



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

June 24, 2020



NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, June 24, 2020 from 9:30 AM to 1:30 PM by videoconference.

This meeting is open to the public. Any individuals wanting to observe the meeting should contact the College at cmo@cmo.on.ca or 416.640.2252 ext. 227 for access details.

Kelly Dobbin,
Registrar & CEO



CMO Council Meetings – Guidelines for Observers

- The Council meetings held by videoconference may be observed by the public, please contact the college for information on how to attend.
- Those attending the Council meetings as observers do not participate in the meeting.
- Observers are required mute their microphone during the videoconference.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. Observers do not participate. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the CMO website two weeks prior to the scheduled Council meeting.
- Observers can access the Council package materials from the College website approximately two weeks prior to the scheduled Council Meeting.

If you have any questions regarding the Council meeting or would like to register as an observer, please contact the College at cmo@cmo.on.ca or by phone at 416-640-2252, ext 227.

COUNCIL AGENDA

Wednesday, June 24, 2020 09:30 am to 1:30 pm
Videoconference | Microsoft TeamShare

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome & Land Acknowledgment	C. Ramlogan- Salanga	9:30	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan- Salanga	9:35	DISCUSSION	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan- Salanga	9:36	MOTION	3.0 Agenda	4
4.	Consent Agenda - Draft Minutes of March 2020 Council Meeting Annual Report for: - Executive Committee - Inquiries, Complaints and Reports Committee - Quality Assurance Committee - Registration Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee	C. Ramlogan- Salanga	9:40	MOTION	4.0 Draft Minutes 4.1 Executive Report 4.2 ICRC Report 4.3 QAC Report 4.4 Registration Report 4.5 Discipline Report 4.6 Fitness to Practise Report 4.7 Client Relations Report	6
5.	President's Report	C. Ramlogan- Salanga	9:45	APPROVAL	5.0 President's Report	31
6.	Registrar's Report	K. Dobbin	10:00	APPROVAL	6.0 Registrar's Report 6.1 HPRO Highlights	33
7.	Auditor's Report	B. MacKenzie	10:30	APPROVAL	7.0 Audited Financial Statements	49
8.	Registration Committee Presentation: Registration Regulation	I. Millot	11:00	DISCUSSION	-	-

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
9.	IN CAMERA: Approval of Draft Minutes	C. Ramlogan-Salanga	11:30	MOTION	-	-
LUNCH 11:35 PM						
10.	Executive Committee Report	C. Ramlogan-Salanga	12:05	APPROVAL	10.0 Executive Committee Report 10.1 Q4 SOP	67
	I. Committee & Chair recommendations			MOTION	10.2 Proposed Committee Composition	70
	II. Governance Policies			APPROVAL	10.3 Briefing Note 10.4 Revised Governance Policies	71
	III. Chair in Lieu of President			MOTION	10.5 Briefing Note	107
11.	Annual Performance Measurement Report	M. Solakhyan	12:45	INFORMATION	-	-
12.	Housekeeping		1:25	INFORMATION	-	-
13.	Adjournment	C. Ramlogan-Salanga	1:30	MOTION	-	-
	Next meetings for 2020: September 29-30, 2020 December 8-9, 2020					

MINUTES OF COUNCIL MEETING

Held on March 25, 2020 | 9:30 am to 4:30 pm
TeamShare Videoconference

Chair: Claire Ramlogan-Salanga, RM

Present: Deirdre Brett; Lilly Martin, RM; Claire Ramlogan-Salanga, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Maureen Silverman, RM; Marianna Kaminska; Judith Murray; Isabelle Milot, RM; Claudette Leduc, RM

Regrets: Lisa Nussey; RM

Staff: Kelly Dobbin; Carolyn Doornekamp; Marina Solakhyan; Joanna Geraci; Nila Halycia
Observers: None

Recorder: Zahra Grant

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

Claire Ramlogan-Salanga, Chair, called the meeting to order at 9:33, welcomed all present and shared a land acknowledgement.

2. Declaration of Conflict of Interests

No conflicts of interests were declared.

3. Proposed Agenda

The proposed agenda was approved as presented noting that an update from the Registrar on the College's strategies amid the ongoing COVID -19 pandemic would be provided during her report.

MOVED: Jan Teevan
SECOND: Claudette Leduc
CARRIED

4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of December 11, 2019 Council Meeting
- Inquiries, Complaints and Reports Committee Report
- Registration Committee Report
- Discipline Committee Report
- Fitness to Practise Committee Report

- Client Relations Committee Report
- Quality Assurance Committee Report

Moved: Marianna Kaminska
 Seconded: Judith Murray
 CARRIED

5. President's Report

Claire Ramlogan-Salanga introduced her report providing an overview of the general highlights. It was noted for Council that in light of the current pandemic audit plans have changed and will now be conducted offsite. The Executive Committee will be determining how to best perform their role in their comprehensive assessment of the auditor in light of these changes.

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

Moved: John Stasiw
 Seconded: Judith Murray
 CARRIED

6. Registrar's Report

Kelly Dobbin, Registrar introduced her report by first providing an update on the COVID-19 pandemic. The College has an increased responsibility during this public health emergency but its role and mandate remain the same. On March 16, 2020 the College began to operate a fully functioning virtual office. The Registrar expressed gratitude to staff and Council for their flexibility in navigating the rapidly changing environment and remains confident in the collective abilities of staff and Council to continue to navigate the work of the College effectively.

The Registrar continues to meet regularly with midwifery stakeholders on issues related to the pandemic. For example, the College is currently seeking clarity from the Ministry regarding the ordering of COVID tests from midwives. Additionally, the national Canadian Midwifery Registration Examination annually scheduled in May has been postponed to the October sitting, meaning the spring 2020 midwifery graduates and internationally educated midwives will be delayed in writing the national exam. It was also noted that continuing competency requirements for registration are being impacted, for example, there are currently no available Emergency Skills courses as all have been postponed or cancelled. The College is working on changes to the registration process to allow access to the profession in a timely manner while ensuring that applicants and midwives re-entering the profession are suitable to practise.

The Registrar also provided updates to the previously submitted Registrar's report. The College has been advised by the Ministry of Health that the Quality Assurance and Drug Regulation are currently on hold until further notice. College programs such as the Quality Assurance Peer and Practice Assessments and Midwifery-Led Birth Centre Assessments have also been postponed. Notice has been provided to immediate parties. In light of the pandemic, the Registrar asked for Council's approval and direction to postpone the professional Council elections until a more appropriate time.

There was a question from a Council member regarding the appointment of a Deputy Registrar in the case of an unplanned absence of the Registrar. The Registrar's report highlighted the

process as per our Governance Policies explaining that both the Director of Operations and Director of Regulatory Affairs to fulfill the required duties.

Another question from Council was asked regarding personal protective equipment (PPE) for midwives. The College pointed to guidance issued by Public Health Ontario as the trusted source for midwives to follow.

Lastly, the Registrar presented the Operational Plan to Council advising that while it may be challenging in light of the pandemic to accomplish every activity, there is no recommendation at this time to make any changes. Council is asked to approve with the caveat that given the circumstances all activities may not be accomplished.

MOTION 1: That the election of professions member to Council be postponed

MOVED: Jan Teevan

SECONDED: Claudette Leduc

CARRIED

MOTION 2: That the Registrar's report and operational plan be approved as presented.

MOVED: Maureen Silverman

Seconded: John Stasiw

CARRIED

7. QAC: Professional Standards Review – Phase 2 Consultation

Lilly Martin, Chair of QAC introduced the Scope of Practice Guide being brought forward to Council for review and public consultation. The guide was developed at the direction of Council following the implementation of the *Professional Standards for Midwives* and upon launching the second phase of College standards review. The Scope of Practice Guide provides guidance to members on their legislated role and activities. The Scope of Practice Guide, the previously published Guideline on Ending the Midwife-Client Relationship and newly proposed changes to the Professional Standards for Midwives together fill all foreseen gaps with the proposed rescinding of the *Consultation and Transfer of Care Standard, When a Client Chooses Care Outside Midwifery Standard* and *Profession and Delegation, Orders and Directives Standard*. Johanna Geraci, Practice Advisor, also shared with Council a presentation that provided context and background to the review.

Given the context of the current pandemic, the proposed motion requesting Council to launch the public consultation for the Scope of Practice Guide immediately after the meeting would be revised to indicate the launching of a consultation 'when appropriate'.

The Council reviewed the guide in depth. It was noted that use of word 'women' in guide is not gender inclusive. Staff advised that the use of the term women is used in the guide is limited to actual references in the legislation where the term is used.

A professional member inquired about the impact of these changes on the Midwifery Education Program. The MEP has been informed of these changes being proposed, and they will have opportunity to comment during consultation. Curriculum changes will be a factor and Council can consider this upon review of feedback.

It was agreed that while there has been some hesitation about these proposed changes, the guide is thorough, helpful and reassuring. A professional member commented that it was a momentous opportunity for the professional regulation of midwives and it squarely aligns with our risk-based approach to regulation in general. The implementation timelines post-consult will be determined by the Quality Assurance Committee and brought back to Council for final approval.

MOTION: That the Council approve for consultation the proposed changes to the Professional Standards, including the new Guide on the Midwifery Scope of Practice for 60-day consultation at a time when deemed appropriate by staff.

Moved: Marianna Kamiska

Seconded: John Stasiw

CARRIED

8. QAC: Proposed Designated Drug Regulation – Mandatory Courses

Lilly Martin introduced the topic of a mandatory course for safe prescribing of controlled drugs and substances. Although the drug regulation is currently on hold, in anticipation of Ministry approval, the QAC is proposing the course as a mandatory training requirement for midwives.

The course being proposed is based online and is offered by the University of British Columbia (UBC) and it meets the criteria for established by the College. The UBC will permit changes to the course, without charge, so that content specific to the regulations and standards for midwives in Ontario are included and those specific to British Columbia removed.

The Council agreed with the proposed motion and had no concerns.

MOTION: That Opioids and Benzodiazepines: Safe Prescribing for Midwives be approved as the required course for midwives prior to prescribing controlled drugs and substances.

MOVER: Marianna Kaminska

SECOND: Claudette Leduc

9. Executive Committee Report

Claire Ramlogan-Salanga introduced the Executive Committee report noting two items that were approved on behalf of Council which were the Q3 statement of operations and the appointment of professional non-Council committee member Christi Johnston to the Registration Committee. Regarding the Q3 statement, which was included in the package, the College remains in a good cashflow position and there are no concerns to report.

The committee brought forward changes to the General By-law for Council to approve for consultation when the College deems appropriate. These changes were proposed at the request of the Ministry as they would be willing to rescind Part II of the General Regulation pertaining to Notice of hearings and meetings, if the College included these requirements in its by-laws.

The proposed annual budget for the upcoming fiscal year was reviewed by the committee and was brought forward for Council's approval. Carolyn Doornekamp, Director of Operations

walked through the details of the budget. Although it was previously anticipated that the loss of the Ministry subsidy would mean operating on a deficit budget until fiscal 2021/22, tight financial management and cost savings has the Colleges in good financial position and projecting close to a break-even year for 2019-2020. This position allows the College to reinstate some of the cuts made to the budget last year to mitigate the risks associated with those cuts, although it is not a complete return to previous operational expenditure. A comparison of operational expenditures year to year of the past three years and the projected year was shared with the Council for reference.

It is not anticipated that the ongoing pandemic impact budget in any significant way.

MOTION:

- I. That the Executive Committee Report be approved as presented.
- II. That the proposed changes to the General By-law be circulated for a 60-day public consultation when deemed appropriate by staff.
- III. That the proposed Budget for the 2020-21 fiscal year be approved.

Moved: John Stasiw
Seconded: Judith Murray
CARRIED

10. Strategic Planning Working Group

Claire Ramlogan-Salanga provided Council with an update from the Strategic Planning Working Group. The group had its first meeting and spent some time reviewing the process from the previous strategic planning working group session. It was decided that there won't be any changes to the Vision, Mission and Guiding Principles but determined that the College's Outcomes could be revised to be more comprehensive.

A review of the College's risk register was completed and the working group discussed all potential risks and determined where the College should allocate its resources accordingly. Many of the identified risks are inter-related and none were considered high risk. The group identified certain risk areas that will require strategies to mitigate. All low risks areas identified will be continually monitored despite no planned action to mitigate further.

The next working group meeting will be in June and staff has been directed to bring initiatives to address risks identified.

11. IN CAMERA

The Council went in-camera to discuss the Registrar's Annual Review process.

MOTION: Be it resolved that Council move in-camera at 12:45pm.

MOVED:
SECONDED:
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 1:15pm.
MOVED:
SECONDED:
CARRIED

12. ADJOURNEMENT

MOTION: THAT THE MEETING BE ADJOURNED at 1:15 p.m.

MOVED:
SECONDED:
CARRIED

DRAFT

EXECUTIVE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019–October 2019	October 2019–March 2020
Chair: Tiffany Haidon, RM	Chair: Claire Ramlogan-Salanga, RM
Professional: Jan Teevan, RM; Claire Ramlogan-Salanga, RM	Professional: Edan Thomas, RM; Maureen Silverman, RM
Public: Susan 'Sally' Lewis;	Public: Susan "Sally" Lewis; Marianna Kaminska

Committee Meetings

May 22, 2019 | 9:30 a.m. – 5:00 p.m., College of Midwives Offices
June 18, 2019 | 9:30 a.m. – 5:00 p.m., Videoconference
September 18, 2019 | 9:30 a.m. – 5:00 p.m., Videoconference
November 20, 2019 | 1:00 p.m. – 5:00 p.m., Videoconference
February 19, 2020 | 9:30 a.m. – 1:30 p.m., Teleconference

Panel Meetings/Hearings

N/A

Trainings

May 22, 2020 – Finance Training

Items

- Financial Oversight

Over the course of the fiscal year, the committee oversaw monitoring of College budget and finances, reviewing and approving quarterly financial statements. Audited financial statements were also reviewed and approved prior to presentation to Council.

The committee reviewed and approved changes to the Assessment of the Auditor tool to ensure the tool continued to be efficient and effective in aiding the committee oversee the work of the external auditor. The committee will also be piloting use of the Comprehensive Assessment portion of the tool for the 2020 audit.

Assessment of the Auditor was completed by the committee and presented to Council.

- Governance Related

Applications from the public were reviewed for appointment consideration as non-Council committee members. Two applications were reviewed and approved for appointment. In addition, two professional member applications for reappointment were approved. As is the annual process, expressions of interest of Council members indicating the committees they would like to serve on were reviewed and recommendations for chair and composition appointments were made to Council in December.

The Committee reviewed the annual Council evaluations and self-assessment competency matrices completed by Council members which were presented to Council in December.

The Committee performed their annual review of the Registrar's performance and presented their findings to Council in March.

- Policy Related

The *President's Stipend Policy* rescinded at the direction of Council.

Revisions approved on behalf of Council to *Alternative Dispute Resolution* to better reflect internal process.

An addendum was approved on behalf of Council to the *Information Security Policy*, specific to the duties of the President to ensure protection of information entrusted to the College, protect the College against risk of liability associated with breaches and to align with best practices in the sector.

- Stakeholder Communications

The committee reviewed a letter from the College to the Minister of Health Christine Elliott in support of proposed legislative changes submitted by the College of Nurses of Ontario to the Ministry on issues of governance which will improve the effectiveness of health regulatory colleges, enhance protection of the public, and inspire greater public trust.

Attachments:

None.

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019–December 2019	December 2019–March 2020
Chair: Wendy Murko, RM (term ended October 2019), Edan Thomas (as of October 2019)	Chair: Edan Thomas, RM
Professional: Edan Thomas, RM, Lisa Nussey, RM, Lilly Martin, Maureen Silverman, Claudette Leduc (as of October 2019)	Professional: Lilly Martin, RM, Maureen Silverman, RM, Claudette Leduc, RM, Jan Teevan, RM
Public: John Stasiw, Susan "Sally" Lewis	Public: Susan "Sally" Lewis, Judith Murray
Non-Council: Christi Johnston, RM, Claudette Leduc, RM (term ended October 2019)	Non-Council: Christi Johnston, RM, Samantha Heiydt, Jillian Evans

Committee Activities

In 2019/2020 the ICRC conducted the following activities:

- 1 Committee meeting
- 26 Panel meetings
- 1 training meeting
- Issued 2 Oral Cautions (in person)

Committee Meetings

- November 5, 2019, teleconference

Panel Meetings

- April 11, 2019, teleconference, COIN 317C/318C
- May 1, 2019, teleconference, COIN 282C
- May 15, 2019, teleconference, COIN 319C
- May 16, 2019, teleconference, COIN 282C
- May 24, 2019, teleconference, COIN 291RI
- June 19, 2019, teleconference, COIN 322C
- July 17, 2019, teleconference, COIN 320C/321C
- July 31, 2019, teleconference, COIN 325C/326C
- August 26, 2019, teleconference, COIN 312RI
- August 29, 2019, teleconference, COIN 327C
- September 10, 2019, teleconference, COIN 314RI

- September 10, 2019, teleconference, COIN 316RI
- October 15, 2019, teleconference, COIN 315R
- October 18, 2019, teleconference, COIN 316RI
- October 30, 2019, teleconference, COIN 328C/329C
- November 12, 2019, teleconference, COIN 338C/339C
- November 20, 2019, email, COIN 348RI
- December 5, 2019, teleconference, COIN 314RI
- December 17, 2019, email, COIN 350R
- February 11, 2020, teleconference, COIN 322C
- February 20, 2020, teleconference, COIN 284RI
- March 2, 2020, teleconference, COIN 293RI/304C/305C/309RI/310RI
- March 06, 2020, email, COIN 359RI
- March 06, 2020, email, COIN 360RI
- March 10, 2020, teleconference, COIN 333RI
- March 17, 2020, teleconference, COIN 343C/344C/345C/346C

Trainings

The ICRC training occurred on January 23, 2020, via videoconference. The training provided committee members with an overview of the ICRC, including the role of the ICRC; the difference between complaints, reports and incapacity inquiries.

Items

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

- **Guide on Mandatory Reporting and Permissive Reporting**
The Committee approved the revised Guide on Mandatory Reporting and Permissive Reporting. A key consideration was that midwives should be able to understand the difference between mandatory and permissive reporting. The guide contains definitions of legislative terms that do not contradict common law interpretations, align with the Code, and allow the membership to understand how they operate in the midwifery context. It also contains as detailed list of reporting requirements under the RHPA, College Bylaws, the Registration Regulation and other pieces of legislation allows midwives to use the guide as a resource for all of their main reporting obligations, as opposed to just some.
- **Guideline on Reporting Child Abuse**
The Committee reviewed and approved the newly developed Guideline on Reporting Child Abuse. ICRC trends analysis demonstrates that the College could provide more guidance on this subject area. While other health colleges in Ontario have not provided such extensive guidance, this subject area is particularly relevant to midwives, given that they interact with

families and enter the home environment. There was some precedence in other jurisdictions. The guideline is meant to provide factors for consideration and examples that are easy to understand to assist midwives with developing knowledge of the subject area to guide their actions.

- **HIROC Risk Assessment Program**
The Risk Assessment Checklist Program’s three-year cycle ended in Fall 2019. Based on the checklist, a number of improvements were required. All the remaining activities based on the second-year reporting cycle were completed. Work continues on the development of a new database for the College which will allow for easy extraction of data to monitor and report data. The department continues to track inquiries, complaints, and reports data using excel worksheets.
- **Reviewed Complaints Process Feedback Survey Results**
The Committee reviewed the results of the complaints process survey since last year and the implementation of the first Alternative Dispute Resolution (ADR) process satisfaction survey. Since the last report to the Committee, the response rate had gone down.

By the Numbers

Below is information on the case work that the ICRC engaged in the 2019/2020 fiscal year.

Number of cases carried forward from Prior Year(s):	32
Number of new cases in Fiscal Year:	34
Number of cases closed in Fiscal Year:	27
Number of cases in progress at Year end:	39

Of the 34 NEW cases opened in the fiscal year:

- 29 were Complaint matters
Note: The College received 17 complaints, some of which involved more than one member.
- 5 were Registrar’s Investigations

Of the 27 cases CLOSED in the fiscal year;

- 20 were Complaint matters
Note: The ICRC closed 13 complaints, some of which involved more than one member.
- 7 were Registrar’s Investigations

The ICRC issued decisions on 25 matters in the fiscal year. The outcomes* of these decisions are as follows;

- Referred to Discipline – 2
- Oral Caution – 1

- Specified Continuing Education or Remediation Program (SCERP) - 3
- Acknowledgement & Undertaking - 1
- Advice/Recommendation - 8
- Take no action - 15

*The ICRC may issue more than one outcome per matter. For instance, the ICRC may decide to take no action on an issue and provide advice and recommendations for another issue raised in the same case.

Health Professions Appeal and Review Board (HPARB) Appeals

HPARB reviews decisions made by the ICRC in complaint matters when a request is made to them by either the member or complainant. HPARB reviews the case to determine if the ICRC's investigation was adequate and if the decision was reasonable. All reviews referenced below were requested by the Complainant.

Number of HPARB appeals carried forward from Prior Year(s):	4
Number of new HPARB appeals in Fiscal Year:	2
Number of HPARB Appeals Decision Upheld:	4
Number of HPARB Appeals in Progress at Year end	2

Alternative Dispute Resolution (ADR)

ADR is an alternative to the College's complaint process. It allows for the complainant, the midwife, and a third-party facilitator to work together to create a resolution that satisfies all parties. ADR provides an opportunity to resolve complaints in a manner that protects the public interest while simultaneously allowing for the complainant and member to actively participate in shaping the resolution. The ADR process can only take place if both the complainant and the midwife agree to resolve the complaint through this process.

Of the 29 complaints received in the fiscal year, five were eligible for ADR. Of the five complaints; five members agreed to proceed with ADR and two complainants agreed to proceed with ADR.

Of the two complaints that were processed through the ADR process;

- one resulted in an accept resolution and was ratified by the Registrar.
- one was returned to the ICRC to be processed through the formal complaints process as resolution was not achieved by ADR.

Attachments:

None.

Respectfully Submitted,

Edan Thomas, Chair

QUALITY ASSURANCE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019–December 2019	December 2019–March 2020
Chair: Lilly Martin, RM	Chair: Lilly Martin, RM
Professional: Jan Teevan, RM; Maureen Silverman, RM	Professional: Jan Teevan, RM; Isabelle Milot, RM
Claire Ramlogan-Salanga, RM (ex-officio as of Oct. 9, 2019)	
Public: Susan 'Sally' Lewis; Marianna Kaminska	Public: Marianna Kaminska; Deirdre Brett
Non-Council: none	Non-Council: none

Committee Meetings

May 9, 2019 – 12:30–3:00 p.m., Teleconference

September 9, 2019 – 1:30 p.m. to 4:00 p.m., Teleconference

November 14, 2018 – 9:30 a.m. to 11:00 a.m., Teleconference

Panel Meetings/Hearings

Exemption Request Panel – October 23, 2019 – 9:30 a.m. to 11:00 a.m., Teleconference

- 16 requests received and approved

Non-Compliance Panel – November 14, 2019 – 11:00 a.m. to 12:00 p.m., Teleconference

- 18 records of non-compliance
- 10 approved by staff
- 8 referred to panel, no action taken on any of the referral

Trainings

No trainings were held in this fiscal.

Items

In the 2019/2020 fiscal year the QAC accomplished the following activities:

- Approved QAP assessment program tools, guides and scoring thresholds
- Launch of QAP Assessment program in January 2020
 - 11 Assessors appointed
 - 79 members randomly selected, 73 assessments completed

- Approval by Council of QAC recommended designated drug mandatory course for members

The following items were brought forward to Council in the 2019/2020 and are awaiting public consultation prior to approval:

- Scope of Practice Guide
- Revisions to Professional Standards

The following regulation was proposed by the QAC and submitted to the Ministry by Council. It is awaiting approval by the Ministry, which has been delayed due to ongoing COVID-19 pandemic.

- Designated Drugs Regulation

Attachments:

None.

Respectfully Submitted,

Lilly Martin, Chair

REGISTRATION COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019–December 11, 2019	December 11, 2019–March 2020
Chair: Edan Thomas, RM (from December 14, 2018 to December 11, 2019)	Chair: Isabelle Milot, RM (from December 11, 2019)
Professional: Claire Ramlogan-Salanga, RM; Edan Thomas, RM (until December 11, 2019)	Professional: Claire Ramlogan-Salanga, RM (ex officio); Claudette Leduc, RM (from December 11, 2019)
Public: Deirdre Brett (until December 11, 2019), Judith Murray (until December 11, 2019), John Stasiw	Public: John Stasiw
Non-Council: Isabelle Milot, RM; Alexandra Nikitakis, RM	Non-Council: Samantha Heydt (from December 11, 2019); Jill Evans (from December 11, 2019); Alexandra Nikitakis, RM, Christi Johnston, RM (from February 20, 2020)

Committee Meetings

May 23, 2019, 9:30 am – 12:30 pm (teleconference)
November 15, 2019, 9:30 am – 12:00 pm (teleconference)
March 05, 2020, 9:30 am – 11:30 am (teleconference)
March 27, 2020, 9:30 am – 11:30 pm (teleconference)

Panel Meetings/Hearings

April 18, 2019 (teleconference)
May 16, 2019 (teleconference)
May 22, 2019 (teleconference)
June 20, 2019 (teleconference)
July 10, 2019 (teleconference)
July 18, 2019 (email)
August 15, 2019 (teleconference)
September 19, 2019 (teleconference)
October 17, 2019 (teleconference)
November 22, 2019 (teleconference)
December 19, 2019 (teleconference)
January 16, 2020 (teleconference)
February 3, 2020 (teleconference)
February 27, 2020 (teleconference)
March 19, 2020 (teleconference)

Trainings

On January 29, 2020 and March 24, 2020, the Manager of Registration conducted training for newly appointed members to the Registration Committee and for the Registration Department staff. The training focused on committee and panel processes, including decision-making tools, and legislative authority under the *Regulated Health Professions Act, 1991* and the Registration Regulation under the *Midwifery Act, 1991*.

Items

In the past year, the Registration Committee addressed the following items:

CLASS CHANGE PROCESS

The Registration Committee considered the class change process of Inactive to General under the Registration Regulation, specifically under what circumstances a member is referred to a panel of the Registration Committee for approval of a requalification program. The main question under consideration was whether or not staff should, in the context of class change, include the reported births attended as a second midwife in the shortfall category and refer members to a panel of the Registration Committee only when the member still has a shortfall. This question was prompted by the previous decision of the Registration Committee to count reported births where the member provided care in the role of a second midwife in the context of Active Practice Requirements (APR).

In the context of class change, the College deals with *non-practising members*. The intention being that if an Inactive member does not have current clinical experience and active practice in line with the timeframe and numbers outlined in the Registration Regulation, they are likely in need of some form of refresher in order to safely return to practice, which supports the referral to the Registration Committee panel for approval of a requalification program.

The Committee agreed to leave the process as is and asked staff to do further data collection for consideration by the Committee next year.

PLANS FOR SUPERVISED PRACTICE AND EVALUATION AT ENTRY-TO-PRACTISE UPDATED

Section 13 of the Registration Regulation outlines how an applicant may be issued a Supervised Practice certificate of registration. The supervised practice class enables an applicant who otherwise meets the requirements for a General certificate but does not meet the clinical experience requirements as outlined in section 8(1)2 of the Registration Regulation to become registered to practice under supervision. A Plan for Supervised Practice and Evaluation is developed to address the deficiencies in the applicant's clinical experience.

The template for Plans for Supervised Practice and Evaluation at entry-to-practise was updated to simplify and clarify requirements for the Supervised Practice certificate holder, the supervisor, and College staff.

The Committee confirmed that the new approach, definitions and requirements were acceptable for immediate implementation, including the proposed directive that staff may establish Plans for Supervised Practice and Evaluation at entry-to-practise in accordance with the procedures established by the Registration Committee which address the requirements in the Registration Regulation.

CONTINUING COMPETENCIES COURSE REVIEW AND APPROVAL

As of May 2019, the College received and reviewed two applications for course approval against the established course approval criteria. One of the two courses was approved and added to the College's list of Approved Courses document. Further, the Committee completed its annual review of the course list, approved updates to certain course names, and addressed registration applicants in the updated Continuing Competency Requirements and Approved Courses document.

The Registration Committee provided direction to staff to approve a course submission if it meets the Committee's established criteria and only where it is clear that the course meets all of the requirements. If there is any doubt, then the course will be brought forward to the Registration Committee to make a final decision. This will occur at the next Registration Committee meeting. Any course approved by staff will also be brought forward to the Registration Committee as information at their next meeting. The College will update the list as new courses are approved.

CRIMINAL RECORD SCREENING POLICY UPDATED

The Criminal Record Screening Policy requiring a vulnerable sector check helps the College to assess an applicant's suitability to practice, in accordance with the Registration Regulation's good character provisions and the College's Good Character Guide and assists in meeting the College's public protection mandate. The original Policy did not clearly state that a vulnerable sector check that is being submitted to the College must only be from a Canadian jurisdiction. It also stated that the vulnerable sector check to be submitted by the applicant, must have been conducted no more than six (6) months prior to the date of application.

The Policy was amended to specify the requirement for a vulnerable sector check be from a Canadian jurisdiction and must be completed no more than six months before the College is in receipt of a *complete* application, allowing the College to get a snapshot of the applicant's criminal background closer to their date of registration. This helps to further meet the College's public protection mandate. The proposed changes to the Criminal Record Screening Policy were brought forward to Council for approval and implementation as of January 15, 2020.

REQUALIFICATION PROGRAM POLICY RESCINDED

The Registration Committee agreed that the Requalification Program Policy no longer met the College's definition of a policy in accordance with the College's approach to

implementing risk-based regulation and can therefore be rescinded. The Policy reiterated what is already in the Registration Regulation O. Reg. 168/11 under *Midwifery Act, 1991*, with regards to what circumstances a requalification program must be completed by an applicant or a member and that the program must be approved by the Registration Committee. The Registration Panel Risk Assessment Tool for Determining Requalification Programs, which is publicly available on the College's website, provides more information than that which was included in the Policy. The statement about the applicant or member bearing all costs of a requalification program is covered under the Fees and Remuneration By-Law Article 8.2 (iii). The Committee brought forward a motion to Council in December 2020 to rescind the Requalification Program Policy effective immediately.

HIROC CHECKLIST UPDATE

Staff updated the Committee on the HIROC Risk Assessment Checklist Program, which follows a three-year cycle, and ended in the Fall of 2019. For the Registration department, it involved a step by step completion of the Failure to Register and License in a Fair and/or Consistent Manner module.

The majority of the action items were completed, and the remaining items would be completed by December 2020. While there are general timelines for the College's registration application processes, this has been identified as a priority for next year so that we can establish benchmarks. In addition, work will continue on file reviews and tracking to support the College's regulatory performance framework, data strategy and fair and consistent registration processes. The Registration Department will continue to work with the College's Director of Operations with respect to records management.

REGISTRATION REGULATION REVISION

The Committee agreed to the proposed Registration Regulation Project Plan provided by staff. The project plan breaks down the Registration Regulation into topic areas, and outlines a process for developing recommendations, as well as meeting dates, a survey and stakeholder meetings/consultation. By approaching each topic individually, the Registration Committee will be able to consider all aspects of the topic as it relates to the practice of midwifery, the regulatory environment, current evidence and approaches, and possible recommendations.

In line with the College's approach to risk-based regulation, each topic is to be outlined within the regulatory impact assessment tool to provide a framework for analyzing the information and decision making.

It is anticipated that by next March, the Registration Committee will bring forward draft Registration Regulation recommendations and policies for the Council's consideration.

REGULATORY IMPACT ASSESSMENT OF CLINICAL CURRENCY FOR MIDWIVES

The Registration Committee reviewed the regulatory impact assessment related to clinical currency, presented by staff, as the first topic area for review in the Registration Regulation project plan.

After a fulsome discussion, the Committee agreed that it is time to move away from birth numbers as an indication of clinical currency. The current approach is too prescriptive. Going forward the Committee wishes to see regulation that fully accounts for the way midwives practice not just the reinforcement of a model of care. Choice of birthplace will always be required. The College has many ways to regulate and support competency of its members and clinical currency requirements are just one way.

Upon some further research and information from staff, the Registration Committee will be able to make recommendations with regards to an approach to clinical currency in the Registration Regulation.

PANDEMIC CLASS CHANGE PROCESS

The Registration Committee reviewed and approved a Temporary Class Change Policy and Registrar Authorization as well as a sample Undertaking, to enable temporary revisions to the class change process to facilitate the return of members to the general class during a public health emergency while protecting the public. The Policy was immediately implemented to facilitate the efficient processing of applications from members wishing to move from the Inactive to General class.

Attachments:

Panel, membership changes and statistics as of March 31, 2020

Respectfully Submitted,

Isabelle Milot, Chair

Registration Committee Panels

- 15 Panel Meetings
- 52 Panel reviews consisting of the following types:
 - 35 Requalification programs required (Inactive to General)
 - 12 Active Practice Requirements (APR) shortfalls
 - 4 Application for re-registration requiring requalification programs (former members)
 - 1 Application for re-registration with current clinical experience shortfall (former member)

Membership Changes

- 89 New Registrations
 - 2 Re-registrations
- 6 Suspended for Non-payment of Fees
 - 2 Revoked for Non-payment of Fees
 - 1 Expired Certificate of Registration
- 33 Resignations

Membership Statistics

- 1004 Registered Midwives consisting of:
 - 711 General
 - 82 General with New Registrant Conditions
 - 8 Supervised Practice
 - 0 Transitional
 - 203 Inactive

DISCIPLINE COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019-December 2019	December 2019-March 2020
Chair: John Stasiw	Chair: Susan "Sally" Lewis
Professional: Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM, Lisa Nussey, RM, Edan Thomas, RM, Claire Ramlogan-Salanga, RM, Maureen Silverman, RM	Professional: Lilly Martin, RM, Jan Teevan, RM, Lisa Nussey, RM, Edan Thomas, RM, Maureen Silverman, RM
Public: Deirdre Brett, Susan "Sally" Lewis, Marianna Kaminska, Judith Murray	Public: Deirdre Brett, John Stasiw, Marianna Kaminska, Judith Murray
Non-Council: None	Non-Council: None

Committee Activities

The ICRC referred two matters to the Discipline Committee in the 2019/2020 fiscal year. One matter remains before the Committee at year end.

In 2019/2020 the Discipline Committee held:

- 1 Uncontested Hearing, November 23, 2019 (in person)
- 1 Prehearing Conference, March 12, 2020 (in person)
- 1 Training, June 26, 2019, (in person)

Hearing Information

A hearing for Ms. Nasrin Bandari Vali was held on November 23, 2019 at the College's office. The hearing was uncontested and proceeded by way of Agreed Statement of Facts and Joint Submission on Penalty.

Findings

The Discipline Committee found that Ms. Nasrin Bandari Vali committed acts of professional misconduct, in that she had failed to maintain a standard of practice of the profession, and engaged in an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Failure to Maintain Standard of Practice

It was found that Ms. Bandari Vali:

Failed to maintain the standard of midwifery practice with respect to the management of fetal movement and fetal growth after certain appointments or upon receiving certain test results by:

- Failing to institute increased surveillance of fetal wellbeing, including failure to appropriately counsel the Client to monitor fetal movement counts,
- Failing to conduct an in person maternal assessment,
- Failing to inform the Client about maternal contributors for small-for gestational age fetus to intrauterine growth restriction,
- Failing to ensure that the plan of care for the investigation and management of the maternal or fetal aspects of the potentially small for gestational age fetus,
- Failed to maintain the standard of midwifery practice with respect to the management of preterm labour or preterm prelabour rupture of membranes (PPROM) by failing to conduct an in-person assessment of the Client following the Client's reported concerns on certain dates;
- Failed to maintain the standard of midwifery practice with respect to record keeping (or ensure the student did so);

By doing so, it was agreed that Ms. Bandari Vali engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Order

The Discipline Committee ordered:

- An oral reprimand;
- A one-month suspension on Ms. Bandari Vali's certificate of registration;
- Terms, conditions or limitations that Ms. Bandari Vali complete:
- A course relating to the management of preterm labour, preterm pre-labour rupture of membranes and pre-labour rupture of membranes (PROM);
- A 1,500 word reflective paper on the diagnoses and management of the intrauterine growth restriction and small-for-gestational-age fetuses, including a discussion on screening for risk factors;
- Practise under indirect supervision for a period of six months, which includes consulting with an approved supervisor regarding any clients who report signs or symptoms of PPROM, PROM, preterm labour, or decreased fetal movement; and participating in regular chart reviews.
- Pay to the College costs in the amount of \$3,500.00.

At the conclusion of the hearing, Ms. Bandari Vali waived her right to appeal and the reprimand was administered.

Trainings

The Discipline Committee training occurred on June 26, 2019, and was presented by the committee's independent legal counsel, Luisa Ritacca from Stockwoods LLP. The workshop provided committee members with an overview of the legislative context, discipline processes, hearing procedures and processes, role of the parties, introduction to basic procedures, note taking, and deliberations and reasons writing.

Attachments:

Decision and Reasons CMO v Bandari Vali, Signed December 10, 2019 (13 pages)

Respectfully Submitted,

Susan Lewis, Chair

FITNESS TO PRACTISE COMMITTEE

ANNUAL REPORT TO COUNCIL

APRIL 2019-MARCH 2020

Committee Members

April 2019-December 2019	December 2019-March 2020
Chair: John Stasiw	Susan "Sally" Lewis
Professional: Lilly Martin, RM, Jan Teevan, RM, Wendy Murko, RM, Lisa Nussey, RM, Edan Thomas, RM, Claire Ramlogan-Salanga, RM, Maureen Silverman, RM	Professional: Lilly Martin, RM, Jan Teevan, RM, Lisa Nussey, RM, Edan Thomas, RM, Maureen Silverman, RM
Public: Deirdre Brett, Susan "Sally" Lewis, Marianna Kaminska, Judith Murray	Public: Deirdre Brett, John Stasiw, Marianna Kaminska, Judith Murray
Non-Council: None	Non-Council: None

Committee Meetings

None.

Panel Meetings/Hearings

None.

Training

None.

Item

None.

Attachments:

None.

Respectfully Submitted,

Susan Lewis, Chair

College of Midwives of Ontario
Fitness to Practise Committee
Annual Report 2019/2020

CLIENT RELATIONS COMMITTEE

ANNUAL REPORT TO COUNCIL APRIL 2019-MARCH 2020

Committee Members

April 2019–December 2019	December 2019–March 2020
Chair: Deirdre Brett	Chair: Deirdre Brett
Professional: Lisa Nussey, RM	Professional: Lisa Nussey, RM
Public: John Stasiw	Public: Marianna Kaminska
Non-Council: Amy McGee, RM	Non-Council: Alexandra Nikitakis, RM

Committee Meetings

May 8, 2019, 9:30–10:30 a.m., Teleconference Meeting

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

The Committee approved the following:

- a revised version of the Sexual Abuse Prevention Policy (SAPP), which contained further definitions of terms used within the policy
- a revised version of the Guide on Caring for Related Persons and Others Close to Midwives to reflect the revised SAPP

The Committee also refined the program that grants funding to those who were, or may have been, abused by a midwife. The Committee directed that when there is a request for a change in therapist/counsellor by a person who has been granted funding by the committee, the College can decide such requests on behalf of the Committee if the therapist/counsellor being proposed is a regulated health professional.

Attachments:

N/A

Respectfully Submitted,

Deirdre Brett, Chair

PRESIDENT'S REPORT

REPORT TO COUNCIL – June 24, 2020

Prepared by: Claire Ramlogan-Salanga, President

1. General Highlights

As we all are witnessing, life has become more complicated over the past few months with the Covid-19 pandemic and more recently, racially charged civil unrest. I am deeply troubled by these events and continue to analyze my thoughts, emotions and actions. I encourage Council members to engage in accessing the large body of literature, online resources and tools to help explore the issues that face our society and to seek mental health support as needed. Most importantly, remember to connect with your elders, loved ones and community members to advocate and support one another during these stressful times.

The College has continued to function virtually since March 16, 2020 with minimal interruptions. I am happy to report that during the pandemic, College staff worked diligently to register new graduates expeditiously in order to support the need for midwives in the community.

2. Governance

Kelly and I meet weekly to discuss College activities. These meetings have not been interrupted by the pandemic.

Council evaluations will take place this fall in accordance with a revised evaluation schedule. Changes have been made to the survey questions to create a more efficient and effective process. I look forward to receiving everyone's feedback on the new process. The Strategic Planning Working Group (SPWG) held its second meeting on June 5 where we were able to review our outcomes, identify proposed strategic priorities, and propose additional guiding principles. Three strategic themes were identified that involve supporting the effective regulation of an evolving profession, data collection and analysis, and communicating the College's value. Stakeholder feedback on our initial thoughts will be received through interviews conducted by staff and myself in coming months.

This year the Council will have several shifts in membership. There are three professional member positions up for election in August. Additionally, we will have three outgoing public members and two incoming. As such, I would like to welcome Peter Aarssen and Donald Strickland to the Council as our new public members. Kelly and I will provide both Peter and Donald an informal orientation to the Council via videoconference in June.

To our outgoing public members, I would like to say farewell to Deirdre Brett, Sally Lewis and John Stasiw for their commitment and engagement on Council for the past three years.

All three public members' participation on statutory committees have been valuable and enriching. Deirdre has served as Chair of the Client Relations committee, and throughout her term has also served on the Quality Assurance, Registration and the Discipline and Fitness to Practise committees. John has served as Chair to Discipline and Fitness to Practise committee, as well as served on the Registration Committee. As an active member of the Executive committee, Sally has been a wonderful support and sounding board to me and the committee, she has also served on Quality Assurance, Investigations, Complaints and Reports, Discipline and Fitness to Practise committees. We will miss you all and thank you all for your service at the College.

3. Stakeholder Engagement

Participation occurred at the following meetings:

1. CMRC Covid updates: April 1, 8, 15, 22; May 20
2. Executive Committee: May 13
3. OMSC: May 25
4. Strategic Planning Working Group: June 5
5. OMRG: June 8
6. In Ex-Officio status:
 - a. Registration Committee June 10

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – June 24, 2020.

Submitted by Kelly Dobbin

The Registrar-CEO is accountable for performance in three main areas:

1. Achievement of Council's strategic objectives as set out in the College's Strategic Plan
2. Compliance with the Registrar-CEO Expectations as set out in approved Governance Policies
3. Fulfillment of the duties and responsibilities of the Registrar in accordance with the *Regulated Health Professions Act, 1991*, other relevant legislation, and the by-laws of the College of Midwives of Ontario.

The Registrar-CEO Quarterly Report assures Council that the College operates effectively and that the Registrar performs in accordance with the expected duties outlined above.

1. Regulatory Highlights

Regulations

As Council is aware, the College formally submitted proposed changes to the Designated Drugs Regulation 884/93 under the *Midwifery Act, 1991* in December 2019. The Ministry has not posted the proposed regulation on its own Regulatory Registry for a required 45-day consultation. This delay will result in a shift in previously anticipated timelines for possible approval by government.

In July 2017, the College made a formal submission to the Ministry to make changes to the General Regulation 335/12 made under the *Midwifery Act*, specifically to amend Part I, Quality Assurance, and request that Part II, Notice of Open Meetings and Hearings, be rescinded because it was outdated and redundant. The Ministry had anticipated enacting a new Quality Assurance Regulation on July 1, 2020, however, due to the pandemic, all Ministry deadlines have shifted. We do not have a revised anticipated date at this time. Part II of the General Regulation is expected to be rescinded once the College's By-laws are updated. As you may recall, Council approved proposed changes to the By-laws at the March meeting but decided to postpone public consultations due to the pandemic. Once the consultation is initiated and completed, Council may then approve the changes to the Bylaws.

We have no new news to report on regarding the Professional Misconduct Regulation 388/09, that was formally submitted in 2017.

The College was asked to provide feedback on proposed changes to Regulation 682 (Laboratories) under the *Laboratory and Specimen Collection Centre Licensing Act*. If approved, the proposed amendments will amend Appendix B of the regulation to include Mucopolysaccharidosis type I and Spinal Muscular Atrophy as tests midwives may request under the Newborn Screening Ontario

program. The College responded to the request by stating that we continue to be disappointed with the Ministry's decision to open the regulation for another minor amendment, as it did in June of last year, without considering the College's submissions made on the request of the former Health Minister Eric Hoskins in September 2017. In January 2018, the College formally requested that the Ministry rescind the current list of laboratory tests (Appendix B of Regulation 682) and instead grant midwives the authority to order any laboratory test within their scope of practice as defined by the Midwifery Act. In our submission the College demonstrated, through evidence, that the current list is a barrier to providing individualized care, working collaboratively with other health care providers, and keeping up with an evolving health care system. The College demonstrated that the broader authority to order tests within midwifery scope of practice would benefit clients by enabling midwives to provide evidence-based care and to respond to emerging health situations that pose increased risks to their clients as well as by decreasing the number of consultations with physicians for routine tests. The College wishes to work with the Ministry to rescind Appendix B of the Regulation 682 to achieve our shared goal of ensuring quality midwifery care for the clients who seek it.

Reports

The College submitted its annual data contribution to the Ontario Health Professions Database prior to the May 31, 2020 due date. The College is required to collect data on all registrants including data on, but not limited to, gender, year of birth, registration class, language(s) of care, education level, and practice/employment hours. The data is collected at the time of registration renewal with the College and is meant to assist with health workforce planning in the province.

The College continues to provide weekly data reports to eHealth Ontario as per our data sharing agreement.

Performance Measurement

The College piloted its first annual, voluntary self-assessment in accordance with the College's approved Performance Measurement Framework (approved by Council in June 2019). This framework provides the College with a way to review, evaluate and report on its performance using a set of standards based on its legislative mandate and expected outcomes, including ensuring that midwives registered with the College possess the relevant knowledge, skills and behaviours to provide safe, ethical and effective care; and taking action when risks are identified. This process is not legislatively mandated but is a voluntary commitment by the College to evaluate its performance and to demonstrate that it indeed regulates in the public interest. It was recommended that no formal report be published in the pilot year but that the College would publish all subsequent annual reports. The Council will receive a presentation by staff on the review process and the results at its June meeting.

Programs

In accordance with the *Independent Health Facilities Act* (IHFA), and at the request of the Director of the Independent Health Facilities Branch of the Ministry of Health, the College conducts general and emergent assessments of the two Ontario Midwife-Led Birth Centres (MLBC). As reported to Council in March, the College completed the general assessment of the Ottawa Birth and Wellness

Centre in March 2020. Due to the pandemic, the general assessment of the Toronto Birth Centre has been postponed to the fall. Emergent assessments can arise outside of the regularly scheduled general assessments at the request of the Ministry. No emergent assessments have been conducted since the last report.

2. Governance

Implementation of Council Decisions

At its last meeting in March, Council approved postponing several initiatives due to the pandemic. Council elections are typically held during the month of June, however, Council agreed to postpone them as midwives were facing considerable challenges in their work lives and we did not think it was appropriate to ask members to consider running for elections at that time. Notice of Council elections and request for nominations were therefore sent to all members at the end of May 2020. Council elections will be held by online voting during the month of August and successful candidates will be able to begin their terms on September 30th, as expected.

Council also agreed to postpone the public consultations related to the Scope of Practice Guide and the General By-laws. The College is currently evaluating when the best time would be to launch those consultations. Stakeholders were recently provided with the Scope of Practice Guide and we have offered to meet with them in the coming weeks to discuss any questions or feedback they may have.

Council & Committee Trainings

Previously scheduled Council trainings were postponed due to the pandemic. Planned trainings including Good Governance (led by Cathi Mietkiewicz), Professional Competence (led by Zubin Austin) and the midwifery sector's International Midwifery Pre-Registration Program (led by Holliday Tyson) will be rescheduled to the fall and winter sessions. Upcoming videoconference trainings on June 23rd include Finance (led by Carolyn Doornekamp, Director of Operations) and Discipline training (led by Hanno Weinberger).

In addition, the Registrar and President have planned to conduct a videoconference orientation session with our newly appointed public members, Pete Aarssen and Don Strickland in advance of their first Council meeting.

Policies

In accordance with its terms of reference, the Executive Committee has conducted a regular review of Council's Governance Policies. These policies include:

- Governance Process Policies – These are policies that describe how Council itself will operate. It is the definition of and rules for Council to do its job.
- Council Registrar-CEO Linkage Policies that delineate the manner in which governance is linked to operational management through the Registrar.

- Registrar-CEO Expectations Policies that authorize the Registrar's conduct and expectation in upholding the mandate of College and achieving the public interest objective.

The governance policies are designed to enable Council to focus attention and responsibility toward the accomplishment of the mission and mandate of the College and avoid the distraction and inefficiency of focusing on operational details. Council is asked to review and approve the proposed changes at the June Council meeting.

One important job of Council is to ensure that there are policies in place for Council and the Executive Committee to receive grievances that involve the Registrar. As per the above-mentioned Governance Policies, Council expects the Registrar to provide an environment for staff to express ethical dissent without discrimination and to provide a mechanism for staff to present concerns to Council through the President when staff complaints resolution procedures have been exhausted.

The environment is supported by our Culture Declaration (3.0 Staff Operations Manual):

- Teamwork: We acknowledge we are working toward the same goal and that we need to support each other in getting there. If one person succeeds it is a success for the whole team.
- Equity and Respect: We respect each other and treat each other with dignity. This applies equally to each person within the organization.
- Information Sharing: We foster a culture of open communication to support collaboration. Each person is mindful to keep others informed of matters that may affect their work.
- Organizational Feedback and Improvement: We recognize that providing feedback is valuable and that receiving and implementing feedback leads to a stronger organization.
- A Supportive Work Style: We acknowledge that everyone has areas that require support, guidance, education, and mentoring.
- Work-Life Balance: We understand that we all must balance our work and personal lives. The organization is flexible, and respectful of personal time.
- Open Communication We seek clarification when we are not clear on a process taken or decision made. We give clarification if requested.
- Economical Resource Allocation: We are economical and practical in our resource allocations. We are mindful that College revenue is comprised of membership fees.

The mechanism is clearly outlined in the Grievances Regarding the Registrar policy (11.2 Staff Operations Manual). The policy explains that staff can contract the Executive Committee directly if they have a grievance against the Registrar. The Executive is required to respond to grievances within 30 days and would report to Council of its involvement and decision at the next Council meeting.

There are other areas identified in additional policies where the Executive Committee can be contacted directly by staff. Under the College's Workplace Violence and Harassment Program and Procedures (9.8 Staff Operations Manual) staff should contact the Executive Committee if the person accused of violence or harassment is the Registrar. Other policies that permit direct contact between the staff and the Executive Committee include following: Disclosure of Wrongdoing (Whistleblower) (10.5 Staff Operations Manual), Conflict of Interest (5.6 Staff

Operations Manual), Annual Employee Evaluation of their Direct Supervisor (7.3 Staff Operations Manual), and Written Warnings (7.6 Staff Operations Manual). The Staff Operations Manual is saved to BoardEffect for Council's reference, and all of these policies can be found there.

3. Risk Management

Risk Management Systems

As reported to Council at its last meeting, the College responded quickly to the pandemic by moving all operations to a virtual setting by March 16, 2020. All staff were previously equipped with laptops to support remote work so the transition for all staff to work from home was relatively straightforward. All College operations continued without major interruptions, however, much effort was redirected at resolving specific challenges, for example, administering the registration regulation and registering otherwise qualified applicants amidst the cancellation of the Canadian Midwifery Registration Exam.

The College continues to closely monitor the pandemic and has revised its business continuity plan accordingly. All staff have been advised that they are not expected to return to the office before September. Should a return to the office be advisable at that time, the College will ensure that the workspace and those who enter it are following public health guidelines at all times. Staff have been allotted additional allowances to support their work-from-home environment, to ensure productivity and comfort. That said, with school and camps cancelled, many staff face daily challenges with regular interruptions from children and other additional family responsibilities. We have acknowledged these challenges and are being as supportive as possible with one another under the circumstances.

The College is up to date with its annual insurance coverage, including facilities, business interruption and Director and Officer's liability insurance (D&O), limiting the College's exposure (including Council and staff) to claims of liability.

4. Financial Management

Statement of Operations & Financial Statements

A draft Q4 Statement of Operations was provided to the Executive Committee at its last meeting; however, the final Q4 SOP cannot be rendered until after any audit related adjustments take place.

The College has undergone its annual financial audit which was executed virtually in May. Typically, the auditors perform both offsite and onsite reviews during the audit week, however, due to the pandemic, all reviews were conducted offsite. Carolyn Doornekamp, Director of Operations, had prepared for this possibility prior to leaving the physical office in March, therefore all financial documents were readily accessible for the auditors' review. The Executive Committee met with the auditors by videoconference to ask questions and to provide oversight to the audit process. The draft Financial Statements have not yet been received by the College. The Executive

Committee is scheduled to meet on June 17th to review both the audited Financial Statements and the adjusted Q4 SOP. Council will be provided with both documents after that date and will be asked to approve the Financial Statements at the June meeting.

Financial Risk Management

The College has systems in place to allow for checks and balances of its financial systems. Given the size of the College, it is impossible to put in place full separation of duties (for example, one person opens mail, another stamps invoices, another codes invoices, etc.) but the College has put financial risk management systems in place appropriate to an organization of its size. All incoming invoices are coded by the Director of Operations before being sent to the bookkeeper for payment. Cheques are prepared by the external bookkeeper and cheque signing policies in the by-laws clarify that cheques under \$10000.00 must be signed by two persons (neither of whom prepare the cheques). In cases where payments are equal to or over \$10000.00, three signatures are required, one of those being the President or Vice President. In the event the Council representative is not available to sign in person they can provide written authorization for College staff to sign on their behalf. Reconciliations of revenue take place monthly and all membership revenue is tracked through the College's database system and through QuickBooks. These systems are audited annually by the external auditor.

5. Human Resource Management and Staff Leadership

Policies

The College made minor amendments to the Staff Operations Manual to account for recent changes to the College's remote work environment. The Staff Operations Manual is saved to BoardEffect for Council's reference.

General

Staff have continued to meet regularly using Microsoft Teams during the pandemic. Daily department meetings and senior leadership meetings occurred as we transitioned to working remotely as a team. All staff meetings took place weekly at that time but are now taking place monthly as we have all adjusted to our new environment. Staff are encouraged to take vacation as desired, to set flexible work hours that work for them and their team, and to ask for help if they are facing challenges. While this has been an incredibly stressful time for everyone, I am proud of the resilience of this team and their ability to continue to deliver on their work. We truly have an exceptional team.

6. Stakeholder and Media Relations

Communications

This past quarter, the College's communications were shaped by the COVID-19 pandemic.

March social media postings pivoted to only provide information that related to members and the pandemic. These postings contained information and guidance from the College and the Ministry of Health as they related to Provincial Orders and Directives, Personal Protective Equipment (PPE), and ceasing delivery of non-essential care.

The College created a COVID-19 webpage that archived all email communications the College sent to members, as well as additional news items about the College's registration processes, answers to frequently asked questions for members and their clients, and included links to resources from the Ministry of Health, Chief Medical Officer of Health and the Association of Ontario Midwives.

The College sent eight targeted email communications to members and posted 10 news items on the website. Many of these communications pertained to Directives sent from the Chief Medical Officer of Health, guidance from the Ministry and information about the postponement of the May sitting of the Canadian Midwifery Registration Examination.

The College's quarterly publication, On Call, was replaced by a letter from the Registrar and President of the College, as the College knew members were overwhelmed and it wouldn't have been appropriate to release longer format communications at the time.

Ministry of Health

The Registrar attends daily meetings with the Ministry's Emergency Operations Centre to receive updates related to COVID-19, including worldwide, national and provincial case numbers as well as discussion of all Chief Medical Officer of Health Directives, Provincial Orders and guidance documents. When appropriate, this information is communicated to our staff and registrants. In addition, the Registrar has participated in several Ministry-led meetings with the health regulatory sector to assist with emergency health workforce planning.

Regulatory Sector

The Registrar has attended numerous Health Profession Regulators of Ontario (HPRO) meetings, both formal and informal, in response to the pandemic. These meetings have contributed to a fairly unified response to the pandemic by health regulators. The recently published HPRO Annual Highlights is attached to this report.

The Registrar continues to serve as an Executive Committee member (Treasurer) of the Canadian Midwifery Regulators Council (CMRC) and as a member of the CMRC's Canadian Midwifery Registration Exam (CMRE) Committee. Both committees meet regularly throughout the year by videoconference.

Midwifery Sector

The College Registrar and President attended the meetings of the Ontario Midwifery Strategy Council and the Ontario Midwifery Reference Group in May and June respectively. Data reports and other important news is shared between organizations at those meetings to allow for all midwifery organizations (and Ministry participants) to be well informed of any recent or planned

changes that could affect the sector. Additional midwifery stakeholder meetings have taken place throughout the pandemic to ensure all parties are aware of risks that may impact the sector and to contribute to a collaborative response.

The Registrar serves as the CMRC representative on the Canadian Association of Midwifery Educators' (CAMEd) Accreditation Council. This Council oversees the accreditation process for Baccalaureate Midwifery Education Programs in Canada. To date, McMaster University and Ryerson University have received full accreditation for a period of five years. Laurentian University's scheduled accreditation was delayed due to the pandemic and reschedules dates are now being considered. All Ontario university accreditation processes require a College of Midwives of Ontario representative to attend the onsite portion of the assessment to ensure integrity and consistency with Ontario regulatory requirements. Nadja Gale, Manager of Registration, fulfills this role for the College. The previously anticipated dates for the remaining Baccalaureate programs outside of Ontario have been shifted and are now expected to take place throughout 2021-2023.

Attachments:

1. HPRO 2019-2020 Highlights

INTRODUCING HPRO

CONTENTS:

President’s Report	2-3
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Health Profession Regulators of Ontario is an incorporated, not-for-profit organization comprised of Colleges of the 26 regulated health professions in the province. HPRO was known as the Federation of Health Regulatory Colleges of Ontario (FHRCO) until the name was officially changed on January 15, 2020. While the membership remains the same, the statement of purpose has changed to more accurately reflect the organization’s new objects:

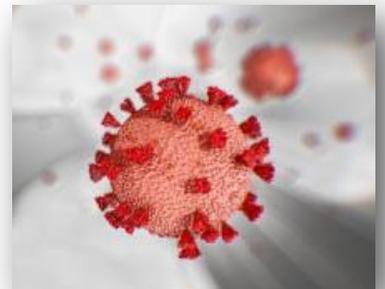
Statement of Purpose: Advancing excellence in public safety through collaboration of Ontario’s health profession regulators

Fulfilled through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

COVID-19 PANDEMIC

HPRO’s Board of Directors met on March 3, 2020, at the College of Chiropractors of Ontario’s new offices on Hayden St. in Toronto. That would be the last “in person” meeting for the foreseeable future with the novel coronavirus (i.e., COVID -19) declared a pandemic by the World Health Organization on March 11th. As Colleges moved to remote operations and their urgent priorities became COVID-19-related health human resource issues, HPRO concentrated on supporting its members through information-sharing and general peer-to-peer encouragement, assisting Colleges to help Ontarians “stay healthy, and stay safe”.



Executive / Management

Committee Members:

- Kevin Taylor, President
- Elinor Larney, Vice-President
- Judy Rigby, Treasurer
- Melisse Willems, Member
- Jo-Ann Willson, Member
- Linda Gough, Past President

PRESIDENT & EXECUTIVE/MANAGEMENT COMMITTEE REPORT

This report covers HPRO’s corporate year from the April 25, 2019, Annual Meeting to the May 26, 2020, Annual Meeting.

FOCUSING ON PRIORITIES AND PLANNING

During the April 25, 2019, Board of Directors meeting held at the College of Dental Hygienists of Ontario, Board members participated in a second facilitated discussion related to the organization’s purpose and priorities, function and form. At the Board’s July 7th meeting, the Board agreed to a new purpose statement for the organization as well as structural changes for the Board and newly named Management Committee, previously known as the Executive Committee. The new name for the organization was also confirmed: Health Profession Regulators of Ontario (HPRO). HPRO became a reality on January 15, 2020, with the Ontario Government’s approval of amended Letters Patent.

BOARD OF DIRECTORS—MARCH 3, 2020 @ COLLEGE OF CHIROPRACTORS OF ONTARIO



(Back row, from left) Fazal Khan (College of Opticians of Ontario), Corinne Flitton (CMTO), Brian O’Riordan (CASLPO), Kelly Dobbins (CMO), Basil Ziv (CHO), Irwin Fefergrad (RCDSO), Rod Hamilton (College of Physiotherapists of Ontario), Lisa Taylor (CDHO), Rick Morris (College of Psychologists of Ontario), Brenda Kritzer (CKO), Melisse Willems (College of Dietitians of Ontario), Ann Zeng (CTCMPAO), Maureen Boon (College of Optometrists of Ontario)

(Front row, from left) Linda Gough (CMRITO), Elinor Larney (COTO), Kevin Taylor (CRTO), Judy Rigby (CDTO), Jo-Ann Willson (CCO)

(Not pictured) Deborah Adams (CRPO), Anne Coghlan (CNO), Nancy Lum-Wilson (OCP), Andrew Parr (CONO), Glenn Pettifer (College of Denturists of Ontario), Felicia Smith (COCOO), Kathy Wilkie (CMLTO), Nancy Whitmore (CPSO)

PRESIDENT & EXECUTIVE COMMITTEE REPORT (CONT.)

MEETINGS WITH KEY STAKEHOLDERS AND THE BOARD OF DIRECTORS/ MANAGEMENT (AKA EXECUTIVE) COMMITTEE DURING 2019-2020 YEAR:

- Legal Counsel **Richard Steinecke** re. the British Columbia Government’s report by Harry Cayton, “An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018”.
- Acting Manager **Thomas Custers** and Policy Analyst **Andrej Sikic** of the MOHLTC Health Strategic Policy and Planning Division, Health Workforce Regulatory Oversight Branch, Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Legal Counsel **Richard Steinecke** re. fiduciary duties
- Accessibility Advocate **David Lepofsky** re. College and registrant awareness of accessibility issues
- Acting Manager **Thomas Custers**. Senior Policy Analyst **Tara Breckenridge**, and Senior Policy Analyst **Douglas Ross** of the MOHLTC’s Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Consultant **Deanna Williams** re. proactive public appointments following her recent work as an independent investigator for a health regulatory College
- College of Nurses of Ontario’s Director of Strategy **Kevin McCarthy** re. “Rare but Real: One Regulator’s Journey to Learn More about Healthcare Serial Killers” with HPRO Board Member **Anne Coghlan**
- BC Health Regulators Co-Chair **Cynthia Johansen** (by videoconference) re. British Columbia Government’s report by Harry Cayton (*see first bullet for full name*)

HPRO’S TWO KEY PRIORITIES

Two priority areas were identified for HPRO: **College governance** and the **Ministry of Health’s (MOH’s) College Performance Measurement Framework (CPMF)** project. HPRO continues to monitor MOH’s work on CPMF.

Related to governance, a “Universal Principles for Good Governance” document and a “Competency and Eligibility Chart” for Council Members were developed. The work on governance is a continuation of the efforts of the **Governance Working Group**:

- Deborah Adams, College of Registered Psychotherapists of Ontario
- Fazal Khan, College of Opticians of Ontario
- Brenda Kritzer, College of Kinesiologists of Ontario
- Kevin McCarthy, College of Nurses of Ontario (Working Group resource)
- Andrew Parr, College of Naturopaths of Ontario
- Andrea Lowes, College of Dental Hygienists of Ontario
- Melisse Willems, College of Dietitians of Ontario
- Melanie Woodbeck, College of Opticians of Ontario

INVESTIGATIONS AND HEARINGS NETWORK

Co-Chairs (2019&2020)

- Andrea Lowes (CDHO)
- Amy Stein (College of Opticians of Ontario)

The Investigations and Hearings Network, open to all HPRO-member staff involved in investigations and hearings, provides opportunities for regular meetings and online resources to share information and pose questions through a well-used list-serve system.

A Symposium was held on October 10, 2019, at the College of Dental Hygienists of Ontario. Featured speakers for the event were Executive Director Craig Thompson and Manager of Complaint Services Trevor Howard from the Office of the Patient Ombudsman. Thirty-five Network Members attended, representing 15 Colleges.

Network Co-Chairs Andrea Lowes and Amy Stein have agreed to continue to serve in that capacity for the 2020-2021 year.

HPRO MEMBER STAFF KEY AREA NETWORKS

Staff have access to Networks of College areas of activity, including:

- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Policy
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

EDUCATIONAL OPPORTUNITIES

HPRO's members' Councils, Committees, and staff are provided with resources for their individual orientation, ongoing education, and training needs:

- Governance Training (in development)
- Education for Health Professional Regulators of Ontario (EHPRO) *(all aspects of the RHPA available online for members)*
- Training Videos about Patient Sexual Abuse *(available online for members)*
- Discipline Orientation Workshops
- Investigations and Hearings Symposia
- Communications Conferences

COMMUNICATIONS COMMITTEE

HPRO’s Communications Committee, led by Monique Poirier for a final year as she retired from the Chair position at the conclusion of this HPRO corporate year, continues to focus on encouraging public use



of www.ontariohealthregulators.on.ca (OHR), the public-facing website that provides links to Colleges, specifically their public registers, information about complaints, and public consultations. It is important to note that this initiative is consistent with Colleges’ duty to promote and enhance relations between Colleges and the public.



Work to promote the OHR site includes Google ad runs, Zoomer newsletter articles and eblasts, and Facebook postings. Additionally, there was an OHR booth again at the Zoomer Show on October 26 & 27, 2019.

In early 2020, the Committee began to develop material for Colleges as they individually engage with the public by way of an informative brochure and a presentation that could be customized for Colleges’ use. COVID-19 has delayed these plans at this time.

The annual Communicators’ Day Conference was held on November 19, 2019, again at CPSO. The day began with a panel on lessons learned running public consultations, followed by the sharing of innovative practices such as CPSO’s new website and social media strategy, a presentation on the Citizen Advisory Group, and a session on government relations. The Day concluded with an overview of the rebranding of the College of Medical Radiation Technologists of Ontario, soon to become the College of Medical Radiation and Imaging Technologists of Ontario, necessitating a second rebranding. Thanks are extended to the Conference Planning Subcommittee, chaired by Mark Sampson (CPSO), for planning on and delivering quality education for HPRO members.

Communications Committee Members:

- Monique Poirier (College of Dietitians of Ontario), Chair
- Angie Brennand (CMTO)
- Lisa Gibson (CASLPO)
- Margaret Goulding (CMLTO)
- Kristi Green (CNO)
- Nila Halycia (CMO)
- Ryan Pestana (CKO)
- Lisa Pretty (College of Physiotherapists of Ontario)
- Mark Sampson (CPSO)
- Nancy Stevenson (COTO)

Communicators’ Day Planning Subcommittee Members:

- Mark Sampson (CPSO), Chair
- Asma Farooq (CMTO)
- Yvonne Leung (COTO)
- Taylor Turner, College of Physiotherapists of Ontario)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Aoife Coghlan (COTO)
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators. Basic training programs are available twice each year. Advanced sessions are held annually and are built on the knowledge and skills regulatory adjudicators acquired by attending the Basic session or participating in hearings.

2019 Workshops:

May 3 – Basic Program: 20 registrants (11 Colleges represented)

October 24 & 25 – Basic and Advanced Programs: 48 Basic (16 Colleges) and 38 Advanced (14 Colleges)

Future Discipline Orientation Program Dates for 2020:

Basic Sessions: June 12 (first being held by webinar) & November 12

Advanced Session: November 13

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the annual call for nominations for the Management Committee and Officers positions as well as Committee Members and Chairs. Elections and appointments take place during the Board Meeting that immediately follows the Annual Meeting each year. The dedication of the many volunteers and support from member Colleges is one of the greatest of HPRO's resources.

List of Committee Members:

- Linda Gough (CMRITO), Chair
- Kathy Wilkie (CMLTO)
- Anne Coghlan (CNO)

CONSENT AND CAPACITY WORKING GROUP

List of Working Group Members:

- Melisse Willems and Deborah Cohen (College of Dietitians of Ontario) (Chair)
- Heather Binkle and Sandra Carter (COTO)
- Alexandra Carling, Samidha Joglekar, and Sarah Chapman Jay (CASLPO)
- Barry Gang (College of Psychologists of Ontario)
- Téjia Bain (College of Physiotherapists of Ontario)
- Andrea Lowes (CDHO)
- Lene Marttinen (CRPO)
- Justin Rafton and Mina Kavanagh (College of Optometrists of Ontario)

The Consent and Capacity Working Group, which was created to develop collaborative educational materials to help healthcare professionals fully understand their legal and professional obligations for obtaining consent in their practice settings, completed their work in the 2019-2020 year.

As the new HPRO website is launched, the registrant-focused educational material on consent and capacity will be made available on the site.

Thank you to the Working Group for their dedication and diligence, completing this important work.

TRANSITIONS

Health Profession Regulators of Ontario (HPRO) was officially renamed from the previous organization name, Federation of Health Regulatory Colleges of Ontario (FHRCO), on January 15, 2020.

HPRO MEMBERS:

- **Dr. Paula Garshowitz** retired from her position as Registrar of the College of Optometrists of Ontario, effective July 1, 2019. As of July 2, 2019, **Maureen Boon** assumed the Registrar's role.
- **Allan Mak** left his role as Registrar & CEO at the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) on April 9, 2019, and **Stamatis Kefalianos** served as Acting Registrar until September 18, 2019. **Ann Zeng** was appointed as CTCMPAO's new Registrar & CEO, effective September 19, 2019.
- **Nancy Leris** served as the College of Kinesiologist of Ontario's (CKO's) Acting Registrar while **Brenda Kritzer** was absent from her role as **Registrar** of CKO from September 23, 2019 to February 25, 2020.
- **Irwin Fefergrad**, on December 13, 2019, announced his retirement as Registrar for the Royal College of Dental Surgeons of Ontario (RCDSO), providing a six-month notice period.
- The **College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)**'s new name became effective January 1, 2020, adding "and Imaging" to reflect the regulation of medical diagnostic sonographers.

EXTERNAL STAKEHOLDERS:

- **Thomas Boyd, Manager of Agency Liaison and Public Appointments Unit**, Corporate Management Branch, Corporate Services Division, Ministry of Health (and Long-Term Care) retired from his position on May 30, 2019. The current manager is **Patrick Byam**. **Christy Hackney** had served as Interim Manager upon Thomas's retirement.
- On June 20, 2019, Premier Doug Ford announced changes to his Cabinet which included splitting the Ministry of Health and Long-Term Care into two Ministries, with **Hon. Christine Elliott** maintaining her role as **Minister of Health** (and Deputy Premier) and Hon. Merrilee Fullerton becoming the Minister of Long-Term Care.
- **Christine Moss** was appointed Chair of **Health Professions Appeal and Review Board (HPARB)**, effective June 21, 2019.
- Effective February 10, 2020, Sean Court was appointed Acting Assistant Deputy Minister (ADM), replacing Patrick Dicerni, who moved to the OHIP Division (ADM and General Manager) and Drugs and Devices Division (ADM and Executive Officer).



Members:

- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- College of Chiropractors of Ontario (COCO)
- College of Chiropractors of Ontario (CCO)
- College of Dental Hygienists of Ontario (CDHO)
- College of Dental Technologists of Ontario (CDTO)
- College of Denturists of Ontario
- College of Dietitians of Ontario
- College of Homeopaths of Ontario (CHO)
- College of Kinesiologists of Ontario (CKO)
- College of Massage Therapists of Ontario (CMTO)
- College of Medical Laboratory Technologists of Ontario (CMLTO)
- College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
- College of Midwives of Ontario (CMO)
- College of Naturopaths of Ontario (CONO)
- College of Nurses of Ontario (CNO)
- College of Occupational Therapists of Ontario (COTO)
- College of Opticians of Ontario
- College of Optometrists of Ontario
- College of Physicians and Surgeons of Ontario (CPSO)
- College of Physiotherapists of Ontario
- College of Psychologists of Ontario
- College of Registered Psychotherapists Therapists of Ontario (CRPO)
- College of Respiratory Therapists of Ontario (CRTO)
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
- Ontario College of Pharmacists (OCP)
- Royal College of Dental Surgeons of Ontario (RCDSO)

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COLLEGE OF MIDWIVES OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2020

Draft statements subject to revision

HILBORN_{LLP}

Independent Auditor's Report

To the Council of the College of Midwives of Ontario

Opinion

We have audited the financial statements of the College of Midwives of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Independent Auditor's Report (continued)

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Financial Position

March 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash and cash equivalents (note 4)	3,025,221	2,288,046
Accounts receivable (notes 5 and 9)	15,069	27,604
Due from the Ontario Ministry of Health and Long-Term Care (note 6)	-	398,381
Prepaid expenses	38,029	28,508
	3,078,319	2,742,539
Capital assets (note 7)	108,657	123,215
	3,186,976	2,865,754
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 8)	345,777	324,132
Deferred registration fees	1,115,596	928,262
Deferred project funding (note 9)	-	3,352
	1,461,373	1,255,746
Deferred lease incentives (note 10)	28,839	40,770
	1,490,212	1,296,516
NET ASSETS		
Invested in capital assets	93,741	102,128
Internally restricted for therapy and counselling (note 11)	16,000	16,000
Unrestricted	1,587,023	1,451,110
	1,696,764	1,569,238
	3,186,976	2,865,754

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Operations

Year ended March 31	2020 \$	2019 \$
Revenues		
Registration fees	2,139,459	1,848,332
Administration and other	104,350	104,491
Government grant - operating (notes 2 and 6)	-	398,381
Government grant - project funding (note 9)	78,011	65,154
	<u>2,321,820</u>	<u>2,416,358</u>
Expenses		
Salaries and benefits	1,318,732	1,231,438
Professional fees	73,174	85,114
Council and committees	93,555	141,850
Office and general	124,322	110,774
Rent and utilities (note 10)	184,795	168,947
Quality assurance program	26,711	15,560
Investigations and hearings	130,706	256,553
Membership dues and fees	53,442	53,133
Information and communications technology	74,561	75,041
Government projects (note 9)	78,011	65,154
Amortization	36,285	36,527
	<u>2,194,294</u>	<u>2,240,091</u>
Excess of revenues over expenses for year	<u>127,526</u>	<u>176,267</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Unrestricted \$	2020 Total \$
Balance, beginning of year	102,128	16,000	1,451,110	1,569,238
Excess of revenues over expenses for year	-	-	127,526	127,526
Amortization of capital assets	(36,285)	-	36,285	-
Amortization of deferred lease incentives	6,171	-	(6,171)	-
Purchase of capital assets	21,727	-	(21,727)	-
Balance, end of year	93,741	16,000	1,587,023	1,696,764

	Invested in capital assets \$	Internally restricted for therapy and counselling \$	Unrestricted \$	2019 Total \$
Balance, beginning of year	132,484	16,000	1,244,487	1,392,971
Excess of revenues over expenses for year	-	-	176,267	176,267
Amortization of capital assets	(36,527)	-	36,527	-
Amortization of deferred lease incentives	6,171	-	(6,171)	-
Balance, end of year	102,128	16,000	1,451,110	1,569,238

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Statement of Cash Flows

Year ended March 31	2020 \$	2019 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	127,526	176,267
Adjustments to determine net cash provided by (used in) operating activities		
Government grant - operations	-	(398,381)
Government grant - project funding	(78,011)	(65,154)
Amortization of capital assets	36,285	36,527
Amortization of deferred lease incentives	(11,931)	(11,931)
	73,869	(262,672)
Change in non-cash working capital items		
Decrease (increase) in accounts receivable	21,064	(24,028)
Decrease (increase) in prepaid expenses	(9,521)	12,728
Increase in accounts payable and accrued liabilities	21,645	83,831
Increase in deferred registration fees	187,334	104,874
	294,391	(85,267)
Cash flows from investing activities		
Purchase of capital assets	(21,727)	-
Cash flows from financing activities		
Receipt of government grant - operations	398,381	799,415
Receipt of government grant - project funding	66,130	65,154
	464,511	864,569
Net change in cash and cash equivalents	737,175	779,302
Cash and cash equivalents, beginning of year	2,288,046	1,508,744
Cash and cash equivalents, end of year	3,025,221	2,288,046

The accompanying notes are an integral part of these financial statements

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements

March 31, 2020

Nature and description of the organization

The College of Midwives of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 (the "RHPA"). As the regulator and governing body of the midwifery profession in Ontario, the major function of the College is to administer the Midwifery Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Contributions

The College follows the deferral method of accounting for contributions.

Restricted contributions, including funding received from the Ontario Ministry of Health and Long-Term Care, are deferred and recognized as revenue in the year in which the related expenses are incurred.

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College is October 1 to September 30. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Administration and other

Administration and other fees are recognized as revenue when the service is rendered.

(b) Cash and cash equivalents

Cash and cash equivalents consist of cash and guaranteed investment certificates which are readily convertible into cash, are not subject to significant risk of changes in value and have a maturity date of twelve months or less from the date of acquisition.

Notes to Financial Statements (continued)

March 31, 2020

1. Significant accounting policies (continued)

(c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, on a declining balance basis upon commencement of the utilization of the assets, using rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Office equipment	20%
Computer equipment	20% - 30%

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the respective lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of deferred tenant inducements used to purchase capital assets.

(e) Deferred lease incentives

Lease incentives consist of free rent benefits and tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

March 31, 2020

1. **Significant accounting policies (continued)**

(f) **Financial instruments**

Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

March 31, 2020

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(g) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recognized in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Economic dependence

During the prior fiscal year, the Ontario Ministry of Health and Long-Term Care gave notice to the College that no further operating grants would be provided to the College beyond those agreed upon for the prior fiscal year. In response, the College introduced cost control measures and increased registration fees to compensate for the lack of government funding in future years. As a result, the College is no longer dependent on the receipt of operating grants to meet the terms of its mandate.

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2020

3. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash and cash equivalents	X			X	
Accounts receivable	X				
Accounts payable and accrued liabilities		X			

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

The maximum exposure of the College to credit risk is as follows:

	2020	2019
	\$	\$
Cash and cash equivalents	3,025,221	2,288,046
Accounts receivable	15,069	27,604
	<u>3,040,290</u>	<u>2,315,650</u>

The College reduces its exposure to the credit risk of cash and cash equivalents by maintaining balances with a Canadian financial institution.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2020

3. Financial instrument risk management (continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instrument will fluctuate due to changes in market interest rates.

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

4. Cash and cash equivalents

	2020	2019
	\$	\$
Cash	3,025,221	1,488,046
Guaranteed investment certificate - 1.60%, due 06/19/2019	-	800,000
	<u>3,025,221</u>	<u>2,288,046</u>

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2020

5. Accounts receivable

	2020 \$	2019 \$
Receivable from the Ontario Ministry of Health and Long-Term Care for project funding (note 9)	8,529	-
Other receivables	6,540	27,604
	<u>15,069</u>	<u>27,604</u>

6. Due from the Ontario Ministry of Health and Long-Term Care - operating grants

	2020 \$	2019 \$
Due from the Ontario Ministry of Health and Long-Term Care, beginning of year	398,381	799,415
Funds granted to provide for the operations of the College	-	398,381
Funds received	<u>(398,381)</u>	<u>(799,415)</u>
Due from the Ontario Ministry of Health and Long-Term Care, end of year	<u>-</u>	<u>398,381</u>

7. Capital assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Office equipment	65,464	47,925	17,539
Computer equipment	63,160	43,944	19,216
Leasehold improvements	201,327	129,425	71,902
	<u>329,951</u>	<u>221,294</u>	<u>108,657</u>
	Cost \$	Accumulated Amortization \$	2019 Net \$
Office equipment	60,814	50,184	10,630
Computer equipment	57,002	45,080	11,922
Leasehold improvements	201,327	100,664	100,663
	<u>319,143</u>	<u>195,928</u>	<u>123,215</u>

Office and computer equipment with a cost of \$10,919 and accumulated amortization of \$10,919 was disposed of during the year for no proceeds.

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2020

8. Accounts payable and accrued liabilities

	2020 \$	2019 \$
Trade payables and accrued liabilities	102,601	89,678
Accrued liabilities - investigations and hearings	233,050	226,668
Government remittances	10,126	7,786
	<u>345,777</u>	<u>324,132</u>

9. Deferred project funding

Health Canada's Office of Controlled Drugs and Substances has authorized the provincial government to confer midwives with the authority to prescribe narcotics. The College previously received special project funding from the Ontario Ministry of Health and Long-Term Care to promote changes to narcotics regulation in order to ensure its members are able to perform their duties adequately.

The College receives special project funding from the Ontario Ministry of Health and Long-Term Care to develop and implement a quality assurance program for Birth Centres.

	Narcotics Regulation \$	Birth Centres \$	2020 Total \$
Deferred project funding, beginning of year	3,352	-	3,352
Project funding received during the year	-	66,130	66,130
Project funding receivable (note 5)	-	8,529	8,529
Project funding recognized as revenue in the year	(3,352)	(74,659)	(78,011)
Deferred project funding, end of year	-	-	-
	<u>3,352</u>	<u>-</u>	<u>3,352</u>

COLLEGE OF MIDWIVES OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2020

10. Deferred lease incentives

Pursuant to the lease agreement for the office premises of the College, lease incentives totaling \$83,523, comprised of tenant inducements received in cash in the amount of \$43,200 and free rent benefits in the amount of \$40,323 were received.

During the year, amortization of lease incentives in the amount of \$11,931 (2019 - \$11,931) was credited to rent and utilities expense.

	Cost \$	Accumulated Amortization \$	2020 Net \$
Tenant inducements	43,200	28,284	14,916
Free rent benefits	40,323	26,400	13,923
	<u>83,523</u>	<u>54,684</u>	<u>28,839</u>
	Cost \$	Accumulated Amortization \$	2019 Net \$
Tenant inducements	43,200	22,113	21,087
Free rent benefits	40,323	20,640	19,683
	<u>83,523</u>	<u>42,753</u>	<u>40,770</u>

11. Net assets internally restricted for therapy and counselling

The Council of the College has internally restricted net assets for the purposes of funding therapy and counselling for midwifery clients as directed under the RHPA.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

12. Commitment

The College is committed to lease its office premises until August 2022. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2021	199,525
2022	199,525
2023	<u>83,135</u>
	<u>482,185</u>

March 31, 2020

13. **Impact of COVID-19**

During March 2020, the global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect, if any, on the College. No adjustments have been made in the financial statements as a result of these events.

Draft statements subject to revision

HILBORN

LISTENERS. THINKERS. DOERS.

EXECUTIVE COMMITTEE

REPORT TO COUNCIL

Committee Members

Chair	Claire Ramlogan-Salanga, RM
Professional	Edan Thomas, RM; Maureen Silverman, RM
Public	Susan "Sally" Lewis; Marianna Kaminska

Committee Meetings

April 16, 2020 | Electronic Decision

May 13, 2020 | Videoconference

Upcoming: June 17, 2020 | Videoconference

Items

Approved on Behalf of Council

- Amendments to the Criminal Record Screening Policy
- The College's Q4 statement of operations

Q4 Statement of Operations

Please note, a draft Q4 statement of operations was reviewed on May 13, 2020.

Adjusting entries during the financial audit will make small changes to the previously reviewed statements. The Executive Committee reviewed and approved the final Q4 statement of operations at its June 17th meeting and are attached.

Audit

Members of the committee met with Hilborn, LLP financial auditors during the College's financial audit and were able to ask questions about the audit process that was underway. The draft audited financial statements were presented to the committee by Blair MacKenzie, who provided an overview of their opinion that the statements "present fairly, in all material respects the financial position of the College as at March 31, 2020". The committee recommends the approval of the draft statements and they will be presented to Council by Mr. MacKenzie during the meeting.

Committee Composition and Chair recommendations

Peter Aarssen and Donald Strickland were appointed as public members of Council on April 24, 2020 and May 28, 2020, respectively. The committee is submitting a motion recommending committee appointments as follows:

That Peter Aarssen be appointed to Client Relations, Registration, Discipline and Fitness to Practise Committees and that Donald Strickland be appointed to Quality Assurance, Discipline and Fitness to Practise committees.

The committee also reviewed committee chair appointments in consideration that Sally Lewis, chair of Discipline and Fitness to Practise and Deirdre Brett, chair of Client Relations both have terms coming to an end in the coming weeks. The committee is recommending that Council approve the appointment of Judith Murray as interim chair of Discipline and Fitness to Practise and Marianna Kaminska as interim chair of Client Relations.

Governance Policies

The committee in its role as a governance committee completed a review of the College's Governance Policies. Proposed revisions are being brought to Council for approval. A briefing note and the revised policies are attached.

Use of Chair in Lieu of President

The committee is making the recommendation that "Chair" be adopted in lieu of "President" as the official term used to describe the role in College documents and general reference. A briefing note is attached for consideration by the Council.

MOTIONS

The committee is proposing six motions to Council for approval.

- I. That the Executive Committee Report be approved as presented.
- II. That Peter Aarssen be appointed to Client Relations, Registration, Discipline and Fitness to Practise Committees.
- III. That Donald Strickland be appointed to Quality Assurance and the Discipline and Fitness to Practise Committees
- IV. That Marianna Kaminska be appointed as chair of Client Relations Committee and that Judith Murray be appointed to chair of Discipline and Fitness to Practise Committee.
- V. That the revised Governance Policies be approved as presented.
- VI. That the term "Chair" be adopted in lieu of "President" as official term describing role at College.

Attachments:

1. Q4 Statement of Operations
2. Proposed Committee Composition
3. Briefing Note Governance Policies
4. Revised Governance Policies document
5. Briefing Note Chair in lieu of President

Respectfully Submitted,

Claire Ramlogan-Salanga

The College of Midwives of Ontario
Q4 Statement of Operations (Fiscal April 1, 2019 - March 31, 2020)
Final - Post Audit



	F20 Projected Revenue	Revenue F20	Revenue F19	Percentage Variance Against Budget
REVENUE				
MOHTLC Operational Funding			\$ 398,381	
Membership Fees	\$ 2,151,365	\$ 2,139,459	\$ 1,848,332	99.45%
Administration & Other	\$ 86,055	\$ 104,350	\$ 104,491	121.26%
Project Funding - Birth Centres	\$ 66,130	\$ 66,130	\$ 65,154	100.00%
TOTAL REVENUE	\$ 2,303,550	\$ 2,309,939	\$ 2,416,358	100.28%

	F20 Budget	Spending F20	Spending F19	Percentage Variance Against Budget
EXPENSES				
Salaries & Benefits	\$ 1,335,950	\$ 1,318,732	\$ 1,231,439	98.71%
Professional Fees	\$ 116,068	\$ 73,174	\$ 98,403	63.04%
Council and Committee	\$ 122,934	\$ 81,808	\$ 121,195	66.55%
Office & General	\$ 160,208	\$ 121,835	\$ 92,953	76.05%
Information Technology, Security & Data	\$ 151,000	\$ 74,561	\$ 75,041	49.38%
Rent & Utilities	\$ 204,373	\$ 184,795	\$ 168,947	90.42%
Conferences, Meeting Attendance & Membership Fees	\$ 77,000	\$ 59,482	\$ 66,740	77.25%
Panel & Programs	\$ 331,256	\$ 165,614	\$ 283,691	50.00%
Birth Centre Assessment & Support	\$ 66,130	\$ 66,129	\$ 65,154	100.00%
Capital Expenditures	\$ 42,199	\$ 36,285	\$ 36,528	85.98%
TOTAL EXPENDITURES	\$ 2,607,118	\$ 2,182,413	\$ 2,240,091	83.71%
NET LOSS/GAIN	\$ (303,568)	\$ 127,526	\$ 176,267	

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. The College did not need to spend 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 Spending	\$ 100,560

Included in the Statement is an accrual for outstanding matters at March 31, 2020 year end.

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.

4 Narcotics Funding

A grant remained of \$3352 for work associated with the Narcotics Regulation. The College spent the funds bringing the grant to zero.

5 Birth Centre Assessments

The College conducts periodic assessments of the Birth Centres. After the expenses are spent they are invoiced to Independent Health Facilities.

Expenses in 2019-20 (not included in statement above)	\$ 8,529.20
Payment Due from IHF at Year End (and received April 1, 2020)	\$ 8,529.00
Assessment Cost to College	\$ -

2019-2020 Slate of Council Members	Executive	ICRC	QAC	Discipline/FTP	Registration	Client Relations
Elected/Appointed	Elected October 9, 2019					
<p>Professional Members</p> <ol style="list-style-type: none"> Claire Ramlogan-Salanga, President Edan Thomas, VP Lisa Nussey Lilly Martin Jan Teevan Maureen Silverman Isabelle Milot Claudette Leduc <p>Public Members</p> <ol style="list-style-type: none"> Susan "Sally" Lewis, VP* Deirdre Brett** John Stasiw*** Marianna Kaminska Judith Murray Peter Aarssen Donald Strickland <p>Non-Council Members</p> <p>Professional</p> <ol style="list-style-type: none"> Christi Johnston, RM Alexandra Nikitakis, RM <p>Public</p> <ol style="list-style-type: none"> Samantha Heiydt Jill Evans 	<p>Chair: Claire Edan, VP Sally VP Maureen Marianna</p>	<p>Chair: Edan Lilly Jan Claudette Maureen Judith Sally</p> <p>Non-Council Christi Samantha Jill</p>	<p>Chair: Lilly Jan Isabelle Marianna Deirdre Donald</p>	<p>Chair: Judith Jan Lisa Edan Maureen Lilly Deirdre Marianna Sally John Peter Donald</p>	<p>Chair: Isabelle Claudette John Peter</p> <p>Non-Council Alexandra Christi Samantha Jill</p>	<p>Chair: Marianna Deirdre Lisa Peter</p> <p>Non-Council Alexandra</p>

*Term ends July 10, 2020

** Term ends June 27, 2020

*** Term ends August 16, 2020

BRIEFING NOTE FOR COUNCIL

Subject: Revisions to Governance Policies

Summary

The Executive Committee reviewed College Governance Policies for revisions and updates to align with current process and practices.

Background

The College's Governance Policies were initially approved 2014 and are reflective of the College's approach to governance and decision-making which is based on a modified model of policy governance. The policies were developed to be clear about Council's leadership role in accordance with this model. There are three categories of Council governance policies that currently exist. They are:

- Governance Process Policies – These are policies that describe how Council itself will operate. It is the definition of and rules for Council to do its job.
- Council Registrar-CEO Linkage Policies that delineate the manner in which governance is linked to operational management through the Registrar.
- Registrar-CEO Expectations Policies that authorize the Registrar's conduct and expectation in upholding the mandate of College and achieving the public interest objective.

The governance policies were designed to enable Council to focus attention and responsibility toward the accomplishment of the mission and mandate of the College and avoid the distraction and inefficiency of getting caught up in operational details.

Key Considerations

Revisions were made throughout document for grammar and spelling accuracy.

Revisions were made to GP14 concerning the appointment of non-Council committee members. At the time of approval in 2017, non-Council appointments were applicable only to professional members of the College. Since then, changes to College by-laws approved by Council have opened potential non-Council appointments to include members of the public. The policy has been updated with recommended revisions to incorporate this allowance. References to the by-laws were also updated for accuracy.

Revisions made to GP12 to align current reporting process.

Revisions made to the documentation of tracking revision and review dates.

Minor changes made to the language of the policy referenced under RE2 to account for a policy referenced that no longer exists.

Revisions made to CRL4 changing word “identical” to “congruent” to more adequately describe the nuance between the performance of the organization and performance of the Registrar.

Revisions to RE8 was made to reflect the current process in the administration of public member claims.

Recommendations

MOTION:

That Council approve the revisions and updates proposed by the Executive committee to the Governance Policies as presented.

Implementation Date

Upon approval

Legislative and Other References

None

Attachments

Governance Policies with recommended revisions as tracked changes.

Submitted by:

The Executive Committee

Policy Type: Governance Process
Policy Title: Governance Principles
Reference: GP1
Date approved: ~~June 24, 2020, October 13, 2016, November 21, 2014~~
Date revised: ~~October 13, 2016~~

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Council will govern with an emphasis on:

- Accountability to the public
- Commitment to protecting the public interest
- Strategic/policy leadership rather than administrative/management detail
- Clear distinction of Council, Committee and Registrar roles
- Encouraging diverse viewpoints while seeking consensus
- Collective rather than individual decision-making
- Evidence-based decision-making
- Proactive behaviours

Accordingly, Council will

1. Cultivate a sense of group responsibility.
2. Accept responsibility for excellence in governance and enforce upon itself whatever discipline is necessary in this regard. Discipline will apply to attendance, preparation for meetings, respect for diverse viewpoints and consensual decision-making, staying on topic, speaking with one voice and respect for the role of the Registrar.
3. Govern, direct and inspire the College through the careful establishment of broad written policies reflecting Council's values and perspectives about outcomes to be achieved and expectations to be met.
4. Develop and approve policy on the intended long-term effects of the College, not on the administrative or programmatic means used to attain those effects.
5. Commit to ongoing Council development including the orientation of new Council members in Council's governance processes, engage in regular discussion towards governance process improvement and undertake an evaluation process.
6. Self-monitor and discuss Council's processes and performance on an annual basis.
7. Allow all members of Council to cast a vote.

Policy Type: Governance Process
Policy Title: Council Role Description
Reference: GP2
Date approved: June 24, 2020, October 13, 2016, November 21, 2014
Date revised: ~~October 13, 2016~~

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The role of Council is to determine and demand appropriate organizational performance in the regulation of the profession and in the governance of the College.

Accordingly,

1. With respect to its regulatory role, Council shall
 - a. Make, modify and monitor regulations that Council believes are necessary for regulation and as required by the Minister of Health and Long-Term Care;
 - b. Properly constitute committees and panels of the College;
 - c. Develop and approve quality measures for entry-to-practise, re-entry to practise, practice of the profession, and continuing competency;
 - d. Develop, implement and monitor fair and transparent policies designed to protect the public from ineffective, unethical or unsafe practices;
 - e. Ensure an effective means of communication with the public and with members of the College;
 - f. Ensure the College is achieving its broad regulatory objectives and outcomes.
2. With respect to its governance role, Council shall make, modify and monitor governing policies that address:
 - a. Governance Process: How Council conceives, carries out and monitors its own task;
 - b. Council Registrar-CEO Linkage: How Council delegates to, monitors and evaluates the Registrar's role, authority and accountability;
 - c. Registrar-CEO Expectations: Policies that authorize the Registrar's conduct in achieving regulatory outcomes and meeting strategic priorities.

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Policy Type: Governance Process
Policy Title: President's Role
Reference: GP3
Date approved: ~~June 24, 2020, October 13, 2016, May 27, 2015,~~
Date revised: ~~October 13, 2016, May 27, 2015~~
~~November 21, 2014~~

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The President, as the elected chair of Council, ensures the integrity of Council's processes, and where appropriate, represents Council to outside parties.

Accordingly,

1. The result of the President's work is that Council behaves consistently with its Governance Process policies.
2. The authority of the President consists in making decisions that fall within topics covered by Council policies on Governance Process and Council Registrar-CEO Linkage. The President may delegate authority to others but will remain accountable for its use. The President is authorized to use any reasonable interpretation of the provisions of these policies. Therefore,
 - a. The President is empowered to chair Council and Executive Committee meetings, with all the commonly accepted power of those positions (e.g. rulings, recognition). The President may relinquish the chair if, in their view, they should in order to enter into debate during Council meetings;
 - b. The President shall be entitled to vote on matters before Council;
 - c. The President has no authority to make decisions about policies created by Council and therefore, the President has no independent authority to supervise or direct the Registrar;
 - d. The President will represent Council to outside parties in announcing Council-stated positions and in making interpretations within the area delegated to them
 - e. The President has the responsibility to ensure security and maintenance of Council-owned files such as by-laws, agendas, and minutes;
 - f. The President is accountable for the orientation of the Registrar and Council members to the College of Midwives of Ontario;
 - g. In the absence of the President, the Vice-President Professional or the Vice-President Public assumes the President's role. The President and Vice-President(s) shall ensure that there are appropriate processes and communications in place to bring this into effect when needed.
3. The President will be evaluated annually according to a process approved by Council.

Policy Type: Governance Process
Policy Title: Vice-President's Role
Reference: GP4
Date approved: ~~June 24, 2020, October 13, 2016, November 21, 2014~~
Date revised: ~~October 13, 2016~~

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Council operates with two Vice-Presidents: Vice-President Professional and Vice-President Public. Each Vice-President is vested with all the powers and performs the duties of the President in the absence or inability of the President to act. In such instances, they ensure the integrity of Council's process, and where appropriate, represent Council to outside parties. In addition, the Vice-Presidents perform regular supportive duties.

Accordingly,

1. The Vice-Presidents act as officers of the College and are elected members of the Executive Committee of Council.
2. The Vice-Presidents have the authority to advise the President on topics covered by Council policies on Governance Process and Council Registrar-CEO Linkage.
3. The Vice-Presidents may be assigned by the President to represent Council to outside parties.
4. The Vice-Presidents may perform other duties, as requested by the President or assigned by Council.

Policy Type: Governance Process
Policy Title: Council and Committee Member's Role and Code of Conduct
Reference: GP5
Date approved: ~~June 24, 2020, October 13, 2016, November 21, 2014~~
Date revised: ~~October 13, 2016~~

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Council and Committee members make decisions in the public interest considering an understanding of the midwifery profession and environments in which it is practised. Council and Committees are committed to lawful conduct and commonly accepted business and professional ethics, including proper decorum, confidentiality and use of authority, when acting as Council and Committee members.

Accordingly,

1. Council members will serve on Council and on at least one statutory committee to which they are appointed.
2. Council and Committee members will support all of the decisions taken by Council and Committees.
3. Council and Committee members must prioritize the interests of the College. This accountability supersedes any conflicting loyalty to any specific interest group and membership on any other governing body.
4. Council and Committee members must avoid conflict of interest with respect to their fiduciary responsibilities.
 - a. There must be no conduct of private business or personal services between any Council and Committee member and the College except as procedurally controlled to ensure openness, competitive opportunity, and equal access to inside information.
 - b. Council and Committee members may not use their positions to obtain employment, with the College or its agents, for themselves, family members or close associates.
 - c. Should a Council or Committee member wish to be considered for employment with the College they must resign from Council or the Committee prior to submitting their application.
5. Council and Committee members cannot exercise individual authority over the organization.
 - a. Council and Committee members' interactions with the Registrar or with staff must recognize the lack of authority vested in individuals except when explicitly Council-authorized.
 - b. Similarly, Council and Committee members' interactions with the public, press or other entities must recognize the same limitations.
6. Council and Committee members will respect the confidentiality inherent in their role.

Code of Conduct Acknowledgement for Council and Committee Members

I, _____, acknowledge that I have read and understood and agree to comply with the Duties of Council and Committee member provisions in the by-laws as well as “Council and Committee Member’s Role and Code of Conduct”

Signature

Date

Policy Type: Governance Process
Policy Title: Confidentiality and Disclosure of College Information
Reference: GP6
Date approved: ~~June 24, 2020, March 20, 2019, November 21, 2014~~
Date revised: ~~March 20, 2019~~

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

Accordingly,

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

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

STATEMENT OF CONFIDENTIALITY

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

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

I understand that:

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

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

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

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

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

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

I have read and understood and agree to abide the College’s Information Security Policy (for Council, Committee, and Working Group Members) and Privacy Code.

Name (please print)

Signature

Date

Policy Type: Governance Process
Policy Title: Committee Chair's Role
Reference: GP7
Date approved: ~~June 24, 2020, October 13, 2016, November 21, 2014~~
Date revised: ~~October 13, 2016~~

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The Committee Chair of statutory, standing or sub-committees ensures the integrity of the Committee's process.

Accordingly,

1. The result of the Committee Chair's work is that the Committee acts consistently with its own rules and those legitimately imposed upon it from Council, including
 - a. The development of an appropriate committee agenda in consultation with staff.
 - b. Discussing only those issues which, according to Council policy, are appropriate for the Committee to deliberate;
 - c. Ensuring that deliberation is fair, open and thorough but also timely, orderly and kept on topic.
2. The authority of the Committee Chair consists in making decisions that fall within topics delegated to the Committee to discuss. Therefore,
 - a. The Committee Chair is empowered to chair Committee meetings, with all the commonly accepted power of that position (e.g. rulings, recognition);
 - b. The Committee Chair has no authority to make decisions about policies created by Council and therefore, the Committee Chairperson has no authority to supervise or direct the Registrar;
 - c. The Committee Chair may delegate their authority as chair but remains accountable for its use.

Policy Type: Governance Process
Policy Title: Council Committee Principles
Reference: GP8
Date approved: ~~June 24, 2020, October 13, 2016,~~ November 21, 2014
Date revised: ~~October 13, 2016~~

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Committees established under the Regulated Health Professions Act, (RHPA) shall perform the function that is assigned to them under the authority of the RHPA. Committees established by Council are assigned to undertake work on behalf of Council and to reinforce the wholeness of Council's job and never to interfere with the delegation from the Council to the Registrar.

Policy Type: Governance Process
Policy Title: Cost of Governance
Reference: GPg
Date approved: ~~June 24, 2020, October 13, 2016, November 21, 2014~~
Date revised: ~~October 13, 2016~~

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To govern effectively, Council will invest in its regulatory and governance capacity including skills, processes and supports.

Accordingly,

1. Council will approve an annual budget for direct expenses associated with fulfilling its regulatory objectives. As such the Registrar will budget for the direct expenses associated with internal College governance.

Policy Type: Governance Process
Policy Title: Governance Evaluation
Reference: GP10
Date approved: ~~June 24, 2020, October 13, 2016,~~ November 21, 2014
Date revised: ~~October 13, 2016~~

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Council will evaluate its effectiveness on an annual basis.

Accordingly,

1. Council will evaluate its own performance on the responsibilities highlighted in the Governance Process Policies and Council Registrar-CEO Linkage policies.
2. The Executive Committee will recommend an evaluation process to Council for their approval.

Policy Type: Governance Process
Policy Title: Commitment to Strategic Planning
Reference: GP11
Date approved: ~~June 24, 2020, October 13, 2016,~~ November 21, 2014
Date revised: ~~October 13, 2016~~

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It is the policy of the College to ensure the existence of a timely and appropriate strategic plan, prepared in concert with Council and staff and monitored regularly and consistently.

Accordingly,

1. At least every three years, Council will dedicate a portion of its resources to the development of a strategic plan.
2. All members of Council together with the Registrar (and other staff as appropriate) participate in a strategic planning process agreed to by Council.

Policy Type: Governance Process
Policy Title: Council's Annual Planning Cycle
Reference: GP12
Date approved: ~~June 24, 2020, October 13, 2016; November 19, 2015,~~
November 21, 2014
Date revised: ~~October 13, 2016; November 19, 2015~~

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Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and fulfilling its regulatory function.

Accordingly,

1. Council meets, in person, a minimum of three (3) times each year in compliance with the By-laws, however, Council will meet four (4) times each year. Under extraordinary circumstances, or when additional meeting may be required, meetings may be held by teleconference or by other electronic means.
2. At each meeting, Council will:
 - a. Review the Registrar's monitoring report, including the most recent quarterly financial report
 - b. Review reports for Committees as appropriate
3. Prior to its first meeting, Council conducts its Orientation of Council Members
4. At each meeting, Council will perform the following additional functions, in accordance with the following schedule:
 - a. Meeting #1 (post-elections)
 - i. Annual Conflict of interest declaration, and Confidentiality and Code of Conduct agreements.
 - ii. Approval of slate of Council members
 - iii. Annual election of Executive Committee
 - b. Meeting #2
 - i. Approval of Committee membership and composition
 - ii. Annual Council Evaluation report and Education Plan
 - iii. Report to Council on Annual Operational Plan
 - c. Meeting #3
 - i. Approval of Annual Budget
 - ii. Approval of Annual Operational Plan
 - iii. Report to Council on Registrar's Performance Review
 - d. Meeting #4
 - i. Annual Report
 - ii. Review and approval of financial conditions (Auditor's Report and Audited Financial Statements).
5. Council will review its governance policies at least once every three to five years.

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Policy Type: Governance Process
Policy Title: Registrar-CEO Replacement
Reference: GP13
Date approved: ~~October 13, 2016~~, November 21, 2014
Date revised: ~~October 13, 2016~~

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It is the responsibility of Council to seek out an individual to perform the role of Registrar in the event that the position is vacant.

Accordingly,

1. The Emergency Registrar-CEO Replacement policy takes effect.
2. Council shall appoint a minimum of three Council members to form a Search Committee who shall be authorized to interview, evaluate, negotiate and recommend to Council the appointment of an individual as Registrar.
 - a. At least one of whom shall be a public member and at least one of whom shall be a professional member.
3. The Search Committee, with the assistance of senior staff, may issue a Request for Proposals from individuals and firms qualified to conduct a search on behalf of Council and make a recommendation to Council to contract with the successful individual or firm.
 - a. The scope of the work to be conducted by a search firm and/or Search Committee is approved by Council
4. The Search Committee shall present to Council for approval, the name of a preferred candidate for the position, their qualifications, a draft negotiated employment agreement including compensation, benefits and start date.

Policy Type: Governance Process
Policy Title: Non-Council Committee Member Appointments
Reference: GP14
Date approved: ~~June 24, 2020~~, June 28, 2017
Date revised:

In accordance with the College's By-laws (s. 6.11), the Council may appoint ~~midwives~~ **individuals** who are not members of the Council to any Committee or Working Group at their discretion.

Eligibility
Eligibility for appointment is detailed in the College By-laws (s. 6.12).

Selection Criteria
In addition to the eligibility requirements outlined in the by-laws, Council may take ~~the following~~ into consideration **various professional competencies, personal attributes, applicant demographics, skills and experiences to ensure collective expertise is represented** when appointing non-Council members to committees:

- ~~Practice demographics (e.g., geographic location in the province and size of practice)~~
- ~~Practice profiles (urban, rural, remote)~~
- ~~Years of practice in Ontario~~
- ~~Professional competencies~~
- ~~Years on Council as an elected professional member~~

Term of Office and Removal
Term of Office and Removal are detailed in the College By-laws (ss. ~~6.09~~; 6.13).

Maximum Term
A non-council member may serve a maximum of six consecutive terms, as an appointed non-council member.

Application Process for Recruiting Non-Council Members
~~When non-council member vacancies are available, the College will notify the membership via the member communicate, member alert email and/or website posting.~~ Interested applicants must submit a letter of interest along with their curriculum vitae to the College. A list of applicants and any accompanying documents will be reviewed by the Executive Committee. The Executive Committee will select members for appointment based on the selection criteria and identified areas of expertise. This list will then be submitted to Council for approval.

Process for Re-Appointing Non-Council Members
Non-Council Members may be reappointed in accordance with the committee member appointment guidelines.

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Policy Type: Governance Process
Policy Title: Addressing or Presenting to Council
Reference: GP15
Date approved: ~~June 24, 2020~~ October 9, 2019
Date revised:

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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. Council may ask questions of the presenter within this timeframe.
9. If a group wishes to make a submission, a single spokesperson for the group shall be identified.
10. Persons addressing the Council must make their presentation on the agreed upon topic and may not pose questions to Council on matters previously deliberated and decided upon.

Policy Type: Council Registrar-CEO Linkage
Policy Title: Unity of Control
Reference: CRL1
Date approved: ~~October 13, 2016~~; November 21, 2014
Date revised:

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Only decisions of Council acting as a body are binding on the Registrar.

Accordingly,

1. Decisions or instructions of individual Council members are not binding on the Registrar except in rare instances when Council has specifically authorized such exercise of authority.
2. In the case of Council members or Committees requesting information or assistance without Council authorization, the Registrar may refuse such requests that require, in the Registrar's opinion, a material amount of staff time or funds, or are disruptive.

Policy Type: Council Registrar-CEO Linkage
Policy Title: Registrar-CEO Accountability and Position Description
Reference: CRL2
Date approved: ~~October 13, 2016~~; November 21, 2014
Date revised:

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As Council's single official link to its daily operations and staff, the Registrar's performance is synonymous with the College's performance.

Accordingly, the Registrar's accountability is to performance in three areas:

1. Accomplishment of Council's strategic objectives as set out in the College's Strategic Plan as approved by Council.
2. Compliance with the Registrar-CEO Expectations as set out in policy.
3. Fulfillment of the duties and responsibilities of the Registrar in accordance with the Regulated Health Professions Act, 1991, the Midwifery Act, other relevant legislation and the by-laws of the College of Midwives of Ontario.

Policy Type: Council Registrar-CEO Linkage
Policy Title: Delegation to the Registrar-CEO
Reference: CRL3
Date approved: ~~October 13, 2016~~ November 21, 2014
Date revised:

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Council delegates the College operations to the Registrar of the College. Council instructs the Registrar through written policies and describe the organizational situations and actions to be achieved, allowing the Registrar to use any reasonable interpretation of these policies.

The Registrar is Council's only link to operational achievement and conduct, so that all authority and accountability of staff, as far as Council is concerned, is considered the authority, responsibility and accountability of the Registrar.

Accordingly,

1. Council will develop and approve the College's strategic priorities
2. Council will develop Registrar-CEO Expectations policies that limit the latitude the Registrar may exercise in choosing the organizational means.
3. Council will authorize and encourage the Registrar to establish all further operational policies, make all decisions, take all actions, establish all practices, and develop all activities using any reasonable interpretation of the Registrar-CEO Expectations policies
4. Council may change its strategic priorities and Registrar-CEO Expectations policies. However, Council may not apply such shifts retroactively with respect to the evaluation of performance of the Registrar.
5. Council will support the Registrar's choices within the Registrar-CEO Expectations established.

Policy Type: Council Registrar-CEO Linkage
Policy Title: Monitoring Registrar-CEO Performance
Reference: CRL4
Date approved: ~~October 13, 2016; November 19, 2015;~~ November 21, 2014
Date revised: ~~October 13, 2016; November 19, 2015~~

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Council views Registrar performance as identical to organizational performance. The performance of the Registrar will be evaluated in accordance with a process approved by Council.

Policy Type: Registrar-CEO Expectations
Policy Title: Interaction with Staff
Reference: RE1
Date approved: ~~June 22, 2016; May 27, 2015; November 21, 2014~~
Date reviewed: ~~June 22, 2016; May 27, 2015~~

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With respect to interaction with staff, the Registrar shall treat staff in a fair, respectful and ethical manner.

For the purposes of this policy, the following definition will apply: “Staff” is defined broadly to include employees, consultants, contract workers and volunteers.

Accordingly, the Registrar shall:

1. Comply with employment standards legislation as set by the Governments of Ontario and Canada.
2. Acquaint staff with the characteristics of their job responsibilities and obligations to the College, including but not necessarily limited to position descriptions, reporting relationships, security and confidentiality.
3. Objectively evaluate staff annually on their performance based on their job responsibilities and agreed upon performance measures.
4. Establish human resource policies, acceptable to Council, that govern staff and their working conditions.
 - a. Establish policies that provide for effective handling of staff complaints, and protect against wrongful conditions such as nepotism and inappropriately preferential treatment
5. Provide an environment for staff to express ethical dissent without discrimination.
6. Take adequate measures to prevent sexual harassment or workplace violence and investigate any internal complaints promptly.
7. Provide a mechanism for staff to present concerns to Council through the President when
 - a. staff complaint resolution procedures have been exhausted; and
 - b. the employee alleges that either Council policy has been violated or Council policy does not adequately protect their human rights.
8. Establish compensation and benefits packages for staff that reflect the market value for the skills employed.
9. Acquaint staff with their rights and obligations under this policy.

Policy Type: Registrar-CEO Expectations
Policy Title: Financial Planning and Budgeting
Reference: RE2
Date approved: June 22, 2016; May 27, 2015; November 21, 2014
Date revised: June 22, 2016; May 27, 2015

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Financial planning for any fiscal year or the remaining part of any fiscal year shall be derived from a multi-year financial plan and in accordance with the budget.

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Accordingly, the Registrar will prepare financial plans and budgets that:

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1. Are based on an annual operating plan that specifies the operational priorities for the year.
2. Contain adequate information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow and disclosure of planning assumptions.
3. Provide adequate cash flow to support operations throughout the year.
4. Plan for no more than an equal expenditure of funds to that which is projected to be received in that fiscal period, unless directed by Council.
5. Allocate sufficient resources, both human and financial, to satisfy ~~Council's intended outcomes, the Outcomes policy.~~
6. Appropriately balance resources, both human and financial, between the budget and ~~Council's intended outcomes, the Outcomes policy.~~
7. Provide sufficient resources to support Council's ability to perform its governance role including the Cost of Governance (GP11) and all Council and committee meetings.
8. Meet financial obligations to government bodies.

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Policy Type: Registrar-CEO Expectations
Policy Title: Financial Condition and Activities
Reference: RE3
Date approved: ~~June 22, 2016; May 27, 2015;~~ November 21, 2014
Date reviewed: ~~June 22, 2016; May 27, 2015~~

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With respect to the actual, ongoing financial condition and activities, the Registrar shall operate within the approved budget.

Accordingly, the Registrar shall:

1. Obtain Council approval for any College debt in an amount greater than can be repaid by unencumbered (i.e. uncommitted) revenues within 60 days.
2. Obtain Council approval for the use of any reserve funds or any restricted assets.
3. Settle all accounts payable in a timely manner.
4. File tax payments or other government-ordered payments in an accurate and timely manner.
5. Obtain the signature of the President or Vice President on any payment instrument (i.e. cheques, notes, drafts, or orders for payment of money) where the instrument is in payment to the Registrar.
6. Monitor and report on the financial condition of the College to Council on a quarterly basis.
7. Pursue receivables within a reasonable grace period.
8. Obtain Council or Executive Committee approval to exceed budgeted amounts by more than 25% in any one subcategory (e.g. Professional Fees which includes Legal, Finance, and Expert).
9. Obtain Council or Executive Committee approval prior to making any financial or service commitment greater than 5 years.

Policy Type: Registrar-CEO Expectations
Policy Title: Asset Protection
Reference: RE4
Date approved: ~~June 22, 2016; May 27, 2015; November 21, 2014~~
Date reviewed: ~~June 22, 2016; May 27, 2015~~

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The Registrar will ensure the assets of the College are protected and adequately maintained.

Accordingly, the Registrar shall:

- 1) Operate adequate Director's and Officer's Liability Insurance for Council.
- 2) Insure against theft and casualty losses to adequate replacement value and against liability losses to Council members, Non-Council members of Council Committees, staff, and the College itself.
- 3) Maintain an appropriate risk management insurance policy and general liability insurance policy for the College.
- 4) Take reasonable measures to limit exposure to the College, its Council, or staff to claims of liability.
- 5) Provide sufficient maintenance to the equipment of the College and to the office in accordance with the lease agreement.
- 6) Make purchases:
 - a) Whereby normally prudent protection has been given against conflict of interest; and
 - b) According to College procurement policies that require comparative prices and quality for purchases of services of \$10,000 or more with a new supplier.
- 7) Protect intellectual property and information from inappropriate access, loss or significant damage.
- 8) Receive, process and disburse funds under controls that meet generally accepted Canadian audit standards.
- 9) Take reasonable measures to protect the College against the misuse or theft of funds.
- 10) Secure the investment of College funds that are not immediately required in securities or debt instruments that are issued or are guaranteed by any or more of the following:
 - a) The Government of Canada

- b) The Government of any province of Canada; or
 - c) Securities and bank instruments guaranteed by a schedule 1 bank under the Bank Act (Canada) or other such financial institution approved by Council
- 11) Obtain prior approval of Council to purchase, mortgage or dispose of real estate.
 - 12) Obtain prior approval of Council to borrow money on the credit of the College.
 - 13) Maintain an Investment Policy, which is approved by the Council.
 - 14) Obtain approval of Council to restrict any assets of the College.
 - 15) Inform Council of the state of all assets of the College.

Policy Type: Registrar-CEO Expectations
Policy Title: Administration of Statutory Committees and Panels
Reference: RE5
Date approved: ~~June 22, 2016; May 27, 2015; November 21, 2014~~
Date reviewed: ~~June 22, 2016; May 27, 2015~~

Council has direct authority for:

- The proper constitution of the Statutory Committees; and
- The approval of its annual work plan agendas and budgets.

Statutory Committees and Panels retain direct authority for:

- Making recommendations to Council with respect to Regulations, policies and other regulatory tools as well as report to Council on their annual work plans;
- Anything within their legislated mandate.

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Policy Type: Registrar-CEO Expectations
Policy Title: Emergency Registrar-CEO Replacement
Reference: RE6
Date approved: ~~June 22, 2016; May 27, 2015;~~ November 21, 2014
Date reviewed: ~~June 22, 2016; May 27, 2015~~

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In order to protect Council from sudden loss of Registrar services, the Registrar must have a designated Deputy Registrar.

Accordingly:

1. The Registrar shall keep business and other records in an organized, orderly and accessible manner.
2. The designated Deputy Registrar may act in the absence of the Registrar until the Registrar returns, is permanently replaced or an interim Registrar is appointed.
3. The designated Deputy Registrar will not be expected to act in the absence of the Registrar for a period of longer than three months.
4. Alternatively, Council may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.
5. An interim Registrar may be expected to act in the absence of the Registrar for a period longer than three months.

Policy Type: Registrar-CEO Expectations
Policy Title: Compensation Administration
Reference: RE7
Date approved: ~~June 22, 2016; May 27, 2015;~~ November 21, 2014
Date reviewed: ~~June 22, 2016; May 27, 2015~~

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Salary compensation for the CMO staff will be based on fair market value in relation to the employee's assigned tasks and level of responsibility, and on demonstrated performance. Compensation strategies are designed to both attract and retain competent staff.

Accordingly, the Registrar shall administer employee compensation that:

1. Is supported by a written job description including identified performance standards.
2. Is supported by external resources to review market conditions, as needed.
3. Identifies a salary range, with minimum and market median points identified within the range. The median will represent the market competitive job rate for each position.
4. Places new employees within this range based on the skills and experience they bring to their role at the College.
5. Establishes clear procedures for the application of economic and market adjustments to salary ranges and communicates these procedures to all staff. Furthermore, clear procedures must be established and communicated for performance bonuses.
6. Establishes a process for a minimum of an annual review of individual performance based on previously established performance objectives.

Policy Type: Registrar-CEO Expectations
Policy Title: Communication and Support to Council
Reference: RE8
Date approved: June 22, 2016; May 27, 2015; November 21, 2014
Date revised: ~~June 22, 2016; May 27, 2015~~

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The Registrar will ensure that Council is informed and supported in its work.

Accordingly, in a timely manner, the Registrar shall:

1. Supervise and administer the Election of Council and the Executive Committee as set out by the College By-laws.
2. Notify Council members in advance of the expiration of their terms of office
3. Provide administrative services to Council as may be required such as correspondence, keeping of records, distribution of notice of meetings and other administrative details as may be required.
4. Provide a mechanism for official Council, Officer or Committee communications in a timely manner.
5. Communicate with the President of Council on a regular basis.
6. Submit monitoring data required by Council in accordance with CRL5 (Monitoring Registrar Performance) in a timely, accurate and understandable manner, directly addressing provisions of Council policies being monitored.
7. Make Council aware of relevant trends, anticipated media coverage, material internal and external changes, and particularly changes in the assumptions upon which Council policy has previously been established.
8. Advise Council if, in the Registrar's opinion, Council is not in compliance with its own policies on Governance Process and Council Registrar-CEO Linkage, particularly in the case of Council behavior that is detrimental to the working relationship between Council and the Registrar.
9. Collect for Council as many staff and external points of view, issues and opinions as needed for fully informed Council choices.
10. Work with Council as a whole except when
 - a. Fulfilling appropriate individual requests for information or
 - b. Responding to Committees that are exercising their statutory obligations or
 - c. Responding to Officers or Committees duly charged by Council.
11. Report in a timely manner an actual or anticipated non-compliance with any Council policy and provide an explanation for such non-compliance.
12. Obtain the approval of the President for the amount and purpose of the Registrar's business expenses that fall outside the approved annual budget.

13. Ensure payment of the Honoraria and expenses due to elected Council members and Non-Council members of Committees in accordance with the College's By-laws in a timely manner.

14. ~~Coordinate with Health Board Secretariat to support administration of financial claims by~~ Administer the expense claims provided by public Council members in a timely manner.

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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

This recommendation was initially brought to Council in October but at the time with the election of a new President and Executive Committee, the Council while in agreement that adopting the change was a good direction, it was decided the timing was not the best and to defer back to the new committee to decide when best to implement the change. The current committee discussed a strategy and are recommending that with the approval of Council to adopt the term Chair instead of President, careful considerations will be made to communications regarding change to emphasize that the intent is to bring clarity to what the role represents. A letter from the President will be issued to membership as a way to emphasize support and rationale of the decision from the individual who occupies the role and most impacted.

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 in 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