

January 1994

PROPOSALS FOR THE CREDENTIALLING OF MIDWIVES IN ONTARIO HOSPITALS

PREAMBLE

Prior to the appointment of the Transitional Council of the College of Midwives of Ontario (TCCMO), the Interim Regulatory Council on Midwifery (IRCM) made submissions to the Ministry of Health with regard to changes to the *Public Hospitals Act*, recommending amendments to allow midwives the right to admit, discharge and write orders for clients in Ontario hospitals. The IRCM's proposals were subsequently approved in full by the TCCMO.

In order to fully perform within the scope of their practise as provided by the *Midwifery Act*, midwives will require acces to hospitals for their clients prior to these amendments. We were advised on 9 January 1993, that the Ministry will be amending regulation 518/88 in accordance with our request. Although these changes will allow midwives acces to the hospitals, the mechanism for the granting of privileges through Medical Advisory Committees is set in the *Public Hospitals Act*, which will not likely be amended for some time. Consequently, we have in consultation with the College of Physicians and Surgeons and the Ontario Hospital Association, drafted proposals for the credentialling of midwives based on the existing mechanisms. Our proposals reflect our understanding of the current system reflected in the prototype by-laws drafted by the Ontario Medical Association and the Ontario Hospital Association.

APPLICATIONS FOR HOSPITAL PRIVILEGES

We propose that applications for hospital privileges be made by midwives to the individual Medical Advisory Committee for a particular hospital to obtain privileges. We propose the following list as a complete set of reasonable requirements for midwives making these applications:

1. Proof of registration with the College of Midwives.
2. Current Certificate of Professional Conduct from the College of Midwives and consent to the release of information from the Registrar of the College of Midwives.
3. Proof of liability insurance.
4. Three reference letters, including one from a physician, active in obstetrics,

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who has worked with the midwife. One of the letters may be from a previous client of the midwife.

5. Resumé of the midwife, setting out training, qualifications and experience.
6. Where the midwife has completed the Pre-Registration Program of the Michener Institute, she must provide:
 - a) Letter from faculty of the Pre-Registration Program attesting to the ability of the midwife to function in the hospital and to function as part of a team.
 - b) Transcript from the Pre-Registration Program and copies of diplomas received from any Midwifery Education Program.
7. Where the midwife has become registered with the College of Midwives on the basis of credentials other than from the Pre-Registration Program of the Michener Institute, she must provide:
 - a) Copy of diploma or proof of completion of recognized program in Midwifery; and,
 - b) A letter of reference outlining midwife's hospital experience.

SUPERVISION

Once midwifery is established in the province and the *Public Hospitals Act* is amended, we presume that the supervision of midwives will be the responsibility of the Chief of Midwifery. In the interim, we recognize that most hospital by-laws make the Chief of Staff or the Chief of Obstetrics responsible for the supervision of newly credentialed health professionals for a probationary period. We recommend that the immediate supervision of newly credentialed midwives, (associate staff members) be delegated to a family physician who has privileges to practise obstetrics in that hospital, until such time that there is a midwife who is a member of the active staff of the hospital who can undertake this supervision.

REPORTING LINES

We recognize that hospitals across the province have different department and reporting structures to define the lines of responsibility of the health professional within the hospital. In the interim period, before a Department of Midwifery is created, we recommend that midwives on active staff in a hospital, be members of a department responsible for obstetrics and a department responsible for pediatrics.