



## Attendance

### Committee

Jenna Bly (Chair)  
Sara Booth  
Rebecca Hautala  
Jenni Huntly  
Allison Rigney  
Stephanie Zaheer

### Staff

Mary-K Dunn  
Anna Ianovskaia

*Recorder's note: The meeting began at 10:00 am*

## Welcome to Sara (Sadie) Booth

S. Booth is warmly welcomed as the newest member of the work group.

## Land Acknowledgment/Reconciliation reflection

At the last meeting, members agreed to reflect on matters concerning reconciliation intersecting with the work group. J. Huntly reflected on Truth and Reconciliation calls to action relating to the Employee Midwives WG.

## Work group name change and updated ToR

The EMCM WG is renamed the Employee Midwives WG and has updated its ToR accordingly.

### 1. Agenda Review and Approval

*MOTION: To approve the agenda as circulated.*

*MOVED: S. Booth*

*SECONDED: J. Huntly*

*CARRIED.*

### 2. Approval of April 14, 2022 meeting minutes

*MOTION: To approve the minutes as circulated.*

*MOVED: J. Huntly*

*SECONDED: A. Rigney*

*CARRIED.*

### 3. Negotiations

J. Bly provided an Negotiations Task Force (NTF) update. Some areas of clear support from the NTF include Indigenous midwifery, retention support, and funding for MPGs. J. Bly noted

some framing of requests could be perceived as antagonistic (EMCM vs. MPGs) and encouraged promotion of EMCM issues as part of the whole midwifery. There are worries within the profession regarding autonomy and there is a fine line to walk to do this work in a good way.

The most request for amendment of the drug and labs list and regulation has been rejected again. J. Bly provided historic context for members regarding CMO advocacy and the barriers on midwives' ability to prescribe according to scope. M-K. Dunn updated the WG regarding a letter recently written by the AOM to the Minister of Health. The letter's main purpose was for introduction and to highlight the upcoming HERTO deadline. Issues regarding the healthcare crisis and the opportunity to leverage midwives within the system were highlighted.

Work group members questioned if a concrete reason behind not expanding prescribing ability is stated. J. Bly commented on the historic power held by the OMA. Work to recommend the College submission is ongoing and the NTF will review issue summaries to further this issue within negotiations.

S. Booth noted birth centre midwives and employee midwives want to be represented by the AOM at negotiations. There is a unique context for birth centre midwives, whose budget and funding flows through the Independent Health Facilities (IHF) ministry branch. M-K. Dunn noted a more formal mechanism and process should be established – will continue these discussions over e-mail and through meetings. This is difficult to move forward in a direct way at the moment, as the AOM does not currently negotiate for birth centre employees' funding.

The work group discussed how to present and advance EMCM interests to the NTF and in Negotiations. It is tricky to determine whether to promote expansion and sustainability of existing programs because of perceptions of power imbalance. On the other hand, promoting expansion of EMCMs in a context that lacks resourcing and evaluation is not sustainable.

EMCMs are experiencing frustration with planning and funding timelines and are unable to commit to growth. It would be ideal to have longer term planning for EMCMs, than continue to resubmit applications annually and be seen as 'competing' with new applications. Another area lacking support is administrative funding.

#### **4. Implementation Steering Committee (ISC) update**

Mary-K presented an update on the ISC and remedy implementation. The AOM has heard that the Ministry will not be appealing the Divisional Court's decision to the Supreme Court.

Regarding the Joint Compensation Study, work is ongoing. It is very likely that the compensation expert will not meet the November 30, 2022 deadline. The AOM has been flagging from beginning how much work this compensation study entails. Part of the aim is to ensure employee midwives' positions are included in the process for a Phase 2 evaluation,



including contributions to the work profiles. Technically Ministry are in contravention of the remedial orders, as the JCS will potentially extend past ratification of the next agreement.

Regarding GBA+ analysis implementation, AOM and ministry have been going back and forth in terms of addressing structural discrimination and implementing the report's recommendations. Ministry plans shared regarding implementation were not specific and not what midwives deserve in terms of a comprehensive plan. AOM is pushing back to try to improve that process.

J. Bly reminded the group that the deadline for anyone who has not yet submitted their retro pay documentations is September 16, 2022.

S. Booth highlighted that birth centre employee midwives' retro pay goes back to April 2014. Birth centre employee midwives have not yet received go-forward funding, as they did not receive the increase in 2021. The Ministry has agreed to make the increase but has not yet flowed funds.

## **5. HHR crisis**

A. Ianovskaia provided a brief overview of the ongoing HHR crisis. The province is seeing very little planning or communications around OB closures across the province. Considering that this is not being highlighted in the media, this is an omission of a very important impact on birth people and their families.

Employee WG members discussed closures experienced in their communities and units. A. Rigney reflected on the muddiness of overlap between EMCM and MPG roles when midwives are asked to step in to the units. Midwives are put into a difficult position to step in to provide support, which increases risk of eroding scope. J. Bly noted midwives should not take on a financial or physical penalty for providing good care.

## **6. AOMBT issue**

*Recorder's note: The agenda item is deferred to the following meeting.*

In advance of the next meeting, members are asked to consider and collect issues between employee midwives and the AOMBT, and articulate what they want. The AOMBT is open to having a meeting, and want to hear about what has gone well, as well as the challenges. There are a number of new AOMBT initiatives being brought forward to Negotiations that Employee Midwives would be included in without having to pay into. The new programming developing includes all midwives who are part of the AOM.

## **7. Prioritizing issues**

Employee WG members prioritized the issues for future discussion as follows:



**1. AOMBT discussion**

**2. Insurance**

- Members discussed insurance issues and shared challenges regarding hiring, filling gaps, and who is taking on liability
- Insurance issues occur across the board within midwifery sector, and will be brought forward to negotiations e.g. proposal to have one TPA to manage insurance in the province
- AOM will invite representative from QRM to next meeting to discuss insurance issues and answer Employee Midwives' questions

**3. Locum and temporary relief**

**4. Scope/CMO legislation change**

- Discussions regarding CMO's threshold requirements and how they affect EMCM midwives
- Members discussed ways to potentially feed into CMO revision process of requirements

**5. BORN integration**

- J.Bly's EMCM is the only one that has been granted access to BIS; spent 4 years developing their own system and now integrating with BORN is quite hard to re-integrate
- There is already an EMCM WG at BORN – AOM can invite representative to a future meeting
- What does BORN integration require from the AOM for advocacy?

**6. Compensation/transparency**

- Need for clarity between programs and who is getting paid what
- Clarification required for what on-call means

**7. Program sustainability**

**8. Resource development**

- Members provided feedback to the MOH webinar regarding EMCM and IMP applications – applications should not be considered in isolation
- HR work – request for representative to help write applications/grants and who can help provide administrative supports across the sector



- Developmental support – existing EMCMS constantly get contacted to share protocols, what they did, funding application submissions; should have a role of connections person associated with EMCMS applications
- AOM has had members asking to join the EMCMS discussion group
- AOM to consider developing resources and hosting hub for shared material
- Issue should be flagged as part of the Midwifery Sustainability Project

## **8. Meeting adjournment**

The meeting was adjourned at 11:40 am.