APPENDIX 1

Reporting Adverse Drug Reactions and Medication Errors

Reporting Adverse Drug Reactions

You can report any suspected adverse drug reactions to drugs and other health products to the Canada Vigilance Program by visiting the [Reporting Adverse Reactions to Drugs and Other Health Products](#) page.

The site offers the Canada Vigilance Reporting Form for use in the reporting by health care professionals and clients via fax, mail, online or phone.

Canada Vigilance Regional Office phone 1 866- 234-2345 and fax 1 866-234-6789

Reporting Medication Errors

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Consider reporting any medication errors confidentially to The Institute for Safe Medication Practices Canada, an independent national non-profit agency. Contributing to this database provides information for the purpose of developing policies to prevent future adverse events. For information about this non-profit organization, go to their home page at <http://www.ismp-canada.org>, or their page with information about reporting medication incidents at Canadian Medication Incident Reporting and Prevention System (CMIRPS) <http://www.ismp-canada.org/cmirps.htm>. For further information about incident reporting, refer to the AOM (ontariomidwives.ca) and HIROC (www.hiroc.com) websites.

APPENDIX 3 APPENDIX 2

Best Possible Medication History (BPMH)

Best Possible Medication History (BPMH) is a medication history obtained by a healthcare provider which includes a thorough history of all regular medication use (prescribed and non-prescribed), using a number of different sources of information. The BPMH is different and more comprehensive than a routine primary medication history (which is often a quick patient medication history).

The BPMH involves a:

1. Patient medication interview where possible.
2. Verification of medication information with more than one source as appropriate including:
 - o family or caregiver
 - o community pharmacists and physicians
 - o inspection of medication vials

Standard:	Prescribing and Administering Drugs
Reference #:	STCMO_Cog252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Revision date(s):	June 1, 2018 October 9, 2019
Effective date:	January 1, 2014
Attachments:	none



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

- o patient medication lists
- o medication profile from other facilities
- o prescription drug claim histories of Ontario Drug Benefit (ODB) recipients
(Drug Profile Viewer)
- o previous patient health records

The BPMH includes drug name, dose, frequency and route of medications a patient is **currently taking**, even though it may be different from what was actually prescribed. Using tools such as a guide to gather the BPMH may be helpful for accuracy and efficiency. (A BPMH Interview Guide is [available here](#)).

If a patient is unable to participate in a medication interview, other sources may be utilized to obtain medication histories or clarify conflicting information. Other sources should never be a substitute for a thorough patient and/or family medication interview. For patients who present prescription bottles and/or a medication list, each individual medication and corresponding dosing instruction should be verified, if possible. Frequently, patients take medications differently than what is reflected on the prescription label. Also, patients may not have updated their personal list with newly prescribed medications.²

Midwives should ensure that client's reporting drug allergies are asked the extent and type of allergy, sensitivity or reaction they have had and this should be documented in the client's record.

² Queen's University, Office of Interprofessional Education and Practice. *Medication Reconciliation: A Learning Guide*. Web page retrieved August 19, 2010 on the World Wide Web at:
<http://meds.queensu.ca/courses/assets/modules/mr/4.html>

PRESIDENT'S REPORT

REPORT TO COUNCIL – October 9, 2019.

Prepared by: Tiffany Haidon

1. General Highlights

As I pen my last President's Report, I reflect on my last 9 years on Council and various committees. I have had the opportunity to learn tremendously from the Registrar and her staff and from each and every Council and committee member. I have seen this College transform to a fiscally independent organization and to a risk-based regulator, leading the way for regulatory change in Ontario. I am so proud to have been a part of these changes and will miss participating on Council immensely.

I would like to thank outgoing professional member Wendy Murko, who has completed 3 consecutive terms for a total of 9 years at the College. Wendy's contributions to the College are significant and deeply appreciated. We will miss her dedication, commitment and enthusiasm in regulating midwifery in the public interest.

I would also like to welcome our returning professional members, Claudette Leduc and Isabelle Milot, after short absences from Council, and Lilly Martin who is serving her third consecutive term. Thank you all for your commitment to the College.

The summer months have been somewhat quiet from a Council and committee meeting perspective. However, I would like to acknowledge all of the work accomplished by College staff toward meeting the College's strategic goals during that time. In particular, I would like to recognize the expertise and perseverance of staff in bringing us a well-researched Designated Drugs regulation that supports the regulatory framework that the College has adopted and that will serve the public well by providing midwifery clients with safe access to necessary drugs and substances during their care.

2. Governance

Weekly meetings with the Registrar provide me with the opportunity to remain connected to the College's work and our progress toward meeting our strategic goals. These meetings have allowed me to better understand the issues affecting the College and to bring forward new items to Council for discussion and deliberation.

I am pleased to report, on behalf of the Executive Committee, that the revised Registrar Performance Manual and Tool is now complete. I am confident the procedures laid out in the manual and the assessment tool will demonstrate greater value for its intended purpose. The Registrar's job description has also been revised to better reflect the expectations of the position. While the Registrar's mid-year informal evaluation did not occur this year, as both the job description and review tool were under revision, the

Executive Committee and the registrar agreed that there were no issues or concerns to raise regarding the Registrar's performance at mid-year.

All Council and Committee evaluations have been completed with analysis and will be presented to Council members at December's meeting. Peer evaluations are also complete and have been provided to all members. Those Council members requesting the opportunity to discuss the feedback with the President will have individual meetings scheduled at their convenience. The President's evaluation has been received, providing me with the opportunity to take your feedback into future leadership roles. Thank you for taking the time to provide me with meaningful feedback.

3. Stakeholder Engagement

Participation occurred at the following meetings:

1. Executive Meeting: Sept 18, 2019
2. OMSC: Sept 16, 2019
3. OMRG: Oct 7, 2019
4. QAC Meeting: Sept 9, 2019

SCHEDULE 1

Process for Election of Officers

The elections will be supervised by the Elections and Nominating working group and the Registrar. The Registrar may be assisted by scrutineers.

A member of Council is eligible for election to the Executive Committee if, on the deadline for the receipt of submissions of candidacy, the member has served, wherever possible, at least twelve (12) months on Council.

The term of office of a member of the Executive Committee shall commence on the day of the first meeting of the Executive Committee after the September election and shall continue for approximately one (1) year, until the term of office of the subsequently elected Executive Committee commences or until he or she resigns or is removed from his or her office or from Council, or until such other time designated by Council, whichever occurs first.

At least forty-five (45) days before the date of the election, the Registrar shall notify every member of Council of the date of the election and of the procedure, criteria and deadline for Council members to submit, in writing, their candidacy for a position as a member of the Executive Committee and any personal statement that the member wishes to be circulated to the Council in support of his or her candidacy.

Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, the Registrar shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the President, Vice-President (Professional), Vice-President (Public) and Executive Committee member(s) to indicate so, in writing, to the Registrar.

A Council member's written intent must be supported by the signatures of one (1) other Council member and be returned to the Registrar no later than 11:59 p.m. on the day one week before the meeting of Council when the election of officers shall take place. The Registrar may, at any time, inform a Council member about any other Council member's written intent that has been submitted before the deadline. At least five (5) days prior to the meeting of Council when the election of officers shall take place, the Registrar shall circulate to the Council a list of the eligible candidates for election to the offices of the President, Vice-President (Professional), Vice-President (Public) and Executive Committee members.

A Council member may withdraw as a candidate at any time before the election.

At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of President.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

Where no candidate is nominated for a position or, in the case of Executive Committee members at large, where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.

In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.

The results of each election will be tabulated and reported by the Registrar, with the number of votes accorded to each candidate to remain confidential.

Once the President is elected, the Vice-President (Professional), shall be nominated and elected in a similar manner. Once the Vice-President (Professional) has been elected, the Vice-President (Public) shall be nominated the remaining Executive Committee positions shall be filled in a similar manner.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots.



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

2019-2020 Council Members

Elected Professional Members

- Lilly Martin, RM
- Lisa Nussey, RM
- Claire Ramlogan-Salanga, RM
- Jan Teevan, RM
- Edan Thomas, RM
- Maureen Silverman, RM
- Isabelle Milot, RM
- Claudette LeDuc, RM

Appointed Public Members

- Deirdre Brett
- Susan Lewis
- John Stasiw
- Marianna Kaminska
- Judith Murray

Proposed 2020 Council & Executive Committee Dates

COUNCIL TRAINING & MEETINGS

March 24-25, 2020
June 16-17, 2020
Sept. 29-30, 2020
Dec 8-9, 2020 (Strategic Planning)

EXECUTIVE COMMITTEE MEETINGS

Feb. 19, 2020
May 6, 2020 (Audit)
June 17, 2020 (Approval of draft Financial Statements)
September 9, 2020
November 11, 2020