



Attendance

Committee

Jenna Bly (Chair)
Sara Booth
Jenni Huntly
Stephanie Zaheer

Staff

Anna Ianovskaia

Regrets

Allison Rigney
Rebecca Hautala

1. Land Acknowledgment/Reconciliation Reflection

J. Bly held the land acknowledgment and reconciliation reflection.

2. Agenda Review and Approval

Add Program evaluation and metrics to the agenda as part of BORN integration piece.

The agenda was approved as amended.

MOVED: S. Booth.

SECONDED: S. Zaheer

CARRIED.

3. Approval of April 10, 2023 meeting minutes

AOMBT: Clarity required around fees as well as written documentation to support to create uniformity. Follow up discussion scheduled for the fall.

Additionally, would like to administer a survey for Midwives working as employees.

ACTION: Anna to recirculate meeting minutes to those who were in attendance.

4. Scope/CMO legislation change

No upcoming changes to pharmacopeia but a general review of lab testing.
NIPT expansion is underway but still needs categorization.

5. CMO requirements



Work group members share their experiences around loss of pay due to CMO requirements. A QRM and AOM on-call perspective is required to ensure a midwife's best interests are protected when changing status to inactive for employee midwives.

ACTION: Anna to brief QRM about the situation that caused a loss of pay and employment for an employee midwife on leave.

Programs funded in 2018 are coming up – CMO is responsible to communicate changes to certificate status. There is a current lack of communication and clarity around requirements.

Midwives should be able to continue to practice while the panel unfolds; Midwives also need legal representation.

If MW can demonstrate skills, knowledge, responsibility, working conditions with abortion care, they can continue to practice

Requiring/Requesting the AOM to do some of the work to identify what the questions are to the CMO

Independent Health Facilities change is coming and TBC is figuring out what that means to us.

6. Compensation/transparency

Question that this work group has around lack of clarity. Some midwives are getting access to overtime and on-call fees. There is lack of clarity around what is defined as on-call work. How are employers using their budgets is variable from CHC to CHC. In MATCH, has been a difference in funding from the 4th to 5th. There is a gap in pay and the Ministry says they've negotiated it that way. The Ministry has funded the same position differently over time.

There is a challenge with doing the math for compensation by using BCCs and dividing by 48 hours. An hourly approach is not reflective about the kind of work salaried models are doing. The salaried model allows for the responsibility and flexibility and responsiveness of care. The hourly approach I not helpful for the AOM to take.

This has implications and connections to the JCS. The work group feels that the BCC JCS profile needs to be conducted simultaneously with those of employee midwives. It is all interconnected – how we're registered, how we get paid, the work we are doing. It needs to be thought of as one profession.

This working group has an important role to lead the conversation about pay equity for employee midwives. Refocus by looking at the EMCM template and see if there are changes that need to be made.

7. Resource development/support from the AOM



It would be helpful to have a landing place for capturing this work, the ongoing issues and documenting the high-level issues that the group addresses.

Recorder's Note: J. Huntly joined meeting at 12:05 pm.

ACTION: Anna to create a webpage for the Employee Midwives WG. Also to revamp the public-facing Employee Midwives. On the public facing page, can let people know that this is the place where questions can get asked.

Liz Darling is doing a participatory study involved to gather resources and make pathways and processes accessible for those who have built programs and are working. Building capacity for resource development. Other ideas include things like mentorships or how we can support that process for people who are employee midwives or want to start EMCMs or other employee programs.

Something that folks have asked for are medical directives. WE're capturing enough services that people are doing under directive that that has been one of the missing links that people don't have when they're starting. Ours are inspired by MATCH and Crown Point in Hamilton and other programs operating before us. AOMBT resources are also something that we get asked for.

But it is important not to ask midwives for their funding applications and proposals. These programs are very community-specific. Doing this is not about reproducing, but rather investing in relationship-building and needs assessment in your community. These are individualized, localized and responsive programs.

This year is particularly bad in terms of not receiving any information about ministry funding.

8. BORN integration

The Employee Midwives WG discussed issues pertaining to BORN integration for employee midwives and EMCMs. A common challenge is that there is no admin funding. CHC's don't have the capacity to provide admin support for data entry.

MATCH was a pilot BORN program, but they didn't get any support for data entry. In 2018 they were told they weren't planning for data collection. MATCH has yet to enter any data into BORN. It feels impossible to fill in workflows retroactively. May need to revisit this with CHC leadership. There are also questions about the understanding BORN has about doing this equity work.

This issue emphasizes that EMCMs need admin and program coordination support and the AOM needs to resolve this.

It was noted that BORN seems to be chronically underfunded and understaffed and equity work seems to happen on the sides of peoples' desk. The AOM should give this feedback. If



something is not resourced properly, it's not going to happen. The new Executive Director of BORN seems very committed to equity so perhaps things may shift. Jenni – was encouraged that new ED of BORN seems to be very committed to equity.

ACTION: Anna to connect with whoever is point person with BORN to give this feedback.

9. Meeting adjournment

The meeting was adjourned at 3:30 pm.