

ON CALL

Winter 2022



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario



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MESSAGES FROM THE CHAIR AND REGISTRAR

Claire Ramlogan-Salanga, RM, Chair



As Ontarians face another wave of the pandemic, our collective goal is to advocate and support one another's health and wellbeing.

I am continually inspired by the teamwork, perseverance, and commitment of Ontario's midwives and other frontline health professionals, and their unwavering dedication to serving their communities.

Council is also dedicated to building our knowledge and skills so that we may respond to whatever changes come our way. This commitment is evident in our Council members' ardent participation in ongoing training activities.

Our college is unique among many health professions regulators in that it pairs every Council meeting with a day-long training session. We have found that embedding quality improvement activities is beneficial to our performance, and in keeping with the College's guiding principles of accountability, integrity, and innovation.

This training has taken many forms: in the past year, we've foregrounded strong governance practices and diversity, equity, and inclusion as top priorities, while holding programming space to respond to emergent issues facing the midwifery profession or health regulation in Ontario.

I invite you to learn more about our recent training sessions on page 11 of *On Call*.

Kelly Dobbin, Registrar and CEO



The Omicron variant has placed a heavy strain upon Ontario's health care system—especially upon the dedicated health professionals who continue to provide quality care to their clients despite the multitude of challenges.

The College is continually striving to support midwives and clients during this difficult time by clarifying our standards, reducing administrative burdens, and providing personalized guidance through our Professional Practice Advice.

We know that the pandemic requires health professionals to consume a vast amount of information in the course of their work. In response, the College has sought to equip midwives with accessible and informative tools that simplify their work processes. In this issue, you'll discover a webinar on mandatory reporting, a Practice Advice column on what to consider when responding to staffing shortages, an infographic on how the College makes policy, and a survey to help us ensure that *On Call* remains engaging and useful to your professional practice.

I also know that many midwives and clients have questions about how midwifery care may shift in light of the pandemic. I encourage both midwives and the public to revisit our [COVID-19 FAQs](#), which have been recently updated with the latest guidance.

From all of us at the College, we wish you and your communities a safe winter.

DECEMBER COUNCIL HIGHLIGHTS

[Click to read the full meeting materials](#) from our December Council meeting. For more information about how our Council operates, see page 14 of this edition of *On Call*.

Blood Borne Viruses Standard Approved

Council approved the Blood Borne Viruses standard after reviewing its Regulatory Impact Assessment (see page 8) and the feedback that the College received from public consultation,

The updated standard, a revision of the existing Blood Borne Pathogens standard, is designed to protect the public from a preventable infection with a blood borne virus that may be transmitted from their midwife during care, and is based on current national guidelines. It removes the previous requirement for midwives who are seropositive for a blood borne virus to report their status to the College.

The standard will come into effect on June 1, 2022. For more information on the standard, and our responses to the consultation feedback, see page 10.

First Phase of Council Evaluations Complete

As approved at the October 2021 meeting, Council is piloting a new approach to Council evaluations with the support of Goodwin Consulting. This new approach focuses on continuous self-improvement throughout the year.

The first phase, consisting of a self-evaluation by Council members, was completed with a successful 100% response rate. Results indicate a highly functional and engaged Council, with some suggestions for continuous improvement priorities.

At the December Council training day, Mr. Goodwin joined Council to strategize an action plan to address member suggestions. A full report of decisions and outcomes will be reported to Council at the March 2022 meeting.

External Auditor Approved

The Executive Committee presented its assessment of the College's external financial auditor and recommended the re-appointment of Hilborn LLP. The Committee was confident that the external auditor assessment tool remains useful, and had no suggestions for improvement at this time.

Non-Council Committee Appointments

Following a review of all eligible appointments, the Executive Committee presented the non-Council committee members for the 2021-2022 term.

Two new eligible professional and one new public non-Council committee applications were received. Six of the current professional and three public non-Council appointees applied for reappointment, filling the twelve eligible non-Council committee positions.

We are pleased to welcome Maureen Silverman, RM, and Emily Gaudrea, RM as new Professional members, and Nadine Robertson as a new Public member.

Alexandra Nikitakis-Candea, a professional non-Council member completed six consecutive terms, and was not eligible for reappointment. We thank Alexandra for her commitment and service, particularly to the Registration committee, over her six consecutive terms.

Council meetings are open to midwives and to the general public, and are currently held by videoconference. The next meeting is March 30, 2022.



COVID-19 INFORMATION



Supporting Quality Midwifery Care During Omicron

We know that the Omicron crisis is placing significant strain on midwives and their practices. Many are being asked to care for the unique needs of their clients, while responding to serious staffing shortages in their communities and hospitals.

The College recognizes that there can be tension in meeting these sometimes-opposing needs, and is here for midwives as they navigate these practice challenges. We encourage midwives to reach out to us by contacting practiceadvice@cmo.on.ca or (416) 640-2252 ext. 230.

Meanwhile, the College is continually finding ways to reduce administrative burdens during this time:

- Peer and Practice Assessments are suspended until winter 2023.
- Midwife consultations on new standards are postponed until further notice.
- The number of registration panels will be increased to maintain the timely processing of class changes.
- As a reminder, submissions to the new Quality Assurance Portfolio Program are not required until October 2024.

We will continue to evaluate the need for additional changes regarding midwifery registration requirements, and will strive to be as flexible as possible—as we have in the past two years—so that registered midwives primary focus can remain on the needs of their clients, their practice, and their communities.

Additional COVID-Related Resources from the College:

Our newly updated [FAQS for Midwives](#) page provides information and guidance specific to the COVID pandemic.

Our [FAQs for Midwifery Clients](#) informs clients of potential changes to the ways that their care may be provided. To effectively manage expectations, we encourage midwives to read this page and share its contents with their clients.

Recommended Resources:

[Ministry of Health](#)
[Public Health Agency of Canada](#)
[Public Health Ontario](#)

PRACTICE ADVICE

Our advice column answers the question: What should midwives consider when managing caseloads during staffing shortages?

Case Scenario:

A midwifery practice group has recently lost two midwives to unexpected leaves of absence.

The midwives were both part of separate shared care pods where midwives were on call one week, off call but doing clinic one week and on vacation the third week.

Since the midwives went on leave one week ago, there are 60 clients who no longer have a midwife assigned to them and two pods that are short one midwife.

Question: What is the responsibility of the practice owners in this situation?

Answer: The following standards apply to practice owners:

#10 Maintain a practice environment that supports compliance with relevant legislation, regulations, policies, and standards governing the practice of midwifery.

#45 Manage practice in a way that supports the physical and mental well-being of all individuals involved in client care.

These standards require practice owners to consider the well-being of all midwives in the practice when determining how to manage the caseloads. In a very large practice, they may decide to reallocate some or all the caseload, if this does not compromise the wellbeing of the remaining midwives and allows them to work in compliance with all relevant legislation, regulations, policies, and standards.

In a smaller practice, they may decide that most or all clients must be transferred to another care provider temporarily or permanently to ensure midwives are able to work in accordance with the standards of the profession. Other considerations may include how long the midwives are on leave, the practice's ability to work inter-professionally, and the distances midwives must travel to provide care.



Question: What is the responsibility of the midwives who are working in the pod?

Answer: The following standards apply to midwives:

#17 Ensure clients have 24-hour access to midwifery care throughout pregnancy, birth, and postpartum or, where midwifery care is not available, to suitable alternate care known to each client.

#23 Be accountable and responsible for clients in your care and for your professional decisions and actions.

These standards require that when a member of a midwife's pod leaves, the remaining midwives in the pod are responsible for ensuring their own clients have 24-hour access to midwifery care.

This may mean that the nature of the shared care call, clinic, and vacation schedule must change to accommodate the midwife's own clients.

If the shared care schedule cannot be changed then, the midwife must find their clients suitable alternate care when they are not available. The midwife's rationale for their clients not having access to 24-hour midwifery care must be reasonable.

Do you have a question about professional practice or standards?
Visit our [practice advice page](#), or email practiceadvice@cmo.on.ca.



Professional Development Portfolio

Supporting midwives to maintain excellence through customized professional development opportunities.



This innovative, evidence-based program will support midwives to maintain competence throughout their careers, and will replace the existing Quality Assurance Program (QAP) requirements.

The College is pleased to introduce the Professional Development Portfolio Program.

This innovative, evidence-based program was created following years of consultation with midwives and stakeholders, as well as comprehensive research on effective programs at other health regulatory colleges around the world.

What's New:

- Midwives will develop a personalized Learning Plan based on professional skills or areas of knowledge that they have identified as in need of updating or expanding.
- All reporting midwives, including those in the Inactive class, will be required to submit a declaration of completion to the College.
- Midwives must submit a declaration of Portfolio completion three years at renewal in October.
- The frequency of required annual case reviews [has changed](#).

Components of the Program:

The Professional Development Portfolio program has two intertwined components: Self-Assessment and Continuing Education and Professional Development.

Midwives will reflect on their own strengths and weaknesses to identify learning needs, conduct a review of their performance, and reinforce new skills or behaviors through educational opportunities and case reviews.

Reporting Deadlines:

The first declaration of portfolio completion is required from midwives at registration renewal in 2024.

Want to learn more?
[New Portfolio resources](#) have been added to the College's website.

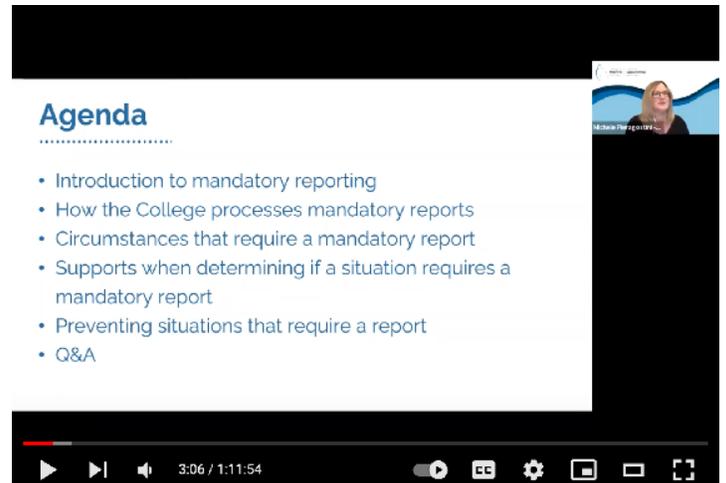
Mandatory Reporting Webinar

To assist midwives in understanding their mandatory reporting requirements, we've shared our recent webinar.

On Thursday, November 25, the College hosted an interactive webinar in collaboration with the Association of Ontario Midwives to discuss mandatory reporting requirements of midwives.

Together, we reviewed which circumstances require a mandatory report, discussed common concerns and misconceptions, and answered your questions.

Missed the webinar? We've uploaded the full presentation to the College's Youtube account.



[Watch the Webinar](#)

Survey: How Can *On Call* Improve?

We want to hear from you! Take our anonymous survey to help improve *On Call*.

The College uses our quarterly newsletter *On Call* to provide quick and easy-to-read information about activities at the College, changes to midwifery standards and regulation in Ontario, and other news affecting midwifery practice.

We always appreciate feedback from readers about how we can share this information more effectively.

Take our 3-minute survey, and help us improve *On Call*.

[Take the Survey](#)



How Does The College Decide to Make Policy?

Regulatory Impact Assessments ensure that we understand the impact of decisions, test our assumptions, and think beyond regulation as the default solution.

The College follows a rigorous approach to policy-making based on proper evaluation of risk, evidence, purposeful engagement, and a thorough analysis of options and impacts. This ensures that regulation is not adopted as the default solution, but rather is introduced to mitigate risk when non-regulatory options are unable to deliver the desired results. [Learn more about how we make policy in our graphic below:](#)

Regulatory Impact Assessment (RIA)



Every policy proposal that introduces a regulatory tool must include an RIA statement. RIA's help us understand the impact of decisions, structure ideas, test assumptions, and think beyond regulation as the default solution.

If it becomes clear that regulation is not justified, we will explore a non-regulatory approach—such as creating informational tools to guide our members, collaborating with stakeholders, or reconsidering the need to intervene at all.

The RIA statement includes a series of questions and thought exercises to guide our decision-making. **See the questions below to follow along with the RIA process.**

What is the problem we are trying to solve? Is it about risk of harm?

Regulation should not be used if there no risk of harm.



Are the risks we have identified currently managed?

If the risks are currently managed, regulation should not be used.



Are there any alternatives to regulation that mitigate these identified risks?

Regulation should not be used if an alternative to regulation is available.



What are the benefits and costs of the options we are considering?

How will this proposed regulatory measure result in better or increased public safety and protection?



Will the burden imposed by regulation be greater than the benefits of regulation?

Regulatory interventions come at a cost. Regulation should not be used if the burden is greater than the benefit.



How are we planning to implement and evaluate our proposed policy option?

A clear implementation plan is essential. The plan should also outline how we will assess whether the policy has been a success.



Policy Review and Revisions

All college policies approved by Council or a committee must be formally reviewed within a period of no more than four years from the date of first issue or the date of the last review. This ensures that policies are still relevant and needed, and that any necessary revisions are incorporated. Revisions to the policy can be **minor** or **comprehensive**.

A minor revision is a change to a policy document which does not affect its content or intent (e.g. spelling errors). Minor revisions can happen outside of the formal review process and can be approved by College staff. A comprehensive revision is any change that is not a minor revision. Comprehensive revisions must follow the same RIA process above.

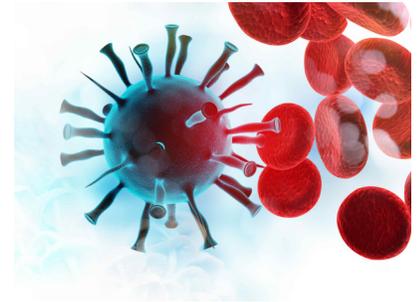


Blood Borne Virus Consultation Update

After hearing and incorporating feedback from midwives, stakeholders, and the general public, the College has approved an updated Blood Borne Virus Standard.

The College held a public consultation in October and November 2021 on proposed revisions to the Blood Borne Pathogens standard. During the consultation, we received responses from 23 midwives, one member of the public, and two midwifery stakeholders.

In general, respondents were not supportive of the standard and questioned the relevance of some of its components. **Their feedback, and the College's responses, are listed here:**



- **The revised standard should not require a disclosure of personal health information.** The revised standard does not require the disclosure of personal health information. While the previous version of this standard (in place since 2014) did require midwives to report their seropositive status, the revised standard only requires an annual declaration of compliance.
- **A midwife's blood borne virus status should not be tied to registration status.** A midwife's blood borne virus status is *not* tied to registration. Midwives will be required to submit an annual declaration that they are complying with the Blood Borne Virus standard. If a midwife chooses not to submit this declaration, it will not affect their registration and they will still be eligible to renew.
- **The revised standard is not in line with public health measures of other colleges. No other health care providers require this level of testing.** Most other regulated health professions in Ontario are not authorized to perform exposure prone procedures (EPPs), which means their standards do not have to consider the transmission of blood borne viruses. The revisions to the new standard are in line with the other regulators who have memberships with scopes of practice that overlap with the midwifery scope of practice. The revisions are also in line with recommendations from the Public Health Agency of Canada.
- **Annual testing for HBV should not be required. Testing should only be done if exposure occurs.** The the risk of transmitting the hepatitis B virus (HBV) from an infected midwife to a client is much higher than the other blood borne viruses. Using the evidence around transmissibility, HBV testing is more frequent (every year) and HCV and HIV testing is less frequent (every three years). However, annual testing of HBV is only required for midwives who do not have evidence of HBV immunity. The reason for requiring testing in the absence of a known exposure is that a midwife could be unknowingly exposed to a blood borne virus in situations outside of their midwifery practise.

Based on the feedback we received, we have made the following revisions to the standard:

- Added that there is no need for testing for those with demonstrated immunity to HBV.
- The term "treating physician" was replaced with "treating primary care provider" to reflect that nurse practitioners may also manage the care of a midwife diagnosed with a blood borne virus.

Our next steps in proceeding with the policy:

The approved Blood Borne Viruses standard will be posted to the College's website, replacing the current version on June 1, 2022.

GET TO KNOW YOUR COUNCIL

How does the College ensure that its Council functions effectively?

The College's Council is comprised of diverse members who represent both professional midwives and the general public. Together, they set the strategic direction of the College and ensure our long-term success. Council also holds staff accountable for the way we fulfill our regulatory mandate and duties.

To ensure that Council members are continually equipped with a shared understanding of the issues facing midwives and the public, and the knowledge to effectively perform their roles, we pair each Council meeting with a day-long training session.

What does this look like in practice?

Recent trainings have included:

- An overview from midwife Claire Dion Fletcher, RM, on the issues and experiences of Indigenous communities in Ontario as they intersect with midwifery care and health institutions.
- A deep dive into governance from Cathi Mietkiewicz of Mietkiewicz Law, who reviewed the objectives, mandates and responsibilities of Council and discussed current governance trends.
- A conversation with Allison Henry, Director of the Health Workforce Regulatory Branch, and Stephen Cheng of the Strategic Regulatory Policy Unit, on issues regarding government legislation and regulation-making processes.
- A learning session from Evelyn Myrie of EMPOWER Strategy Group on anti-Black racism.
- A Chair training from Diane Kawarosky of The Soft Skills Group.

Your College Council

Elected Professional Members

Claire Ramlogan-Salanga, **RM**, Chair
Edan Thomas, **RM**, Vice-Chair
Hardeep Fervaha, **RM**, Claudette Leduc, **RM**
Lilly Martin, **RM**, Karen McKenzie, **RM**, Isabelle Milot, **RM**, Alexia Singh, **RM**

Public Members

Donald Strickland, Vice-Chair
Pete Aarssen, Marianna Kaminska,
Judith Murray, Oliver Okafor

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Current College Membership

1,060 registered midwives
as of February 2, 2022



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Victoria Marshall

Communications
& Stakeholder Relations Officer
(on leave from July 2021-August 2022)

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