



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Response to Consultation

Professional Standards for Midwives

October 2017

Executive Summary

This paper follows on from our first **seven-week consultation** and represents the second stage in the development of the new Professional Standards for Midwives (Professional Standards). We are keen to continue a constructive dialogue as we finalize and implement the new standards.

The development of the Professional Standards is a major step forward in reforming our current standards of practice. It forms the first phase of a wider program of work to streamline our approach to regulation to promote targeted and proportionate regulation in the public interest.

We are grateful for the time and effort given by respondents who replied in detail to our first consultation, and we welcome both the support of, and challenges to, our proposals. The comments have provided us with a wide spectrum of views from midwives, regulatory and midwifery stakeholders as well as clients and the public.

In this paper we:

1. Report on the feedback we received and set out our response to all the issues raised in the first consultation
2. Propose changes to the Professional Standards made in response to the feedback received (**Appendix A**). Please note that where we have made changes to the Professional Standards, additions are shown in **purple** and deletions have a ~~striketrough~~
3. Provide a list of standards that will be rescinded with the implementation of the Professional Standards (**Appendix B**)
4. Propose an implementation timeline (**Appendix C**)
5. Invite further views on the revised Professional Standards by launching the second consultation. **It is important that all respondents read our response before submitting their feedback. Please ensure your comments are submitted by 5 pm on December 21, 2017.** You can submit your comments on the consultation page on our website. If you prefer to provide feedback via email, please email cmo@cmo.on.ca with “Professional Standards” in the subject line.

Background

Setting and maintaining high professional standards is fundamental to public protection and public confidence in the midwifery profession. We need to ensure that College standards of practice clearly set out the high standards we expect of all midwives. Our current standards of practice are too detailed, inflexible and can be difficult to interpret. It is in recognizing these current challenges that we proposed to create standards of practice that rely more on high-level broadly-stated principles and are shorter, clearer and more precise. For more information on our new approach to regulation and what it means in the context of the standards of practice, please [read our Consultation Paper](#).

In the development of the Professional Standards, our overall objective has been to create a document that:

1. Defines the fundamental ethical and professional standards that we expect of all midwives
2. Illustrates the practical application of the principles in specific contexts, by explaining what we expect midwives to achieve
3. Creates a set of standards for midwifery practice partners and sole proprietors who have an additional role in developing and maintaining an environment that promotes professionalism.

Public protection is at the heart of everything we do, and our principles-based approach to the standards is designed to bring the following benefits to midwifery clients and the profession:

- Help clients understand what to expect from midwifery care, and the choices available to them
- Put greater trust in professional judgment and maintain the high, consistent professional standards that clients and the public expect
- Give midwives the flexibility to organize their practice in a way that better meets the needs of their clients given the unique conditions midwives work in
- Allow midwives the flexibility and autonomy to develop internal systems and processes that take into consideration their practice setting and size as well as their client base
- Strike the right balance between client and public protection, and reduce regulatory burdens
- Allow the College to effectively respond to new issues as they arise without having to continually revise the existing rules.

Overall feedback from respondents

The consultation involved feedback gathered in three different ways: a survey, comments on the website, and e-mails sent directly to the College. The breakdown of responses is as follows: 36 respondents completed the survey, 26 open-ended responses were posted on the website, and 10 responses (e-mails and letters) were sent directly to the College. The letters and e-mails were from our regulatory and midwifery stakeholders (including the Association of Ontario Midwives (AOM)) and midwifery practices. We appreciate all the feedback, including grammatical and editing suggestions, requests for clearer language, and thoughtful concerns about autonomy and professional identity.

Statistical analysis of the responses and respondent demographics is not warranted owing to the number of responses. Instead, we reviewed answers to the open-ended questions in both the survey and the website and, in combination with the letters and e-mails, identified some key issues and concerns. From this analysis, the following key themes emerged:

1. There was strong agreement with our approach to streamlining our standards of practice as it would allow midwives to practise more flexibly and in more innovative ways. There was strong support, particularly from other regulators, for our increased focus on the clients and the broader public interest.
2. There was a broad welcome for the Professional Standards by the profession and members of the public. This was tempered by expressions of concern that midwives might not have the knowledge, skills, and judgement to practise competently in the absence of prescriptive rules; that we should have clearer expectations for midwives; and that more detail was needed in the Professional Standards.
3. Some respondents, including the AOM, were firmly opposed to our overall approach to informed choice, continuity of care and choice of birthplace, and felt they should remain as individual standards. The AOM, for example, felt that rescinding these model of care standards could result in poorer clinical outcomes because of the potential for medically unnecessary transfers of care and disrupted continuity of care.
4. Some respondents, including the AOM, were opposed to rescinding particular standards (e.g. *VBAC and Choice of Birthplace, When a Client Chooses Care Outside Midwifery Standards of Practice*) with the implementation of the Professional Standards. They argued midwifery is a marginalized profession and midwives require advocacy tools (in the way of our existing standards).
5. A few respondents made requests for guidance to help practices understand our expectations and to achieve the right outcomes for clients.

Please refer to [Appendix D](#) to read formal feedback.

Detailed feedback and our response

Key theme one:

There was strong agreement with our approach to streamlining our standards of practice as it would allow midwives to practise more flexibly and in more innovative ways. There was strong support, particularly from other regulators, for our increased focus on the clients and the broader public interest.

[The Professional Standards] is very interesting and inspiring, especially the intention to protect the client and the public and also affirming the importance and the necessity for midwives to exercise their professional judgment.

The new professional standards allow for midwives to pursue a wide variety of modes of practice which will allow much more flexibility and mobility within the profession. Removing the onerous prescriptive regulatory style with this standard means more clarity for midwives and clients and also shows trust in midwives as regulated professionals to make safe and evidence informed choices for the wellbeing of our clients.

Our response:

We welcome the support for our overall approach to streamlining the standards of practice and particularly appreciate the willingness of midwives to adopt new standards that will better meet clients' needs. We continue to believe that developing standards using a principles-based approach will provide the appropriate level of guidance and the right degree of regulatory power. While standards that include minute details and prescriptive rules may create the perception of safety and control, in reality, they are prone to being ineffective and to target issues that do not pose a risk to the public. One document combining the principles and standards expected of all midwives will better reflect what it means to be a midwife, what the public can expect from midwifery care, and the choices available to clients.

Key theme two:

There was a broad welcome for the Professional Standards by the profession and the members of the public. This was tempered by expressions of concern that midwives might not have the knowledge, skills, and judgement to practise competently in the absence of prescriptive rules; that we should have clearer expectations for midwives; and that more detail was needed in the Professional Standards.

I think this is a positive move for the CMO. My only concern is for midwives trying to establish practice in a new hospital that isn't familiar with midwives. The old documents/guidelines offered a lot of clarity and specific details on what midwives can and can't do within their scope of practice.

I think the College is taking a big risk by not defining what is outside the scope of practice for Midwives. The document is too vague and leaves [an] opening for Midwives to practice outside of a range that we train for.

Our response:

In drafting the principles and standards, we worked to strike the right balance between broadly defined principles and specific details to ensure that the meaning of the principles is clear. We continue to believe that midwives and midwifery practice groups do not need pages and pages of prescriptive rules to practise competently, ethically, and safely. There is evidence that shows clinical judgment is a more effective way to ensure public protection than clinical governance (Quick, 2011). Our approach acknowledges that standards are only one of the many influences on professional behavior (Professional Standards Authority, 2015) and attempts to balance this with the requirement that midwives rely on the existing guidelines, policies, and laws that exist elsewhere. In addition, the Consultation and Transfer of Care Standard (CTCS) is not being rescinded with the implementation of the Professional Standards. The CTCS clearly defines what is currently considered in the midwifery scope of practice and, for the time-being, will continue to provide the parameters within which midwives are expected to practise.

Key theme three:

Some respondents, including the AOM, were firmly opposed to our overall approach to informed choice, continuity of care, and choice of birthplace. The AOM, for example, felt that rescinding these model of care standards could result in poorer clinical outcomes because of the potential for medically unnecessary transfers of care and disrupted continuity of care.

Please don't erode informed choice, continuity of care and choice of birthplace in midwifery care. I thought the College were the ones holding on to these important principles.

If we diffuse the concept of continuity of care by 4 midwives or less, we risk our excellent outcomes currently held as a desirable goal by the aspiring midwifery models worldwide. Why would we want to embark on this change?

How will rescinding the standards of continuity of care and the midwifery model of care affect midwifery as a whole? I am very uncomfortable with this and would like a discussion with my practice group after the summer holidays.

I feel like it will ignite a huge change in terms of continuity of care and the current model of care. This is a MUCH [sic] bigger discussion than this survey.

Our response:

We do not believe the Professional Standards diverges in important ways from the Colleges' current documents about continuity of care, informed choice, and providing choice of birthplace. In many ways, the Professional Standards has strengthened the requirements to provide informed choice, continuity of care, and choice of birthplace by adding standards about informational and management continuity specifically, and adopting a principle on person-centered care more generally. The new standards related to continuity of care, for example, provide more guidance to midwives working in shared care arrangements by requiring that midwives “ensure that all relevant client information is received and available in a timely manner” and provide “complete and accurate client information to the other midwife at the time care is handed over to them.” The additional guidance provided in the Professional Standards will help protect clients from informational gaps that may be more likely to occur in arrangements where more than one midwife routinely provides care. For a comparison between the College's current standards on informed choice, continuity of care and choice of birthplace and the Professional standards, please see [Appendix E](#).

In response to concerns expressed about losing the *Ontario Midwifery Model of Care*, the standard that requires care be provided by a group of no more than four midwives, we propose rescinding it and its definition of continuity of care as “a relationship ...between a woman and a small group of no more than four midwives.” We know that it is impossible to guarantee that one of four midwives known to a client will be available for all components of care for every client in midwifery care. From our perspective, requiring midwives to assure clients relational continuity using an arbitrary number is unachievable, and therefore cannot be a minimum standard of the profession. Instead, determining the best ways to maintain continuity of care will be left to professional judgment, and midwives will be held to additional standards of informational and management continuity. These standards will provide all midwives with more flexibility to practise in a way that better meets the needs of their clients.

It is important to note that giving midwives the flexibility to practise in a way that better meets the needs of their clients is not a new approach. This flexibility has existed since midwifery was regulated over two decades ago using the Alternate Practice Arrangement (APA) program. As the membership and our stakeholders know, the APA program is used by midwives unable to meet College standards and whose circumstances justify a departure from the current standards. The APA – Type II program exists for midwives who do not meet the current standard of two midwives at a birth. The more recent APA – Type I program, was implemented in 2012 to allow midwives to work below College standards such as *Home and Out-of-Hospital Birth and Continuity of Care*. This flexibility has also been supported through the Alternate Funding Arrangements negotiated by the AOM.

We want to reiterate that the Professional Standards sets out the **minimum** standards for the midwifery profession in Ontario. There is nothing in the standards that prevents midwives from continuing to work in the model of care as it is defined by

the current college standards. Midwives can continue to work in groups of no more than four midwives, provide continuity of care in a way that ensures every client knows who will attend their birth, and attend every birth with a second midwife. It is up to midwives to define midwifery in Ontario in a way that meets the needs of their clients as well as the minimum standards established by the College. The Professional Standards trusts that midwives know how to do this.

It is also important to understand that all our standards are given equal weight. This means that the tenets or foundational principles in the current midwifery model of care are not more or less important than our other principles or standards of care. All members of the profession should adhere to standards about professional integrity and accountability in the same way as they adhere to standards about informed choice or continuity of care. For the hierarchy of documents governing the midwifery profession, please refer to [Appendix F](#).

As a regulatory body, it is imperative that we ensure any regulatory activity remains focused on risks to the public. Rather than authorize increasing numbers of midwives to practise below unachievable standards through the APA program, we can eliminate current rules based on arbitrary numbers (e.g. two midwives at every birth, a group of no more than four midwives) and strengthen the guidance about what is expected of *all* midwives *all* the time. We cannot initiate specific interventions aimed at ensuring that midwives work in a particular model of care when relinquishing the model does not pose risks to the public. One of the objects of the College, under the RHPA, is to “develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.” In fact, we are obliged, by our mandate under the RHPA, to provide an environment that allows midwives to “evolve” within the greater health system and requiring midwives to work within a specific model does not allow for this.

Key theme four:

Some respondents, including the AOM, were opposed to rescinding particular standards (e.g. *VBAC and Choice of Birthplace, When a Client Chooses Care Outside Midwifery Standards of Practice*) with the implementation of the Professional Standards. They argued midwifery is a marginalized profession and midwives require advocacy tools (in the way of our existing standards).



In the context of a relatively new profession and one that is still frequently marginalized, misunderstood or unheard of in the health care system and in society at large, the clarification through standards of practice, philosophy and model of midwifery care provide a strong communication and advocacy tool for midwives within the profession, the general public and in interprofessional settings. Without this support, certain fundamental aspects of the midwifery model may be jeopardized.

...midwives and midwifery care are still largely marginalized in the health care system and within individual institutions. This marginalization has the potential to negatively impact client care and jeopardize client safety



Our response:

The midwifery scope of practice and the controlled acts authorized to midwives are set out in the *Midwifery Act, 1991*. Ontario Regulation 884/93 Designated Drugs lists the drugs midwives can order, and Appendix B of the *Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990* sets out the laboratory tests that midwives can order. These provincial laws are strong tools to use where barriers exist to midwives practicing in accordance with their scope. The Professional Standards stresses the importance of professional judgment, interprofessional care and practicing in the client's best interest; standards that can also be used to advocate on the client's behalf.

The one standard that we have heard is used as an advocacy tool is *VBAC and Choice of Birthplace* (which as we already informed the membership will remain as a position statement). By applying a principles-based approach, the Professional Standards captures the details of the VBAC standard in ways that apply to more than just clients with a history of caesarean section choosing home birth. The overview of the Professional Standards states that when “guidelines, institutional policies and procedures and community standards are less stringent than, or contradict [the Professional] Standards, you must comply with the College Standards.” In addition, the Professional Standards requires midwives to provide choice of birthplace and to support “a client's right to accept or refuse treatment” which ensures that midwives respect informed refusal.

Marginalization of health professions is not unique to midwifery and there is research exploring this dynamic in health care systems both nationally and internationally. We do not have any evidence to show that prescriptive standards of practice reduce marginalization. In trying to understand what role the College might play in addressing this concern – we believe it is important to ask some important questions:

1. Can College standards reduce the barriers experienced by the profession or are these barriers the result of broader system policies outside the domain of the College?
2. If specific standards are needed to overcome barriers to integration, why is the profession still marginalized despite the existence of these standards?
3. Have our prescriptive standards reinforced existing system hierarchies by limiting the ability of midwives to exercise their professional judgment?
4. Will fewer prescriptive College rules and broader guidance allow midwives to stand behind the decisions they make based on the authority granted to them by the *Regulated Health Professions Act, 1991* (RHPA) and the *Midwifery Act, 1991*?

It is unfortunate that a feeling of marginalization exists in the midwifery profession despite more than two decades of regulation. We believe that other midwifery stakeholders are better positioned to address this, on behalf of the profession, and assist midwives with this barrier to integration.

Key theme five:

A few respondents made requests for guidance to help practices understand our expectations and to achieve the right outcomes for clients.

The old documents/guidelines offered a lot of clarity and specific details on what midwives can and can't do within their cope of practice. Therefore, these resources should be offered in a different format, possibly from the AOM?

Our response:

We understand that a principles-based approach will work only if there is ongoing dialogue between the College and its membership. While the College's focus will remain solely on public protection, there is a growing body of evidence that shows regulated professionals are more likely to comply with standards when they understand why those standards exist and believe such standards are legitimately improving their practice. We are committed to increasing dialogue and discussions with the membership to ensure midwives understand what is expected of them before, during, and after implementation.

In conclusion:

In response to some of the concerns expressed about the loss of particular standards or rules, it is important to recognize that the College is only one small part of a complex system of care that works in the public interest. The quality of care received by clients is the culmination of a wide range of decisions made by numerous organizations that have a stake in midwifery.

"... preventing and reducing harm, promoting professionalism, improving quality and encouraging compassionate care require a coordinated approach by regulators, employers, educators and professional bodies. Professional and system regulators and educators need to share intelligence and alert each other to heightened risk of harms."
(Professional Standards Authority, 2016)

We are committed to working with a range of partners across the midwifery sector, including the AOM, the Midwifery Education Program (MEP), the Ontario Midwifery Program (OMP) and other organizations to *share intelligence and alert each other to heightened risk of harms*. We recognize the limits of our own statutory powers. Given the current regulatory environment and the pressures on regulators, we need to be vigilant about maintaining a clear focus on our core responsibilities; and ensuring that for issues that fall outside our remit, the onus is placed on the organizations with more responsibility in this area.

Implementation timeline

Since the launch of our first consultation, we have been considering the implementation timeline for the Professional Standards. The timeline needs to take account of the following:

- The operational implications for the practices as some standards may require the development of new systems and protocols (e.g. Standard 13, *Continuously monitor and make efforts to improve the quality of your practice using reflection and client and peer feedback*; Standard 16, *Develop and maintain quality improvement systems to support the professional performance of midwives and to enhance the quality of client care*)
- The implications for students who will be graduating in the spring of 2018.

Details of the overall implementation timeline and the specific dates of implementing and rescinding individual standards are set out in **Appendix C**. A summary of our intention to transition to the new Professional Standards is as follows:

- End of October–December 2017: Second round of public consultation
- November 1, 2017: Member Education Day
- Winter 2018: Student, member and stakeholder engagement
- March 2018: The Professional Standards approved by Council
- March 2018: 26 standards rescinded or revised
- June 2018: The Professional Standards comes into force

We want to re-emphasize that that while our approach to regulation has changed, it will not necessarily alter the way midwives work today. Implementing the proposed changes will be relatively easy providing midwives continue to exercise sound professional and clinical judgment; and apply their knowledge and skills in the best ways possible, in compliance with the legislation and regulations that govern their practice.

Works Cited

- Professional Standards Authority. (2015). *Rethinking Regulation*. Professional Standards Authority for Health and Social Care, London.
- Professional Standards Authority. (2016). *Regulation Rethought: Proposals for Reform*. London: Professional Standards Authority for Health and Social Care.
- Quick, O. (2011). *A scoping study on the effects of health professional regulation on those regulated*. Final Report, Council for Healthcare Regulatory Excellence.

List of Appendices

Appendix A: Professional Standards for Midwives

Appendix B: List of Standards to be Rescinded with the Implementation of the Professional Standards for Midwives

Appendix C: Professional Standards Creation and Implementation Timeline

Appendix D: Formal Feedback

Appendix E: Comparison Between the Professional Standards and the College's current standards on informed choice, continuity of care and choice of birthplace.

Appendix F: Hierarchy of Documents Governing the Midwifery Profession



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