

College Performance Measurement Framework (CPMF) Reporting Tool

Submitted by the College of Midwives of Ontario
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College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

- 1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
- 2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

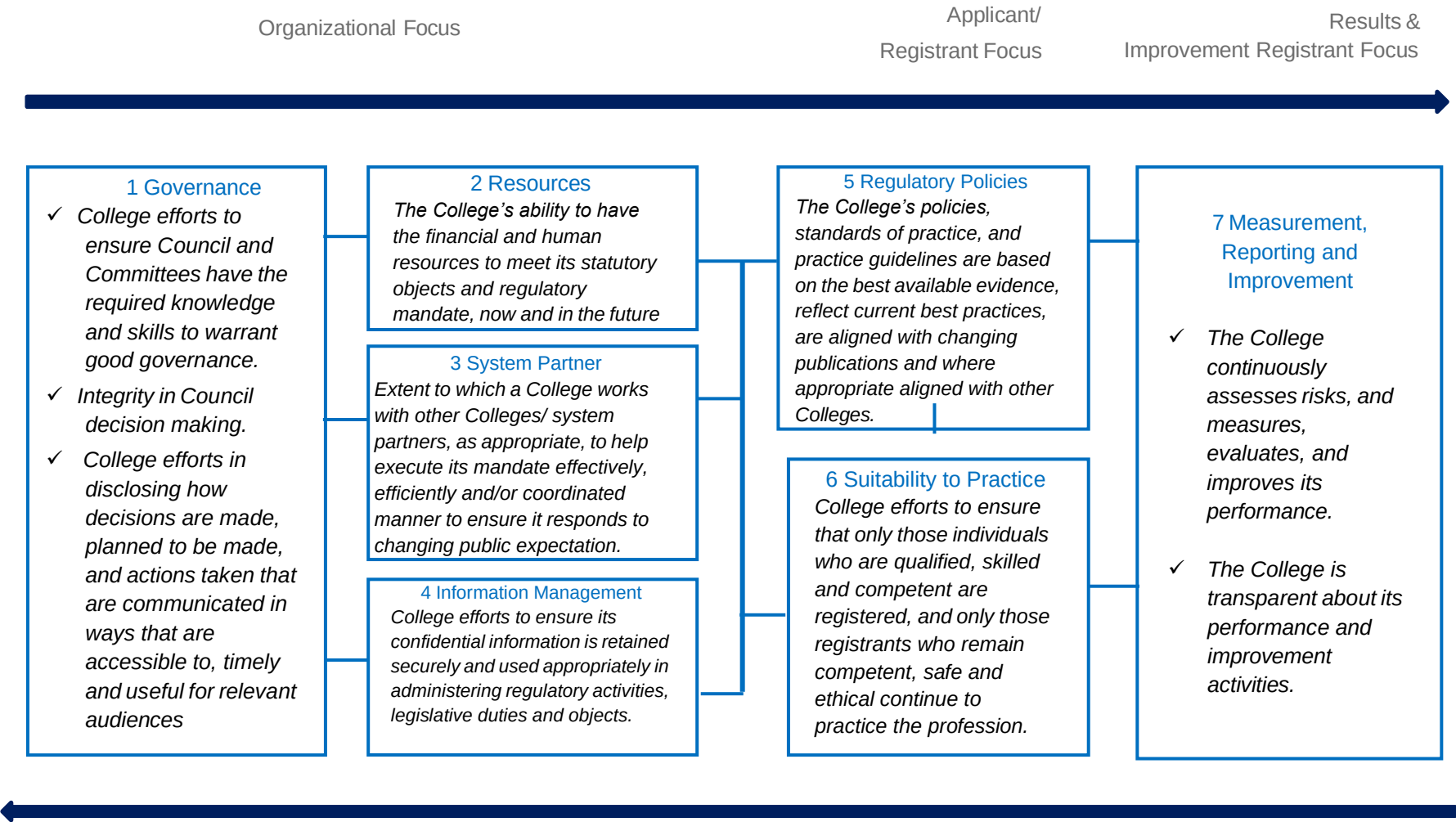


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

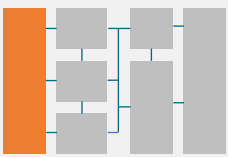
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:
		i. meeting pre-defined competency and suitability criteria; and	Partially
		Benchmarked Evidence	The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. Eligibility (or suitability) criteria for election are set out in s 5.08 of the College’s General by-law (page 12), which is available on the website here: https://cmo.on.ca/wp-content/uploads/2024/08/General-By-law.pdf The competency criterion (paragraph aa – page 12) requires that all midwives successfully complete the College’s training program relating to the duties, obligations, and expectations of Board and Committee members prior to the date of nomination. *Note: as of August 1, 2024, the College’s General By-law was updated to include the following definition: “Board” means the Board of Directors which is the Council of the College as established under section 6 of the Midwifery Act, 1991. “Board” is therefore used throughout this document to replace “Council.” If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. In June 2024, the Board approved changes to the General By-law, including updates to the eligibility criteria for Professional Director election. Article 5.08 bb) now reads: <i>the registrant meets the pre-defined competencies and suitability criteria that may be approved by the Board</i>. See page 14 of the General By-laws found here: https://cmo.on.ca/wp-content/uploads/2024/08/General-By-law.pdf. In 2023/24, the College implemented pilot surveys to collect voluntary, demographic, and competency/skill data from Board and committee members. The competency, skills, and behaviours survey was a self-assessment and the demographics survey asked members to self-identify on a variety of demographic points. In addition, the surveys captured information from professional Board and committee members regarding locations of practice, years of midwifery experience, models of midwifery care, and affiliations with the midwifery education programs (MEP). There was a 100% response rate from Board Directors. The data is a starting point for the College in support of development of a skills, competency, and diversity matrix to support the Board’s and College’s focus on equity, diversity, and inclusion and governance modernization initiatives, including moving to a competency-based

		appointments process, in support of further serving the public interest. The overall data collected indicated a basic to strong level of competencies, skills, and behaviours across all data points, as well as some positive indications of diversity when compared to the Ontario percentages based on 2021 Census data from Statistics Canada. In addition, the responses indicated that the Board’s Professional Directors bring with them a range of experience in practice location, international education, midwifery years of experience, practice in alternative care models, and affiliation with the MEP. As part of the College’s ongoing governance modernization initiatives, the College is working to further refine our competency and suitability criteria matrix and developing a screening process for future nomination and appointment processes. In the meantime, only registrants who meet all eligibility and suitability criteria outlined in the General By-laws are able to stand for Professional Director election. Information on College Professional Director nominations and elections processes can be found here: https://cmo.on.ca/about/board-and-elections/
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		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Currently, all candidates running for election must complete the College’s governance education modules, including completion quizzes. Evidence of completion is obtained once final quizzes are successfully completed and automatically submitted to the College. As part of their election nomination form, all candidates are required to complete Confirmation of Eligibility that includes a signed declaration that they have satisfactorily completed the governance education modules. The form can be found in the 2025 Election Guide – Appendix B here: https://cmo.on.ca/wp-content/uploads/2025/01/Election-Guide.pdf The governance modules consist of three distinct themes: the first module focuses on legislation and regulations that provide the governance framework for regulating midwifery as a profession; the second module focuses on the College as a regulatory institution; and the last module focuses on the role of the College Board and its committees. In addition, the Governance Manual that accompanies the modules provides an overview of governance, its meaning, and purpose as it applies to the regulation of midwifery by the College of Midwives of Ontario. It also provides detailed information relating to the duties, obligations, and expectations of Board and committee members, including time commitment expectations. It can be accessed here: https://www.cmo.on.ca/wp-content/uploads/2019/03/GOVERNANCE-MANUAL-2021-Revisions-1.pdf The governance education modules and completion quizzes can be accessed here: https://www.cmo.on.ca/resources/governance The College held two online “lunch-and-learns” regarding the 2024 Board elections for professional members. The first offering was open to all professional members, while the second was specifically reserved for members who identify as Indigenous, Black, and/or racialized. These sessions provide an opportunity for the College to further outline the expectations of the role and answer any questions. All new Board members attend an orientation session with the Board Chair, the Registrar, and governance staff prior to attendance at their first Board meeting. This session includes further review of the member’s responsibilities and fiduciary duties, the College’s governance structure, evaluation and continuous improvement priorities, Board meeting and material overview, and operational documents.	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>

			Additional comments for clarification (optional):
		b. Statutory Committee candidates have:	The College fulfills this requirement:
		i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The suitability criteria for statutory committee candidates are set out in College’s General By-law, which was updated, following consultation and approval by the Board in June 2024. See articles 6.10-6.12 (pages 19-21): https://cmo.on.ca/wp-content/uploads/2024/08/General-By-law.pdf. Article 6.12 a) xxvi. now reads: <i>the registrant meets the pre-defined competencies and suitability criteria that may be approved by the Board.</i> In making recommendations to the Board for Committee appointments to statutory committees, the Executive Committee considers all eligibility requirements as outlined in the General By-law, as well as the College’s Governance Policies, see GP14 on page 18 available here: https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf. This includes consideration of competencies, personal attributes, applicant demographics, skills, and experiences to ensure collective expertise and diverse communities are represented where possible. In addition, all committee candidates complete an annual expression of interest form, conflict of interest declaration, statement of confidentiality, and code of conduct acknowledgement prior to being eligible for appointment.

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> As a next step, as part of the College’s ongoing governance modernization initiatives, work is underway to refine our competency and suitability criteria matrix to further define the competency and suitability criteria for committee appointments.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. <table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Orientation sessions are provided to all statutory committees once appointments are made by the Board and following election of the Executive Committee. Members who join committees mid-year receive separate orientation. In 2024 all orientation trainings were provided virtually and in-person. In addition to committee specific training, all Board and committee members attended four training days. Discipline and Fitness to Practise committee trainings involved external speakers. Orientation sessions are all specific to the role of each committee and generally include the following components: • General governance training • College mandate under the RHPA • Relevant legislation and regulations that govern health professions and the midwifery profession in Ontario • <i>Accessibility for Ontarians with Disabilities Act</i> Training. • The concept of procedural fairness • College obligations under the fairness legislation and labour mobility legislation • The concepts of reasonableness and reasonableness review • Confidentiality, conflicts of interest and bias • Sexual abuse prevention program • Discipline and Fitness to Practise procedures • Review of decision-making tools • Finance training and introduction to the various tools used by the Executive Committee (audit review tools, Registrar review tools, evaluation tools, etc.) </td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			
• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Orientation sessions are provided to all statutory committees once appointments are made by the Board and following election of the Executive Committee. Members who join committees mid-year receive separate orientation. In 2024 all orientation trainings were provided virtually and in-person. In addition to committee specific training, all Board and committee members attended four training days. Discipline and Fitness to Practise committee trainings involved external speakers. Orientation sessions are all specific to the role of each committee and generally include the following components: • General governance training • College mandate under the RHPA • Relevant legislation and regulations that govern health professions and the midwifery profession in Ontario • <i>Accessibility for Ontarians with Disabilities Act</i> Training. • The concept of procedural fairness • College obligations under the fairness legislation and labour mobility legislation • The concepts of reasonableness and reasonableness review • Confidentiality, conflicts of interest and bias • Sexual abuse prevention program • Discipline and Fitness to Practise procedures • Review of decision-making tools • Finance training and introduction to the various tools used by the Executive Committee (audit review tools, Registrar review tools, evaluation tools, etc.)				

			• Chair training • There is no knowledge testing built into these sessions. The annual reports of each statutory committee, include listing of their committee specific trainings and can be found in the June 26, 2024 Board meeting materials (pages 12-37): https://cmo.on.ca/wp-content/uploads/2024/06/June-2024-Meeting-Book-Council-Meeting.pdf	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement: Duration of orientation training. Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics. All new Board members, including Public Directors who have been appointed, attend an orientation session with the Board Chair, the Registrar, and governance staff prior to attendance at their first Board meeting. This session includes further review of the member’s responsibilities and fiduciary duties, the College’s governance structure, evaluation and continuous improvement priorities, Board meeting and material overview and operational documents. Public members, as part of their onboarding and orientation are required to complete the College’s Governance Education Modules. The governance modules consist of three distinct themes: the first module focuses on legislation and regulations that provide the governance framework for regulating midwifery as a profession, the second module focuses on the College as a regulatory institution, and the last module focuses on the role of the College Board and its committees. In addition, the Governance Manual that accompanies the modules provides an overview of governance, its meaning and purpose as it applies to the regulation of midwifery by the College of Midwives of Ontario. It also provides detailed information relating to the duties, obligations and expectations of Board and committee members, including time commitment expectations. The governance education modules and completion quizzes can be accessed here: https://cmo.on.ca/about/governance/	Yes If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item. Additional comments for clarification (optional):
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.		The College fulfills this requirement:	Yes
		• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved.	
		The College’s Governance Policies were initially developed in 2014 and last updated in 2024. They include a Governance Evaluation Policy available on page 14 here: https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i>	
		The Board’s 2023-24 Annual Evaluation Report was included in the December 2024 Board meeting materials posted on the College’s website. See pages 41, 46-59 here: https://cmo.on.ca/wp-content/uploads/2024/11/December-2024-Meeting-Book-Board-Meeting.pdf. The Annual Board evaluation enables the Board to assess their performance in four categories: 1) governance and decision making; 2) leadership; 3) financial performance and risk; and 4) Board performance. It is also used to identify Board continuous improvement priorities for the following year, and to inform annual training plans. Our College also regularly solicits feedback from Board and Committee members after both training days and meetings using post-meeting evaluations. This is used as an opportunity to have on-going and current feedback, and to address issues should they occur. The results of post-meeting and training day evaluations are reviewed by staff and provided to the Executive Committee at their next meeting following each Board meeting. A summary of feedback and any discussion is also provided to the Board in the Executive Committee Report at each Board meeting. For example, see the Executive Committee Report in the December 2024 Board meeting materials found on page 42 here: https://cmo.on.ca/wp-content/uploads/2024/11/December-2024-Meeting-Book-Board-Meeting.pdf	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?			Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes - If yes, how often do they occur? At least once every three years - Please indicate the year of last third-party evaluation. A third-party evaluation of Board effectiveness takes place at least once every three years and most recently occurred in the fall of 2022. The final report and key recommendations were presented to the Board in March 2023. See agenda item #7 - Executive Committee report to the Board: https://cmo.on.ca/wp-content/uploads/2023/03/Meeting-Book-Council-Meeting-for-web.pdf A third-party assessment of Board effectiveness will be completed during the 2025-26 governance year.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Board Directors and committee members have the opportunity at their December training day, post the annual Board evaluation, to debrief results and direct areas of focus for continuous improvement and priority planning for Board and committee members in the upcoming year. The results from Board evaluations are used by the Executive Committee (as the College’s governance committee) to develop an annual training plan. Trainings are provided four times a year (in person or virtually). The evaluation results are also used to inform any needed changes to College governance policies and processes. For an example of when and how the Board considers its continuous improvement priorities and training needs, see the Board 2024 meeting materials, Board Annual Evaluation report, pages 52-59, found here: https://cmo.on.ca/wp-content/uploads/2024/11/December-2024-Meeting-Book-Board-Meeting.pdf The following trainings/sessions were provided to Board Directors and committee members in 2024: March 2024 • Discipline and Fitness to Practise Committee Training, Luisa Ritacca, ILC, Managing Partner, Stockwood Barristers • Introduction to Trauma Informed Care for Regulators, Eden Dales, RSW, Eden Dales Social Work • Compassionate/Person-Centred Regulation, Anita Ashton, College of Physiotherapists of Ontario June 2024 • Governance in Context: ‘Leaders in Regulatory Excellence,’ led by College Governance Staff • Putting Compassionate/Person-Centred Regulation Concepts into Practice, led by Claire Ramlogan-Salanga, RM, Board Chair, and College Program Staff • Board Continuous Improvement Priorities – Engagement and Participation, led by Claire Ramlogan-Salanga, RM, Board Chair, and College Governance Staff October 2024 • Overview of the College’s functions, Ontario regulated health system, legislative structure, College system partners, accountability, led by College Governance Staff	

		• Midwifery Landscape – presentation about current midwifery practice opportunities and challenges including new models of practice and diversity considerations, Isabelle Milot, RM and Alexia Singh, RM • Governance Fundamentals – an overview of the essential governance fundamentals for effective governance oversight, including Board & Committee roles and expectations, meeting norms, conflict of interest declarations, confidentiality, privacy, and data security, led by College Staff December 2024 • Evaluation and Continuous Improvement Priorities - Annual Board evaluation outcomes and identification of continuous improvement priorities, Claire Ramlogan-Salanga, RM, Board Chair • Presentation from BORN Ontario - BORN is Ontario’s pregnancy, birth, and childhood registry and network. This session provided an introduction to BORN and covered topics such as data and opportunities for strategic collaboration, Alicia St. Hill, Executive Director, BORN Ontario • Process, Timelines, and Expectations for Committees and Panels, led by College Governance Staff • Follow-Up Discussion on Group Norms of Collaboration and Debrief
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional):

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:		Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Board training sessions provided in 2024 were informed by evolving public expectations as they relate to the principles of Diversity, Equity, and Inclusion and risk management including: EDI related • Trauma Informed Care for Regulators • Compassionate/Person-Centred Regulation • Putting Compassionate/Person-Centred Regulation into Practice • Midwifery Landscape – presentation about current midwifery practice opportunities and challenges including new models of practice and diversity considerations • BORN Ontario – data and equity outcomes Risk-management related • Governance in Context – Leaders in Regulatory Excellence • Governance Fundamentals including roles, responsibilities and expectations, conflict of interest, meeting norms, confidentiality, privacy and data security • Process, Timelines, and Expectations for Committees and Panels • BORN Ontario – data and opportunities for strategic collaboration		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes
			- Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The College’s Governance Policy GP5 (page 6), Board and Committee Member’s Role and Code of Conduct Policy (revised in June 2022) sets out expectations relating to their roles and includes the Code of Conduct Acknowledgment and Disclosure of Conflict of Interest forms that must be signed by all Board and committee members on an annual basis. The College’s Governance Policy GP6, Confidentiality and Disclosure of College Information sets out the confidentiality requirements that all members must adhere to. The Statement of Confidentiality is signed by all Board and committee members on an annual basis. The College’s Governance Policies were reviewed in 2022 to incorporate inclusive language and principles of equity. In addition, in 2024, the College updated the Conflict of Interest Form to extend conflict of interest considerations beyond an actual or perceived conflict, to include affiliations, that may not indicate a conflict but are to be considered throughout the year in managing and mitigating conflicts while performing Board or committee work. In addition, the College’s General By-law addresses conflict of interest definitions and requirements in articles 5.14, 8, and 9.01g), see pages 15, 23, and 25 here: https://cmo.on.ca/wp-content/uploads/2024/08/General-By-law.pdf
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (optional)</i>

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.	
			The Board's Code of Conduct and Conflict of Interest Policy are accessible to the public as they are posted to the College's website as part of the Governance Policies and the College's General By-law.	
			The College's Governance Policies can be found here: https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf	
			The General By-law can be found here: https://cmo.on.ca/wp-content/uploads/2024/08/General-By-law.pdf	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum	The College fulfills this requirement:	Yes

	time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. The College’s current General By-law, which was last revised and approved in 2024, establishes a minimum cooling off period of three years for a registrant to be eligible for election to the Board. • Please provide the length of the cooling off period. Currently 3 years • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. The proposed changes to the General By-law, including a change to the cooling off period from 12 months to three years in article 5.08 Eligibility for Election, were initially considered by the Board in March 2024, see Board meeting materials page 140 here: https://cmo.on.ca/wp-content/uploads/2024/03/Meeting-Book-Council-Meeting-for-web.pdf , including proposed changes and public interest rationale. The proposed changes were approved for a 60-day consultation and then further reviewed by the Board at its June 2024 meeting where the changes were approved for implementation. See Board meeting materials, pages 82-84, 97, found here: https://cmo.on.ca/wp-content/uploads/2024/06/June-2024-Meeting-Book-Council-Meeting.pdf.
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The conflict of interest questionnaire was last reviewed and updated in October 2024. The questionnaire was expanded to include consideration of affiliations. In addition to completing the annual declaration/questionnaire, at the beginning of each Board meeting, all members must declare any updates to their responses and any conflict of interest specific to the meeting agenda. For an example, see Board meeting agenda, item 2, page 5 here: https://cmo.on.ca/wp-content/uploads/2024/03/Meeting-Book-Council-Meeting-for-web.pdf. In addition to these measures, in 2024, the College introduced a conflict of interest declaration poll, which all Board Directors must complete prior to every meeting. The poll results are posted publicly with the Board materials on the College’s website: https://cmo.on.ca/about/board-meetings/#:~:text=Past%20Meetings-,2024,-March%2027%2C%202024 The purpose of the poll is to actively engage Board Directors in considering the meeting materials, their responsibilities, and publicly declaring if a conflict is present.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Met in 2023, continues to meet in 2024	
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. All Board meeting materials include the College’s Strategic Framework document, and all briefing notes include a Public Interest Rationale for the Board’s consideration. All meeting materials and minutes are posted to the College’s website. https://cmo.on.ca/about/board-meetings/			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (if needed)			

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. As a risk-based regulator, the College ensures that its regulatory activities remain focused on risks to the public. The College conducts risk assessment as part of its strategic planning to proactively reduce the risks posed to its regulatory outcomes by targeting its strategic priorities at the greatest areas of need. Such risk assessment was last conducted in 2020 as part of a year-long strategic planning process and the risks shown were identified below: <table><tr><th>#</th><th>High Priority Risks</th><th>Level</th></tr><tr><td>1</td><td>Risks arising from changes in the midwifery environment that may affect midwifery practice.</td><td></td></tr><tr><td>2</td><td>Risks arising from a lack of adequate training, including bridging and remedial opportunities for midwives with identified gaps and deficiencies in professional knowledge.</td><td></td></tr><tr><td>3</td><td>Risk that a midwife does not maintain the knowledge and clinical skills necessary to provide safe and effective care to clients</td><td></td></tr><tr><td>4</td><td>Risk that a midwife fails to meet legislative or regulatory requirements</td><td></td></tr><tr><td>5</td><td>Risk that the College grants eligibility to (re)enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently</td><td></td></tr><tr><td>6</td><td>Risk arising from a lack of data and records mismanagement</td><td></td></tr><tr><td>7.</td><td>Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator</td><td></td></tr></table>	#	High Priority Risks	Level	1	Risks arising from changes in the midwifery environment that may affect midwifery practice.		2	Risks arising from a lack of adequate training, including bridging and remedial opportunities for midwives with identified gaps and deficiencies in professional knowledge.		3	Risk that a midwife does not maintain the knowledge and clinical skills necessary to provide safe and effective care to clients		4	Risk that a midwife fails to meet legislative or regulatory requirements		5	Risk that the College grants eligibility to (re)enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently		6	Risk arising from a lack of data and records mismanagement		7.	Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator		Yes
		#	High Priority Risks	Level																								
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6	Risk arising from a lack of data and records mismanagement																											
7.	Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator																											
		Based on these identified risks the following priorities were approved by the Board for the College’s Strategic Plan 2021-2026 • Strategic Priority 1: Regulation that enables the midwifery profession to evolve (to mitigate risks 1-5) • Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks (to mitigate risk 6) • Strategic Priority 3: Building engagement and fostering trust with the public and the profession (to mitigate risks 7)																										

		The Risk Matrix (including the Risk Register) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Matrix-2020.pdf Board meeting materials where relevant changes were discussed and decided upon can be found here: December 2020 Board meeting (agenda item 9): https://www.cmo.on.ca/wp-content/uploads/2020/11/meeting-book-council-meeting-3.pdf Risk assessment scale (that the College uses to assess the likelihood of a risk even occurring and the severity of outcome see the risk assessment scale) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Assessment-Scales.pdf
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (if needed)</i>	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - Please insert a link to the webpage where Council minutes are posted. https://cmo.on.ca/about/board-meetings/ - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. All Board decisions are highlighted in the College’s newsletter entitled On Call, and as highlights on the College’s website. Status updates on implementation of decisions are included in these publications. See here: https://cmo.on.ca/news/
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee reports are provided at every Board meeting, including the meeting date, issues discussed, decisions made (including decisions made on behalf of the Board) and recommendations brought to the Board for review and approval. All Executive Committee Reports provided in 2024 can be found in Board packages posted on College’s website here https://cmo.on.ca/about/board-meetings/	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

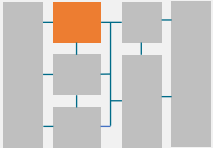
Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. All Board packages are posted to the website two (2) weeks in advance of the meeting and remain on the website indefinitely. Board packages are posted on the College's website here: https://cmo.on.ca/about/board-meetings/	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	Please insert a link to the College's Notice of Discipline Hearings. All notices of discipline hearings are posted to the website as soon as they are served to the registrant, and the date of the hearing is booked. This is at least one month in advance and includes a link to allegations posted on the public register. Discipline notices can be found here: https://cmo.on.ca/clients-and-the-public/complaints-and-concerns/#discipline	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
Measure:				
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.				
Required Evidence		College Response		
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).		The College fulfills this requirement:		Yes
		• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. In March 2021, the Board approved the 2021-2026 Strategic Framework which incorporated DEI into our guiding principles. The College’s guiding principles define how we strive to work as an organization, shape our culture and our relationships with the public, midwives, and partner organizations. The new principle Equity was added, committing to identifying, removing, and preventing systemic inequities in our work. In addition, we broadened our definition of our guiding principles of Accountability and Integrity. Accountability: we make fair, consistent and defensible decisions incorporating diverse and inclusive views. Integrity: we act with humility and respect and apply a lens of social justice to our work. The Board made the decision to incorporate DEI principles in all the work we do on an ongoing basis rather than make it a separate and time-limited strategic priority. Strategic Framework can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Strategic-Framework.pdf Approved March 2021 Council minutes can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2022/03/FINAL-MINUTES-March-24-2021-COUNCIL-MEETING.pdf		

			DEI activities of the Board are regularly reported in our Board materials, including in the Board Evaluation reports, the Registrar’s Reports, and the Chair’s report.	
			While the College’s DEI strategy formally falls under the portfolio of the Governance & Strategy department, all staff are accountable for participating in ongoing learnings, assessments, and initiatives. In 2024, all College staff participated in the College’s Learning and Development Plan which focused on DEI, specifically, we completed training on Unconscious Bias, Cultural Sensitivity/Cultural Competency, Systemic and Societal Racism, and the EDI Millennial. This training was provided through BIPOC Executive Search and included learning modules, quizzes and all staff discussions. In 2023, the College piloted the HPRO EDI Organizational Self-Assessment Tool and presented our report to the Board in December 2023. The report can be found on pages 80-118 here: https://cmo.on.ca/wp-content/uploads/2023/11/Council-Meeting-Book-Dec23-for-Web.pdf	
			The College has developed an Equity, Diversity, and Inclusion Framework to guide our work. Our equity framework identifies four key areas of focus for the College which include Governance, Organizational Goals, Strategic Relationships, and Regulatory Objectives. The framework includes priorities and outcomes for each of the four areas of focus. The framework can be viewed in the above-mentioned report and on our webpage dedicated to Equity, Diversity, and Inclusion here: https://cmo.on.ca/about/equity/ .	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. In 2024, the College updated our Regulatory Policy Development Process to further ensure equity is considered. Our policy development process is based on the principles of good regulation and ensures that: 1. Regulation is proportionate to the risk of harm being managed. 2. Regulation is evidence-based and reflects current best-practice. 3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policymaking process. 4. Equity has been adequately considered. Every policy proposal designed to introduce or revise a regulatory tool (i.e., a statute, regulation, relevant by-law provision, a standard of practice, or regulatory policy) must be accompanied by a regulatory impact assessment, which includes equity analysis. See more information about this process under Decision- Making Tools here: https://cmo.on.ca/standards-and-resources/guides-and-publications/#decision-making-tools See Appendix D (page 11) for our Equity Impact Assessment tool in the College’s Regulatory Policy Development Process document here: https://cmo.on.ca/wp-content/uploads/2023/04/Policy-Development-Process.pdf In 2023, the College piloted the Health Profession Regulators of Ontario (HPRO) EDI Organizational Self-Assessment Tool and presented our report to the Board in December 2023. The report can be found on pages 80-118 here: https://cmo.on.ca/wp-content/uploads/2023/11/Council-Meeting-Book-Dec23-for-Web.pdf. Work is ongoing on the identified initiatives and action plan development. The College has been and will be using HPRO’s EDI Organizational Self-Assessment and Action Guide’s Equity Impact Assessment (EIA) tool to help identify and monitor equity impacts and outcomes of policies, programs, and standards on applicants and registrants. • HPRO EDI Organizational Self-Assessment and Action Guide (pdf)	Yes
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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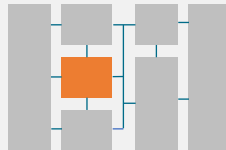
		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: Yes
		<u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The College has developed a Costed Strategic Plan 2021-2026 which details the planned initiatives that will contribute to the delivery of each of the College's three strategic priorities (identified in the 2021-2026 Strategic Plan) as well as provides the forecasted costs of each strategic priority. The Costed Strategic Plan is reviewed annually during the budgeting process to ensure the budget reflects any updates or changes in timelines to the Strategic Plan. The Costed Strategic Plan and the 2024-25 Budget can be found in the March 2024 Board materials. (Agenda Item 8; Page 123) https://cmo.on.ca/wp-content/uploads/2024/03/Meeting-Book-Council-Meeting-for-web.pdf
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Yes
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes		
			See Internally Restricted and Unrestricted Net Asset Policy, approved in December of 2020, and last revised and approved by the Board in March 2024.		
			https://cmo.on.ca/wp-content/uploads/2024/03/Meeting-Book-Council-Meeting-for-web.pdf (See Page 138)		
			See Governance Policies RE2, RE3 and RE4 pages 26-29:		
			https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
Additional comments for clarification (if needed)					

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. See Governance Policies that address staffing complement to address current and future needs. (RE 2; Page 26) https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf In accordance with the Financial Planning and Budgeting policy (RE2), the Registrar must: • Allocate sufficient resources, both human and financial, to satisfy Board’s intended outcomes. • Appropriately balance resources, both human and financial, between the budget and Council’s intended outcomes. The College assesses its human resources on a regular basis as part of annual budgeting to determine if: • Staff are compensated at market value to ensure quality recruitment, retention, stability and efficiency. • The College has internal capacity, skills and knowledge to meet the demands of an increasing membership volume and staff are capable of navigating the complexity of work while satisfying the public safety mandate. Based on this analysis, recommendations are brought to Board for review and approval as part of the Budget process. The College entered 2024-2025 with the same staff complement.	
			The College has operational policies related to recruitment, salary review and movement, benefits and professional development. In 2024-25, the College conducted a review of all operational policies, with a focus on embedding equity, diversity and inclusion principles and practices. This work has been completed, and the operational policies are reviewed every one to three years, depending on the scope of each policy.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. The data and technology objectives for the College are: • Efficient information technology resources that provide adequate infrastructure. • Systems that allow for appropriate storage and dissemination of data. • A member portal and public register that meets legislative requirements and best practices. • Systems that fulfill the requirements under the College's privacy and security policies. Continued support, updates, and investment ensure the following results are met annually: • Strong and effective information technology infrastructure to support the College's work. • Appropriate protection of the College's data and information. The College works with its database vendor to improve College processes on an ongoing basis. Examples of improvements that were completed in 2023 included improved data reports with respect to renewal and quality assurance program compliance reports. In 2024, work commenced to upgrade the database. This work will allow for a thorough review of all registration, quality assurance, and conduct processes and workflows. This work will also include the creation of a complaint's portal and public register updates. The College maintains centralized IT and Security risk and asset registers that identify, document, and track potential risks, their likelihood, potential impact, and mitigation strategies. These registers help guide IT and Security investments, priorities, and policies. In 2024, the College conducted a review of all Privacy, Information, Technology, and Security policies to ensure alignment with the following national and international standards: • Baseline Cyber Security Controls for Small and Medium Organizations v1.2 from Canadian Centre for Cybersecurity • Centre for Internet Security (CIS) Controls v8.0 • ISO 27001 Standard • ISO 27002 Standard • NIST SP 800-53 As part of this work, the College has started the development of a Cyber Security Incident Response Plan. This will be complete in 2025. In 2023, the College reviewed its Retention and Disposition policy. As a component of the 2021-2026 Strategic Plan, the decision was made to digitize all files at the College. The project commenced in May 2023 and was successfully completed in November 2023. The project involved reviewing all paper files in accordance with the Retention and Disposition policy. The College acquired a company to digitize all files into searchable pdf files and then destroy all paper files. The digitization effort not only resulted in reduced storage space and costs for the College but also introduced efficiencies	

			throughout the organization. It has enabled easier access to files for individuals working remotely and enhanced the College’s information management systems. In 2024, the College began a project to reorganize our information and data management systems with the goal of enhancing organization and security. As part of this effort, a Naming Convention was developed. The project is still ongoing and is expected to be completed in 2025.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (optional)</i>

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> The College engages with other health regulatory colleges and other system partners on a regular basis. We recognize that we cannot effectively fulfill our mandate of regulating in the public interest without thoughtful engagement with our partners and that maintaining quality relationships with our system partners will enable us to achieve better regulatory outcomes. More information on our Stakeholder Engagement Strategy can be found here: https://www.cmo.on.ca/wp-content/uploads/2018/12/Stakeholder-Engagment-Strategy.pdf Below are highlights of some of the initiatives that were undertaken in 2024.	

	<u>Canadian Midwifery Regulators Council</u> The College engages regularly with all midwifery regulators in Canada through its membership with the Canadian Midwifery Regulators Council (CMRC). Its mission is “to encourage excellence among Canadian midwifery regulatory authorities through collaboration, harmonization and best practice.” It achieves this by maintaining and administering the Canadian Midwifery Registration Examination (CMRE), participating in the accreditation process of Canadian Baccalaureate Midwifery Education Programs, setting Canadian competencies for midwives, exploring pathways to regulation for Indigenous midwives in Canada, and developing consistent registration and professional practice standards and/or procedures which is the focus of its standing committees. The College’s Registrar is the current Chair of the CMRC Board, and College staff and Board Chair participate in several committees and working groups, including Executive; Registration Affairs; Professional Practice; Equity, Diversity and Inclusion; and Pathways to Indigenous Midwifery. Some significant CMRC achievements this past year included: 1. Development and implementation of a CMRC Reconciliation and EDI Framework to further guide the organization’s work in this area. 2. Through the Committee on Pathways to Indigenous Midwifery, CMRC members in partnership with the National Council of Indigenous Midwives continue to explore avenues to support Indigenous Midwives and midwifery across jurisdictions. 3. Ongoing work on the development of microlessons to support the revisions to the Appendix of the Canadian Competencies for Midwives to better meet the needs of marginalized people including Indigenous clients, racialized clients, people with disabilities, 2SLGBTQIA+ clients, under-housed clients, immigrants, youth, and more. Three microlessons were developed: Inclusive Language, Interrupting Unconscious Bias and Midwifery Care and Human Rights. 4. The development of a competency assessment program for midwives to be used by trained assessors for assessment of knowledge, skills, and judgment of practising midwives who are not able to meet clinical currency requirements; non-practising midwives who want to return to active practice but are not able to meet clinical currency requirements; and former midwives seeking re-registration with the College. Collaboration with the CMRC on this initiative is in the College’s best interest as it saves costs and prioritizes consistency across the country. The College has continued this collaborative work to develop and operationalize the assessment. 5. The CMRC continues to update exam questions to reflect the new Canadian Competencies for Midwives and incorporating DEI principles in the questions. <u>Health Profession Regulators of Ontario (HPRO)</u> Meetings with the Health Profession Regulators of Ontario (HPRO) and its affiliated sub-groups including the EDI Network, Communications Committee, and Citizen Advisory Group Committee are attended by College staff to further our respective mandates and to achieve our strategic goals. <u>Health Professions Discipline Tribunal</u> The College’s Discipline Committee met on December 11, 2024, and received a presentation from David Wright and Dionne Woodward of the Health Professions Discipline Tribunal (HPDT). Following the meeting, the Discipline Committee directed staff to further explore the feasibility and implications of joining the HPDT and report back their findings. This work is currently in progress. One of the key considerations in joining the HPDT is to support governance modernization. We acknowledge that the volume of cases referred to the Discipline Committee by the Inquires, Complaints, and Reports Committee (ICRC) at
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	our College has historically been low. <u>Health Professions with Prescribing Authority</u> In 2023, several meetings took place between the Colleges and the Associations of health professions with prescribing authority. These meetings explored ways to improve the way this controlled act is regulated, allowing for sufficient flexibility to address the changing environment of drug treatments while also protecting the public. In 2024, this group submitted a white paper to the Ministry of Health on a proposal for an improved regulatory framework for prescribing and administering drugs and substances and prescribing to scope. <u>Ministry of Health</u> The College continued to work closely with the Ministry at the beginning of 2024 to propose changes the Designated Drugs and Substances Regulation, which came into effect on May 3, 2024, expanding the list of drugs that midwives may prescribe and administer. In addition, the College worked closely with the Ministry to propose changes to the laboratory tests that midwives can order and perform as set out in the General Regulation of the <i>Laboratory and Specimen Collection Centre Licensing Act</i>, to improve client care. The College continued to meet with the Ministry to discuss the midwifery scope of practice and options for collaboration for achieving sustainable health care solutions for Ontarians who seek midwifery care. Following the implementation of the new Designated Drugs and Substances Regulation, the College met with representatives from the Ministry and the Office of the Chief Medical Officer of Health to help resolve limitations to midwives being able to administer the National Advisory Committee on Immunization’s (NACI) recommendation for the use of the Respiratory Syncytial Virus (RSV) monoclonal antibody, as opposed to the RSV vaccine, to protect newborns from serious illness. The College worked with the Ministry to finalize changes to the Professional Misconduct Regulation, which came into force on July 1, 2024. The College continued to work closely with the Ministry to clarify questions related to the proposed changes to the Registration Regulation. <u>G. Raymond Chang School of Continuing Education at Toronto Metropolitan University</u> Throughout 2024 the College collaborated with the Chang School of Continuing Education to finalize the proposed International Midwifery Pre-Registration Bridging Program (IMPBP). At its December 2024 meeting, the Board approved IMPBP for the purpose of determining qualifications that are equivalent to the degree referred to in the Registration Regulation, as another pathway for internationally educated midwives to meet the registration requirements. The College further supported this collaboration by facilitating the introduction of the proposed IMPBP to other Canadian midwifery regulators and jurisdictions who subsequently recognized the program, helping to ensure sustainability. <u>Ordre des Sages-Femmes du Québec, the Midwifery Council of New Brunswick, and the Canadian Midwifery Regulators Council</u> The College initiated and met with representatives from these organizations to explore opportunities to leverage the French midwifery bridging program currently delivered at the <i>Université du Québec à Trois-Rivières</i> as a potential pathway to registration for francophones midwives.
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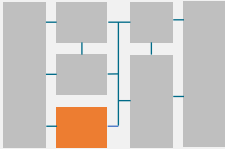
	<u>Ministry and Accreditation Canada</u> Proposed regulations to the <i>Integrated Community Health Services Centre Act, 2023</i> (ICHSC) named Accreditation Canada as the new inspecting body for Integrated Community Health Services Centres that perform surgeries, procedures, and diagnostic imaging outside of hospitals, including the Toronto Birth Centre and the Ottawa Birth and Wellness Centre. The inspection roles of the College of Physicians and Surgeons of Ontario and the College of Midwives of Ontario were therefore removed as of April 1, 2024. The College worked closely with the Ministry and Accreditation Canada to ensure a comprehensive and effective handover. Once the announcement was made public, the College met with the two ICHSC Birth Centres to inform them of the transition and continued to work with them to ensure a successful transition in 2024.
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	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> <u>Public Opinion Survey</u> In late September and early October 2024, the College worked with a consultant to conduct a public opinion survey. This survey enabled the College to collect data to further understand midwifery clients’ and the public’s expectations and perceptions of midwifery care and regulation. Engagement and fostering trust with the public and the profession is one of the key strategic priorities of the College under its 2021-2026 strategic plan. To this end, the public opinion survey helps inform the College’s understanding of changing public and societal expectations and the findings will be used to further inform the College’s public engagement plans and strategic planning. <u>Midwifery Sector Partnerships</u> The Ontario Midwifery Strategy Council (OMSC) is a group of midwifery sector leaders (including representatives from the College, the Association of Ontario Midwives, Midwifery Education Programs, Birth Centres and the Provincial Council for Maternal and Child Health) with the core purpose of collaborating to address key issues facing Indigenous midwives, registered midwives, midwifery students, and midwifery clients. We commit to using an anti-racist and decolonial lens in our roles and our work as leaders in the midwifery sector. The OMSC, of which the College is a founding member, recognizes that we can develop shared goals despite each organizations’ different mandates and recognizes that our points of divergence are a strength, allowing us to address issues from various perspectives. Bi-annual meetings are a place to identify and seek opportunities to collaboratively address and strengthen enablers to the delivery of quality and equitable client care. In 2024, the OMSC met to discuss the status of conversations on a third site for the Midwifery Education Program (MEP) and ongoing meetings on midwifery scope of practice between the College, the Association of Ontario Midwives (AOM), and the Ministry of Health. In addition, meetings addressed areas of importance for the midwifery sector including challenges in growing the profession through the MEP, health human resources, and professional development opportunities for midwives.
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	The College continued to meet and share information on a regular basis with the Association of Ontario Midwives (AOM). In addition, the Board Chair and the College Registrar attended the AOM’s Ontario Midwifery Conference (OMC) in May 2024. It was a great opportunity to learn about new research and program evaluation in the sector which helps inform our work at the College. The Board Chair, Vice-Chair (Professional), and College Registrar also participated in the Midwifery Sustainability Project Roundtable that followed the conference. <u>Meetings with Members of Provincial Parliament</u> Following the Association of Ontario Midwives’ reception at Queen’s Park in October 2024, the College requested to meet with elected officials who spoke about midwifery scope of practice in their remarks. College staff met with Official Opposition Health Critic MPP France Gélinas and MPP Aislinn Clancy at the end of 2024. The purpose of these meetings was to listen to their scope of practice questions and share changes the College believes would be in the best interest of the public. <u>Better Outcomes and Registry Network - BORN Ontario</u> In 2024, the College met with the Executive Director of BORN Ontario and other staff, on multiple occasions, to discuss areas of mutual interest and responsibility, including data sharing best practices, diversity, equity and inclusion, facilitating and supporting midwives in reporting data for College and BORN purposes, monitoring midwifery practice changes, facilitating competency reporting, and health system quality improvement. In addition, BORN provided a presentation to the Board at its December 2024 meeting on its strategic goals, priorities and opportunities for alignment. The College’s Practice Advisor sits on the BORN Midwifery Advisory Committee – members provide strategic advice to BORN on data collection and use. <u>Indigenous Advance Education Skills Council</u> In the interest of supporting pathways to Indigenous midwifery, the College met with the accreditation body for Indigenous programs to explore opportunities for the accreditation of midwifery education programs if desired by the programs. <u>Other System Partnerships</u> The College continues to meet with and foster key relationships with system partners to ensure timely and relevant information sharing. In 2024, the College engaged with the following system partners: • IPAC Regulatory College Working Group • Maternal and Perinatal Death Review Committee • Ontario Doula Association
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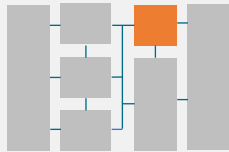
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The Privacy Code, which is available on the College website (see the below links), describes how the College manages personal information and other sensitive information that it collects in the course of fulfilling its regulatory obligations and activities. It was last reviewed and revised in 2024. Onboarding to the Privacy Code and related policies is included as part of the staff and Board member orientation process. https://www.cmo.on.ca/privacy/ https://www.cmo.on.ca/wp-content/uploads/2021/03/Privacy-Code-FINAL.pdf
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. Benchmarked Evidence	The College fulfills this requirement:	Yes
			- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College has an Operations Manual that is made available to all staff, Board and Committee members and is a key aspect of all onboarding and annual training. Section 12 Privacy, Security, Records & Information Management provide for specific policy and procedures for the following: 12.1 Principles and Definitions.....95 12.2 Privacy Code 96 12.3 Secure Information 96 12.4 Passwords 98 12.5 Accessing College Resources on Personal Devices and College Issued Cellular Phones and Tablets 99 12.6 Acceptable Use of Email and the College’s Network..... 100 12.7 Email Management 101 12.8 Security When Working Remotely 102 12.9 Acceptable Use of a College Computer..... 103 12.10 Document Imaging.....104 12.11 Audits and Testing 105 12.12 Records Retention and Disposition..... 106 12.13 Information Breach 110 The operations manual also includes the following appendices that are linked to data management: - APPENDIX E – Digital Signature Agreement - APPENDIX F – Privacy Code In addition, our contractor agreements include confirmation that contractors and vendors abide by our policies for information handling and safeguarding The College takes a proactive approach to managing security vulnerabilities in our IT infrastructure. With the support of an external IT provider, the College uses an automated vulnerability scanner, reviews threat feeds and advisories, and conducts regular system audits, penetration testing, and	

		security assessments. New policies drafted in 2024, with plans for implementation in 2025, include the AI Acceptable Use Policy, Cybersecurity Incident Response Plan, and Vulnerability and Patch Management Procedure. Staff, Board, and Committee members receive training on privacy, security, and records and information management policies during onboarding. In 2024, Board and Committee members completed training on privacy and security following updates to organizational policies. Staff training on privacy, security, and the Cybersecurity Incident Response Plan is planned for 2025. Additionally, staff receive quarterly reminders and updates on privacy and security measures. The College has a designated Privacy Officer who handles any unauthorized disclosures of information. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).		
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. Benchmarked Evidence	The College fulfills this requirement: Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The College regularly reviews our policies, standards and practice guidelines and proactively updates them; however, some policy updates are on hold until regulatory changes are confirmed. The review schedule is available here: https://cmo.on.ca/wp-content/uploads/2021/03/Policy-review-schedule.pdf Met in 2023, continues to meet in 2024	
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement:	Yes
			- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. The College adheres to a rigorous approach to policy development to ensure that its policy decisions are based on a proper evaluation of risk, solid evidence and a thorough analysis of options and impacts. This process is in place to ensure that regulatory tools are not adopted as the default solution but rather introduced to mitigate risk when other non-regulatory options are unable to deliver the desired results. In 2024, the College updated our Regulatory Policy Development Process to further ensure equity is considered. Our policy development process is based on the principles of good regulation and ensures that: 1. Regulation is proportionate to the risk of harm being managed. 2. Regulation is evidence-based and reflects current best-practice. 3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policymaking process. 4. Equity has been adequately considered. Every policy proposal designed to introduce or revise a regulatory tool (i.e., a statute, regulation, relevant by-law provision, a standard of practice, or regulatory policy) must be accompanied by a regulatory impact assessment, which includes equity analysis. See more information about this process under Decision- Making Tools here: https://cmo.on.ca/standards-and-resources/guides-and-publications/#decision-making-tools All College documents, including bylaws, policies, standards of practice, and other guiding documents that are approved by the Board or a committee must be formally reviewed within a period not to exceed four years from the date of first issue or the date of the last review. In anticipation of changes to the Registration Regulation, in 2024, the College undertook work to develop a new framework for midwives to demonstrate clinical currency based on the current practice environment, risk, evidence, alignment with other regulators, expectations of the public and stakeholders. To inform the policy development, the College developed an initial framework for consultation with midwives, stakeholders, and the public. The consultation was launched in January of 2025.	

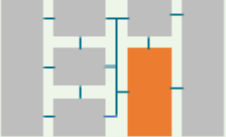
Benchmarked Evidence

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement: • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. The College's Governance Policies (available here: https://cmo.on.ca/wp-content/uploads/2024/07/Governance-Policies.pdf) were updated in 2022 to reflect DEI principles and inclusive language, amongst other things, the Governance Policies highlight that the Board will govern with an emphasis on: • Accountability to the public • Commitment to protecting the public interest • Strategic/policy leadership rather than administrative/management detail • Clear distinction of Board, Committee, and Registrar roles • Encouraging diverse viewpoints while seeking consensus • Collective rather than individual decision-making • Evidence-based decision-making • Equity-informed decision-making • Proactive behaviours The College has a rigorous regulatory policy development process (available here: https://cmo.on.ca/wp-content/uploads/2023/04/Policy-Development-Process.pdf) that includes consideration of equity impacts. Our policy development process is based on the principles of good regulation and ensures that: 1. Regulation is proportionate to the risk of harm being managed. 2. Regulation is evidence-based and reflects current best practice. 3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policymaking process. 4. Equity has been adequately considered. The Professional Development Portfolio (PDP) gives midwives the opportunity to highlight their professional learning, as they meet the expectations of the Quality Assurance Program administered by the College of Midwives. All midwives (both practising and non-practising/inactive) are required to participate in the Quality Assurance Program, including the PDP, as outlined in the Quality Assurance Regulation under the <i>Midwifery Act, 1991</i>. This supports midwives in ongoing professional development and maintaining professional competence, contributing to health care quality through the practice of midwifery.	Yes
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		The first cohort of midwives required to complete the PDP reported in 2024. In their portfolio submissions, midwives showcased their learning goals in many areas, across the spectrum of midwifery care. Activities undertaken reflected clinical areas of interest, such as perineal repair, emergency management, and prescribing; as well as non-clinical skill enhancement, in areas like health equity, cultural safety, leadership and communication, and quality improvement. On January 1, 2022, the Canadian Competencies for Midwives approved by the Canadian Midwifery Regulators Council came into effect. The competencies inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian and internationally educated midwives through the Canadian Midwifery Registration Exam (CMRE). The competencies also support the approval and accreditation of Canadian baccalaureate midwifery education programs, help to assess midwives’ continuing competence, guide clinicians, and serve as a reference for professional conduct matters. The competencies expect midwives to provide culturally safe care and embrace cultural humility, and are expected to identify and address power imbalances in the health care system, adopting reflective practice to understand personal and systemic biases and acknowledge the experience of others. The Appendix to the Canadian Competencies for Midwives was revised in 2023 to better meet the needs of marginalized people including Indigenous clients, racialized clients, people with disabilities, 2SLGBTQQIA+ clients, under-housed clients, immigrants, youth, and more. The Professional Standards for Midwives that came into effect in 2018 (and were amended in 2021) that define the fundamental ethical and professional standards that the College expects all midwifery practices and individual midwives to meet when providing midwifery services ensure that DEI principles and values are reflected in the care provided by Ontario midwives. Some examples are provided below: Person-centred care: Person-centred care is focused on the client and their life context. Person-centred care recognizes the central role the client has in their own health care, and responds to their unique needs, values, and preferences. Working with individuals in partnership, person-centred care offers high-quality care provided with compassion, respect, and trust. 14. Listen to clients and provide information in ways they can understand. 15. Support clients to be active participants in managing their own health and the health of their newborns. 16. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by: 16.1. providing information so that clients are informed when making decisions about their care 16.2. advising clients about the nature of any proposed treatment, including the expected benefits, material risks and side effects, alternative courses of action, and likely consequences of not having the treatment making efforts to understand and appreciate what is motivating clients’ choices 16.4. allowing clients adequate time for decision-making 16.5. ensuring treatment is only provided with the client’s informed and voluntary consent unless otherwise permitted by law 16.6. supporting clients’ rights to accept or refuse treatment 16.7. respecting the degree to which clients want to be involved in decisions about their care 21. Ensure that your personal biases do not affect client care.
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			Integrity: Integrity is a fundamental quality of any member of the midwifery profession. Every midwife has a duty to practise truthfully and honestly, with the best interest of their clients as paramount. Integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife-client relationship, and maintain the reputation and values of the profession. 32. Conduct yourself in a way that promotes clients’ trust in you and the public’s trust in the midwifery profession. 45. Manage practice in a way that supports the physical and mental well-being of all individuals involved in client care.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).
			All of our registration processes and requirements are clearly outlined on our website to help applicants understand what they need to do to meet the registration criteria. The registration handbook, in particular, details the specific document requirements necessary for us to assess whether an applicant meets these criteria. Each application and supporting document undergo a rigorous review process by both a registration coordinator, the registration director, and the Registrar (where applicable) to ensure that there are no discrepancies and uses internal verification tools to detect any fraudulent documentation. Additionally, confirmation is sought from supervisors and relevant regulatory bodies, both within and outside of Canada, where applicable, to validate the applicant’s professional experience and qualifications. If all criteria are met and documents validated, the applicant will become eligible for a certificate of registration to practice. For example, the Registrant Verification Form is used to confirm the registration status of a midwife or any other regulated professional if the issuing regulatory body does not provide a Letter of Standing. This form outlines all the key information that the regulatory body needs to provide. Specific registration requirements are also accompanied by guidelines or policies to indicate the specific standards, such as: Good Character guide and criminal record screening policy - Approved registration competencies courses required for registration (cardiopulmonary resuscitation, neonatal resuscitation, and emergency skills) This enhanced process ensures that those who meet the registration requirements are thoroughly vetted and appropriately certified to practice.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional)</i>	Choose an item.
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The College continuously reviews our policies to ensure they remain current, reflect best practices, and uphold the principles of fairness and equity. In 2024, the College revised its policy to assess the clinical experience of any applicants who have not completed a midwifery education program in Ontario, including those who are internationally educated. This update is designed to be more inclusive, fair, and equitable, while ensuring that the protection of the public remains a top priority. The aim was to recognize diverse backgrounds and experiences, fostering a more accessible pathway for qualified professionals. In compliance with Ontario Regulation 508/22, the College established a policy in 2023 to acknowledge a range of language proficiency test providers, offering applicants greater flexibility in their choices. This policy was updated in 2024 to include an additional test provider, aligning with those recognized for immigration purpose. The College also strives to identify alternative methods that allow applicants to effectively demonstrate their competencies to meet registration requirements under the Registration Regulation: • The Board has approved a new bridging program that creates an additional pathway for international applicants seeking registration in Ontario. Applicants who successfully complete the International Midwifery Pre-Registration Bridging Program, offered through the G. Raymond Chang School of Continuing Education at Toronto Metropolitan University, will be considered to have qualifications equivalent to an Ontario midwifery education program. The new bridging program offers comprehensive learning and additional training to support applicants' transitions into practice in Ontario. It ensures that they possess the necessary competencies to practice safely and effectively. The program is designed to address any knowledge and skill gaps, equipping international applicants with the tools needed to meet Ontario's practice standards. By offering this program, we are expanding opportunities for internationally educated midwives while upholding our commitment to client safety and high-quality care.	Yes

			• The College now recognizes any program accredited by the Canadian Association for Midwifery Education (CAMEd) as a direct pathway to registration. CAMEd will verify that the program meets minimum standards to ensure that graduates possess the necessary knowledge, skills, and competencies required at entry-to-practice to safely and effectively practice the profession. • We have developed a new competency-based assessment tool designed to objectively measure whether an individual has the necessary competencies to practice safely and effectively at entry-to-practice. This assessment evaluates key skills and knowledge required for the profession, ensuring that midwives meet the standards for safe and effective practice. The tool is structured to be both fair and equitable, providing a standardized approach to assessing competencies. This approach helps to eliminate any bias or subjective judgment, ensuring that the assessment is based solely on the essential skills needed to succeed in the profession. In doing so, we are promoting fairness and equal opportunity while maintaining the highest standards of practice.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. The College's current currency and competency requirements are set out in the Registration Regulation under the <i>Midwifery Act, 1991</i> and include the following main components (this does not include QA requirements outlined in the Quality Assurance Regulation) 1. Active practice requirements (APR): All practising midwives are required to report on their active practice annually by October 1 each year through the online Registrant Portal. Each member's active practice report as submitted via the Registrant Portal is reviewed by staff. If after a review it is determined that a midwife has an APR shortfall, they are referred to a panel of the Registration Committee in accordance with section 12 of the Registration Regulation. The following document outlines how the College monitors compliance with these requirements in more detail. https://cmo.on.ca/wp-content/uploads/2024/01/APR-Information.pdf The Registration Regulation also affords the Registration Committee with the authority to grant registrants an exception from the active practice requirements. In an effort to enhance efficiency, the Committee has embraced a policy that facilitates a streamlined monitoring process, thereby enabling more complex cases to be referred to a panel. The policy can be found here: https://cmo.on.ca/wp-content/uploads/2024/01/Active-Practice-Requirement-Policy.pdf 2. Good character: All midwives are required to make disclosures to the College at annual renewal (and throughout the year if there is a change of information) in accordance with the Health Professional Procedural Code, the Registration Regulation, and College By-laws. The Registrar reviews all disclosures and assesses the impact of the disclosed conduct on the midwife's suitability to practise midwifery ethically and safely. If the Registrar has concerns about a midwife's conduct, the Registrar can appoint an investigator to investigate the midwife's conduct or can make inquiries, and on the basis of such inquiries, can decide whether to appoint an investigator. The results of the investigation will be reported to the ICRC. The College's Good Character Guide provides more information on how midwife's suitability to practise is assessed and what action is taken when risks	

		are identified: https://www.cmo.on.ca/wp-content/uploads/2018/11/Good-Character-Guide-Final-.pdf	
		In addition, the Registrar’s Investigation Decision Making Tool assists the Registrar in determining an appropriate outcome relative to risk to the public when information about a registrant’s conduct or actions (that is not a formal complaint) comes to the attention of the College: https://cmo.on.ca/wp-content/uploads/2022/10/2022-10-03-decision-tree-final.pdf	
		3. All practising midwives must maintain current training in neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR) and emergency skills (ES) as outlined in the Registration Regulation. To facilitate this process, all practising midwives must provide the College with confirmation of successful completion of training in the above-mentioned areas by the registration renewal deadline of October 1 each year.	
		More information on these requirements and how they can be met can be found here: https://cmo.on.ca/midwives/maintaining-your-registration/competencies/	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	- Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: No Action Plan Issued	
	There were no specific recommendations stemming out of the 2024 Fair Registration Practices Report from the Ontario Fairness Commissioner. All reports are available on our website: https://cmo.on.ca/about/reports/#fairness-commission	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes
		<u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided - Does the College always provide this level of support: Yes If not, please provide a brief explanation: On May 3, 2024, the updated Drugs and Substances Regulation, under the <i>Midwifery Act, 1991</i>, came into effect, setting out a list of drugs midwives can prescribe and substances that midwives can administer by injection or inhalation on a midwife’s own authority within the scope of midwifery practice. To facilitate the implementation of this regulation and to ensure that registrants understood the requirements and apply them appropriately in practice, the College undertook a comprehensive implementation and communication plan. This included detailed website information outlining what was new in the regulation, addressing frequently asked questions and providing additional resources. In addition, the College developed an e-learning module on The Safe Prescribing and Administration of Controlled Drugs and Substances for Ontario Midwives. The module is available free of charge and can be accessed via the College’s website. The Policy on Controlled Drugs and Substances Education and Training or Course Requirement was developed in accordance with the Regulation and included on the website. The College conducted three live webinars: 1) for all midwives, 2) for faculty and preceptors, and 3) for lead midwives at hospitals. The College used the webinars as an opportunity to explain the regulation changes, answered questions, explained the policy requirements, and introduced and ran the new e-learning module. The webinars were well attended with over 400 RSVPs. A recording of the webinar was shared and is posted to the College’s website. All of this information was shared with midwives through several e-blasts, website information, and the College’s quarterly newsletter, On Call. Detailed information is available here: https://cmo.on.ca/standards-and-resources/designated-drugs-and-substances-regulation/ In addition to the communications that we sent to all registrants and the members of the public on our email list, we sent letters to the Registrars of the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, and the Ontario College of Pharmacists. In these letters, we provided a high-level summary of the changes and requested that they share information about the new regulation with their registrants. We also prepared a

	letter to hospital administrators that lead midwives can request from the College to share with their hospital leadership. These letters are intended to ensure that other health care providers are aware of the expanded list so that midwifery clients do not have to face unnecessary barriers in accessing new drugs and substances. As a result of the implementation of the updated Designated Drugs and Substances Regulation the College reviewed the 2019 Prescribing and Administering Drugs Standard and the Board rescinded the standard at its June Board meeting having determined that standards outlined in the document were already captured in the Professional Standards for Midwives, and the overarching laws and regulations provide sufficient structure to permit safe prescribing and administration of medications. This update was also shared with registrants and stakeholders. The updated Professional Misconduct Regulation, made under the <i>Midwifery Act, 1991</i> came into effect on July 1, 2024. To support the implementation of the new regulation, the College prepared and shared information on the regulation, a summary of changes, and some frequently asked questions to help explain the changes. In addition, the College updated the Professional Misconduct Guide and the Guideline to Ending the Midwife-Client Relationship to align with the revised Professional Misconduct Regulation to ensure consistency and clarity. This information and the resources were shared directly with midwives through e-blasts and our On Call newsletter. See here: https://cmo.on.ca/new-professional-misconduct-regulation-in-effect/
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
	Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number.	
	Priority areas of focus for QA assessment include: Peer and Practice Assessment (link), and the Professional Development Portfolio (link). The Quality Assurance Regulation requires participation of all registrants in the Quality Assurance Program. The Peer and Practice Assessment Program (pg. 4) stipulates that registrants will be randomly selected for assessment. Peer and Practice Assessments are grounded in the assumption that midwives are practicing competently while recognizing that the changing dynamics of practice environments and best practices create the need for continued learning and development. Participation in the Professional Development Portfolio is outlined in the Quality Assurance Regulation and further explained here: Professional Development Portfolio . The Professional Development Portfolio, informed by midwives and approved by the Board, is designed to encourage and support midwives to continually engage in self-assessment, continuing education, and professional development. The Professional Development Portfolio is comprised of a self-assessment, continuing education and professional development activities based on a learning plan, case reviews, and a declaration of completion every three years (each year, 20% of reporting midwives will be selected by the College to have their Portfolio reviewed for completion). Is the process taken above for identifying priority areas codified in a policy: Yes - If yes, please insert link to the policy. Peer and Practice Assessment Program Professional Development Portfolio	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)		

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Based on the principles of right touch regulation where the interventions are proportionate to the risk, the College continues to assess members based on our Peer and Practice Assessment Policy. Austin and Gregory (2018) show that competence can be linked to a health care providers’ engagement in their own continuing education and development in their profession. This finding suggests a random selection of all members is preferred over a punitive approach of a stratified sample based on risk factors. As outlined in the policy, 10% of registrants are audited annually to undergo Peer and Practice Assessment. This is meant to be non-punitive, and invite registrants to engage in self-reflective learning following the assessment and the identification of learning or knowledge gaps (if any). - Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <i>Public</i> Choose an item. <i>Employers</i> Choose an item. <i>Registrants</i> Choose an item. <i>other stakeholders</i> Choose an item. Risk-based regulation was implemented as part of the College’s previous strategic plan from 2016-2020.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
			The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. When a matter (either non-compliance with the quality assurance program requirements or unsatisfactory completion of an assessment program) is brought to the Quality Assurance Committee, panel members assess risk by applying a risk assessment tool to determine if a matter has no or minimal, low, moderate or high risk. In each situation there can be aggravating factors and mitigating factors, which will be considered by the panel. Depending on the level of risk, a recommended outcome will inform the panel’s decision making. The Committee’s risk assessment tool can be found here: https://www.cmo.on.ca/wp-content/uploads/2018/01/QAC_decision-tool_Final.May_.2018.pdf Assessment panels follow the same risk assessment process. Panel outcomes and risk factors that are taken into account when making a decision are outlined in a college document here: https://www.cmo.on.ca/wp-content/uploads/2021/12/Final-Peer-and-Practice-Assessment-Program-Documents-2021-1.pdf It should be noted that formal regulatory action (e.g., SCERP or imposing a term, condition, or limitation on a midwife’s certificate of registration) taken by the Quality Assurance Committee is rare and is required only when a midwife refuses to cooperate with the College or has an extensive history of non-compliance or other regulatory history. This is in line with the non-punitive nature of the Quality Assurance Program.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		Additional comments for clarification (optional)	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes
	• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Some decisions made by a College committee, such as the ICRC, or a panel of the Discipline Committee or Registration Committee, require monitoring to ensure compliance with committee orders. For example, a panel of the ICRC may require that a midwife complete a Specified Continuing Education and Remediation Program (SCERP), or an order can be made that a midwife’s practice must be audited after a specified period of time to ensure that they are able to demonstrate the required knowledge, skill, and judgment in an area of practice that required remediation. Staff monitor compliance and correspond with midwives to ensure they are aware of their compliance requirements. If the midwife does not comply with any order made by a committee within the prescribed timeline, the Registrar can decide to commence an investigation into the midwife’s failure to comply. Midwives who achieve less than 75% on Peer Assessment are required to complete a Practice Assessment and may be referred to the Quality Assurance Committee. As per the Quality Assurance Regulation, if, after considering the Peer and Practice assessor’s report and any submissions made by the registrant, the Committee is of the opinion that the registrant’s knowledge, skill, or judgment is not satisfactory, the Quality Assurance Committee may take any action listed in subsection 80.2 (1) of the Health Professions Procedural Code to help ensure the registrant remediates appropriately.		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are:	The College fulfills this requirement:	Yes
		i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;	- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. The College’s complaints process is transparent and there is information provided to the public on the College website in various formats. As well, detailed information is provided to complainants on the process in an acknowledgment of complaint package. Detailed information including about complaints and concerns about a midwife can be found here: https://cmo.on.ca/clients-and-the-public/complaints-and-concerns/	
		ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	Guide to Filing a Complaint provides guidance and helps complainants understand how to make a complaint, and what each step in the complaints process entails and possible outcomes: https://cmo.on.ca/wp-content/uploads/2018/06/Guide-to-Filing-a-Complaint-for-Complainants.pdf Complaints process infographic: https://www.cmo.on.ca/wp-content/uploads/2018/12/complaints-process-flow.jpg The Guide on Funding and Therapy (https://cmo.on.ca/wp-content/uploads/2023/09/Guide-on-Funding-for-Therapy-Counselling-2023.pdf) sets out information on the process for obtaining funding for therapy and counselling for individuals who were, or may have been, sexually abused by a midwife while they were a client. Additional resources are available to for individuals who are applying for funding and therapy: https://cmo.on.ca/clients-and-the-public/complaints-and-concerns/#sexual-abuse Complaints process outcomes and the tool used by the ICRC when deciding which action to take is available: https://cmo.on.ca/wp-content/uploads/2017/11/Revised-Categories-ICRC-Risk-Assessment-Framework-Updated-04JUN18.pdf	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. <i>Benchmarked Evidence</i>	The College fulfills this requirement: Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The College's Guide to Filing a Complaint for Complainants makes information clearer and more understandable including using plain language. The College's ADR Policy includes information so complainants understand and know what to expect in the process. https://cmo.on.ca/wp-content/uploads/2018/06/Guide-to-Filing-a-Complaint-for-Complainants.pdf https://cmo.on.ca/wp-content/uploads/2022/10/ADR-Policy-2022.pdf In addition, the College regularly reviews information and practices to align with our strategic priority #3, building engagement and fostering trust with the public and the profession. To achieve this, we present information in a format that is accessible and allows the public to understand the College's role, what it means to regulate in the public interest, how our complaints and discipline processes work, and how we make decisions that affect them. <i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	Yes
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The Professional Conduct Department set a benchmark to respond to inquiries from the public/complainants of two business days. We responded 100% of the time within two days, 44% of the times responding the same day, 33% responding within one day, and 23% responding on the second day. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Complainants can file a complaint by mail, email, or through an online form here: https://www.cmo.on.ca/public/inquiries-reports-and-complaints/submit-your-complaint/ Accessibility requests made by complainants (e.g., help needed to file a complaint) are accommodated by College staff. In addition, the College will translate documents as requested and will provide assistance with identifying a midwife. For example, the College has received and processed a complaint sent through audio recording. The College offers a practice advisory service at intake and throughout the process if complainants need advice on clinical, ethical, or regulatory issues. All complainants are contacted by College staff within two business days of receiving a complaint. As part of the process, College staff will offer a phone call to explain the complaints process, including what supports are available, and to confirm the issues of the complaint. Staff are available to respond to any further inquiries throughout the process and proactively explains what to expect in a next step at every interaction. The College has a policy (included in the Operations Manual) that require staff to acknowledge all inquiries within two business days and to provide a timeline in which the inquiry can be addressed if it cannot be addressed within that time. The generic email address: conduct@cmo.on.ca that is used in all formal documents for inquiries relating to complaints has an automatic response programmed that indicates the inquiry is received and gives the established timeline of two business days for a response.	Met in 2023, continues to meet in 2024
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the	The College fulfills this requirement:	Yes

		College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.	
			As noted above and in College guiding documents, the complainant and the midwife are provided with a written notice of complaint that acknowledges the receipt of their complaint or informs a midwife that a complaint was filed against them and advises them of the next steps, including timelines and possible outcomes. All parties are regularly updated on the status of their file and College staff (including Professional Conduct staff and a practice advisor) are available to respond to any inquiries about the process or provide an update on the status of the case. Once an investigation process reaches 150 days since the complaint was received, delay letters are sent to the complainant and the midwife. Subsequent letters are sent at 210 days (including to HPARB) and then every 30 days until the matter is disposed of. If the complaint is referred to Discipline, relevant information is available on the website and College staff are available to respond to further inquiries about or provide information about the discipline process. The Discipline Rules of Procedures is available on the website: https://cmo.on.ca/wp-content/uploads/2023/08/Discipline-Rules-of-Procedure.pdf.	
			For information on how the College supports complainants including how they can contact the College for information, please see above (11.1c).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		<i>Additional comments for clarification (optional)</i>	
			The work to set timelines for resolving our complaints (and reports) matters to be able to benchmark our performance against those was completed and implemented in 2022. The College set a benchmark of 269 days (based on an average of historical data) to resolve a complaint, and in 2024 met this benchmark 84% of the time, with a goal of resolving 80% of the complaints within this timeframe. In addition, the College’s strategic plan 2021-2026 identified Building Engagement and Fostering Trust with the Public and the Profession as a strategic priority. One of the initiatives undertaken to meet this priority is the development of an online portal to provide complainants and midwives with access to key information about the complaints process and to the status of their specific case at each step.	
		Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. - Please provide the year when it was implemented OR evaluated/updated (if applicable). https://cmo.on.ca/standards-and-resources/guides-and-publications/#decision-making-tools	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				
	Choose an item.			
	<i>Additional comments for clarification (optional)</i>			

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:			
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).			
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
			• Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).		
			The College continues to provide letters of professional standing regarding registrants to other regulators, hospitals, birth centres, or other health facilities where midwives hold privileges, as applicable and in accordance with the RHPA. https://cmo.on.ca/midwives/forms-for-midwives/#professional-standing		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (if needed)					

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.									
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response								
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College’s strategic framework outlines the current strategic priorities and expected outcomes, which were determined based on a detailed risk assessment process that was used to establish the 2021-2026 Strategic Plan: https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Framework.pdf https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Plan-2021-2026-Web.pdf </td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College’s strategic framework outlines the current strategic priorities and expected outcomes, which were determined based on a detailed risk assessment process that was used to establish the 2021-2026 Strategic Plan: https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Framework.pdf https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Plan-2021-2026-Web.pdf				<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		The College fulfills this requirement:	Met in 2023, continues to meet in 2024								
		Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College’s strategic framework outlines the current strategic priorities and expected outcomes, which were determined based on a detailed risk assessment process that was used to establish the 2021-2026 Strategic Plan: https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Framework.pdf https://cmo.on.ca/wp-content/uploads/2021/03/Strategic-Plan-2021-2026-Web.pdf									
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>											
		Choose an item.									

			Additional comments for clarification (if needed)
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The College regularly reports to the Board on performance against stated strategic objectives as outlined in the College’s 2021-2026 Strategic Plan and overall College work. At each Board meeting the Registrar’s Report provides progress and goal achievement updates. In addition, an annual progress report on the Operational Plan is provided to the Board in Q4 of each year. As part of this presentation, the Registrar addresses risk management as needed. See the following reports from 2024: • March Board meeting – Registrar Report and Operational Plan Progress Report (pages 34-40 and 43-54) https://cmo.on.ca/wp-content/uploads/2024/03/Meeting-Book-Council-Meeting-for-web.pdf • June Board meeting – Registrar Report (pages 57-66) https://cmo.on.ca/wp-content/uploads/2024/06/June-2024-Meeting-Book-Council-Meeting.pdf • October Board meeting – Registrar Report (pages 32-38) https://cmo.on.ca/wp-content/uploads/2024/09/October-2024-Meeting-Book-Board-Meeting.pdf • December Board meeting – Registrar Report (pages 32-38) https://cmo.on.ca/wp-content/uploads/2024/11/December-2024-Meeting-Book-Board-Meeting.pdf If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

		<i>Additional comments for clarification (if needed)</i>
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Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement: Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Measuring regulatory performance - internal audit: As part of the College’s commitment to regulatory excellence, a Regulatory Performance Measurement Framework was developed to objectively evaluate the College’s regulatory performance. This framework allows us to review, evaluate and report on our performance using a set of standards that are based on our legislative mandate and expected outcomes. The framework describes the outcomes the College is expected to achieve in four broad domains: Regulatory Policy; Suitability to Practise; Openness and Accountability; Good Governance. In 2021, our first performance review was conducted and the results were posted to the website. In 2024 the College complete a second performance review, the results of which are posted on our website and were presented to the Board in December 2024. The College’s 2023-24 review of the framework resulted in the College meeting 19 of 20 standards with one standard partially met, demonstrating our ongoing commitment to regulatory excellence and using the review to identify improvement opportunities. The most recent review indicated how the College had taken action to address areas for improvement coming out of the 2020-21 report. The final 2023-24 report can be viewed here: https://cmo.on.ca/wp-content/uploads/2024/12/Regulatory-Performance-Review-2023-2024.pdf December 2024 Board meeting materials (pages 67-87): https://cmo.on.ca/wp-content/uploads/2024/11/December-2024-Meeting-Book-Board-Meeting.pdf The final 2020-21 report can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/11/Performance-Review-2021.pdf June 2021 Board meeting materials (see agenda item 10): https://www.cmo.on.ca/wp-content/uploads/2021/06/Full-June-23-2021-Meeting-Book.pdf Risk assessment and strategic priorities: A comprehensive risk assessment is conducted as part of the College’s strategic planning process (every three to five years) to ensure that the	Yes

Benchmarked Evidence

		College’s strategic goals are guided by focusing activity and attention on issues that were identified as high priority risks for the organization. The College assesses its risks by using a risk assessment matrix; the goal is to rank the risks to determine priority. This exercise leads to a list of risks ranked according to their combined score of likelihood and impact which then leads to identifying mitigating strategies and deciding what action to take. The Risk Matrix (including the Risk Register) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Matrix-2020.pdf Risk assessment scale can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Assessment-Scales.pdf 2021-2026 Strategic Plan (where high-priority risks were identified as strategic priorities) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Strategic-Plan-2021-2026-Web.pdf <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		Measure: 14.3 The College regularly reports publicly on its performance.	
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement: Please insert a link to the College’s dashboard or relevant section of the College’s website. See above measure 14.2 to see how the College publicly reports on its strategic objectives and regulatory performance outcomes. All accountability reports are available on the College’s website here: https://cmo.on.ca/about/reports/ Our Regulatory Performance Measurement Framework Reports are available here: https://cmo.on.ca/about/reports/#regulatory-performance-measurement-framework
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Met in 2023, continues to meet in 2024
			Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

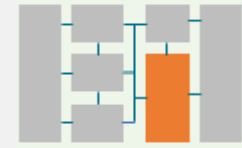
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Registrants required to report on their tri-annual Professional Development Portfolio	834		
ii. Annual peer and practice assessments	81		
vii. <Insert QA activity or assessment>			
-			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i> In compliance with the <u>Quality Assurance Regulation</u> (O.Reg 669/20), the Board approved a new Quality Assurance Program in 2021 which includes a <u>Professional Development Portfolio</u>. The new program is based on evidence showing that quality assurance activities should give a registrant sufficient time to meet both short- and long-term goals. With this in mind, the program requires registrants to submit a declaration of completion every three years rather than every year. While midwives are required to participate in CE/CPD activities, including a minimum number of case reviews, every year in accordance with the Portfolio’s requirements, they are not required to report on these activities until their reporting deadline. The first year of reporting was in 2024. In accordance with the Quality Assurance Regulation, all registrants must participate in the Quality Assurance Program, however, for the purposes of this report, 834 represents the number of practicing registrants who were expected to be participating in annual continuing education and professional development activities.	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2024	827	76%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	0	0	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

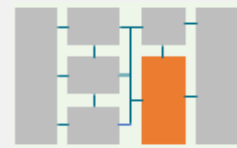
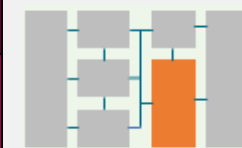
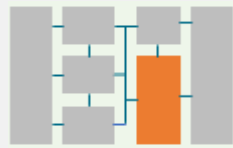
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		0		
II. Registrants still undertaking remediation (i.e., remediation in progress)		0		
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.				
Additional comments for clarification (if needed)				
-				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 12						
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal received	Complaints	Registrar initiated	What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.	
Themes:		#	%	#		%
I. Advertising		0	0	0		0
II. Billing and Fees		0	0	0		0
III. Communication		17	21	0		0
IV. Competence / Patient Care		34	43	0		0
V. Intent to Mislead including Fraud		NR	0	0		0
VI. Professional Conduct & Behaviour		12	15	0		0
VII. Record keeping		5	6	0		0
VIII. Sexual Abuse		0	0	0		0
IX. Harassment / Boundary Violations		0	10	0		0
X. Unauthorized Practice		0	0	NR		100
XI. Qther Midwifery Practice Management		12	15	0		0
Total number of formal complaints and Registrar’s Investigations**		80	100%	0	100%	

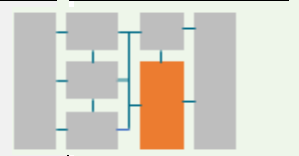
Formal Complaints NR Registrar’s Investigation <i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024	50		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	0			
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	NR			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%		
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	5	-		
II.	Formal complaints that were resolved through ADR	5	10		
III.	Formal complaints that were disposed of by ICRC	33	66		
IV.	Formal complaints that proceeded to ICRC and are still pending	17	34		
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d								
If a College method is used, please specify the rationale for its use:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2024		39						
Distribution of ICRC decisions by theme in 2024*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	0	0	0	0	0	0	0
II.	Billing and Fees	0	0	0	0	0	0	0
III.	Communication	NR	NR	0	0	0	0	0
IV.	Competence / Patient Care	8	15	NR	5	0	0	0
V.	Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI.	Professional Conduct & Behaviour	0	0	0	0	0	0	0
VII.	Record Keeping	NR	NR	0	NR	0	0	0
VIII.	Sexual Abuse	0	0	0	0	0	0	0
IX.	Harassment / Boundary Violations	NR	0	0	0	0	0	0

X.	Unauthorized Practice	NR	0	0	0		0	0
XI.	Other <please specify>	0	0	0	0		0	0
• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions. NR								
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.								
Additional comments for clarification (if needed)								

Table 7 – Context Measure 11

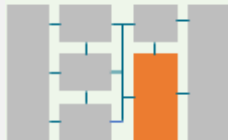
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? 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.	
I. A formal complaint in working days in CY 2024	283	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2024	n/a		
Disposal			
Additional comments for clarification (if needed) Not including cases resolved by ADR.			
The 90 th percentile remained consistent with 2023, which was reported as 282 days. The average time to close a complaint in 2024 was 173 days, reduced from 202 days in 2023. The median for closed complaints was 172 days in 2024, reduced from 201 days in 2023.			
There were no Registrar’s investigations in 2024.			

Table 8 – Context Measure 12

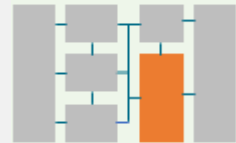
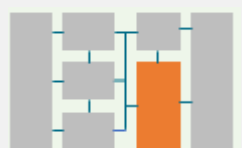
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College MethodRecommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2024	n/a	
II. A contested discipline hearing in working days in CY 2024	n/a	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
The College did not hold any hearings in the reporting period.		
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Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	n/a	
II. Incompetence	n/a	
III. Fail to maintain Standard	n/a	
IV. Improper use of a controlled act	n/a	
V. Conduct unbecoming	n/a	
VI. Dishonourable, disgraceful, unprofessional	n/a	
VII. Offence conviction	n/a	
VIII. Contravene certificate restrictions	n/a	
IX. Findings in another jurisdiction	n/a	
X. Breach of orders and/or undertaking	n/a	
XI. Falsifying records	n/a	
XII. False or misleading document	n/a	
XIII. Contravene relevant Acts	n/a	

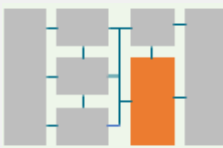
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

The College did not hold any hearings in the reporting period.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	n/a		
II. Suspension	n/a		
III. Terms, Conditions and Limitations on a Certificate of Registration	n/a		
IV. Reprimand	n/a		
V. Undertaking	n/a		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			
The College did not hold any hearings in the reporting period.			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar’s Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant’s Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to “revoke” the certificate which terminates the registrant’s registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant’s Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory College’s website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)