



February 23, 2022

Ms. Allison Henry
Director, Health Workforce Regulatory Oversight
Ontario Ministry of Health
By e-mail: regulatoryprojects@ontario.ca

Dear Ms. Henry,

RE: Feedback on Proposed Governance Reform Consultation – Association of Ontario Midwives

Thank you for the opportunity to respond to the proposed governance reforms for Ontario's Health Regulatory Colleges as presented at the briefing meeting for the Coalition of Ontario Regulated Health Profession Associations on February 14, 2022. The Association of Ontario Midwives (AOM) represents over 1,000 registered and Aboriginal/Indigenous midwives providing care in over 90 communities across Ontario. We have comments on three aspects of the proposed changes.

1. Health Care Equity and Inclusion

To care for the diverse needs of Ontarians, governance changes must enshrine responsibility and accountability for meaningful involvement of Indigenous, Black, and racialized communities, marginalized communities, rural communities, and other equity deserving groups in all aspects of regulation, including holding positions on councils and committees. The presentation slides addressed issues of recruitment and qualifications for public and professional members for councils and committees and used the term "diversity" in reference to requirements for professional members. Governance reform provides an opportunity to go beyond simply including diversity as a consideration for selection of council and committee members.

The AOM is supportive of the increased commitment to health care equity and inclusion shown by the Colleges recently, including the work of the Health Profession Regulators of Ontario Anti-BIPOC Racism Committee. The College of Midwives of Ontario (CMO) is participating in this work, has adopted a guiding principle to identify, remove and prevent inequities, provided anti-racism training for staff and council, and conducted outreach to BIPOC midwives and others from marginalized communities to encourage them to stand for election for council and committees. The Ministry of Health has acknowledged and endorsed the equity initiatives of the Colleges, but this is not enough. The AOM urges the Ministry to go further, embedding systems and requirements to promote equity and justice for racialized and marginalized people within the Colleges and the health professions as central to every aspect of the governance reforms.

2. Removing Barriers for Foreign Trained Health Professionals

Encouraging and expediting the application of foreign trained health professionals to the Colleges benefits Ontarians by taking advantage of the training and experience of new Ontarians to augment the strained human resources in health care, and by helping to create a health care workforce that reflects the diversity of Ontarians. There should be no arbitrary requirements for Canadian experience for applicants who meet the requirements for degrees, diplomas or certificates which are equivalent to Ontario pre-service training, and we support this proposed change by the Ministry. Work experiences which are provided through bridging programs, residencies or supervised placements required by the Colleges should have the purpose of ensuring that foreign trained professionals are orientated to using their training and experience in the context of the Ontario health care system. Regulations must not discriminate between foreign and Canadian experience in determining eligibility for registration. Failure to entrench in regulation an unbiased system of evaluating experience, wherever that experience was obtained, supports the continuation of systemic racism.

O. Reg. 168/11: REGISTRATION under the Midwifery Act requires experienced foreign trained midwives to complete “new registrant” requirements intended for new graduates from Ontario University Programs. The foreign trained midwives have already completed a bridging program with a clerkship for the purpose of orienting to Ontario practice, and some will have initially registered in the Supervised Class to make up for experience deficits. When they move to the General Registrant Class, it is discriminatory for them to then be subject to “new registrant conditions”.

3. Government Responsibility for Costs of Regulatory Reforms

The AOM is supportive of the government’s intention to make governance of the regulated health professions more nimble, responsive, and transparent in the public interest. However, it is not reasonable to expect health care professionals to bear all additional costs of the government’s proposed reforms through additional fees. For example, the reforms will require considerable cost for French translation (transitional and on-going), legal fees and staff time for changes to by-laws, policies and procedures, and costs associated with external reviews by the Auditor General and the Provincial Ombudsman. The CMO has just over 1,000 members and the fees paid by members are quite high compared to midwifery remuneration. The AOM is concerned that without government financial support the limited resources of the CMO and other Colleges will be strained to the point where important regulatory work could suffer; or individual health providers will be required to pay additional fees in the face of Bill 124 restrictions on compensation and inflationary costs in their practices.

The AOM appreciate the opportunity to share this feedback with you. We look forward to participating in future consultations on the proposed governance reforms as this important work progresses.

Best regards,

A handwritten signature in black ink, appearing to read 'M. J. T.', with a stylized flourish at the end.

Jasmin Tecson, RM, President

Cc: Kelly Stadelbauer, Executive Director, AOM
Allyson Booth, Director, QRM and Membership, AOM