



January 18, 2022

To Whom it May Concern,

As with other health care providers, midwives have been called upon to step up to assist with labour shortages in their hospitals and communities. The following information is meant to assist midwives and hospitals to set appropriate compensation and scope for midwives temporarily (and on a short term basis) working to alleviate the current nursing shortage. This is with the understanding that hospitals ultimately make their own human resources decisions when it comes to workers compensation that lies outside of collective agreements.

When working in a position usually filled by a nurse, midwives will continue to be held to CMO, hospital and community standards for midwives. What this means is that midwives must act within their scope of practice to respond to a situation. For example, if there is an emergency, the midwife must respond with her knowledge, skills and judgement as a midwife. To address this issue, and avoid potential conflict and misunderstanding with hospital staff, this could be clarified in a formal agreement to provide services before the midwife starts working.

Given this, although midwives are being asked to fill nursing roles, the hospital should offer compensation appropriate to the scope, professional skills, experience, responsibility and working conditions of midwives. In previous pandemic waves, when physicians have been recruited to do the same job as nurses because of shortages, physicians have been paid physician rates to do the nursing job – not nursing rates because of scope, skills, and responsibility they bring to the tasks being performed.

In terms of an hourly rate the following can be used as a guide:

*Midwifery hourly rates – based on the 2021-2023 MPG-TPA Funding Agreement for the 2021-22 contract year (please note: this will increase as of April 1, 2022):*

Experience Level	Experience fee	On-call fee (not included in this calculation)	Ret incentive	Secondary care fee	Hours	Hourly rate (experience fee + retention incentive + secondary care fee / 48 hrs)
6	\$2,566.00	\$407.00	\$41.00	\$263.00	48	\$59.79
5	\$2,379.00	\$407.00	\$ -	\$263.00	48	\$55.04
4	\$2,244.00	\$407.00	\$ -	\$263.00	48	\$52.23
3	\$2,108.00	\$407.00	\$ -	\$263.00	48	\$49.40
2	\$1,974.00	\$407.00	\$ -	\$263.00	48	\$46.60
1	\$1,844.00	\$407.00	\$ -	\$263.00	48	\$43.90

Midwives also receive 20% towards benefits – this amount should also be added to this hourly rate (bringing the hourly rate for a Level 6 midwife to \$71.75 per hour).

Furthermore, as nurses and physicians receive a premium rate for after-hours / weekend / holiday work (for example, non-emergency department physicians receive a 50% premium for evenings and weekends, and 75% premium for overnight work) this premium should also be applied to midwifery compensation in these settings. Finally, should demand for services warrant it, hospitals may choose to compensate midwives at a higher rate to meet recruitment and retention challenges and recognize specific job demands.

Should you require any additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mary-Kathleen Dunn', with a long horizontal flourish extending to the right.

Mary-Kathleen Dunn

Policy Analyst

[Maryk.dunn@aom.on.ca](mailto:Maryk.dunn@aom.on.ca)