

## Attendance

### Committee

Allison Rigney  
Rebecca Hautala  
Robyn Berman  
Maya Bialy

### Regrets

Jenna Bly (Chair)  
Sara (Sadie) Booth  
Jenni Huntly  
Elizabeth Brandeis  
Mary-K Dunn

### Staff

Anna Ianovskaia (recorder)

*Recorder's note: The meeting began at 10:09 am*

## Land Acknowledgment/Reconciliation reflection

R. Berman held the land acknowledgment/reconciliation reflection. The sections on health and education of the TRC are tangible – conversations that prompt greater equality, diversity and inclusion, building trusting stakeholder relationships with Indigenous groups, building opportunities where they didn't previously exist, immersing to learn from Elders re: where the gaps are.

## AOMBT/Benefits discussion

The members in attendance discussed starting points and shared personal contexts with regards to AOMBT/benefits access. It was shared by multiple members that a particular challenge faced by employee midwives is that they may not necessarily know what this provides access to. Others may pay into both employer benefits and AOMBT, or access spousal benefits.

Meeting attendees then discussed answers to previously circulated questions re: benefits access:

- 1. What is working well? What are the positive experiences re: benefits access that should be sustained?**

Members in attendance generally preferred to share experiences re: barriers and challenges.

- 2. What are the barriers/challenges employee midwives are experiencing with benefits access?**
  - Lack of knowledge of what the options are with opting in/opting out



- Lack of understanding regarding the contribution, what is covered/not
  - When you have a Benefits program you're declining, there are usually elements you're not able to decline – LTD vs. STD
- Cost-prohibitive to be a midwife when you have to pay so much with dues and benefits, particularly when working part-time
- One midwife is working part-time (16 hrs per week) and has monthly benefits cost based on income; factoring in AOM and CMO fees, paying 21% of income in fees; this is burdensome as a casual employee
- Another member paying 14% based on expected annual income; self-employed working in EMCM as part of hospital; this is a massive oversight for non-MPG midwives who are self-employed and working at a hospital, paying additional \$100/month
  - Lack of clarity as to whether paying into CPP and EI
- Employee midwives excluded from back pay
- Employee midwives unsure as to whether/why have to be tied to the AOMBT if there are alternatives that are more competitive and if needs are not being met because of AOMBT limitations?
- Similar to discussions of how to work employee midwives into the system; we need to have MPG midwives as a comparative. If all employee midwives went to external organizations, would the AOMBT not have enough employees to be sustainable?
- If you think about the STD and LTD in terms of number of members going off on sick leave because of mental health, burnout, and HHR issues, the people working in employee models are probably, over time, less likely to be facing that level of burnout
- One issue that creates vagueness and confusion for employee midwives that the BT has the same name as AOM
- Lack of transparency/clarity about process
- Guidelines for clinic leads that have to decide on employment should be provided; the contract midwives should know what they're signing up for
- PLI shouldn't be linked as one for all
- Has been isolating to want to take accountability and be engaged, and feeling like midwives can't because of lack of information

### **3. Solutions and next steps**

- Preparedness and planning – understanding what is being offered to you; if talking about creating more opportunities for employee midwives as time moves forward, if you're a midwife taking a job at an MPG, these are the things you should consider; if you're working in some other organization but maintaining your license required for that work, here are considerations you need to have



- E.g. you're an RM and you get hired by the government; you need to maintain your registration and you Association membership, but you don't want to maintain your BT
- Anytime there is a new EMCM call out and application, this should be factored in; does some of the funding have to go towards the benefits program or services offered through EMCM?
- Need to differentiate the types of midwives that exist to find out what the categories are – this is helpful not just for these discussions but for the JCS.
- Clarifying roles between AOM and AOMBT

Ensuring representation from all different types of employees in the work group continues to be of high priority.

### **Meeting adjournment**

*Recorder's Note: The meeting was adjourned at 3:15 pm.*