



September 1, 2021

Lilly Martin, Chair
Quality Assurance Committee
College of Midwives of Ontario
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Dear Lilly and the Quality Assurance Committee:

Re: Discontinuing Second Birth Attendant (SBA) Waivers

As noted in the CMO's written correspondence to the AOM on March 22, 2021, *Second Birth Attendant Interviews September 2020*, we have been in dialogue regarding the matter of SBAs working below the *Second Birth Attendant Standard* since 2018. Of particular relevance is the challenge posed for SBAs who are not regulated healthcare providers (RHPs); A lack of professional designation deems them ineligible to receive a provider card for the Neonatal Resuscitation Program (NRP), a necessary requirement of the *Second Birth Attendant Standard*.

The CMO's temporary remedy was to grant waivers to midwives working with SBAs who failed to meet the standard. We understand that this was never meant to be a permanent solution and that the CMO plans to discontinue issuing waivers on October 01, 2022. As a potential way forward, the CMO has suggested that the AOM address the problem by developing:

- a) a guideline, based on current evidence and best practice, about the necessary skills and training for health care providers working in the role of a second birth attendant in the home or other out-of-hospital setting, and
- b) a training program that adequately prepares individuals to work as second birth attendants in the home or other out-of-hospital setting.¹

Although the AOM appreciates the CMO's reasoning behind the lifting of waivers, we feel the development of a guideline is not the appropriate channel to address this issue. Practices who use SBAs have not identified that they have a need for a guideline or extra training for their SBAs in order to improve client care, and Clinical Practice Guidelines (CPGs) don't typically comment on the necessary skills and training required for clinical currency or competency.

The AOM acknowledges and stands behind the CMO's move towards "principles-based regulation..." while "...moving away from the reliance on detailed, prescriptive rules and relying more on high-level, broadly stated rules or principles to set the standards by which regulated entities (i.e. midwives) must practise. By reducing its focus on the small details, the College will be supporting midwives to work

¹ College of Midwives of Ontario. Second birth attendant interviews September 2020. [Email]. Toronto. [received 2021 Mar 22; cited 2021 Aug 11].

autonomously using their knowledge, skills and judgement...”.² Based on this commitment to “right touch” regulation, the AOM questions why the *Second Attendant Standard* continues to be overly prescriptive while appearing to regulate the work of SBAs and not midwives.

Midwives are ultimately responsible for ensuring that the SBAs they work with are equipped to provide safe and effective care; In the event of a lapse in knowledge, skills and/or judgment, it is the midwife who is accountable and would be held liable. One need only to look to Physician Assistants (PAs) in Ontario for a reasonable comparator. In May 2006, the Ministry of Health and Long-Term Care (MOHLTC) announced a decision to integrate PAs into the healthcare system in an effort to address a critical shortage of physicians in the province. This is not unlike the rationale for the reliance on SBAs in rural and remote communities.³

In 2012, PAs mobilized through their professional association, the Canadian Association of Physician Assistants, to submit an application to the Health Professions Regulatory Advisory Council (HPRAC) for the regulation of their profession. The MOHLTC decided against regulation citing HPRAC’s recommendation that “public safety and quality of care are sufficiently upheld at this time through the delegation model under the supervision of a licensed physician.” That is, it is up to the supervising physician to:

- a) determine whether a PA has the training and expertise required to provide safe and effective care for their patients, and
- b) ensure a PA is NOT providing care that is beyond their individual scope, knowledge, skills and judgment.⁴

Given that:

1. The CMO is committed to principals-based regulation,
2. It is not the role of the CMO to regulate SBAs,
3. We know that lifting these waivers while still requiring NRP provider cards will affect consistent call coverage in rural and remote communities with the potential to negatively impact client care,
4. It is clear through both AOM member support and the CMO’s 2020 key informant interviews that midwives take:
 - their ethical, moral, and legal responsibility for the safety of care provided to clients very seriously, and
 - take the reasonable steps to ensure that their SBAs are skilled and competent to deal with any eventuality that may arise, (i.e. they ensure that their SBAs are familiar with and able to access home birth equipment, that they complete and practice NRP (without a provider card), and that they understand the midwifery model of care)

² College of Midwives of Ontario. Professional standards for midwives: Promoting targeted and proportionate regulation in the public interest. [Consultation paper on the Internet]. Toronto: 2017 [cited 2021 Aug 11]. 13 p. Available from: <https://www.cmo.on.ca/wp-content/uploads/2017/07/Consultation-Paper-standards.pdf>

³ Canadian Association of Physician Assistants [Internet]. Toronto. Legislation; [cited 2021 Aug 11]; [about 1 screen]. Available from: <https://capa-acam.ca/pa-employers/legislation/>

⁴ Canadian Association of Physician Assistants [Internet]. Toronto. Legislation; [cited 2021 Aug 11]; [about 1 screen]. Available from: <https://capa-acam.ca/pa-employers/legislation/>

5. That there is no evidence that relying on SBAs who are not eligible to carry an NRP provider card is negatively impacting care and experience

The AOM encourages the CMO to consider allowing individual midwives to exercise their autonomy, knowledge, skills, and judgement to determine the appropriate parameters of training and continuing education for the SBAs they work with.

As always, the AOM looks forward to further discussing this issue with the CMO and is confident that we can collaborate to find a reasonable resolution that doesn't have the potential to adversely impact client care.

Yours truly,

Ali McCallum, Chair

On behalf of the Quality, Insurance and Risk Management Committee

Cc: Kelly Dobbin, CEO & Registrar, CMO
Marina Solakhyan, Director, Regulatory Affairs, CMO
Juana Berinstein, Acting Executive Director, AOM
Allyson Booth, Director Quality and Risk Management, AOM