



## **Attendance**

### **Work Group Members**

Jenna Bly (Chair)

Allison Rigney

Rebecca Hautala

Sadie Booth

Stephanie Zehr

Jenni Huntly

### **Non-BCC midwives**

Holly Ryans

Kelly Gascoigne

Lauren Tignanelli

Andrea Levy

Emily Eby

Erika Maaskant

Lauren Columbus

Jill Parsons

Amy

Abigail Corbin

Amanda Kocheff

E.C. Seager

Ashley GrantZahrah Haili

Anne Latham

Lindsay MacDougall

### **Staff**

Anna Ianovskaia – Manager, Policy and Communications

Ali McCallum – Quality and Risk Specialist

Leanne Horvath – Policy Analyst

Tamara Cascagnette – Community Engagement and Outreach Specialist, IM

Rochelle Miller (Recorder) – Administrator, Policy and Communications

### **Regrets**

Juana Berinstein – Director, Policy & Comms

Elizabeth Brandeis - Senior Project Leader & Labor Relations Specialist

Kelly Stadelbauer – Executive Director



## **Land Acknowledgment/Reconciliation Reflection**

J. Bly led the land acknowledgment and reconciliation reflection.

### **1. Agenda Review and Approval**

J. Bly: Agenda is a living document and will be evolved based on committee feedback. Please forward any agenda items to L. Horvath or J. Bly via email.

**MOVED:** E. Eby

**SECONDED:** K. Gascoigne

**CARRIED.**

### **2. Approval of January 12, 2024 Meeting Minutes**

**MOVED:** A. Rigney

**SECONDED:** J. Huntly

**CARRIED.**

### **3. Introduction of Ali McCallum, Quality Risk Management Specialist**

Ali McCallum is a Registered Midwife and a Quality Risk Management Specialist at the AOM. Ali will be supporting the Employee Midwives Work Group from a risk management perspective going forward. The Quality Risk Management team provides support to midwives and practices.

### **4. Lab Changes Consultation open until May 25, 2024**

J. Bly the consultation is open for the Proposed Amendments to Ontario Regulation 45/22 (General) under the Laboratory and Specimen Collection Centre Licensing Act to expand midwives' authority to order additional laboratory tests and allow midwives to perform certain point-of-care tests. Midwives can review the proposed amendment and provide feedback during the consultation period.

### **5. Employee midwife resources brainstorm**

A. McCallum led a discussion about priority resources for non-BCC midwives.

### **6. Call out for EMCM resources + Employee Midwives page on AOM website**



AOM has created a [Landing Page](#) for employee midwives that will act as a hub to store previous meeting minutes, upcoming meeting Materials and resources. A survey will be sent out shortly to gather information to enhance member support and resource development.

Action: L. Horvath will contact McMaster to see if there is a possibility to get access to information from their survey and clarify if they have this in their survey.

## **7. Misuse of EMCM funds by employer**

L. Horvath: AOM is aware that certain employers are redistributing funds that are being allocated toward midwifery resources toward other line items.

Members expressed that there is a lack of transparency regarding budgets and money allocation and so it may be difficult for EM to identify this issue.

J. Bly: The EMCM template negotiated by the AOM with Ministry outlines a suggested MW salary pegged to compensation at level 6. If employee midwives are being compensated less than the suggested salary it may be an indication of a misuse of funding.

A. Callum: Reiterated the importance of clarifying midwives' salary prior to signing a contract. The AOM is escalating this issue to MSOC.

A member noted that their employer created a specialized envelope for midwifery funding for greater transparency and accountability.

## **8. OMC – Tuesday May 28, 2024**

L. Horvath shared that the following presentations related to non-BCC practice will be highlighted during the upcoming Ontario Midwifery Conference:

- Midwifery-led medical abortion through Ontario's EMCM (Rebecca Hautala)
- The impact of expanded midwifery care models on access to care and the quadruple aim (Liz Darling)
- Sustainable practice and care for all pregnancies (Carmi Magnaye and Jenna Bly)
- Virtual Support, Real Impact: Innovations in Midwifery-Led Perinatal Mental Health Support (Christine Sandor)

Non-BCC midwives are encouraged to register for the sustainability roundtable.

*Recorders Note: Abigail Corbin Left 11:00AM*

*Recorders Notes: Rebecca Hautala arrives 11:04AM*

## **9. Update on EMCM Growth**



L. Horvath: Employee midwives are a growing group and indicate the level of engagement and interest in working in diverse ways. Currently 8.5% of all active midwives are working as employee midwives in EMCMs or IMPs. As of April 3, 2024, there are 24 EMCMs and 13 MOH-funded IMPs across the province. EM Make up 8.5% of Midwives in Ontario. More people are joining the conversation having 27 attendees.

### **10. Consistency in reporting rubrics for EMCM and reporting sharing**

J. Bly: Provided an overview of the process of changing the rubric at MATCH to capture their work more accurately. Shares about her experiences defining the terms and a data dictionary, encourages employee midwives to share templates with the AOM so it can be shared as a resource on the website. Suggested that the AOM draft a document for employers to set perimeters and expectations for working with midwives. Something that identifies the special sauce of employee midwives – how we work, what we do, the benefits from the work. Also noted that it might be useful for the AOM to bring to negotiations clarity around funding and to follow the same funding obligations as the TPA MPG.

Employee midwives express that their programs are vulnerable when there are transitions in management that could mean that midwives are not valued and lose control of their programs. A discussion around how employee midwives create distinctions and governance through role titles that include them in the managerial process creating some levels of agency.

A. McCallum: Employee midwives do not have the same protections that MPG midwives do through the Funding Agreement. Employee midwives are responsible for ensuring their contracts and compensation are fair and the AOM can provide support in this area.

L. MacDougall: Recommended that EMs negotiate a clause in their contract. "Will review individual wages on an annual basis in accordance with the Provincial guidance on Midwifery rate of pay." This clause ensures that directors are accountable for following provincial guidelines of 3% increase.

### **11. Active Practice Requirements Survey Discussion**

J. Bly: Suggests administering a survey to document better how active practice requirements impact employee midwives. This survey will help to provide evidence that can be leveraged in advocacy.

Employee midwives would like to address the issue of restrictive language, noting that they are the only health providers privileged at hospitals that are made to use this. The language provokes concern with other providers and hospital leadership. It was also noted that there is a need for greater clarity regarding the process of removing restrictions.



A. McCallum: If you are asked to sign an undertaking, please contact the AOM to obtain legal counsel. The CMO has added to their form recently to reach out to the AOM for legal support when they are sending undertaking info to midwives.

*Recorders note: Amanda Kocheff left at 11:27*

**ACTION: Survey**

**12. Emerging Issues**

J. Bly: This section will be a standing item.

A. Ianovskaia: With regards to the lack of new funding for EMCMS/growth, this is because the current agreement is an interim arrangement, which is essentially a bridge that continues the existing agreement. However, this is an "enhanced" interim arrangement in that it includes: 3% comp increase, lump sum retention incentive payment, improvements for Indigenous midwifery, and global PLI implementation. So, it's not quite a "stop" in funding rather than an extension of the existing contract until the JCS is completed. It is also not extended indefinitely, with a set end to the interim arrangement by 2026, so the AOM negotiations team is back at the table in Fall 2025 latest, or sooner, following the publication of the JCS report.

There was a discussion about the frustration about the ongoing delays with the Joint Compensation Study. A. Ianovskaia shared that the timing is dependent on the leadership of the compensation expert and requires a lot of intensive and iterative work as the Ministry aims to undervalue midwifery work at every opportunity. The expected outcome of the JCS is to be a significant payout for midwives, though we recognize this work takes time and has a great impact on the membership.

Emerging Issues brought forward by midwives:

- Creating precise language to ensure that midwives are being represented accurately and not simply as "employee". The work group will consider alternative considerations. .
- EMCMS expansion application should be simpler for programs that are already functioning.
- Changes to PLI greatly improve the ability to hire locum or short-term coverage for EMCMSs.
- Should we consider asking the AOM to facilitate or create some formal in-person space at a future conference for non-MPG midwives. I.e. Queer and IBPOC gatherings.
- Concerns about being over-managed (or micro-managed) by employers.
- Some midwives can join a union. What are the risks and benefits for midwives?
- Members brought forward an scenario where their Schedule Q was canceled without consultation with MPG once a new EMCMS was approved. There are two situations where this is happening. Midwives were not involved in the process or decision-making. How does the EMCMS get approved automatically by cancelling the funding for another



program? The Ministry said it didn't make sense to have the cost of overhead and administrative burden in the same region.

- Members report challenges when midwives develop, plan, and implement a program and lose control of it to the employer.
- A member brought forward the question about how programs describe and define themselves. MPG are still a practice group, just funded outside of BCC. Some people prefer the language of midwifery services.
- Would be beneficial to have a guidance document for employers and unions to understand the unique professional needs and capabilities of midwives.

**Meeting Adjourned:**

**MOVED:** E. Eby

**SECONDED:** K. Gascoigne

**CARRIED.**

**Upcoming meeting:**

The next meeting, to be held June 4, 2024.

*Recorder's note: The meeting concluded at 11:58 am.*