



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Standards Review: Phase Two
Response to Consultation
February 2021

Summary

On August 13, 2020, we launched our second round of consultation on the standards review that started in 2016. The first phase of the standards review involved developing and implementing the Professional Standards for Midwives and rescinding 25 of the College's existing standards on June 1, 2018. The second phase of the standards review involved reviewing the remaining College standards and included the following proposals:

- Rescinding the Consultation and Transfer of Care Standard (CTCS), implementing a guiding document on the midwifery scope of practice, and adding a standard to the Professional Standards for Midwives that sets minimum expectations for midwives after a transfer of care.
- Rescinding the standard Delegation, Orders and Directives and proposing changes to the Professional Standards for Midwives.
- Rescinding When a Client Chooses Care Outside Midwifery Standards of Practice and making changes to the Guideline on Ending the Midwife-Client Relationship.

The consultation ran for nine weeks closing on October 17th, 2020.

We have analyzed each consultation response. Our analysis shows that:

1. The majority of the responses were about the new Midwifery Scope of Practice with some comments about rescinding the CTCS. There were very few comments about rescinding the standard Delegation, Orders and Directives and a few comments on the proposed changes to the Professional Standards for Midwives. There were no comments about the proposed rescinding of When a Client Chooses Care Outside Midwifery Standards of the Profession
2. Responses were mostly supportive of the overall approach to rescinding the CTCS and implementing a new guide on the midwifery scope of practice. Some respondents felt that rescinding the CTCS and implementing the new Midwifery Scope of Practice will increase the autonomy of midwives, support interprofessional collaboration and put client safety first. Some respondents felt the opposite expressing concern that rescinding the CTCS will erode the scope of practice and create more tension with interprofessional colleagues.

In this document, we share the main themes that came out of the consultation and provide our response to the consultation feedback.

Overall feedback from respondents and key themes

The consultation with midwives and the public involved feedback gathered in two different ways: comments on the website and e-mails sent directly to the College. We also engaged directly with a wide range of stakeholders during the consultation to discuss our proposals, including the Association of Ontario Midwives, the Midwifery Education Programs, the Internal Midwifery Pre-registration Program and others.

The written responses were as follows:

- 23 responses from midwives (20 on the website and 3 in an email)
- 3 responses from practices (2 on the website and 1 in email)
- 1 response from a midwifery student on the website
- A letter AOM

We are grateful to everyone who took the time to respond to our consultation. All of the responses were taken into consideration and led to a number of important changes that were reviewed by the Quality Assurance Committee in November 2020. Changes from two reviews by the AOM were also incorporated.

From our analysis of the responses the following key themes emerged.

Key theme one: Frustration with scope restrictions

Respondents wanted the College to support midwives to practise full scope midwifery and wanted the Midwifery Scope of Practice to reflect that. Respondents also wanted interprofessional colleagues and hospitals to have a better understanding of the midwifery scope and to be prevented from limiting the scope of practice for midwives.

Response: The midwifery scope of practice is defined in the *Midwifery Act, 1991*, and midwives are permitted to work to full scope under this legislation. When hospitals limit the scope of practice midwives and their association must advocate for change. However, important changes were made to the document to address the above concerns (see below).

Key theme two: The lack of consistency between midwifery practices will increase

Some respondents stated that some midwives practising in the same hospital provide different “scopes” which is confusing for interprofessional colleagues but may be even more so without a list of conditions that dictate when to consult and transfer care. Some respondents were also concerned that without a list of clinical indications midwives will practise differently between and even within practices.

Response: The Midwifery Scope of Practice states that midwives should work in the best interest of clients and according to the principle of person-centred care. This includes working to their fullest scope possible in accordance with research showing this is in the best interest of the public.

Key theme three: Not enough detail

Some respondents felt that the Midwifery Scope of Practice did not have enough details for midwives new to the profession and is difficult to interpret for midwives.

Response: Midwives must only provide care they are competent to provide. Where newer midwives do not have the confidence or experience to anticipate and manage every clinical encounter they should be consulting with their peers. Even with the CTCS, data show that midwives new to practice consult and transfer care more frequently. The College will hold a webinar to discuss the transition to the new framework before the proposals are implemented. In addition, the College will work with the MEP to support necessary changes to the curriculum prior to rescinding the CTCS.

Key theme four: CTCS is necessary because midwives and their colleagues are familiar with it

Some respondents felt that the College must keep the CTCS because it is familiar to midwives and their interprofessional colleagues.

Response: Keeping documents because they are familiar to the profession is not in the best interest of clients. The health care system is continually changing and for midwives this means that even definitions of normal have changed since midwifery became a regulated profession. The College must have standards and guiding documents that are current and responsive to this evolving health care system to ensure clients receive high quality, evidence-based midwifery care. A necessary part of this is rescinding prescriptive rules, that are not able to easily adapt to the ways in which midwifery is practised, to meet the needs of their clients.

Key theme five: Midwifery is a marginalized profession and the CTCS is a necessary advocacy tool

Some respondents were opposed to the rescinding of the CTCS. They suggested midwifery is a marginalized profession and midwives require advocacy tools in the way of College standards, including the CTCS.

Response: Similar to our 2017/18 consultation about the Professional Standards for Midwives, we heard that midwifery is a new profession and is marginalized. We reiterate our response from 2017/2018. Marginalization of health professions is not unique to midwifery, and there is no evidence to show that

prescriptive standards of practice reduce marginalization. Instead, the evidence shows that midwives are not fully integrated into the Ontario health care system as a result of policy legacies that impose restrictions on midwifery practice, such as a funding model that prevents midwives from working interprofessionally.¹ The College does not have the mandate to address these policy legacies.

Our proposals after the consultation

Significant changes were made to the Midwifery Scope of Practice to incorporate the feedback received. The following changes were made to:

- a. Clarify the purpose of the document and its intended audience
- b. Add information to show that optimizing the scope of practice is in the client's best interest as way of addressing scope limitations by hospitals
- c. Discuss factors that may influence midwives' ability to practise to the full legislative scope

No changes were made to the Professional Standards for Midwives about supportive care (standard # 26) based on member feedback. The proposed standard: *Collaborate with the MRP, after a transfer of care, to provide care that is in the best interest of the client will remain.*

Very few comments were made regarding the proposed rescinding of the Delegation, Orders and Directives Standard. The consultation feedback led to questioning the barriers to care that might result from the proposed standard *delegating controlled acts only when you have an existing relationship with the client for whom the controlled act will be delegated* from the Professional Standards for Midwives. As a result, this proposed standard was not included in the final proposal and will not be included in the revised Professional Standards for Midwives.

No feedback was provided regarding the proposed rescinding of When a Client Chooses Care Outside Midwifery Standards of Practice. The changes made to the Guideline on Ending the Midwife-Client Relationship were approved as initially proposed.

¹ Mattison CA, Lavis JN, Hutton EK, Dion ML, Wilson MG. Understanding the conditions that influence the roles of midwives in Ontario, Canada's health system: an embedded single-case study. *BMC health services research*. 2020 Dec;20(1):1-5.



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