Association of Ontario Midwives
Delivering what matters.

Board of Directors Meeting

Minutes – APPROVED

December 16, 2019
11:00 am – 1:00 pm

Present	
Elizabeth Brandeis	President
Carol Couchie*	Vice President
Liz Fraser*	Member at Large
Sarilyn Zimmerman*	Member at Large
Janis Dalacker*	Member at Large
Disha Alam*	Member at Large
Bounmy Inthavong*	Member at Large
Mandy Levencrown*	Treasurer
Genia Stephen*	Secretary
Jasmin Tecson*	President Elect

AOM Staff	
Kelly Stadelbauer*	Executive Director
Allyson Booth*	Director, Quality and Risk Management
Juana Berinstein	Director, Policy and Communications

Regrets	
Kim Cloutier Holtz	Member at Large
Melodie Smith	Member at Large
Amy Nelson	Member at Large

*joined by teleconference

The meeting started at 11:07 am.

Land Acknowledgement

E. Brandeis began the meeting with a land acknowledgement.

1. Negotiations Ratification

E. Brandeis commenced the meeting by inviting Board members to consider three potential outcomes to the meeting:

1. Board Members may feel they've heard sufficiently about Negotiations outcomes to make a decision about whether to recommend the contract to members
2. Board Members may have specific factors they would like to consider; the recommendation of contract to members could thus be put to an e-mail vote
3. Board Members may feel that an additional meeting is needed to talk through elements of the contract prior to reaching consensus

E. Brandeis noted the strategic work completed by the Board at the recent November Intensive was very helpful in prioritizing during the last few days of negotiations. At a high level, there are a few different ways to evaluate this negotiations process and contract, depending on benchmark. There was a recognition that, given the political climate and expectations entering the negotiations process, this contract is considered to be a success. The Association did not lose ground in negotiations, and modest gains were made. This negotiations outcome puts midwives in the position to "live to fight another day." Board Members agreed with this sentiment.

E. Brandeis walked Board Members through the Negotiations Outcomes Document. Central bargaining was listed as a top priority, coming directly out of a member resolution passed at the 2019 AGM. The AOM pushed hard in this area and made it explicit as a top priority; however, Ministry was not able to grant the AOM the exclusivity it was seeking. Despite the lack of a formal title or exclusivity in the contract, it is evident that the AOM is the body that negotiates with Ministry on behalf of midwives in the province. For the first time, new language in the MOU states that the AOM *negotiates,* as opposed to *discusses,* the contract. This is a significant development, taking into account the historical context of midwifery.

During the negotiations process, Ministry agreed to the creation of EMCM and IMP templates which set out accountabilities, as well as compensation guidance, for midwives. This is beneficial for controlling how midwifery work is described in EMCMs, and allows for some relativity of those positions to the MPG-TPA template agreement. The templates particularly offer protection for midwives entering into EMCMs with employers who may not be aware of midwifery scope. E. Brandeis presented each model template to Board Members. Should a remedy decision be implemented by the Tribunal, this would need to be reflected in EMCM templates and EMCM compensation.

Recorder's Note: *J. Tecson joined the meeting at 11:33 am.*

G. Stephen noted potential differences in setting compensation, depending on the model in which a midwife works e.g. employee model. E. Brandeis agreed that the recipient organization would have some latitude. The AOM is in a challenging position, given the need to benchmark for guidance against current midwifery work, and the recognition that current midwifery work is underfunded. The IMP model is also fairly arbitrarily set. K. Stadelbauer noted that the solution for this issue calls for a SERW analysis of both caseload midwifery and EMCM positions, without which only a very gross kind of analysis can be done. The negotiated templates are imperfect, but provide a step closer to objectivity in compensation.

E. Brandeis spoke to the gains in negotiations as pertaining to growth. After a number of discussions, Ministry has committed to maximizing growth in order for every general registrant to be able to practice. The language in contracts support the natural growth of the profession. There is more understanding on Ministry's part of the existing unnecessary impediments to the profession's growth. There is hope for more functional allocation of caseload.

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Recorder's Note: *L. Fraser left the meeting at 12:05 pm.*

Indigenous Midwifery was also a top priority in this negotiations process, and the AOM held Ministry to commitments to maximize growth. Grants will be given in each of the three agreement years for IM educational pathways to be developed. This is an area where the AOM made significant strides.

The Ministry has made a commitment to operationalize Aboriginal Midwife billing numbers as quickly as possible. There were other proposed changes to OHIP billing codes supported by the ministry – e.g. midwives' ability to refer directly to specialists. This decision will be brought the Physician Services Committee in the first quarter of 2020.

Regarding midwifery representation at government stakeholder tables, the MOHLTC assigned Remi Ejiwunmi RM to the Premier's Working Group on Integration, and put forward a commitment to add midwifery to the Indigenous Primary Care Table.

With respect to the AOM's ask for additional EMCMs, Ministry agreed to modify an open call for hospitalist midwives, and created templates for four additional existing models. There was agreement to make the compensation ceiling based on Level 5-6 and on-call requirements. There were a number of additional asks related to increasing CVs. Changes were agreed to with regards to CV2 and CV4.

E. Brandeis discussed asks surrounding disability funding and support for midwives at various life stages, which came from Resolutions from the 2019 AGM. A grant for disability case management service was secured; an externally contracted company will support midwives throughout the disability leave process. Ministry agreed to enhance the EAP, targeted to support mental health and addictions. The EAP provider will be tendered out by the AOMBT. Schedule R has been created for disability funding and has its own allocated funding pot. The gain is a recognition of a need to find creative ways for midwives to continue working, but the mechanism for how this is to happen was not yet decided.

The next item was the review of liability insurance, brought forward by the MOH. The negotiations team presented an excellent case to Ministry in order to preserve the relationship with HIROC and remove the issue from the negotiations table.

The government agreed to expand uninsured funding to include termination fees.

K. Stadelbauer discussed the status of Ministry grants, which remained mostly unaffected with the exception of PD funding (significantly decreased), the midwifery research grant (decreased) and the AOM On Call grant (eliminated). It was noted that the government is moving away from Professional Development funding, which is reflected in a decrease for PD funding. The AOM was able to secure funding for Parental Leave, including additional funding accounting for growth.

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K. Stadelbauer presented additional Negotiations outcomes, including contract requirements for MPG partners and BORN transparency to address power imbalances, and Schedule O added items to reflect the OHIP schedule of benefits. Ministry agreed to a number of clause wording changes proposed by the Funding Agreement Language Working Group.

With respect to equipment, Ministry agreed to give funding for both bilimetres and ultrasound. The exact process for the distribution and priority is to be determined by the MSC. Several asks were brought forward regarding promoting out of hospital birth. Home birth kit funding was extended for clinic births.

The Far North funding gains were presented by E. Brandeis. The Rural & Remote experience fee was capped at a 1% increase. Ministry agreed to make a number of changes to the existing Clinical Audit Tool, which was identified to contain cultural bias. This goal for implementation is aimed at 2020-2021. There was a lot of activity around preceptor stipends, and this could result in a future review of the entire preceptor process by Ministry.

The Board discussed their comfort levels with recommending to membership. G. Stephens posed questions regarding MOH priorities and restrictions pertaining to extended scope of practice. E. Brandeis noted that broad systems-level arguments were made around scope. The advice to membership for added services would be to submit Schedule Q applications.

Recorder's Note: *G. Stephens left the meeting at 1:20 pm.*

The Board agreed to consider the issues presented and communicate over e-mail regarding contract recommendations. Another meeting will be scheduled for further discussion and a vote to recommend the Ministry's offer to members; or if enough board members feel comfortable with the level of detail provided and believe another meeting is not necessary, an email vote will be held. AOM staff will send out a doodle poll in the next week to gauge the Board's need for another meeting.

Member Meetings will be held mid-January 2020 to walk through the contract and answer questions from the membership. Meetings would be followed by a three week ratification period. K. Stadelbauer encouraged Board Members to attend meetings if possible, in order to have a strong Board presence.

The meeting was adjourned at 1:26 pm.

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