



# MEMBER COMMUNIQUÉ

Volume 1, Issue 2

Autumn 2007

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## PROFESSIONAL PRACTICE UPDATE

### ***Don't risk your practice***

Occasionally the College is called upon to advise a group practice that is experiencing a professional problem with a member of that practice. The College would like to emphasize the word "professional", for example, arriving late to meetings or appointments, missed pages, or client complaints about behaviour. A common concern is "burnout" to such an extent that a member of a practice, although wholeheartedly committed to her work, might jeopardize the practice and/or pose a danger to patients.

It is the practice's responsibility to ensure safe care. They should meet with the member to attempt to resolve the problem. If, after meeting and jointly deciding on a remediation plan, the problem is not rectified, and the practice's members remain unsatisfied with their colleague's performance, the practice may choose to terminate the professional relationship or file a complaint with the College. If the decision is made to terminate the professional relationship a report must be filed with the College.

The Registered Health Professions Procedural Code\* stipulates that:

"A person or practice terminating or suspending a health professional's employment, or imposing restrictions on him or her, or dissolving a partnership, for misconduct, incompetence, or incapacity, must file a written report with the College's Registrar within 30 days of taking such action".

Also, if a person or practice intended to take such action, but did not do so because the colleague resigned or voluntarily gave up his or her privileges, the person or practice must file a written report with the College's Registrar within 30 days of the colleague's resignation or giving up his or her privileges.

In either case the report must set out the reasons for the action.

The CMO urges all of its members to resolve such problems before they reach the point of last resort – the Registrar's desk. The College recommends that you contact the Association of Ontario Midwives or the College itself for advice. Also, it recommends that all practices put in place a conflict resolution policy.

\*Sections 85.5(1) and 85.5(2)

### ***Archiving your clients' records***

Below is the College's proposed regulation that details how information must be collected, recorded, and kept as part of the patient health record.

Requirements:

- 1) Information in the client health record must be retained for 10 years for the mother and 28 years for the baby (10 years after the age of majority).

*Continued on next page*

## Help us to Help You

Please remember to complete the Member Forum survey that we have emailed to you. We need your input to plan our work on your behalf.

You can also access the survey on the College website. As well, you received a link to a very brief client survey we hope you will pass on to past and current clients. We will use their responses in planning for the future.

### REMINDER

#### EI LETTERS

The Ontario Employment Standards Act continues to stipulate that for EI purposes midwives can write letters confirming only pregnancy and due date. Any other information, e.g., a need for an early start to maternity leave due to complications, must be provided by a physician.

This requirement guides companies' benefit plans.

The provision of an unauthorized letter can negatively affect a client's receipt of benefits.

## PROFESSIONAL PRACTICE UPDATE

*Continued from page 1*

When preparing records for storage, members should ensure that College policies are followed with respect to:

- the content of the record
- secure and safe storage
- reasonable client access

When converting to electronic records, an important factor for practices to consider is that original, paper records are considered the best evidence in the case of a complaint or a lawsuit. Practices may want to consider retaining original client records for any cases where an incident report has been filed or a complaint has or is likely to be laid.

Practices may want to consider the development of a protocol or policy to ensure a consistent approach for all client health records.

## COUNCIL UPDATE

### New VP Experienced in a Variety of Environments

Andrea Lennox has been involved in the birthing community for almost twenty years. She provided labour support for teen moms in Toronto from 1988 to 1990. While waiting for regulatory legislation to be passed in Ontario, she moved to New York in 1992 where she did a self-directed apprenticeship with midwives in New York State and New Jersey, where midwifery was unregulated at that time. Andrea points to the stress – for both client and midwife – of working in an unregulated environment, where midwives lack the ability to provide services like ordering lab work or ultrasounds, where they were unable to consult with doctors, and where midwives were met with hostility by hospital staff.



So, after Andrea's daughter Claire was born in New York in 1994, she returned to Toronto where her son Sam was born in 1996. She then returned to midwifery in 1997 and graduated from the Ryerson Midwifery Program in 2002.

In her first year of practice she worked at Queen East Midwives. She has been at Kensington Midwives in Toronto since 2005. Kensington Midwives is a busy downtown practice primarily serving women from disadvantaged groups, such as homeless women, women living in shelters, teen moms, and new immigrant women with or without immigrant status.

Andrea became a Council member in September 2005, and has sat on the Registration, Discipline, and Quality Assurance Committees. She will begin her tenure as vice president this December.

"I have always been interested in the regulation of midwifery and feel uniquely privileged to have worked both in an unregulated jurisdiction in the US and in regulated midwifery here in Toronto," says Andrea. "As a College Council member I have had the opportunity to participate directly in the regulation of our profession, and I look forward to an expanded role as vice president."

## MESSAGE FROM THE PRESIDENT

I write this newly returned from the Vancouver meeting of the Canadian Midwifery Regulators Consortium, as well as the Canadian Association of Midwives' annual general meeting and conference called *The Spirit of Midwifery*. At the meetings and the conference, I was struck by the tremendous opportunities that exist for both the College and its members to play a role in advancing midwifery at the local, regional, provincial, national, and even international levels.

Several speakers referred to the fact that maternal and newborn care is an accurate barometer of what is occurring elsewhere in the health care system; others called our attention to the fact that challenges experienced at the international level mirror many of those we face here in Ontario. Prenatal care, skilled birth attendants, breastfeeding, and postpartum care remain some of the best ways to ensure healthy populations as a whole, whether here in Ontario or in developing countries. All of this supports the notion that maternity care is a critical piece of the province's health care system and needs to be a focus for funders, planners, and providers.

I am reinvigorated by the energy of the midwives who presented at and attended the conference, and I am excited about bringing back what I have learned and experienced to my work at the College.

You will have heard about or been involved in the work that is going on in Ontario to support and advance interprofessional care. There is increasing focus on this by the provincial government, other health regulatory colleges, and on the front lines of practice. In the coming year, the College will be involved with evaluating how we can play a role in facilitating our profession's active participation in interprofessional care. As a regulatory body, our focus will be on how we can support registered midwives to practise in a way that meets both the needs of the women they serve and the registered midwives themselves.



Mylene Shields, President

## QAP UPDATE

### The Practice Audit Process

*Because our practice audit process is still a relatively new one, we thought it important to inform you about how the process takes place.*

<i>June</i>	Random selection of practice
<i>July</i>	60 days' notice to practice
<i>August</i>	Clarification of conflict of interest and setting of specific dates for on-site portion of audit
<i>October</i>	On-site portion of practice audit
<i>December</i>	Auditors' reports to CMO within 45 days Auditors' reports to members and group practice for response (14 days to reply)
<i>January</i>	QA audit panel reviews reports and responses for preparation of decision
<i>February</i>	Decisions sent to members/group practice (audit requirements to be met within six months)
<i>September</i>	Submission of materials (as required) by audit panel decisions
<i>October/November</i>	Completion/closure of file — notice to practice/member

COLLEGE OF  
MIDWIVES  
OF ONTARIO



ORDRE DES  
SAGES-FEMMES  
DE L'ONTARIO

### **Position available**

The CMO is seeking an experienced, full-time policy analyst, who will:

- ✓ develop and write policies
- ✓ review policy options and make recommendations
- ✓ conduct research
- ✓ perform analysis and environmental scans
- ✓ communicate with stakeholder organizations
- ✓ prepare reports, position papers and summaries

To obtain the CMO's detailed job posting, email: [ea@cmo.on.ca](mailto:ea@cmo.on.ca)

### **Controlled Drugs & Substances Public Consultation**

Thanks to those midwives who took the time to submit comments to the Office of Controlled Drugs and Substances regarding granting midwives the authority to prescribe narcotics. The CMO submitted its comments along with other maternity care stakeholder groups; we await the results. Look for an article in the Winter newsletter

## FROM THE REGISTRAR'S DESK

I'm pleased to be sending you the second newsletter for this fiscal year and to let you know about the work that is going on here at the College. Over the coming months, council and staff will be participating in a strategic planning session to begin the 2008-2010 planning cycle, moving ahead with several special projects, and continuing the work that will be required to ensure that we are in compliance with the changes brought about by the Health System Improvements Act (Bill 171). We will also be focusing on developing the capacity to carry out more of the much needed policy work both within the College and as a participant provincially, nationally, and internationally.



Deborah Adams, Registrar

Related to this capacity building, there have been two significant personnel changes at the College. First, we no longer have a Director of Operations position. So, it is with regret that I have to inform you that Katharine McEachern has left the organization after four years of making valuable contributions. During her tenure, Katharine took on increasing responsibility and made significant progress in developing the organization's administrative infrastructure. We are able to take the step of growing in the area of policy work in large part due to Katharine's efforts. I know that you will all join me in wishing Katharine well as she uses her considerable talents to pursue other opportunities.

Second, we are in the process of recruiting a policy analyst to support the growth and development of both the College's role and of midwifery itself. We are excited about this prospect and look forward to hiring a policy expert to work with both the staff and council.

If you haven't already completed the on-line survey that was sent to you in the first week of November, please take the time to do so. Your feedback will be used to inform the strategic planning session that the College's council and staff will be involved in at the end of November.

## COMMUNICATING WITH MEMBERS

### **The College's Position on Vaccinations**

Council has prepared a "Position Statement on Vaccination". The College occasionally receives inquiries from physicians, nurses, and public health professionals on midwives' involvement with vaccination.

Recently a physician asked the College to clarify its position on infant immunization. This request was also forwarded to the Chief Medical Officer of Health for Ontario. At its May 2007 meeting, Council discussed the request and the issue, and it decided to develop a position on vaccinations in order to provide clarity to midwives and other health care providers about the role of midwives in infant vaccination.

The position statement will be posted on the CMO's website in the coming weeks and will be circulated to members in a binder update.

The CMO's position is that midwives should inform clients that vaccination is outside the scope of midwifery and should recommend that clients discuss vaccination with the professional who will be providing health care for the newborn. Midwives can refer clients to the local public health unit for information.

## REGULATIONS UPDATE

### Summary of the regulation amendment process

*In our last issue, we provided our readers with an update of which regulations are currently before the Regulatory Programs Unit (RPU) and an estimate of when each is expected to be approved. In this issue, we want to explain the amending process to you in an attempt to shed some light on why the process is such a lengthy one. Here are the steps the College must take:*

1. Council approves the amendment for circulation to members and stakeholders.
2. For a 60-day period, the College circulates the amendment to members and stakeholders, including other health care professions.
3. Following the consultation, the amendment and a report on the consultation must be presented to Council, which must decide if any revisions are required based on the feedback received. If not, the amendment can be approved by Council and submitted to RPU. If substantial change is required, the amendment must be re-circulated.
4. After Council approval, the College forwards the amendment, together with a summary of the comments it received, and its responses to those comments, to the RPU, where policy analysts review the submission. At this point, the RPU often requests additional information or clarifications from the College, which, in turn, responds. This review process can take several to many months.
5. RPU must ensure that the appropriate policy analysis takes place within the Ministry and the government. When this internal consultation is completed, the RPU forwards the amendment to its legal branch, which reviews the changes for their legal ramifications and prepares the legislative draft. This step in the process, too, can take many months.
6. The RPU then forwards the amendment to the Cabinet of the provincial legislature, which will consider the amendment at “the first available opportunity,” depending on its legislative priorities. (Last year Cabinet processed more than 700 regulations from all areas of government). At Cabinet, RPU staff members respond to legislators’ queries. If staff can not address Cabinet concerns, Cabinet re-prioritizes its consideration, and the amendment is deferred to a later date for further RPU clarification.
7. Once Cabinet concerns are addressed, it approves and seals the amendment, which is then filed by the Registrar of Regulations.

*If this process is not completed within three years, a College can be required to re-circulate the regulation amendment.*

### Proposed By-law Revision: Email address requirement

Council’s final approval of these changes occurred at its meeting of Nov.7. We are circulating the changes for your information. Changes appear in **bold** print. Deletions are struck out; additions are underlined.

Sections 2 and 3 of Article XII (Maintenance of the Register) of the By-laws will be amended as follows:

2. A Member shall provide the College with the following information in the manner determined by the Registrar:
  - a) the information required for the purposes of maintaining the register,
  - b) the addresses and telephone numbers of all places where the Member practices, listing principal place of practice,
  - c) her residential address and telephone number,
  - d) the names of the Member’s partners, associates, employers and employees, ~~and~~
  - e) information required by the Quality Assurance Committee,
  - f) current hospital and birth centre privileges, and the date each was granted, and
  - g) her personal email address.
3. A Member shall inform the College in writing of a change in the Member’s name, residential address, personal email address, business address or business telephone number or a change of employer or employment status, within thirty (30) days of the change occurring.

### “Amend the Regulation Amendment process”

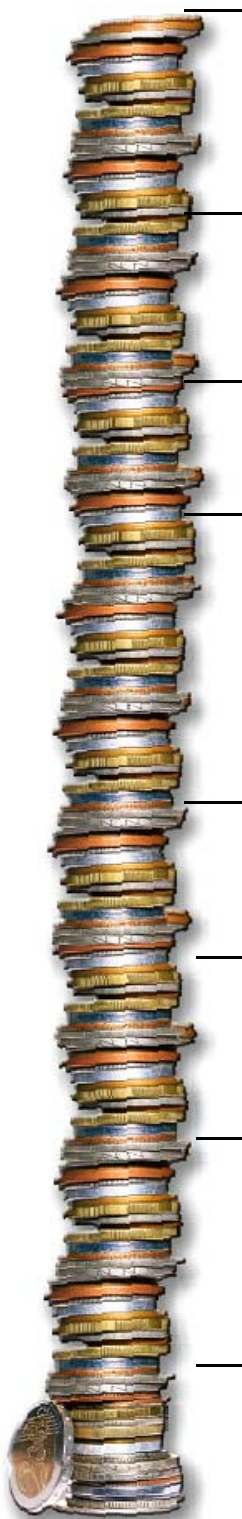
The College shares its members’ frustration with the protracted and cumbersome process of making changes to regulations, especially ones affecting client care (e.g. drugs).

We invite you to express your views by writing to the RPU, whose officials are interested in what you have to say.

Your input is important because no one knows the workings of midwifery better than those who practise it – you! We urge you to take a few minutes to speak up about the problems you experience because badly needed changes to midwifery practice are stalled in administrative or political limbo. Please take the time to write to the RPU care of the CMO, and we will use your experiences in our talks with RPU officials.

## YOUR COLLEGE FEES AT WORK

The College continues to depend on the Ministry of Health and Long-term Care for approximately one-half of the CMO's budget. The numbers below represent the percentage of its budget that the College spends annually, working on your behalf.



### 19% Investigations & Hearings

- investigate complaints and conduct hearings in relation to the possible misconduct, incompetence, or incapacity of a member

### 9% Registration Services

- assesses and registers applicants who qualify
- monitors certification and ongoing development for renewing members

### 6% Quality Assurance Program

- develops standards, policies, guidelines, & regulations
- runs group practice audit

### 19% Operations

- all College operations, including support to members and the public, office services and infrastructure, and building maintenance

### 16% Senior Management & Support Team

- leads the College's operations and supports the functioning of the Council and Executive Committee

### 11% Council & Committees

- support for council and committee meetings
- professional development for council, committee members, and staff

### 14% Regulation, Policy & Communications

- regulation and policy development
- communications with the public and members through website, newsletter, and other media

### 6% Professional Associations

- national involvement (e.g. Canadian Midwifery Regulators Consortium)
- other relevant professional associations (e.g. Federation of Health Regulatory Colleges of Ontario)

Welcome to our newest midwives,  
those who became members in 2007\*.

*Dione Amsterdam*

*Nadia Bellio*

*Lisa Bishop*

*Jennifer Marie Bowman*

*Valérie D. Brisson*

*Andrea Campbell*

*Sindy Cheung*

*Nicole Mary Conway*

*Tatiana Demishkevich*

*Suzanne Desaulniers*

*Nicole J. Drysdale*

*Kathy Earle*

*Aimee Fehlner*

*Carmen Felix*

*Jane Emily Flindall*

*Denise Michele Fuller*

*Terri Gil*

*Rebecca Joan Gothard*

*Catherine-Anne Goudy*

*Amy N. Huneau*

*Parvin Jalilvand*

*Christie E. Kavaratzis*

*Pooja N. Kurban*

*Natalie Evelyn Lachance*

*Melinda Levy*

*Stephanie Anne McDonnell*

*Diana Lynn McPherson Doe*

*Mahnaz Najafian*

*Cammie L. Ouellette*

*Diane Page*

*Rachel Pennings*

*Angela Reitsma*

*Nicole Romeiko*

*Barbara Esther Santen*

*Leigh Sheppard*

*Elizabeth Smit*

*Sarah Jean Smith*

*Mélissa St-Cyr*

*Amy Taylor*

*Maria Jasmin Tecson*

*Cherylee Marie Therese Bourgeois*

*Cynthia Padma Varadan*

*Maxine Vigneault*

*Katrienne C. Walton*

*Jacqueline Sieglinde Whitehead*

*Rhea Wilson*

*Wendy Wong*

*Taryn Leigh Woolsey*

*\*list composed November 5, 2007*