



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Council Meeting

September 30, 2020



NOTICE OF MEETING OF COUNCIL

A meeting of the College of Midwives of Ontario will take place on Wednesday, September 30, 2020 from 9:30 AM to 12:30 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, September 30, 2020 | 9:30 am to 12:30 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 | APPROVAL | 3.0 Agenda | 4 |
| 4. | Consent Agenda <ul style="list-style-type: none"> - Draft Minutes of June 24, 2020 Council Meeting - Inquiries, Complaints and Reports Committee Report - Registration Committee - Quality Assurance Committee - Discipline Committee - Fitness to Practise Committee - Client Relations Committee | C. Ramlogan- Salanga | 9:40 | MOTION | 4.0 Draft Minutes 4.1 ICRC report 4.2 RC report 4.3 QAC report 4.4 Discipline report 4.5 FTP report 4.6 CRC report | 6 |
| 5. | Chair Report | C. Ramlogan- Salanga | 9:45 | APPROVAL | 5.0 Chair Report | 28 |
| 6. | Registrar's Report | K. Dobbin | 10:15 | APPROVAL | 6.0 Registrar's Report | 29 |
| 7. | Executive Committee Report | C. Ramlogan- Salanga | 10:45 | APPROVAL | 7.0 EC Report 7.1 Q1 SOP 7.2 Briefing Note 7.3 Revised Privacy Code 7.4 Proposed Committee Composition | 39 |
| BREAK 11:15 AM | | | | | | |

| Item | Discussion Topic | Presenter | Time | Action | Materials | Pg |
|------|--|-----------|-------|-------------|-------------------------------|----|
| 8. | Quality Assurance Committee Presentation – Peer & Practice Assessments 2020 | L. Martin | 11:30 | INFORMATION | - | |
| 9. | Election of Executive Committee | K. Dobbin | 11:50 | MOTION | 9.0 Appendix 1 General By-Law | 63 |
| 10. | Approval of Annual Slate of Council | Chair | 12:10 | MOTION | 10.0 Approval of Annual Slate | |
| 11. | Housekeeping - Annual forms and Expressions of Interest - Annual Evaluations | Z. Grant | 12:15 | INFORMATION | - | 65 |
| 12. | Adjournment | Chair | 12:30 | MOTION | - | |
| | Next Meeting Dates: December 8-9, 2020 (Strategic Planning) March 23-24, 2021 June 15-16, 2021 October 5-6, 2021 | | | INFORMATION | | |

MINUTES OF COUNCIL MEETING

Held on June 24, 2020 | 9:30 am to 1:30 pm
Videoconference Microsoft Teamshare

| | |
|-----------|--|
| Chair: | Claire Ramlogan-Salanga, RM |
| Present: | Deirdre Brett; Lilly Martin, RM; Lisa Nussey, RM; Susan "Sally" Lewis; John Stasiw; Jan Teevan, RM; Edan Thomas, RM; Marianna Kaminska; Judith Murray; Claudette Leduc, RM; Isabelle Milot, RM; Pete Aarssen; Don Strickland; Maureen Silverman, RM (PM only). |
| Regrets: | None |
| Staff: | Kelly Dobbin; Carolyn Doornekamp; Marina Solakhyan; Nila Halycia; Nadja Gale |
| Observers | Andrea Vaz (Association of Ontario Midwives); Sarah Kibaalya (Ministry of Health) |
| Recorder | Zahra Grant |

1. Call to Order, Welcome and Land Acknowledgement

Claire Ramlogan-Salanga Chair, called the meeting to order at 9:33 a.m. and welcomed all present. Introductions were provided for newly appointed public members Peter Aarssen and Donald Strickland. Two observers were in attendance and were also introduced.

A land acknowledgement was shared as well as an acknowledgement of the ongoing movements for social justice with respect to systemic racism, and specifically anti-black and anti-indigenous racism. A reminder to all present of our shared responsibilities to the work individually and collectively while also highlighting the importance of mental health supports while navigating hard issues.

2. Declaration of Conflict of Interests

No conflicts of interest were declared.

3. Proposed Agenda

MOTION: That the proposed agenda was approved as presented.

Moved: Sally Lewis

Seconded: Marianna Kaminska

CARRIED

4. Consent Agenda

MOTION: THAT THE CONSENT AGENDA CONSISTING OF:

- Draft Minutes of March 25, 2020 Council Meeting

- Executive Committee Annual Report
- Inquiries, Complaints and Reports Committee Annual Report
- Registration Committee Annual Report
- Discipline Committee Report
- Fitness to Practise Committee Report
- Client Relations Committee Annual Report
- Quality Assurance Committee Annual Report

Moved: Marianna Kaminska
 Seconded: Isabelle Milot
 CARRIED

5. President's Report

Claire Ramlogan-Salanga introduced her report with highlights to specific areas of interest. This is the second meeting of the Council during the ongoing COVID19 pandemic and during these unprecedented times the College has continued to function virtually since March 16, 2020 with minimal interruptions.

Council was informed of changes approved by the Executive Committee regarding the annual Council evaluation cycle which would usually take place at this June meeting. Instead, Council, Committee, and Peer evaluations will take place at the first Council meeting, post-election of new Professional members in the fall. Council was also advised of a new process being introduced at the end of every Council training day and meeting, where a short evaluation will be distributed to Council members for immediate feedback on efficiency and effectiveness of each training or meeting. The Council was already introduced to the survey process on training day, the day before and will receive a similar one post-meeting.

An update was provided regarding the meetings of the Strategic Planning Working Group (SPWG). A second meeting was held in June and three strategic themes were identified. They involve supporting the effective regulation of an evolving profession, data collection and analysis, and communicating the College's value. A guiding principle to clearly reflect the College's commitment to anti-racism that recognizes diversity and inclusion will be proposed at the strategic planning meeting of Council in December.

Since the last meeting of Council, there have been changes to the composition of public members. Two new public appointees have joined Council for one-year term appointments and there are three outgoing public members who will each be coming to the end of their three-year term appointments prior to the next meeting. Immense gratitude and best wishes to Deirdre Brett, Sally Lewis and John Stasiw for their dedication and contributions to Council over the past three-years.

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

Moved: Marianna Kaminska
 Seconded: John Stasiw
 CARRIED

6. Registrar's Report

Kelly Dobbin, Registrar introduced her report and opened the floor to Council for questions. Clarification was provided on the regulatory highlight in the report relating to the Ministry's request for feedback on the *Designated Laboratory and Specimen Collection Centre Licensing Act*. The feedback solicited from the Ministry was specific to changes to Appendix B to include two tests that would grant authority to midwives to request under the Newborn Screening Ontario and not related in any way to the formal request of the College in 2018 to rescind Appendix B in its entirety to allow broad prescribing. 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.

The Registrar provided an update to her report stating that the Designated Drugs Regulation that Council had approved last year had recently been posted to the government's Regulatory Registry and will remain there for public feedback until July 27th.

The Registrar also reported an update to Council regarding a collaborative effort of the College with other regulatory Colleges to improve efficiencies and share resources. There is no significant financial commitment required at this time of exploration. Several meetings are planned for the summer. It is anticipated that after these meetings there will be a greater sense of what initiatives may look like and will be brought to Council should resources be required outside of budget.

The annual highlights from Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO), were included in the Council package. The Registrar provided an additional update informing Council that the current social movements around Black Lives Matter and the discussions being held across sectors and platforms on anti-black and systemic racism are also being held in regulatory sector and that HPRO has expressed commitment to examine the ways regulatory policies can inadvertently reinforce racism and to actively work toward removing any discriminatory or implicitly biased practices. The College is clearly in support of this work in the sector and within our own organization. More information regarding adding equity, diversity and inclusion as a guiding principle of the College is being proposed to Council in December.

MOTION: That the Registrar's report be approved as presented.

Moved: Pete Aarssen
Seconded: Marianna Kaminska
CARRIED

7. Auditor's Report

Blair McKenzie and Peter Pang of Hilborn Associates joined the meeting at 10:30 am.

Blair McKenzie and Peter Pang of Hilborn Associates joined the meeting to present the audited financial statements of the fiscal year ending March 31, 2020 to Council. Hilborn is a firm that operates independently of the College to perform the audit in accordance with generally accepted auditing standards. It was presented to Council that in the opinion of the auditor, 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 cash flows for the year ended in accordance with Canadian accounting standards for not-for-profit organizations.

It was noted that two journal entry adjustments were recommended and accepted by management. They were not significant but related to capital assets and deferred revenue.

An additional note regarding impact of the global COVID-19 pandemic was included in the audit notes but due to the high level of uncertainty of impacts it was difficult to estimate any financial effect, if any on the College. No adjustments were made in the financial statements related to these events.

The Registrar, Kelly Dobbin provided additional clarification to Council regarding the line related to new staff. To help improve financial position in light of losing government stipend, Council had previously approved a budget that included a hiring freeze of new positions. The financial statements include a line that reflects an additional full-time equivalent salary, this was due to staff joining the College in April 2019 to replace a vacated position from March of that year. It was not a new position created.

MOTION: That the audited financial statements be approved as presented.

Moved: Marianna Kaminska
Seconded: John Stasiw
CARRIED

8. IN CAMERA

**staff and guests left the meeting 11:20 am to allow Council to move In Camera for the approval of In Camera minutes of the March 2020 meeting.*

MOTION: Be it resolved that Council move in-camera at 11:21 am

Moved: Judith Murray
Seconded: Claudette Leduc
CARRIED

MOTION: Be it resolved that Council move out of in-camera at 11:38 am

Moved: Judith Murray
Seconded: Claudette Leduc
CARRIED

**Staff and guests returned 12:00 pm*

9. Registration Committee: Registration Regulation Presentation

**Maureen Silverman joined the meeting post lunch break.*

Isabelle Milot, Chair of the Registration committee gave an introduction regarding the committee's work on revisions to the Registration regulation. In keeping with the College's

strategic priorities of modernizing legislation and regulations, the committee has been working on finalizing Registration policy recommendations and submitting a revised regulation to Council for approval. The aim is to improve the quality of midwifery regulation to remove unnecessary barriers and burdens and to enhance regulatory effectiveness, flexibility and innovation. With such a huge undertaking, the committee will continually report progress to Council to get feedback to allow thorough feedback and considerations prior to drafted regulation being brought forward to Council for approval. Nadja Gale, Manager of Registration was then introduced to present an overview of the project plan, approach, and work to date.

The project plan developed by the committee breaks down the regulation into topic areas, outlines a process for developing recommendations and builds in stakeholder meetings and consultation as part of the review process to help inform the development of recommendations.

The topic areas that have been identified for consideration within the broader context of midwifery practice are:

- Clinical Currency
- New Registrant Conditions
- Registration Classes (Class Changes)
- Entry to Practise requirements (exemptible/non-exemptible)
- Ongoing Conditions
- Suspension, Revocation and Reinstatement

Research and jurisdictional scans will help guide the research and the Committee will develop recommendations using the College's regulatory impact assessment tool as a framework for decision-making. The tool is used by the College as part of its risk-based approach to regulation, it provides a framework for context and problem definition, risk analysis, regulatory options, initial assessment of impact and policy recommendations. The regulatory impact assessment tool will help identify which details must be included in the registration regulation versus what will be managed through policy.

The Committee so far has reviewed topics related to clinical currency and new registrant conditions and has provided preliminary direction on clinical currency. Staff is working on the regulatory impact assessments for the remaining topics and stakeholder feedback meetings will be initiated. Policy decisions for policy for approval and there will be opportunity for Council to discuss each topic and related policy decisions prior to reviewing entire revised draft.

This presentation was for Council information only and no motion was required.

10. Executive Committee Report

Claire Ramlogan-Salanga introduced the Executive Committee report and highlighted approvals of the Committee on behalf of Council since the last meeting.

With many of the changes to Council's composition of public members (two new members and three outgoing), composition and interim Chair recommendations are being proposed by the Committee to fill the vacancies of the outgoing public members and are detailed in the proposed motions of the committee.

The committee, in its role as a governance committee, completed a review of the College's Governance Policies. The policies are designed to enable Council to focus attention and responsibility toward the accomplishment of the mission and mandate of the College. Proposed revisions are being brought to Council for approval in a motion.

Finally, the Committee brought forward the recommendation of 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. This recommendation was initially brought to Council in October 2019 but at the time it was decided that the timing was not appropriate with election of new President and change in Executive Committee composition. This proposal is fully supported by the current occupier of the role, Claire Ramlogan-Salanga and a careful communication plan for relaying change to membership and in relevant documents will be developed.

The Council approved all recommendations of the report.

MOTION I: That the Executive Committee Report be approved as presented.

Moved: Judith Murray

Seconded: John Stasiw

CARRIED

MOTION II: That Peter Aarssen be appointed to Client Relations, Registration, Discipline and Fitness to Practise Committees.

Moved: John Stasiw

Seconded: Edan Thomas

CARRIED

MOTION III: That Donald Strickland be appointed to Quality Assurance and the Discipline and Fitness to Practise Committees.

Moved: John Stasiw

Seconded: Judith Murray

CARRIED

MOTION 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.

Moved: Claudette Leduc

Seconded: Jan Teevan

CARRIED

MOTION V: That the revised Governance Policies be approved as presented.

Moved: Judith Murray

Seconded: Claudette Leduc

CARRIED

MOTION VI: 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.

Moved: Pete Aarssen

Seconded: Marianna Kaminska
CARRIED

11. Annual Performance Measurement Report

Marina Solakhyan, Director of Regulatory Affairs gave a presentation on the annual regulatory performance measurement review conducted for the first time at College for the 2019/2020 year. The review was based on a framework developed by the College and approved by Council in June 2019 as an internal accountability measure to evaluate College performance and effectiveness in fulfilling regulatory functions.

The 2019/2020 internal review was conducted with the goal of testing the framework, to identify needs for the 2020/2021 review and to get an understanding of how we are doing as an organization although no formal assessment was completed.

The findings of the review indicate that there is no doubt the College would pass an external review. Meetings with each College department were made to discuss specific findings, recommendations and questions. Next steps will be to establish review needs for the next cycle and determining the format and design on how to publicly report the results of future reports.

This presentation was for information only and no motion decision required.

12. Housekeeping

Fond farewells were shared for each of the outgoing Council members Deirdre Brett, Sally Lewis and John Stasiw, who have terms ending prior to the next Council meeting.

For the purpose of ongoing accountability, a post-meeting survey was also distributed to Council members to gather feedback on meeting effectiveness, efficiency and member engagement.

13. ADJOURNMENT

MOTION: THAT THE MEETING BE ADJOURNED AT 1:14 pm.

Moved: John Stasiw
Seconded: Deirdre Brett
CARRIED

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

Q1 REPORT TO COUNCIL APRIL 1, 2020-JUNE 30, 2020

| General | | | | | |
|---|--|---------|-------|----|-------|
| Committee Members | | | | | |
| Chair | Edan Thomas, RM | | | | |
| Professional | Maureen Silverman RM; Lilly Martin, RM; Jan Teevan; Claudette Leduc, RM, Edan Thomas, RM | | | | |
| Public | Susan Lewis, Judith Murray | | | | |
| Non-Council | Christi Johnston, RM, Samantha Heiydt, Jillian Evans | | | | |
| Activities of the Panel | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Total |
| Number of Panel Meetings Held* | 15 | - | - | - | 15 |
| Number of Committee Meetings Held* | 0 | - | - | - | 0 |
| Number of Trainings* | 0 | - | - | - | 0 |
| * Of the 15 meetings held, 7 occurred by teleconference, and 8 occurred electronically. | | | | | |
| Caseload Work of the ICRC | | | | | |
| | Complaints | Reports | Total | | |
| Open files as at April 1, 2020 (Files carried over) | 31 | 8 | 39 | | |
| New files (April 1, 2020 to June 30, 2020) | 15* | 6 | 21 | | |
| Closed files (April 1, 2020 to June 30, 2020) | 9 | 1 | 10 | | |
| Open files as at June 30, 2020 | 38 | 13 | 50 | | |
| Note: Fifteen new complaint files were a result of receiving nine complaints. Four complaints involved more than one midwife. | | | | | |

Source of New Matters

| Source of New Matters | Complaints (15) | Reports (6) | YTD Total Complaints (15) | YTD Total Reports (6) |
|---|-----------------|-------------|---------------------------|-----------------------|
| Client | 11 | | 11 | |
| Family Member | 3 | | 3 | |
| Health Care Provider | 1 | | 1 | |
| Information received by Mandatory / Self Report | | 4 | | 4 |
| Information received from another source | | 2 | | 2 |

Outcomes/Completed Cases

| Number of Resolved Cases and Outcomes | Complaints | | Reports | |
|---|------------|---------|---------|---------|
| | Q1 (g) | YTD (g) | Q1 (1) | YTD (1) |
| Complaints referred to ADR | 0 | 0 | N/A | |
| Complaints Withdrawn | 1 | 1 | N/A | |
| Frivolous and Vexatious | 0 | 0 | N/A | |
| No Action | 7 | 7 | 0 | 0 |
| Advice & Recommendations | 1 | 1 | 0 | 0 |
| Specified Continuing Education or Remediation Program (SCERP) | 0 | 0 | 0 | 0 |
| Oral Caution | 0 | 0 | 0 | 0 |
| SCERP AND Oral Caution | 0 | 0 | 1 | 1 |
| Referral to Discipline Committee | 0 | 0 | 0 | 0 |
| Referral to Fitness to Practise Committee | 0 | 0 | 0 | 0 |
| Acknowledgement & Undertaking | 0 | 0 | 0 | 0 |
| Undertaking to Restrict Practise | 0 | 0 | 0 | 0 |
| Undertaking to Resign and Never Reapply | 0 | 0 | 0 | 0 |

Note: where decisions contain more than one outcome or multiple issues, both will be captured. Accordingly, the total number of decisions may not equal the total number of outcomes or cases.

| Year to Date Percentage of ICRC decisions made pursuant to section 26(1) of the Health Professions Procedural Code: | Complaints (8) | Reports (1) |
|--|----------------|-------------|
| Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee (s. 26.1.1 of the Code) | 0% | 0% |
| Refer the member to a panel of the ICRC under s. 58 for incapacity proceedings (s. 26.1.2 of the Code) | 0% | 0% |
| Require the member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned (s. 26.1.3 of the Code) | 0% | 100% |

| | | |
|---|------|----|
| Take action it considers appropriate that is not inconsistent with the health profession Act, Code, the regulations or by-laws. (s. 26.1.4 of the Code) | 100% | 0% |
|---|------|----|

Timelines

| Closed cases | Complaints | | Reports | |
|---|------------|---------|---------|---------|
| | Q1 (8*) | YTD (8) | Q1 (1) | YTD (1) |
| Number of files closed >150 days | 7 | 7 | 1 | 1 |
| Number of files closed between 150 days and 210 days | 0 | 0 | 0 | 0 |
| Number of files closed <150 days | 1 | 1 | 0 | 0 |
| Shortest: (reported in number of days) | 90 | 90 | 233 | 233 |
| Longest: (reported in number of days) | 672 | 672 | 233 | 233 |
| Average: (reported in number of days) | 326 | 326 | 233 | 233 |
| 90 th percentile disposal*: (reported in number of days) | 672 | 672 | 233 | 233 |

*This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.

Note: Several complaint matter involving several members involved a lengthy and complex investigation. These numbers are expected to decrease throughout Q3-Q4.

Alternative Dispute Resolution

| Current Stats at at June 30, 2020 | Total |
|---|-------|
| Open files with ADR as at April 1, 2020 (Files carried over) | 0 |
| New files referred to ADR (April 1, 2020 to June 30, 2020) | 3 |
| Closed files with in 60 days (April 1, 2020 to June 30, 2020) | 0 |
| Closed files with in 120 days (April 1, 2020 to June 30, 2020) | 1 |
| Files returned to ICRC due to timeframe (April 1, 2020 to June 30, 2020) | 0 |
| Files returned to ICRC due to unsuccessful mediation (April 1, 2020 to June 30, 2020) | 0 |
| Files returned to ICRC as Registrar did not ratify the agreement (April 1, 2020 to June 30, 2020) | 0 |
| Open files as at June 30, 2020 | 2 |

| Other useful information: | Total |
|---|-------|
| Total Number of Complaints Received | 15 |
| Number of complaints that were not ADR eligible | 8 |
| Number of Complaints that were ADR eligible | 7 |
| Number of Members who agreed to participate in ADR | 7 |
| Number of Complainants who agreed to participate in ADR | 3 |

| | |
|---|---|
| Number of Complaints eligible that proceeded to ADR upon consent of all parties | 3 |
|---|---|

Appeals

| Complaint Matters | Total |
|---|-------|
| Open HPARB appeals as at April 1, 2020 (Appeals carried over) | 2 |
| New HPARB appeals (April 1, 2020 to June 30, 2020) | 0 |
| Completed HPARB appeals (April 1, 2020 to June 30, 2020) | 0 |
| Open HPARB appeals as at June 30, 2020 | 2 |

Respectfully Submitted,

Edan Thomas, RM

REGISTRATION COMMITTEE

Q1 REPORT TO COUNCIL APRIL 1, 2020-JUNE 30, 2020

| | | | | | |
|--|--|----|----|----|-------|
| General | | | | | |
| Committee Members | | | | | |
| Chair | Isabelle Milot, RM | | | | |
| Professional | Claudette Leduc, RM; Alexandra Nikitakis, RM | | | | |
| Public | Jill Evans, Samantha Heiydt, John Stasiw | | | | |
| Non-Council | Christi Johnston, RM | | | | |
| Activities of the Committee | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Total |
| Number of Panel Meetings Held* | 5 | - | - | - | 5 |
| Number of Committee Meetings Held* | 2 | - | - | - | 2 |
| Number of Trainings* | 0 | - | - | - | 0 |
| * Of the 7 meetings held, 7 occurred by videoconference using Microsoft Teams. | | | | | |
| <p>In Q1, the Registration Committee addressed the following items:</p> <p>APPROVING THE QUALIFYING EXAMINATION FOR THE 2020 GRADUATING COHORT</p> <p>Due to the COVID-19 pandemic, the Canadian Midwifery Regulators Council (CMRC) postponed the May 7, 2020 sitting of the Canadian Midwifery Registration Exam (CMRE) until October 29, 2020. With the postponement of the CMRE, an alternative solution was proposed by the College and approved by the Registration Committee to allow the incoming 2020 cohort to become registered with the College.</p> <p>As of April 2, 2020, the Midwifery Education Program Final Clerkship Exam was approved as the qualifying examination for the purpose of s. 8(1)3 of the Registration Regulation made under the Midwifery Act, 1991. This is a temporary decision to address a public health emergency. It will be in effect during the period that Ontario is responding to the consequences of the COVID-19 pandemic and will be reversed by the Registration Committee as needed. The Registration Committee further agreed to having applicants undertake to complete the CMRE at the next available date and to finalize the details of the undertaking with legal counsel.</p> | | | | | |

REGISTRATION REGULATION PROJECT - REGULATORY IMPACT ASSESSMENTS

As part of the Registration Regulation Project Plan, the Registration Committee is asked to review key topics that require policy decisions that will inform the development of the revised Registration Regulation. Each topic is outlined in a regulatory impact assessment tool, which is an assessment of the expected impact of each regulatory policy initiative that must be done before any regulatory measure is introduced or revised, in accordance with the College's policy development process.

The Committee reviewed updated regulatory impact assessments and preliminary recommendations on clinical currency and new registrant conditions. The Committee identified some remaining questions and staff is conducting final research in order to propose recommendations for a policy framework to address clinical currency and new registrant conditions in the revised Registration Regulation. The Committee also reviewed jurisdictional research and initial information regarding classes of registration. Staff is continuing work on this topic, as well as entry-to-practise requirements for review at upcoming Registration Committee meetings. Once recommendations are approved by the Registration Committee, they will be brought forward to Council for review, potentially in December 2020.

CONTINUING COMPETENCIES – RENEWAL 2020

As part of the Registration Regulation s. 12.(1)2 and 3, to demonstrate compliance with the continuing competency requirements, members must provide evidence satisfactory to the College of continuing competency in neonatal resuscitation (NRP) every year and satisfactory evidence of continuing competency in emergency skills (ES) and cardiopulmonary resuscitation (CPR) every two years.

All members provided evidence satisfactory to the College of continuing competency in NRP, ES and CPR in 2019 through their registration renewal. In accordance with the Registration Regulation, members do not need to provide evidence in ES and CPR until 2021, however they must provide evidence for neonatal resuscitation this year. Therefore, to address the current lack of available approved continuing competency courses, due to the COVID-19 pandemic, the Registration Committee approved the following approach for renewal 2020. Members do not have to report on ES or CPR and will only be asked to report on the following:

- Show satisfactory evidence of NRP by meeting one of the following as of October 1, 2020:
 - a) Have a valid NRP card uploaded to the member portal. Valid implies that the NRP card will not have expired as of October 1, 2020.
 - b) Have an NRP certificate that expired a year or less than one year ago uploaded to the member portal.

- c) Have an NRP certificate that expired more than a year ago and have completed the following:
- I. have reviewed relevant materials, textbooks and guidelines related to neonatal emergency skills;
 - II. have discussed and practised responses to hypothetical neonatal emergency case scenarios and practised hypothetical emergencies with one or more members of the College, all of whom must have provided to the College for 2019-20 registration renewal evidence satisfactory to the College of continuing competency in neonatal resuscitation.
- d) All members will be asked to declare that they understand that they must have the necessary knowledge, skill and judgment related to NRP.

This approach enables the College to comply with the Registration Regulation and consistently apply the “one year or less than one year” criterion already approved by the Registration Committee.

CONTINUING COMPETENCIES – COURSE SUBMISSION UPDATES

The College staff updated the Registration Committee on the two current continuing competency course approval submissions. After further review and collection of more information, College staff will either approve them or bring them to the Registration Committee for their review in accordance with the approved process.

Committee, panel, membership changes and statistics follow:

| Members by Class of Registration | Total | | % | |
|--|-----------|-----|----|-----|
| | Q1 (1043) | YTD | Q1 | YTD |
| General | 716 | 716 | 69 | 69 |
| General with new registrant conditions | 99 | 99 | 9 | 9 |
| Supervised practice | 14 | 14 | 1 | 1 |
| Inactive | 214 | 214 | 21 | 21 |
| Transitional | 0 | 0 | 0 | 0 |

| New Members by Class of Registration | Total | | % | |
|--|---------|----------|----|-----|
| | Q1 (40) | YTD (40) | Q1 | YTD |
| General | 1 | 1 | 3 | 3 |
| General with new registrant conditions | 30 | 30 | 75 | 75 |
| Supervised practice | 9 | 9 | 23 | 23 |
| Inactive | 0 | 0 | 0 | 0 |
| Transitional | 0 | 0 | 0 | 0 |

| New Members by Route of Entry | Total | | % | |
|---------------------------------|---------|----------|------|------|
| | Q1 (40) | YTD (40) | Q1 | YTD |
| Laurentian University graduates | 13 | 13 | 32.5 | 32.5 |
| McMaster University graduates | 16 | 16 | 40 | 40 |

| | | | | |
|--|---|---|-----|-----|
| Ryerson University graduates | 8 | 8 | 20 | 20 |
| International Midwifery Pre-registration Program (IMPP) graduates | 2 | 2 | 5 | 5 |
| Out of province certificate holders (midwife applicants) from other Canadian regulated midwifery jurisdictions | 1 | 1 | 2.5 | 2.5 |
| Former members | 0 | 0 | 0 | 0 |

| Panel Referrals | Total | |
|--|-------|-----|
| | Q1 | YTD |
| Total Number of referrals to a panel of the Registration Committee | 9 | 9 |

| Panels Held by Category | Total | |
|---|--------|---------|
| | Q1 (g) | YTD (g) |
| Application for registration ¹ | 1* | 1* |
| Class change – Inactive to General ² | 8 | 8 |
| Active practice requirements shortfall ³ | 0 | 0 |
| Re-issuance of a Supervised Practice certificate of registration ⁴ | 0 | 0 |
| Reinstatement within one year following revocation ⁵ | 0 | 0 |
| Variation of terms, conditions and limitations ⁶ | 0 | 0 |

*Decision not yet rendered –additional information required. Another panel meeting will be held.

| Panel Outcomes by Category | | |
|---|---------|---------------------|
| Panel Outcomes By Application for Registration ¹ | Total | |
| | General | Supervised Practice |
| | Q1 (o) | YTD (o) |
| Application approved – Registrar directed to issue certificate of registration | 0 | 0 |
| Application approved – Registrar directed to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel | 0 | 0 |
| Application approved - Registrar directed to issue a certificate of registration if the applicant successfully completes additional training specified by the panel | 0 | 0 |
| Application approved – Registrar directed to impose terms, conditions and limitations on certificate | 0 | 0 |
| Application not approved – Registrar directed to refuse to issue certificate | 0 | 0 |
| Panel Outcomes By Class change – Inactive to General ² | Total | |

| | Q1 (8) | YTD (8) |
|---|--------|---------|
| Requalification program approved – General certificate re-issued | 8 | 8 |
| Requalification program approved with supervision required – Supervised Practice certificate issued | 0 | 0 |
| Panel Outcomes By Active Practice Requirements Shortfall ³ | Total | |
| | Q1 (0) | YTD (0) |
| Exception granted – extenuating circumstances demonstrated | 0 | 0 |
| Shortfall plan required | 0 | 0 |
| Shortfall plan and undertaking imposing terms, conditions and limitations related to the plan | 0 | 0 |
| Panel Outcomes By Re-issuance of a Supervised Practice certificate of registration ⁴ | Total | |
| | Q1 (0) | YTD (0) |
| Re-issuance approved – supervised practice extended | 0 | 0 |
| Re-issuance not approved | 0 | 0 |
| Panel Outcomes By Reinstatement within one year following revocation ⁵ | Total | |
| | Q1 (0) | YTD (0) |
| Requalification program approved – no supervised practice required | 0 | 0 |
| Requalification program approved – supervised practice required | 0 | 0 |
| Panel Outcomes By Variation of terms, conditions and limitations ⁶ | Total | |
| | Q1 (0) | YTD (0) |
| Application refused | 0 | 0 |
| Registrar directed to remove any term, condition or limitation imposed on the certificate of registration | 0 | 0 |
| Registrar directed to modify terms, conditions or limitations on the certificate of registration | 0 | 0 |
| Timelines: from referral to a panel to a written decision | Total | |
| | Q1 (8) | YTD (8) |
| Files closed within 30 days | 7 | 7 |
| Files closed within 60 days | 1 | 1 |
| Files closed beyond 60 days | 0 | 0 |
| Shortest: (reported in number of days) | 11 | 11 |
| Longest: (reported in number of days) | 40 | 40 |
| Average: (reported in number of days) | 25 | 25 |
| Registration Decisions appealed to the Health Professions Appeal and Review Board (HPARB) | Total | |
| | Q1 (1) | |

| | |
|--|---|
| Open HPARB appeals as at April 1, 2020 (Appeals carried over) | 1 |
| New HPARB appeals (April 1, 2020 to June 30, 2020) | 0 |
| Completed HPARB appeals (April 1, 2020 to June 30, 2020) | 0 |
| Open HPARB appeals as at June 30, 2020 | 1 |

| Of those appeals completed, the number of registration decision appeals that: | Total | |
|--|--------|---------|
| | Q1 (0) | YTD (0) |
| Confirmed the decision | N/A | 0 |
| Required the College to issue a certificate of registration to the applicant upon successful completion of any examinations or training the Registration Committee may specify | N/A | 0 |
| Required the Committee to issue a certificate of registration to the applicant, with any terms, conditions and limitations the HPARB considers appropriate | N/A | 0 |
| Were referred back for further consideration | N/A | 0 |

| Attrition | Total | | % | |
|-----------------------------|-------|-----|-----|-----|
| | Q1 | YTD | Q1 | YTD |
| Attrition Rate ⁷ | 2 | 2 | 0.2 | 0.2 |

Respectfully Submitted,

Isabelle Milot, RM

Notes:

1. *Applications for registration can include first time (initial) applications and applications for re-registration from former members. If the former member resigned within five years prior to the date of re-application, the Registration Regulation requires them to complete a requalification program that has been approved by the Registration Committee.*
2. *Under the Registration Regulation, members who wish to be re-issued a general certificate of registration and who do not meet one or more of the non-exemptible requirements for a general certificate, with the exception of having to repeat the midwifery education program and the qualifying exam, are required to complete a requalification program that has been approved by a panel of the Registration Committee. Often members will be referred because they do not meet the current clinical experience and active practice requirements for a general certificate.*
3. *It is a condition on every general certificate of registration that the member shall carry on active practice as outlined in the Registration Regulation. Where a member fails to meet these conditions (i.e. has not attended sufficient births in various settings in a specific timeframe), the member is referred to a panel of the Registration Committee to determine if an exception may be granted or if a shortfall plan is required.*

4. *Under the Registration Regulation, a Supervised Practice certificate of registration may only be granted for a period of up to one year. Therefore, if a member has not successfully completed their Plan for Supervised Practice and Evaluation within 12 months of issuance of a supervised practice certificate, the member may request an extension and the certificate may only be re-issued if the Registration Committee approves of it being reissued.*
5. *Where a former member wishes to be reinstated within one year following revocation, under the Registration Regulation, the former member is required to complete a requalification program that has been approved by the Registration Committee.*
6. *Under the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professionals Act, 1991, a member may apply to the Registration Committee for an order directing the Registrar to remove or modify any term, condition or limitation imposed on the member's certificate of registration as a result of a registration proceeding.*
7. *Attrition rate includes the number of midwives who left the profession (e.g. resignation) and former members' certificates that have been suspended/revoked/expired. It does not include inactive members.*

QUALITY ASSURANCE COMMITTEE

Q1 REPORT TO COUNCIL
APRIL 1, 2020-JUNE 30, 2020

Committee Members

| | |
|--------------|--|
| Chair | Lilly Martin, RM |
| Professional | Jan Teevan, RM; Isabelle Milot, RM |
| Public | Marianna Kaminska; Deirdre Brett (Term end June 27); Donald Strickland (appointed June 24) |
| Non-Council | None |

Committee Meetings

None

Panel Meetings

None

Trainings

None

Items

None

Attachments:

Respectfully submitted,

Lilly Martin, RM

DISCIPLINE COMMITTEE

Q1 REPORT TO COUNCIL APRIL 1, 2020-JUNE 30, 2020

| | | | | | |
|---|---|-----|----|----|-------|
| General | | | | | |
| Committee Members | | | | | |
| Chair | Judith Murray (effective June 24, 2020, previously Sally Lewis) | | | | |
| Professional | Edan Thomas, RM, Maureen Silverman RM, Lisa Nussey, RM, Jan Teevan, RM, Lilly Martin RM; Claudette Leduc, RM: Isabelle Milot, RM | | | | |
| Public | Susan Lewis, John Stasiw, Marianna Kaminska, Judith Murray, Deirdre Brett Effective June 24, 2020 Peter Aarssen & Donald Stickland | | | | |
| Non-Council | n/a | | | | |
| Activities of the Panel | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Total |
| Number of Prehearing Conferences Held | 0 | - | - | - | 0 |
| Number of Hearing Days | 0 | - | - | - | 0 |
| Number of Trainings* | 1 | - | - | - | 1 |
| *This training occurred at the Council meeting on June 23, 2020. Some Council members attended the HPRO's Discipline Orientation Workshop on June 12, 2020. | | | | | |
| Caseload Work of the Discipline | | | | | |
| | Q1 | YTD | | | |
| Open files as at April 1, 2020 (Files carried over) | 1 | 1 | | | |
| Number of new referrals by the ICRC (April 1, 2020 to June 30, 2020) | 0 | 0 | | | |
| Closed files (April 1, 2020 to June 30, 2020) | 0 | 0 | | | |
| Open files as at June 30, 2020 | 1 | 1 | | | |
| Summary of Discipline Committee Decision(s) | | | | | |
| There were no discipline decisions released in this quarter. | | | | | |
| Respectfully Submitted, | | | | | |
| Judith Murray | | | | | |

FITNESS TO PRACTISE COMMITTEE

Q1 REPORT TO COUNCIL
APRIL 1, 2020-JUNE 30, 2020

| | |
|--|---|
| General | |
| Committee Members | |
| Chair | Judith Murray (effective June 24, 2020, previously Sally Lewis) |
| Professional | Edan Thomas, RM, Maureen Silverman RM, Lisa Nussey, RM, Jan Teevan, RM, Lilly Martin RM; Claudette Leduc, RM; Isabelle Milot, RM |
| Public | Susan Lewis, John Stasiw, Marianna Kaminska, Judith Murray, Deirdre Brett Effective June 24, 2020 Peter Aarssen & Donald Stickland |
| Non-Council | n/a |
| Activities of the Panel | |
| The Committee has not met since the last report to Council. | |
| No referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee last reported to Council. | |
| Respectfully Submitted, | |
| Judith Murray | |

CLIENT RELATIONS COMMITTEE

Q1 REPORT TO COUNCIL APRIL 1, 2020-JUNE 30, 2020

Committee Members

| | |
|--------------|-----------------------------------|
| Chair | Deirdre Brett (until June 2020) |
| Professional | Lisa Nussey, RM |
| Public | Deirdre Brett, Marianna Kaminska, |
| Non-Council | Alexandra Nikitakis, RM |

Committee Meetings

N/A

Panel Meetings/Hearings

N/A

Trainings

N/A

Items

N/A

Attachments:

N/A

Respectfully Submitted,

Marianna Kaminska, Chair (as of June 2020)

CHAIR REPORT

REPORT TO COUNCIL – September 30, 2020

Prepared by: Claire Ramlogan-Salanga, RM

1. General Highlights

It has been 6 months since the pandemic has changed our lives. Our resilience as a College and Council has been tested but as expected, we persevered. This fall we will continue to use videoconferencing for our meetings which has become the new normal for many organizations. I am looking forward to the fall and winter as Council has many exciting and ambitious projects to continue and close.

2. Governance

Over the summer Kelly and I continued to meet on a weekly basis to discuss College activities. In addition, I reviewed the Council training and meeting evaluations from June and no recommendations are coming forward at this time.

In August, both Edan Thomas and myself were acclaimed for three-year terms on Council as professional members. I would like to welcome Karen McKenzie RM and Sarah Baker to the Council as our new professional and public members respectively. Kelly and I will provide both Karen and Sarah with an orientation to the Council by videoconference before our September Council meeting.

The Strategic Planning Working Group (SPWG) will be holding its third meeting on September 23rd where we will review the proposed strategic priorities and key performance indicators (KPIs). A verbal update and presentation will be shared with Council at the upcoming September meeting.

To our out-going professional member Lisa Nussy, I would like to say thank you for your commitment and engagement on Council for the past 3 years. Lisa has participated on statutory committees and has been a valuable and engaging member. We will miss you Lisa, I wish you the very best in your future activities and thank you for your service at the College.

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

Participation in the following:

1. Professional development: Canadian Network of Agencies for Regulation (CNAR) virtual conference September through November 2020
2. Ex-Officio: QAC Meeting, August 26th
3. OMSC: September 14th
4. CMRC AGM & board meeting: September 14th

REGISTRAR-CEO QUARTERLY REPORT

REPORT TO COUNCIL – September 30, 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 completed its own consultation on their Regulatory Registry this summer, and we have not yet been informed of any consultation feedback they received.

As you will recall, the formal submission requested amendments that would no longer list specific drugs or substances (as they are currently specified in the existing regulation) and rather include categories of drugs and substances in accordance with the American Health Formulary System (AHFS). This approach was one that the Minister of Health directed the College to take. While the College did not initially support this direction, recommending instead broad access to drugs and substances within the midwifery scope of practice, Council nevertheless approved this approach knowing that it would still bring positive change for midwifery clients as they would have improved access to up-to-date treatments.

The main reason the College initially disapproved of using a category framework for access to drugs and substances was that it is difficult to predict how often new categories will be created or how often the categories included in the proposed regulation would require change. Any change or addition to a given category means midwives may lose access to, or not be permitted access to, drugs and substances that are necessary to provide routine or emergency care. Lack of access will inevitably result in gaps in care for clients. Unfortunately, unless one can somehow predict future changes of the AHFS classification system, those categories will not be captured in the regulation.

As such, it recently came to our attention that an important category in our proposed drug regulation was missed. The category is Class 32:00 Nonhormonal Contraceptives. The proposed

1

regulation has Class 68:00 Hormones and Substitutes which includes estrogen-progestin combinations, levonorgestrel, progestins, ulipristal, edroxyprogesterone but does not include non-hormonal contraceptives. We did not include Class 32:00 in the current submission because the online AHFS Clinical Drug Information (CDI) database, which we used to develop the regulation, did not include Class 32:00 last year when we were working to propose changes to the regulation. At that time, this class existed only in the print version, and was called Contraceptives - Foams and Devices.

Class 32:00 is now available in the online database and includes drugs and devices like copper IUDs, nonoxynol-9, condoms and diaphragms. Class 32:00 also includes a new drug, Phexxi, which has recently received FDA approval. Phexxi is a combination of three drugs only one of which midwives will be able to access under the regulation as currently proposed. Because midwives need access to all these drugs and devices that are in the midwifery scope, Class 32:00 Nonhormonal Contraceptives must be added to the drug regulation. This situation, however, highlights our initial concerns about using the AHFS classification system that is designed to respond to industry needs in the United States, and not designed for a drug regulation that governs the profession's access to Canadian drugs and substances.

The College has brought this serious concern to the Ministry's attention and we are scheduled to meet on September 17th to discuss the matter in detail, and hopefully consider a revised approach to the Drug Regulation.

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. The consultation was launched in August and will close on October 10th. Council may then approve the changes to the Bylaws in December 2020.

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

Performance Measurement

As you may recall, the Ministry has been working on a College Performance Measurement Framework (CPMF), separate from our own Performance Measurement Framework that was approved by Council in June 2019. Those who were present may also remember that representatives from the Ministry presented their initial ideas on the CPMF to our Council in December 2018. Attached to this report you will find a letter dated September 1, 2020 from Acting ADM Sean Court announcing the implementation of the CPMF this fall. All Colleges are expected to measure against the Standards (defined as best practices as opposed to minimum expectations) for the calendar year 2020, and to report back to the Ministry and publicly post in a standardized manner by March 31, 2021. As the Standards are not yet considered finalized, we have not included

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them in the Council package. We are pleased to report that after a staff review of the CPMF, we are confident that we already meet the majority of the best practices and are collecting the requested data they seek. We will however propose revisions to some of our processes to more easily provide the evidence they request (for example, attaching Council members' annual conflict of interest declarations to each Council package) and revise our governance policies to address a governance-related standard that is not fully met at this time (namely, having a third-party assessment of Council effectiveness at a minimum every three years).

It should be noted that the new standardized report is expected to replace the College's Annual Report which is provided to the Minister of Health within six months of the end of the fiscal year (by September 30th each year for this College).

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 June, 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 (TBC) was postponed to the fall. The general assessment of the TBC has now been initiated, with the appointment of two assessors and with the TBC working on their self-assessment at this time. The onsite assessment will take place in November 2020 with a final report expected by January 2021. Council should expect a presentation by staff on the general assessment program in March 2021. 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.

Annual registration renewal and Quality Assurance Program (QAP) reporting launched on August 1st and the deadline to renew/report is October 1st, 2020. Given the circumstances surrounding the COVID-19 pandemic and a lack of availability of continuing competency courses since March 2020, for renewal 2020, practising members will only be required to provide satisfactory evidence of training in Neonatal Resuscitation (NRP) to the College. For renewal 2020 only, satisfactory evidence of NRP may include review of relevant materials, textbooks and guidelines related to neonatal emergency skills; discussion and practice of responses to hypothetical neonatal emergency case scenarios and practice of hypothetical neonatal emergencies with one or more members of the College. Evidence of training in Emergency Skills (ES) and Cardiopulmonary Resuscitation (CPR) for registration renewal 2020 will not be required.

In 2020, the College launched its new Peer and Practice Assessment Program. Peer and practice assessments are an important component of the Quality Assurance Program required by the Health Professions Procedural Code. The purpose of the program is to assess the members' knowledge, skill and judgment are satisfactory in accordance with the professional standards established by the profession. There are two components to the new program; distance and in-person. Depending on the outcome of the distance assessment (if a member scores above the 75% threshold), participation in an in-person assessment may not be required. A detailed presentation on the 2020 Program Launch will be provided to Council at its September 30th meeting.

Discipline

On July 22, 2020 the College held its first videoconference discipline hearing. An agreed statement of facts (ASF) and a joint submission on penalty (JSP) were jointly submitted by the member [Sandra Knight](#) and the College and both were accepted by the panel. The decision of the discipline panel can be found [here](#). Please note that the decision has been redacted in parts due to a publication ban.

In addition, on July 10, 2020, a panel of the Inquiries, Complaints and Reports Committee referred allegations of professional misconduct against [Natasha Singleton-Bassaragh](#) to the Discipline Committee of the College. The Statement of Allegations can be found [here](#). The Notice of Hearing will be posted when served to the member. A hearing is in the process of being scheduled.

2. Governance

Implementation of Council Decisions

At its March meeting, 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 for an August election cycle. Council elections were to be held by online voting during August, however, no elections took place since a total of three eligible nominations were received for three Council positions, resulting in an acclamation.

In March, Council also agreed to postpone the public consultations related to rescinding three College standards, including the Consultation and Transfer of Care and implementing the proposed Scope of Practice Guide. The College launched the consultation in August, and it remains open until October 10th. The College has met with specific stakeholders to discuss our proposals and solicit feedback in that way as well.

At its last meeting in June, Council approved changes to the Governance Policies. The approved revisions were made and are now available on the College's website and in BoardEffect. In addition, Council approved replacing the term "President" with "Chair" and we are still updating our documents (and website) to reflect that change. This work will be completed shortly, and we will communicate about the change when that happens.

Council & Committee

As directed by Council, Council elections of professional members were postponed from June to August due to the pandemic. Lisa Nussey did not run for re-election and her term will end on September 30th. Many thanks to Lisa for her contributions to Council in the past three years. Three members were acclaimed to three-year terms beginning September 30th. The successful candidates were Claire Ramlogan-Salanga (second term), Edan Thomas (second term), and Karen McKenzie (first term). In addition, the Council has seen a complete turnover of public members

in the past 1.25 years with two new appointees in 2019 and three in 2020. Sarah Baker was appointed in August and we welcome her to her first Council meeting in September. Both Sarah and Karen are scheduled to meet with the Chair and Registrar for an orientation session on September 25th in advance of their first meeting.

Previously scheduled Council trainings were postponed due to the pandemic. Planned trainings including Good Governance (led by Cathi Mietkiewicz) and Professional Competence (led by Zubin Austin) have been rescheduled to September 29th.

A request for applications for non-Council committee members (both public and professional) has been made with the hope to increase diversity of thought, race, abilities, practice model and practice location on committee membership. Anyone applying is encouraged to identify if they are a member of an equity seeking community. The Executive Committee considers all applications and will make recommendations for appointments to Council as needed and at least once a year in December.

Policies

In June 2020, the College implemented a new [Accommodation Policy](#), approved by the Registrar, to outline the circumstances in which accommodation may be required by College applicants and members with professionally-recognized disabilities to ensure that they have equitable access to College processes (such as registration applications, membership renewal, practice advice, quality assurance, complaints and reports) up to the point of undue hardship. This policy is consistent with the Ontario Human Rights Code, the legal duty to accommodate, and the Accessibility for Ontarians with Disabilities Act, 2005.

3. Risk Management

Data Infrastructure

This past summer, the College migrated its files from Dropbox to Microsoft Teams (Teams). Moving to Teams from Dropbox had several benefits for the College:

- The College was already paying for Microsoft licenses so switching to Teams reduced costs. The College no longer needs to pay for Dropbox licenses.
- Staff were already working in Microsoft and in Teams since the switch to a remote work environment. The migration of files into the Microsoft Cloud allows for more seamless workflow for the staff team.
- Microsoft houses Canadian data on Canadian servers. The Privacy Code has been revised to reflect this change.

Over the summer months two different training sessions took place to familiarize the staff with Microsoft Teams and its functionality.

4. Financial Management

Statement of Operations

A draft Q1 Statement of Operations was provided to the Executive Committee at its last meeting for review and approval, and a summarized version is shared here with Council. Spending is in line with the budget, with overage in one area. The overage in the *Conferences, Meeting Attendance and Membership Fees* category is normal at this time of year and can be attributed to the College's full payment for its annual membership fee for the CMRC (Canadian Midwifery Regulators Council). There is not anticipated overage in the category *Conferences, Meeting Attendance and Membership Fees* for the fiscal.

5. Human Resource Management and Staff Leadership

Working During the Pandemic

The College's offices have remained closed and staff continue to work remotely. Some purchases were made to support home ergonomics over the summer. In summer, a survey was sent to the team asking if they wanted the option of returning to the office. The survey results indicated that about half the staff team wished to return to the office on a part-time basis. It seems a break from home and some interaction with colleagues was desirable to some to support the well-being and mental health of the group.

The Director of Operations prepared an appendix to the College's *Business Continuity Plan for COVID-19* called *Office Reentry Plan for Optional Work on Premises*. This plan took into account best practices and the latest public health guidelines for onsite work. It also has a continuous review cycle that will ensure it includes any new best practices. Training took place the first week of September for those wishing to return, and the first onsite day was September 8, 2020. The Director of Operations attended the office to ensure that the space was altered to meet with the Reentry Plan (e.g. signage, PPE, etc.).

It should be noted that the office, for business purposes, remains closed. Staff are not reliably onsite often enough to establish onsite hours, and we are not welcoming visitors to the site. The College continues to operate remotely and is only offering onsite work as an option for team members that desire the change. This option may be removed if case numbers for COVID-19 climb significantly.

Diversity, Equity and Inclusion

The Director of Operations met with the Staff Human Resources Advisory Group to discuss diversity, equity and inclusion at the College, and to obtain direction and feedback on how best to engage with our team and to determine what possible changes could be made at the College. The group determined a few initial courses of action:

1. *Recruitment Considerations* – It was agreed that adding a diversity statement to job postings would be beneficial and that we should, before posting future positions, consider alternative posting areas that could attract diverse candidates.
2. *Group Training* – The Director of Operations will investigate options and report back to them to the Staff Human Resources Advisory Group.
3. *Staff Survey* – The group discussed sending out a survey to all staff. The results of the survey would come back to the Staff Human Resources Advisory Group so that they can consider possible actions and improvements within the College.

The anonymous survey was sent to staff on September 10. The Director of Operations will soon bring the survey results to the Staff Human Resources Advisory Group for discussion.

6. Stakeholder and Media Relations

Communications

Over the summer, the College's communications resumed normal content and scheduling after the pandemic-focused communication plan that was initiated in the spring. Social media posts became more frequent and returned to non-pandemic topics for both midwives and members of the public.

The summer issue of On Call was published after the June Council meeting. As you may recall, the spring issue was replaced by a letter to members by the Chair and Registrar addressing the pandemic. The summer issue also included information from the March Council meeting to ensure that members were aware of the College's work during that time.

Two consultations were launched in August regarding proposed changes to the College's General By-law and for Phase 2 of the standards review. An e-blast was sent in mid-August to members, stakeholders and the public to provide feedback before the October 10, 2020 deadline. Regular posts are made through the College's social media channels to encourage feedback from the public.

The Health Profession Regulators of Ontario (HPRO)'s Communications Committee began advertising again after a brief pause due to the pandemic. Articles about health regulators and health regulation were published in the Zoomer newsletter in early August.

Ministry of Health

The Registrar attends weekly 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.

Regulatory Sector

The Registrar has attended bi-weekly Health Profession Regulators of Ontario (HPRO) meetings. The sector is actively considering how it upholds the principles of diversity, equity and inclusion and how it can actively address anti-black and anti-indigenous racism. The Registrar is working with other College representatives through a newly formed HPRO working group to build a framework/toolkit for health regulators to address equity, diversity and inclusion in regulatory policy, governance policy, human resource policy, and to assist with building capacity among staff with expert support.

The Registrar has been collaborating with 9 other Colleges to consider ways in which we can work together to improve efficiencies or effectiveness. To date the colleges have agreed on how and when member organizations can participate in specific projects and how payments will be structured. Some of the projects we are working on relate to sharing physical space, collective vendor requests, HR policies and trainings, and data analysis with respect to the Ministry's CPMF.

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 Chair hosted the meeting of the Ontario Midwifery Strategy Council on September 14th, 2020. Data reports and other important news is shared between organizations at those meetings to allow for all midwifery organizations 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. The University of Manitoba is seeking provisional accreditation for its proposed Baccalaureate Midwifery Education Program. All Baccalaureate programs in Canada are expected to undergo accreditation by the end of 2023.

Attachments:

1. Memo from ADM Sean Court re: College Performance Measurement Framework

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
A/Assistant Deputy Minister

DATE: September 1st, 2020

RE: **College Performance Measurement Framework Implementation**

I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College's commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting

Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,



Sean Court
A/Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

EXECUTIVE COMMITTEE

REPORT TO COUNCIL – September 30, 2020

Committee Members

| | |
|--------------|--|
| Chair | Claire Ramlogan-Salanga |
| Professional | Edan Thomas, RM; Maureen Silverman, RM |
| Public | Marianna Kaminska |

Committee Meetings

September 11, 2020

Panel Meetings/Hearings

N/A

Trainings

None.

Items

Approved on behalf of Council

- Q1 Statement of Operations

Q1 Statement of Operations

The committee approved the Q1 Statement of Operations. The College is tracking well against estimates in spending. There was overage in the IT & Network support lines and this is related to additional resources and supports needed as the College moved to remote offices for all staff in March as the COVID-19 pandemic was declared. Overall the College is in a good cash flow position and there are no concerns to report. A copy of the statement is attached for Council's reference.

Registrar's Evaluation

Three proposals regarding consultation on Registrar Performance Evaluations were thoroughly reviewed by the Council Chair and references checked. The committee was provided with summaries of each proposal received. The proposal of one consultant, Sam Goodwin of Sam Goodwin Consultants, was particularly comprehensive and reasonable in terms of fees and fits the current culture of the College. His work is collaborative with all of Council and the

Registrar-CEO and works to ensure that the Executive is well-equipped to deliver a meaningful review in order to get the most out of the Registrar-CEO. Mr. Goodwin is reported to value open and frequent communication between the Registrar-CEO and Chair, and all of Council, and will act as a coach to both if necessary. The committee approved working with Goodwin Consulting (Sam Goodwin) to review, revise and administer the Annual Performance Evaluation of the Registrar-CEO.

Privacy Code

As the Council's privacy working group, the committee reviewed the College's Privacy Code which has been updated to account for changes to the College's systems. These changes are related to ensuring all College data stored on internet-based clouds and our service providers (ie. BoardEffect, TitanFile, Microsoft and Thentia) use Canadian-based servers for information storage. The code had not been reviewed since 2017. An Information Technology lawyer was engaged in the review and a briefing note with the proposed changes are attached for Council's reference. The Committee is putting forward a motion to approve the changes proposed to the College's Privacy Code.

Committee Appointments

Since the last Council meeting, a new public member Sarah Baker has been appointed and Council will be approving a new slate of Council that will include newly acclaimed professional member Karen McKenzie. An application for non-Council committee appointment was received from Sally Lewis, previously appointed to Council as a public member whose term ended July 2020. The committee is proposing interim committee appointments to fill committee vacancies until recommendations for 2020/2021 committee composition are reviewed and proposed in December. Proposed committee composition is attached reference and approval.

Assessment of the Auditor Report

The committee worked on the draft of the Comprehensive Assessment of the Auditor report. A final copy will be presented to Council in December.

MOTIONS

The committee is proposing five motions to Council for approval:

- I. That the Executive Committee Report be approved as presented.
- II. That the revisions to the Privacy Code be approved as presented
- III. That Sarah Baker be appointed Registration, Discipline and Fitness to Practise Committees.

- IV. That Karen McKenzie, upon approval of Council slate be appointed to Client Relations, Discipline and Fitness to Practise committees.
- V. That Sally Lewis be appointed to Investigations, Complaints and Reports, Quality Assurance, Discipline and Fitness to Practice committees as a public non-Council committee member.

Attachments:

- 1. Q1 Statement of Operations
- 2. Briefing Note Privacy Code
- 3. Revised Privacy Code
- 4. Proposed Committee Composition

Respectfully Submitted,

Claire Ramlogan-Salanga, Chair

The College of Midwives of Ontario

Q1 Statement of Operations (Fiscal April 1, 2020 - March 31, 2021)

April 1, 2020 - June 30, 2020



| | F21 Projected Revenue | F21 Projected Revenue to end of Q1 | Q1 Revenue F21 | Q1 Revenue F20 | Percentage Variance Against Budget |
|---------------------------------|-----------------------|------------------------------------|-------------------|-------------------|------------------------------------|
| REVENUE | | | | | |
| Membership Fees | \$ 2,384,797 | \$ 596,199 | \$ 595,234 | \$ 483,946 | 25% |
| Administration & Other | \$ 107,316 | \$ 26,829 | \$ 21,958 | \$ 44,554 | 20% |
| Project Funding - Birth Centres | \$ 67,121 | \$ 16,780 | \$ 16,780 | \$ 26,532 | 25% |
| TOTAL REVENUE | \$ 2,559,233 | \$ 639,808 | \$ 633,972 | \$ 555,032 | 25% |

| | F21 Budget | F21 Budget to end of Q1 | Q1 Spending F21 | Q1 Spending F20 | Percentage Variance Against Budget |
|---|---------------------|-------------------------|-------------------|-------------------|------------------------------------|
| EXPENSES | | | | | |
| Salaries & Benefits | \$ 1,479,847 | \$ 369,962 | \$ 331,372 | \$ 263,316 | 22% |
| Professional Fees | \$ 116,068 | \$ 29,017 | \$ 3,146 | \$ 685 | 3% |
| Council and Committee | \$ 150,696 | \$ 37,674 | \$ 17,785 | \$ 16,563 | 12% |
| Office & General | \$ 155,764 | \$ 38,941 | \$ 17,952 | \$ 20,235 | 12% |
| Information Technology, Security & Data | \$ 145,400 | \$ 36,350 | \$ 24,987 | \$ 19,031 | 17% |
| Rent & Utilities | \$ 196,764 | \$ 49,191 | \$ 47,386 | \$ 47,854 | 24% |
| Conferences, Meeting Attendance & Membership Fees | \$ 82,975 | \$ 20,744 | \$ 54,597 | \$ 52,100 | 66% |
| Panel & Programs | \$ 325,919 | \$ 81,480 | \$ 9,121 | \$ 7,097 | 3% |
| Birth Centre Assessment & Support | \$ 67,121 | \$ 16,780 | \$ 12,459 | \$ 11,363 | 19% |
| Capital Expenditures | \$ 43,043 | \$ 10,761 | \$ 9,508 | \$ 9,335 | 22% |
| TOTAL EXPENDITURES | \$ 2,763,597 | \$ 690,899 | \$ 528,313 | \$ 447,579 | 19% |
| PROJECTED LOSS | \$ (204,364) | | | | |

ADDITIONAL NOTES

- 1 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 | \$ 233,050 |
| Accrual Budget to end of Q1 | \$ 58,263 |
| Accrual Spending to end of Q1 | \$ 29,073 |

BRIEFING NOTE TO COUNCIL

Subject: Privacy Code Update

Summary

The College's Privacy Code has been updated to account for changes to the College's systems. The revisions were shared with the Executive Committee in early September as well, and some revisions they discussed were incorporated.

The revised Code is being presented to Council for approval.

Background

During the spring and early summer of this year the College moved its files from Dropbox to Microsoft Teams. With this change the College now hosts all of its data on Cloud services in Canada, or within the College's physical servers onsite. Over the last few years the College has been working toward ensuring it is using cloud services located only in Canada. Our service providers (BoardEffect, Titanfile, Microsoft Teams, and Thentia) all store their data on Canadian servers.

The Privacy Code was revised with the aim to reflect this change. That said our lawyer has recommended that since cloud providers such as Microsoft guarantee that data is stored in Canada when at rest, but do not guarantee that the encrypted data will never pass through an alternate server when transiting, and we should keep some language to address this possibility in the policy.

The Privacy Code was last reviewed in 2017. The Code underwent a thorough review by our legal advisor and recommended changes are shared through tracked changes.

Recommendation

The following motion is submitted for approval:

Approve the revised Privacy Code

Implementation Date

This revised document will be shared with the staff team and uploaded to the College website. Contractors will be asked to acknowledge this revised Privacy Code in future contracts.

Legislative and Other References

N/A

Attachments

Privacy Code – September 2020 tracked changes

Submitted by:

Carolyn Doornekamp, Director of Operations

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with revisions December 17, 2003
with revisions November 10, 2004
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PRIVACY CODE COLLEGE OF MIDWIVES OF ONTARIO

Preamble

Midwifery is a self-governing health profession in Ontario under the *Regulated Health Professions Act, 1991* (RHPA). Under the RHPA, it is the duty of the Minister of Health to ensure that health professions are regulated and coordinated in the public interest. Deleted: and Long-Term Care

The College of Midwives of Ontario was established by the *Midwifery Act, 1991* and has the following objects as set out in the Health Professions Procedural Code (being Schedule 2 to the RHPA):

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the RHPA and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing competence among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges. standards of knowledge, skill and judgement related to the performance of controlled acts common among health professions to enhance inter-professional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the RHPA as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

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8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991 c. 18, Sched. 2, s. 3 (1); 2007, c.10, Sched. M, s. 18; 2009, s. 24 (11).

In carrying out its objects, the College has a duty to serve and protect the public interest.

The legal powers and duties of the College are set out in the RHPA, the Health Professions Procedural Code and the *Midwifery Act*. The activities of the College are subject to a number of oversight mechanisms including both general and specific oversight by the Ontario Minister of Health and specific oversight by the Health Professions Appeal and Review Board and the Health Professions Regulatory Advisory Council. Deleted: and Long-Term Care

The College has been designated by Industry Canada as an "investigative body" under the federal *Personal Information Protection and Electronic Documents Act*. This means the College can collect, and third parties can provide, personal information to the College without the consent of the individual involved, including that of clients. In addition, the *Personal Health Information Protection Act, 2004* expressly permits health information custodians to provide personal health information to the College without consent. The most relevant provisions of that Act are as follows:

Non-application of Act

- 9.(2) Nothing in this Act shall be construed to interfere with...
- (e) the regulatory activities of a College under the *Regulated Health Professions Act, 1991*, the College under the *Social Work and Social Service Work Act, 1998* or the Board under the *Drugless Practitioners Act*; or

Disclosures related to this or other Acts

- 43.(1) A health information custodian may disclose personal health information about an individual,...
- (b) to a College within the meaning of the *Regulated Health Professions Act, 1991* for the purpose of the administration or enforcement of the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991* or an Act named in Schedule 1 to that Act;

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In the course of fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for membership, members, clients and persons employed, retained, elected or appointed for the purpose of the administration of the Legislation. The personal information being collected is critical to the College's ability to effectively regulate the profession in the public interest.

Individuals who are employed, retained or appointed by the College as well as every member of the College Council or a College committee are required by section 36 of the RHPA to preserve confidentiality with respect to all information that comes to their knowledge. Breach of this provision can lead to the imposition of fines of up to \$25,000.00 for a first offence and not more than \$50,000 for a second or subsequent offence. (Section 36 of the RHPA is attached as Schedule 1 to this Privacy Code.) Further, in accordance with College by-laws, members of Council and committees are required to sign a confidentiality agreement approved by Council (which can be accessed on the Council website). Every employee, contracted consultant, and volunteer shall sign an agreement to preserve confidentiality of all information relating to College business that comes to their knowledge in the course of their duties at the College. This may be an independent agreement or a confidentiality clause within an employment/service contract. In addition, personal information handled by the College is subject to the provisions of this Privacy Code.

The College uses a number of consultants and agencies that may, in the course of their duties have limited access to personal information the College holds. These include investigators, information technology consultants, building services, bookkeepers and accountants, temporary workers, and our landlord. The College restricts their access to any personal information as much as possible. The College also has their assurance that they will follow appropriate privacy principles.

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The College's collection, use and disclosure of personal information in the course of carrying out its regulatory activities is done for the purpose of regulating the profession in the public interest. These regulatory activities are not of a commercial character. Accordingly, the performance of the College of its statutory duties is not covered by the federal *Personal Information Protection and Electronic Documents Act*. The College has adopted this Privacy Code voluntarily to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the RHPA, the Health Professions Procedural Code and the *Midwifery Act, 1991*.

Definition of Terms

The following terms used in this Privacy Code have the meanings set out below:

"Board" means the Health Professions Appeal and Review Board.

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"**By-laws**" means the by-laws of the College passed under the authority of section 94 of the RHPA Procedural Code.

"**client**" is deemed to include an individual to whom an applicant or member of the College has purported to provide professional services.

["colleague" is deemed to include an individual to whom an applicant or member of the College works in association with when providing professional services, and may include other members of the College.](#)

"**College**" means College of Midwives of Ontario.

"**Discipline Committee**" means the Discipline Committee of the College as required by the RHPA Procedural Code.

"**health information custodian**" has the meaning set out in section 3 of the *Personal Health Information Act*.

"**Inquiries, Complaints and Reports Committee**" means the Inquiries, Complaints and Reports Committee of the College as required by the RHPA Procedural Code.

"**Legislation**" means the RHPA, RHPA Procedural Code, *Midwifery Act*, Regulations and By-laws.

"**member**" means a member of the College.

"**organization**" includes an individual, a corporation, an association, a partnership, and/or a trade union.

"**personal information**" means information about an identifiable individual but does not include the name, title, or business address or telephone number of an individual.

"**Privacy Working Group**" means the Executive Committee.

"**Registration Committee**" means the Registration Committee of the College as required by the RHPA Procedural Code.

"**Regulations**" means the regulations made under the RHPA and/or regulations made under the *Midwifery Act*.

"**RHPA**" means the *Regulated Health Professions Act*, 1991 as amended from time to time.

"**RHPA Procedural Code**" means the Health Professions Procedural Code (being Schedule 2 to the RHPA).

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”third party” means a person other than the College and the individual to whom personal information relates.

Principle 1 – Accountability

The Information Officer is accountable for compliance with these policies and procedures. Complaints or questions regarding the manner in which personal information is being handled by the College should be directed to the Information Officer who can be reached at 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9 416-640-2252 or operations@cmo.on.ca.

The College will provide orientation and training to all employees and appointees as well as all members of Council, committees or working groups regarding their obligations pursuant to section 36 of the RHPA and this Privacy Code.

The College’s confidentiality and privacy policies are available on the College’s website at www.cmo.on.ca and on request by phone at 416-640-2252 or by mail at 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9 or email at operations@cmo.on.ca.

Principle 2 – Identifying Purposes

The purpose for which the College collects, uses and discloses personal information is to administer and enforce the Legislation.

Collection, Use and Disclosure of Information About Members

The College collects and uses personal information regarding its members for the following purposes:

- to assess whether a member continues to meet the standards of qualification for a certificate of registration;
- to investigate complaints regarding the conduct or actions of a member of the College;
- to investigate whether a member has committed an act of professional misconduct or is incompetent;
- to inquire whether a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings that provide for reviewing samples of client records;
- to hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;

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- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while a client, were sexually abused by members of the College;
- to investigate reports filed about members of the College under the RHPA Procedural Code;
- to assess whether a former member's certificate of registration should be reinstated;
- to provide statistical information for human resource planning and demographic and research studies for regulatory purposes;
- to provide information about members to the public for regulatory purposes such as public register information and information about discipline hearings,
- [to keep members informed about College and midwifery practice updates through newsletters and bulletins; and](#)
- to administer or enforce the Legislation.

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The College may collect personal information regarding a member from the member and colleagues of the member, clients of the member and third parties, for the purposes set out above. Personal information regarding members is collected by the College from time to time and at regular intervals.

The College discloses personal information regarding its members only as permitted by section 36 of the RHPA, in accordance with subsection 23(2) of the RHPA Procedural Code, Article 16 of the College's by-laws, or as required by law. For example, the College is required under the RHPA Procedural Code to maintain a public register containing information about its members. The RHPA Procedural Code and the By-laws require the College to make the information available on its website and to provide access to designated information to a person who requests it.

[The College, in accordance with section 36.1 of the RHPA or as required by law, submit reports to the provincial government of Ontario and its ministries, such as Ontario Health and the Health Professions Database, that may include personal information about members.](#)

Information About Colleagues and Clients

The College collects and uses personal information regarding the colleagues and clients of members of the College for the following purposes:

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- to investigate complaints regarding the conduct or actions of a member of the College;
- to investigate whether a member has committed an act of professional misconduct or is incompetent;
- to inquire whether a member is incapacitated;
- to hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings that provide for reviewing samples of client records;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while clients, allege they were sexually abused by members of the College;
- to investigate reports filed about members of the College under the RHPA Procedural Code;
- to assess whether a member continues to meet the standards of qualification for a certificate of registration;
- to assess whether a former member's certificate of registration should be reinstated;
- to provide information about members to the public for regulatory purposes such as public register information and information about discipline hearings; [and](#)
- to administer or enforce the Legislation.

The College may collect personal information regarding a colleague and client of a member of the College from the colleague, the client, the member and third parties for the purposes set out above.

The College discloses personal information regarding the colleagues and clients of members only as permitted by section 36 of the RHPA or as required by law. For example, hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the member who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the member's clients related to the allegations of professional misconduct or incompetence. Another example of disclosure of personal

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information about clients of members relates to complaints regarding the conduct or actions of members. Where a complainant, who is a client of a member, or a member does not agree with a decision of the Inquiries, Complaints and Reports Committee, subject to certain exceptions, either person can request a review by the Board. The RHPA Procedural Code requires that the College disclose to the Board a record of the investigation and the documents and things upon which the decision was based. This disclosure may include personal information about a client of a member.

Deleted: [redacted]

Personal health information disclosed to the College by a health information custodian is only used for the purpose for which the disclosure was made to enable the College to carry out its statutory and legal duties. This is consistent with s. 49 of the *Personal Health Information Protection Act, 2004*.

Information About Applicants for Registration and Potential Members

Deleted: [redacted]

The College collects and uses personal information regarding applicants and potential members and the clients of applicants and potential members to assess whether an applicant or potential member meets, and continues to meet, the standards of qualification to be issued a certificate of registration and to administer or enforce the Legislation. The College discloses personal information regarding applicants and potential members and their clients only as permitted by Section 36 of the RHPA or as required by law. For example, the RHPA Procedural Code provides a procedure for an applicant who does not agree with a decision of the Registration Committee to request a review or a hearing by the Board. The RHPA Procedural Code requires that the College disclose to the Board a copy of the order and reasons of the Registration Committee and the documents and things upon which the decision was based. This disclosure of personal information to the Board is required under the RHPA Procedural Code.

Collection, Use and Disclosure Regarding Subscribers

The College collects and uses personal information regarding subscribers to our mailing lists for the purpose of distributing updates and distributing the most recent Newsletter. The type of information [collected](#) for these purposes include name, email address, and, if volunteered, the reason for subscribing. This information is only disclosed to third parties with express consent unless one of the exceptions in the *Personal Information Protection and Electronic Documents Act* applies (e.g., disclosure required by law). The College collects analytics from its social media platforms (e.g. Twitter, Facebook) for the purposes of analysis.

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The College collects, uses and discloses information for secondary purposes. The most common example being to invoice for goods and services that are not paid for at the time and to collect unpaid accounts.

Information Related to Unauthorized Practice and Holding Out

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The College collects and uses personal information regarding individuals who may be practising the profession of Midwifery or holding themselves out as practicing the profession, and their clients to investigate whether the individual has contravened or is contravening the Legislation and to administer or enforce the Legislation. The College discloses personal information regarding such individuals only as permitted by section 36 of the RHPA or as required by law.

Information Related to Administering the Legislation

The College collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the *Midwifery Act* including the following:

- to review prospective candidates and retain or appoint persons for the purpose of the administration of the Act;
- to maintain records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- to communicate with the person (e.g., home contact information);
- to maintain accurate and fair accounts of any disputes, possible conflicts of interest or misconduct involving a person retained or appointed for the purpose of the administration of the Legislation or a member of the Council or committee of the College; [and](#)
- for purpose of making payments.

The College discloses personal information regarding the individuals referred to above only as permitted by section 36 of the RHPA or as required by law.

Specifying the Identified Purpose

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, either at the time of collection or after collection but before use, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

The College will state the identified purposes in such a manner that an individual can reasonably understand how the information will be used or disclosed.

Where personal information is collected for one purpose, the College reserves the right to use and disclose the information for another regulatory purpose where it is in the public interest to

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do so. For example, when the College is investigating a complaint it may review the other files at the College about that member to the extent that they have information relevant to the current complaint. There are some exceptions. For example, most personal information collected for quality assurance purposes will not be used for disciplinary purposes.

Principle 3 – Consent

The College collects personal information for purposes related to its objects (see Preamble for the College's objects on page 1) including for the purpose of the proper administration and enforcement of the Legislation and for other related regulatory purposes. In carrying out its objects, the College has a duty to serve and protect the public interest.

Where practicable, the College may make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected as described in Principle 2. Obtaining consent of the individuals would, in many cases, defeat the purposes of the College's collecting, using and disclosing the personal information. Personal information will only be collected, used and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provisions of the Legislation. For example, personal information about a client may be collected and used without the client's consent for the purpose of the College's quality assurance program regarding the assessment of a member's practice in accordance with the RHPA Procedural Code and the Regulations. Another example is that personal information about a client may be collected and used without the client's consent for the purpose of an investigation of a member in accordance with the RHPA Procedural Code and the Regulations.

Principle 4 – Limiting Collection

The College collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Code. The College collects personal information using procedures that are fair and lawful.

Personal information regarding clients must be collected as part of the College's regulatory function. This information is typically obtained by the College as part of an investigation or quality assurance program. The focus of these inquiries is the conduct, competence or capacity of the member and the protection of the public. The College only collects personal information to satisfy this regulatory purpose.

Principle 5 – Limiting Use, Disclosure or Retention

The College uses personal information only for the purposes identified in Principle 2 and in accordance with the provisions of the Legislation. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law.

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The College de-identifies personal information where feasible by using numbers instead of names in several areas such as the complaints, discipline, and compiling statistics.

The RHPA Procedural Code and By-laws clearly designate the information regarding members that is publicly available and the By-laws can be accessed from the College website at www.cmo.on.ca or by contacting the College at 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9 by phone at 416-640-2252 or email at operations@cmo.on.ca. Under the RHPA Procedural Code, the College is required to publish certain information regarding discipline hearings conducted by the Discipline Committee.

Under the RHPA Procedural Code, discipline hearings conducted by the Discipline Committee are open to the public. Evidence at a discipline hearing may include personal information regarding the member and the member's clients and colleagues related to allegations of professional misconduct or incompetence. Under the RHPA Procedural Code, the panel of the Discipline Committee has the discretion to close a hearing under certain prescribed circumstances and/or restrict the publication of personal information where appropriate. Under the RHPA Procedural Code, reviews of decisions of the Inquiries, Complaints and Reports Committee and Registration Committee by the Board are open to the public. Similarly, the Board has the discretion to restrict the disclosure of personal information in its review process. The objective of these regulatory processes is always the protection of the public.

The College has a record retention policy in place and conducts regular audits to ensure that personal information that is no longer required to be kept is destroyed, erased or made anonymous. Specific information regarding the record retention policy can be obtained by contacting the Information Officer at the College.

Principle 6 – Accuracy

It is in the best interest of the public that the College collects, uses and discloses only accurate personal information in regulating the profession. The College therefore uses its best efforts to ensure that the information it collects, uses and discloses is accurate. However, in order to be accountable for its collection, use and disclosure of information, the College makes corrections to information without obliterating the original entry.

Members are required to provide the College with current name, contact and employment information and to advise the College of changes within fourteen (14) days of any change. This information is also updated annually when members renew their registration with the College.

Principle 7 – Safeguards

The College works to ensure that personal information it holds is secure. The College uses cloud based email and data storage [servers of third party service providers, including Microsoft Corporation and its affiliates, to store and process personal information provided to it. Microsoft Corporation are only permitted, and all other service providers are only and will only be](#)

Deleted: systems

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permitted, to store and process personal information held by the College, and are not otherwise authorized to collect, use or disclose personal information held by the College, except in accordance with purposes set out in this Privacy Code or as required by applicable law.

The personal information held by the College is stored and processed on servers located in Canada, or from time to time, in other locations outside of Canada that the College deems necessary or convenient in order to efficiently use and process the personal information it holds, including but not limited to the United States of America. As such, foreign governments, courts, law enforcement or regulatory agencies, including national security agencies, may be able to access personal information held by the College under foreign laws.

Deleted: Microsoft Corporation

Appropriate administrative, physical, logical and technical security measures are in place to safeguard the personal information held by the College. These measures include restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected. The College reviews its security measures periodically to ensure that appropriate and commercially reasonable practice are in place. Notwithstanding these measures, no collection, storage or transmission of information over the Internet on websites or otherwise can be guaranteed to be 100% secure, and therefore the College cannot ensure, warrant or guarantee the security of any such information.

Deleted: that store data on North AmericanCanadian servers. The College does what it uses commercially reasonable reasonable effortscan do to protect the privacy of its members, the public and anyone else from which it collects personal information, but there are limitations on what safeguards it can impose in information stored in the United States of America as a result of the limitations contained in the *US Patriot Act*. ...The College does not take The College does not take any responsibility for any harm that may be caused if personal information is accessed by others pursuant to the *US Patriot Act*. The College ensures that personal information is stored in electronic and physical files that are secure. Appropriate administrative,

Employees of the College receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance. External consultants and agencies with access to personal information must enter into confidentiality agreements with us

Deleted: The College does not take any responsibility for that may be caused if personal information is accessed by others pursuant to the *US Patriot Act*. The College ensures that personal information is stored in electronic and physical files that are secure. Appropriate administrative,

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (e.g., shredding, or in the case of an electronic document, destruction of the hard drive or other secure and permanent disposal method).

Deleted: Security

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Principle 8 - Openness

The College's confidentiality and privacy policies are available to the public and its members via the College's website at www.cmo.on.ca or may be requested by phone at 416-640-2252 or by mail at 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9. Inquiries concerning the College's policies and practices for collecting, using and disclosing personal information may be directed to the Information Officer at 416-640-2252 or operations@cmo.on.ca.

Commented [A5R4]: 2020/08/21 (HMG): I have made additional changes to this section, please review.

Deleted: all personal information is secure

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Principle 9 - Individual Access

Access

Where the College holds personal information about an individual, upon written request, the College may allow access to the information to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation or it is impracticable or impossible for the College to retrieve the information.

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Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- Information was generated in the course of a dispute or resolution process;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

In cases where the personal information forms part of a record created by another organization, the College will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the College.

While the College's response will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost.

The College will make every effort to respond to the request within thirty days and to assist the individual in understanding the information.

Individuals should send their written request for access, with contact information and sufficient information about themselves to identify them, to the Information Officer, 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9 by phone at 416-640-2252 or email at operations@cmo.on.ca.

In the event the College refuses to provide access to all of the personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Information Officer.

Challenging accuracy and completeness of personal information

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An individual has the right to request a correction of what in their view, is erroneous information. Where the information forms part of a record created by another organization, then the College will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may challenge the accuracy or completeness of the information.

Where an individual is able to demonstrate successfully that the personal information of a factual nature (not, for example, the expression of an opinion) is inaccurate or incomplete, the College will amend the information (i.e., correct, or add information). In addition, where appropriate, the College will notify any third parties to whom the College has disclosed the erroneous information.

Where there is a dispute between the individual and the College as to the accuracy or completeness of the information, then the College will document the details of the disagreement, and, where appropriate, will advise any third party who received the contested information from the College, of the unresolved disagreement.

Principle 10 - Challenging compliance

Complaints or questions regarding the College's compliance with this Privacy Code should be directed to the Information Officer who may be reached at 21 St. Clair Avenue East, Suite 303, Toronto, Ontario M4T 1L9 by phone at 416-640-2252 or email at operations@cmo.on.ca.

If the Information Officer cannot satisfactorily resolve a complaint, the College's Privacy Working Group is available to review the complaint by:

- acknowledging the complaint;
- review of the complaint by the College's Privacy Working Group;
- providing a written decision and reasons to the complainant; and,
- taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a member of the College. Please contact the Registrar if you wish to file a complaint about the conduct or actions of a member of the College.

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SCHEDULE 1
Section 36 of

**THE REGULATED HEALTH PROFESSIONS ACT, 1991 as amended (as of
October 21, 2013)**

Confidentiality

- 36. (1)** Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,
- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
 - (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
 - (c) to a body that governs a profession inside or outside of Ontario;
 - (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
 - (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
 - (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

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- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2)..

Reports required under Code

[\(1.1\)](#) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code.

Definition

[\(1.2\)](#) In clause (1) (e), “law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

[\(1.3\)](#) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

[\(1.4\)](#) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

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Confirmation of investigation

[\(1.5\)](#) Information disclosed under clause (l) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Not compellable

[\(2\)](#) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

[\(3\)](#) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

| 2020-2021 Slate of Council Members (pending approval) | ICRC | QAC | Discipline/FTP | Registration | Client Relations |
|---|--|--|---|---|---|
| Elected/Appointed | Updated: | | | | |
| Professional Members 1. Claire Ramlogan-Salanga 2. Edan Thomas 3. Lilly Martin 4. Jan Teevan 5. Maureen Silverman 6. Isabelle Milot 7. Claudette Leduc 8. <i>Karen McKenzie</i> Public Members 9. Marianna Kaminska 10. Judith Murray 11. Donald Strickland 12. Peter Aarssen 13. <i>Sarah Baker</i> 14. Vacant 15. Vacant Non-Council Members Professional 1. Christi Johnston, RM 2. Alexandra Nikitakis, RM Public 1. Samantha Heiydt 2. Jill Evans 3. <i>Sally Lewis</i> | Chair: Edan Lilly Jan Claudette Maureen Judith Non-Council Christi Samantha Jill Sally | Chair: Lilly Jan Isabelle Marianna Don Non-Council Sally | Chair: Judith Jan Edan Maureen Lilly Karen Marianna Don Pete Sarah Non-Council Sally | Chair: Isabelle Claudette Peter Sarah Non-Council Alexandra Christi Samantha Jill | Chair: Marianna Peter Karen Non-Council Alexandra |

SCHEDULE 1

Process for Election of Officers

The elections will be supervised by the Registrar. The Registrar may be assisted by scrutineers.

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

The term of office of a member of the Executive Committee shall commence on the day of the first meeting of the Executive Committee after the election and shall continue for approximately one (1) year, until the term of office of the subsequently elected Executive Committee commences or until they resign or are removed from their office or from Council, or until such other time designated by Council, whichever occurs first.

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

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

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

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

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

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the

voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

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

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

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

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

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



2020-2021 Council Members

Elected Professional Members

- Lilly Martin, RM
- Claire Ramlogan-Salanga, RM
- Jan Teevan, RM
- Edan Thomas, RM
- Maureen Silverman, RM
- Isabelle Milot, RM
- Claudette Leduc, RM
- Karen McKenzie, RM

Appointed Public Members

- Marianna Kaminska
- Judith Murray
- Peter Aarssen
- Donald Strickland
- Sarah Baker