College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

CONSULTATION PAPER:

Professional Standards for Midwives: promoting targeted and proportionate regulation in the public interest

July 2017

Purpose

We are reviewing and refining our approach to regulation and simplifying the College's standards of practice. The Working Group on Professional Standards was established by Council (the governing body of the College) in October 2016 to oversee this work. It consists of three elected professional members (i.e. midwives) and one public member.

The proposed draft of the Professional Standards for Midwives (Professional Standards) is the first stage in a broader review of College standards.

This Consultation Paper provides context and background on our new approach to regulation, and what it means in the context of the standards of practice. All interested parties are encouraged to review this paper and the proposed draft Professional Standards, and to comment on the documents as a whole, and on the questions raised in it.

This is the first round of consultation. We will continue to build on this engagement over the coming months, ensuring that we reach clients and midwives across Ontario. We want to seek views from everyone with an interest in the regulation of midwifery.

Please ensure that your comments are submitted by August 25th, 2017.

Thank you for taking the time to read and provide your feedback. We will carefully consider all responses. We greatly appreciate your participation and contribution to this initiative.

Introduction

The College's overarching goal when exercising its mandate set out in the *Regulated Health Professions Act, 1991,* is the protection of the public, which involves promoting and maintaining the health, safety and well-being of the public as well as public confidence in the midwifery profession.

The overwhelming majority of the midwives working across Ontario aspire to, and succeed in, delivering safe, effective midwifery care that puts clients first. They are committed and hard-working professionals in whom the public rightly places its trust. While the quality of midwifery services relies, by and large, on the integrity and professionalism of the practitioner, in terms of both competence and conduct, it is the job of the College to set and maintain professional standards for midwives. The College must also take steps to ensure, as far as possible, that standards of competence and conduct across the midwifery profession encourage public confidence in midwifery services.

Like all other health regulatory colleges in Ontario, the College has a Professional Misconduct Regulation, which lists the recognized types of professional misconduct. It is based on a general framework used by the Ministry of Health and Long Term Care (MOHLTC), and is consistent with professional misconduct provisions for other health professions regulated by the *Regulated Health Professions Act* (RHPA). However, the regulation acting alone does not provide the fair, proportionate and agile responses that are the hallmarks of the modern regulatory model, and which are necessary to deal with the increasingly wide and complex range of issues brought to our attention. The College also has numerous standards that set minimum expectations that must be met by all midwives registered in Ontario. We believe our current standards do not provide the necessary high level direction and instead limit practitioner flexibility and clinical and professional judgement.

We anticipate that a principles-based approach will provide the right amount of regulation based on the core principles of midwifery in Ontario, while ensuring high-quality care is delivered by individual midwives. By reducing its focus on the small details, the College will be supporting midwives to work autonomously using their knowledge, skills and judgement.

The *Professional Standards for Midwives* (Professional Standards) is the first step in a broader review of the College standards. With the development and approval of the Professional Standards the following standards of practice will be rescinded:

1. Ambulance Transport
2. Code of Ethics
3. Complementary and Alternative Medicine
4. Continuity of Care
5. Diagnostic Imaging
6. Epidural Monitoring and Management
7. Essential Equipment, Supplies and Medication (will be replace with a recommended list)
8. External Cephalic Version
9. Home and Out-of-Hospital Births
10. Induction and Augmentation of Labour

11. Informed Choice
12. Interprofessional Collaboration
13. Laboratory Testing
14. Midwifery Model of Care
15. Neonatal Resuscitation
16. Newborn Eye Prophylaxis
17. Nitrous Oxide-Oxygen Blends
18. Postpartum/Newborn Visits
19. Practice Communication
20. Practice Protocols
21. Prescribing and Administering Drugs (rescind guideline section)
22. Routine Childhood Vaccinations
23. Second Birth Attendants
24. Surgical Assistant in Obstetrics
25. Twin and Breech Birth
26. Vaginal Birth After Caesarean Section and Choice of Birth Place (will remain as a Position Statement)
27. When a Client Chooses Care Outside Midwifery Standards of Practice

Please refer to the table at the end of this paper for more detailed information on standards that are recommended for rescinding later this year.

Historical Context

When midwifery became regulated in Ontario, there were few documents that provided guidance to Ontario midwifery practice, and it became the College's responsibility to put these documents in place. Documents, like standards of practice, were developed not only to guide midwifery practice but also to demonstrate to the public and other health care providers what midwives were authorized to do. Using this approach, the College has developed standards for a variety of different reasons, including; in response to specific complaints and trends in complaints, in response to the introduction of a new technology or an expanded scope of practice for a small group of midwives, and to provide guidance regarding specific clinical steps.

The result has been that some standards offer guidance in practice areas where the College has limited expertise, and some standards reiterate information already provided in regulations. Midwifery is now an integrated part of the health care system in Ontario and there are numerous guidelines, community standards, peer-reviewed journals and databases that house rigorous evidence-based research about best practices. These sources are in addition to those being developed and supported by organizations such as the Association of Ontario Midwives (AOM), the Society of Obstetricians and Gynecologists of Ontario (SOGC), and the Canadian Pediatric Society (CPS). With a profession now firmly rooted in the provincial health care system, combined with the presence of established organizations committed to high quality midwifery and obstetrical care, it is time to apply a more principles-based approach to the development of standards.

Currently, the CMO has 32 documents considered standards, although **Vaginal Birth after Caesarean Section and Choice of Birthplace** and **Newborn Eye Prophylaxis** are referred to

as position statements within the documents themselves and **The Ontario Midwifery Model of Care** provides a definition of the model. The standards are available on the website under the following categories: **Midwifery Model of Care** (4 standards), **Interprofessional Care** (2 standards)**, Practice Management** (5 standards) **and Clinical Practice** (21 standards).

Why consider a new approach to standards development?

A comparison between the College's approach to standards and some international midwifery organizations shows some marked differences. The Nursing and Midwifery Board of Australia has 4 policies and 1 professional standard, none of which touch on any clinical topics. Instead fact sheets are used to describe numerous topics. The Nursing and Midwifery Council in the UK has 6 standards for midwives that range from rules about governance and supervision of midwives to pre-registration requirements and competence.

A review of other regulated health colleges in Ontario found that most of the colleges have very few standards (between five and ten), including standards of a clinical nature. While we share with these colleges guiding documents like Record Keeping*,* none of the other Colleges have standards providing the same level of clinical or administrative detail as College standards such as **Twins and Breech**, **Newborn/Postpartum Visits**, and **Practice Protocols**.

The differences between the approaches of the individual colleges is not surprising given that there is little agreement about what constitutes a standard and definitions vary depending on the source.[1] What most of the colleges we reviewed have in common is a broader view of what constitutes a standard, or guiding document in general.

The following outlines some important observations that can be made regarding the College's standards of practice.

1. **Clinical standards that require specific expertise and resources**

   More than half of the College's standards are primarily clinical in nature. One of the biggest challenges with having standards that include clinical steps or skills is that the College cannot provide the appropriate resources, both human and financial, to develop and continually monitor and update these standards. Organizations developing clinical practice guidelines (CPG), such as the SOGC and the AOM, take years to gather the research evidence, review the literature and seek expert opinion before they produce CPGs. This is not possible for the College and, as a result, when we do develop clinical standards (e.g. **External Cephalic Version, Epidural Monitoring and Managing, Twin and Breech Birth**) they repeat the evidence gathered by other organizations and published elsewhere. The content of these standards, therefore, has not benefitted from the filter of an expert panel. Another problem with developing clinical standards is that there is no method for deciding which clinical components of care require standards and which do not. Without such a method, the College might require standards on things from routine antenatal care, to spontaneous vaginal birth to managing postpartum haemorrhage. This problem with developing clinical standards results in further problems articulated below.

[1] Irving, A. (2014). Policies and Procedures for Healthcare Organizations: A Risk Managment Perspective. *Patient Safety and Quality Healthcare*.

2. Standards that are prone to out-of-date information

Conflicting or out-of-date information occurs when a standard that repeats information derived from another primary source is transcribed out of context or when it is not updated when the primary source changes. For example, the standard **Laboratory Testing** reiterates the regulations (Appendix B of R.R.O. 1990, Reg. 682: under the Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c. L.1.) and was not updated when Appendix B changed. This led to confusion among members about what tests they were authorized to order. The standard on **Ambulance Transport** will also be outdated in December 2017 when the 2007 version of the Emergency Health Services Branch Ministry of Health and Long-Term Care is rescinding their Midwives at the Scene standard on which the College's **Ambulance Transport** standard is based. All of the College's standards that repeat regulations fall into this category including **Diagnostic Imaging** and **Prescribing and Administering Drugs**. When standards repeat information published in CPGs or educational activities developed by other organizations, this also puts midwives at potential risk of working below standards when information from the original source changes.

3. Standards that are not effective

When standards have been developed in response to particular complaints, they can attempt to target an identified problem without necessarily introducing meaningful information for midwives. Examples of this are the standards on **Interprofessional Care** and **Practice Communication**. The latter standard says that all members of midwifery practice groups must communicate with one another providing suggestions that include *"regular practice meetings, checklists, peer case reviews [and]… protocols and procedure*s". While these are all potentially valuable suggestions for practice communication, they are not addressing the underlying issues leading to breakdowns in practice communication and are best included as suggestions or recommendations rather than standards of practice.

4. Standards where there is no minimum standard

The CMO should establish and enforce minimum standards on topics where a minimum standard of behavior exists. A standard should set out the minimum expectations, in terms of competence and conduct, that *all* midwives are required to meet and provide concrete guidance that can and must be achieved by *all* its members. One example of a standard that does not provide the guidance required to set a minimum standard for midwives to follow is **Essential Equipment, Supplies and Medications.** This standard provides a list of necessary equipment rather than establishing a minimum standard of behaviour for midwives.

The above observations demonstrate that the process of developing and implementing standards of practice requires a clear framework to ensure standards provide the appropriate level of guidance and assert the right degree of regulatory power. The critical nature of their role requires a systematic approach to their development and implementation. In the absence of a system, standards are susceptible to being ineffective or targeting issues that do not pose a risk to the public.

It is in recognizing these challenges that we have developed the Professional Standards. We have determined the principles of professionalism for midwives that we believe will address the

above problems and identified gaps. The Professional Standards will create a shared understanding of what professionalism means and why it matters. Our proposition is that it matters because deficiencies in competence and professional conduct have the potential to undermine public confidence in midwifery services. This in turn matters because it has the potential to undermine the public's trust that the College regulates in the public interest.

Principles-Based Approach

In general terms, principles-based regulation means moving away from 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.[2] The term 'principles' can be used simply to refer to general rules or duties. Midwives are expected to observe these fundamental rules and practise with the autonomy to decide how to follow them. Midwives would also have the flexibility to decide which policies and procedures they should adopt in order to achieve compliance with the principles.

The use of broadly-stated principles, rather than reliance on rigid and prescriptive rules, has been used by various regulators and has a number of characteristics:

- they are drafted at a high level of generality, with the intention of serving as overarching requirements that can be applied flexibly to midwifery practice
- they contain terms which are qualitative not quantitative: for example, 'fair', 'reasonable', 'effective' as opposed to 'a small group of no more than 4 midwives'
- they can apply to a broad range of situations midwives face every day.

What are the benefits of a principles-based approach?

A principles-based approach will benefit clients, midwives, midwifery practice groups and the College in numerous ways:

1. It will help clients understand what to expect from midwifery care, and the choices available to them.
2. It will give midwives more flexibility to organize their practice in a way that better meets the needs of their clients given the unique conditions under which midwives work.
3. It will provide midwives the flexibility and autonomy to develop internal systems and processes that take into consideration their practice size, practice type, and client base.
4. It will benefit the management and culture of the practice as a whole. Midwives who have practice management responsibilities are expected to have an additional role in developing and maintaining an environment where the professionalism of midwives is promoted.
5. It will strike the right balance between client and public protection and reducing regulatory burdens.

[2] Black, Julia. (2007). Principles based regulation: risks, challenges and opportunities. In: Principles Based Regulation, 28 Mar 2007, Sydney, Australia
.

6. It will allow the College to respond to new issues as they arise more effectively, without having to continually revise the existing rules.

Professional Standards for Midwives

In the development of the ideas contained in the Professional Standards we have engaged extensively with many of the groups that have a stake in midwifery regulation: the professional association, educators, and other professional regulators in Ontario and other jurisdictions. We also have gathered and analyzed:

- Ontario legislation and regulations governing the midwifery profession
- Relevant documents from Ontario regulated health professions; and internationally, the Nursing and Midwifery Board of Australia, the Nursing and Midwifery Council in the UK, and the Royal Dutch Organization of Midwives
- Literature about health regulators' approaches to standards and policies, professionalism, patient safety and what clients want from midwifery care and health care in general
- Information from the Investigations and Hearings (I&H) department at the College
- Archived College documents and member responses from previous College surveys

Five (5) mandatory principles form the Professional Standards. They define the fundamental ethical and professional standards that the College expects all practices and individual midwives to meet when providing midwifery services. Each principle includes a definition and a set of standards that describe what midwives are expected to achieve for compliance with the relevant principle.

You must practice according to the standards expected of you by:

1. Demonstrating **professional knowledge and practice**, which refers to
    - maintaining the core competencies
    - working within the boundaries of the scope of practice and the authorized acts
    - knowing and practising in accordance with the standards of the profession
    - monitoring and improving the quality of your own practice

2. Providing **person-centred care**, which refers to
    - providing equitable access to care
    - listening to clients and communicating effectively
    - recognizing clients as primary decision-makers
    - ensuring clients have access to continuous care

3. Demonstrating **leadership and collaboration**, which refers to
    - being accountable for the outcome of your own practice
    - maximizing continuity of care
    - consulting and transferring care when appropriate
    - ensuring that clients know who the most responsible provider is

4. Acting with **integrity**, which refers to
    - avoiding acting in a conflict of interest
    - protecting client confidentiality and privacy
    - establishing appropriate boundaries

- upholding the public's trust in the midwifery profession

5. Demonstrating a **commitment to self-regulation**, which refers to
    - cooperating with the College
    - supervising and mentoring students and peers
    - complying with mandatory reporting obligations
    - providing information to the clients about midwifery regulation in Ontario

Please take the time to review the Professional Standards document. You will see that our new approach will not necessarily mean a lot of change for midwives and midwifery practices. We expect that for midwives who strive to be the best clinicians they can be by practising in compliance with the legislation and regulations and using the current and accepted evidence, implementing the proposed changes will be relatively easy.

In drafting the principles and the standards, we worked to strike the right balance between broadly defined principles and specific details to ensure that the meaning of each principle is clear, i.e. there is a shared understanding among the College and the membership as to their meaning and application. We are fully aware that a principles-based approach will work only if there is ongoing dialogue between the College and our members, and increased communication and regulatory guidance provided by the College.

Questions for Consideration

The below questions are designed to encourage feedback and participation from midwives, stakeholders and the public. Participation in this consultation is an important component in the College's implementation of this initiative.

1. Are the standards under each principle relevant and achievable?
2. Are there standards that need to be explained in more detail?
3. What areas or issues have not been addressed that you believe might put the public at risk?
4. What other comments or suggestions do you have about the document?

You can submit your comments on the consultation page on our website. If you prefer to provide feedback via email, please email cmo@cmo.on.ca with "Professional Standards" in the subject line. If you are a midwife, please complete this survey, and let us know what you think about the proposed document.

Next steps

The below table presents the proposed changes to the current standards. All standards can be accessed on the College of Midwives website on the "Standards of Practice" page.

To rescind with the implementation of the Professional Standards		
Current CMO Standard	**Rationale for rescinding**	**Principles in Professional Standards**
Ambulance Transport Describes the requirements for midwives regarding ambulance transport for midwifery clients from an out-of-hospital setting to a public hospital	Does not set minimum standard. Refers to an MOHLTC standard which is soon to be obsolete.	Professional Knowledge and Practice & Leadership and Collaboration
Code of Ethics		Integrity
Complementary and Alternative Medicine (CAM) Clarifies for midwives that they must be authorized to perform CAM therapies if they are controlled acts and that they must let clients know what their knowledge base is regarding CAM	No minimum standard of behaviour. Falls under informed choice, authorized acts	Professional Knowledge and Practice and Integrity
Continuity of Care States that midwifery care must be available to women for the full course of care and no more than 4 midwives can provide care	Prescriptive clinical standard that is difficult to follow	Person-Centred Care Leadership and Collaboration
Diagnostic Imaging States that midwives may order transvaginal and transabdominal ultrasound for their clients	Repeats regulations O. Reg. 107/96, s. 4. *A member of the College of Midwives of Ontario is exempt from subsection 27 (1) of the Act for the purpose of ordering the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound*	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration
Epidural Monitoring and Management Clarifies the requirements for midwives monitoring and managing epidurals in labour	Prescriptive – it is a clinical guideline rather than a minimum standard. The relevant, non-clinical information is covered under Informed Choice, midwifery scope, delegation, orders and directives and hospital policies	Professional Knowledge and Practice Leadership and Collaboration

Essential Equipment, Supplies and Medication Provides a list of the minimum required equipment, supplies and medications necessary for the provision of midwifery care	No minimum standard of behaviour but rather a list of equipment- more of a guideline	Person-Centred Care Keep as a reference list for midwives
External Cephalic Version (ECV) Describes the requirements for midwives who perform external cephalic versions	Prescriptive and reads more like a clinical guideline rather than a minimum standard	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration
Home and Out-of-Hospital Births Clarifies the CMO's expectation that midwives offer and attend home and other out-of-hospital births	Standard does not provide new information • CAM has position statement on Home Birth • AOM has Clinical Practice Guideline on offering choice of birthplace	Professional Knowledge and Practice Leadership and Collaboration
Induction and Augmentation of Labour Describes the requirements for midwives managing inductions and augmentations of labour for their clients	Prescriptive – it is a clinical guideline rather than a minimum standard. Covered in Informed Choice, midwifery scope, delegation orders and directives, Hospital policies/protocols	Professional Knowledge and Practice Leadership and Collaboration
Informed Choice Describes the requirements for midwives regarding informed choice discussions with clients	Much of the contents of this are captured under "Consent to Treatment" in the *Health Care Consent Act*	Person-Centred Care
Interprofessional Collaboration Sets the minimum standard for midwives working in interprofessional relationships	Standard provides little guidance about how to do this. Written elsewhere in Joint Position Statements (CAM, CNO and CAPWHN, CMO and CPSO)	Leadership and Collaboration
Laboratory Testing Tells midwives to work in accordance with Midwifery Act and the Laboratory and Specimen Collection Centre Licensing Act	Repeats Appendix B of R.R.O. 1990 Reg. 682	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration
Midwifery Model of Care Describes the Ontario midwifery model of care including scope, philosophy, continuity of care, choice of birthplace, informed choice and two midwives at every birth	Difficult to establish a minimum standard on something as broad as a *model of care* Model, scope and philosophy are not a "standard"	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration
Neonatal Resuscitation Describes the requirements for performing neonatal resuscitation	Covered in the Midwifery Act O Reg. 335/12 Part III Intubation of the Newborn	Professional Knowledge and Practice Leadership and Collaboration

	Included in CMO Policy on Continuing Competencies	
Newborn Eye Prophylaxis Held as standard but, in fact, a position statement intended to articulate how midwives should reconcile the conflict between the CMO *Informed Choice* Standard and the *Health Protection and Promotion Act* (HPPA) regarding the administration of newborn eye prophylaxis	Repeats regulations Health Protection and Promotion Act R.R.O. 1990, Regulation 557	Professional Standards Overview
Nitrous Oxide-Oxygen Blends Guidance about the use and storage of nitrous oxide and oxygen blends at planned out-of-hospital births	Not a minimum standard – more of a guideline	Person-Centred Care
Postpartum/Newborn Visits Describes when to perform postpartum visits and what to do during the visits	Not a minimum standard. Prescriptive. Limits ability to exercise clinical judgement and to adapt to changes in best practice	Professional Knowledge and Practice Person-Centred Care
Practice Communication Clarifies expectations regarding the use of tools and mechanisms to achieve effective communication between practice members	More of a guideline. Difficult to set minimum standard on communication. Challenge to enforce because it is based on a practice group rather than an individual midwife's responsibility to communicate	Leadership and Collaboration
Practice Protocols Describes the expectations regarding the development of practice protocols and lists mandatory practice protocols	More of a guideline. Prescriptive and challenging to enforce because it is based on a practice group rather than an individual midwife	Standards that apply to midwives with practice management responsibilities
Prescribing and Administering Drugs Describes CMO expectations regarding the prescribing and administering of drugs	Members require guidance but parts of standard are very prescriptive – like a guideline, part of standard repeats regulations O. Reg. 884/93: Designated Drugs under the Midwifery Act, 1991, S.O. 1991, c. 31. Part of standard is a guideline, *Guideline to Prescribing and Administering Drugs*	Rescind the guideline section Retain the standard
Routine Childhood Vaccinations Sets out the expectations for midwives who discuss routine childhood vaccinations with their clients	Prescriptive and more like a guideline. Covered in informed choice	Person-Centred Care
Second Birth Attendants To describe the requirements for second birth attendants at midwifery births	Does not apply to all midwives. More like a guideline. College does not regulate second birth attendants. Midwives working with a second birth attendant is about delegation	Person Centre Care Leadership and Collaboration
Surgical Assistant in Obstetrics Describes the requirements for midwives acting as surgical assistants	It is a delegated act and not a standard of midwifery care. Delegation is included in current	Professional Knowledge and Practice Leadership and Collaboration

in obstetrics	standard on Delegation, Orders and Directives	
Twin and Breech Birth Describes the requirements for midwives managing twin and breech births of midwifery clients	Does not provide new or College specific information. Covered by scope of practice, informed choice, CTCS	Professional Knowledge and Practice Leadership and Collaboration
Vaginal Birth After Caesarean Section and Choice of Birth Place Held as a standard but, in fact, a position statement intended to articulate the College's position regarding choice of birthplace for women planning VBAC vaginal births after previous caesarean section	Covered in informed choice. Covered in AOM CPG – Vaginal Birth after Caesarean Section and SOGC Guideline # 155 (2005) Covered under Professional Misconduct Regulation O. Reg. 388/09: *Failing without reasonable cause to provide services to a client during labour and child birth in the setting chosen by the client*	Professional Knowledge and Practice Person Centred Care Consider keeping as a position statement
When a client chooses care outside midwifery standards of practice Describes the steps for midwives to take when clients choose midwifery care outside of scope/below standards	Midwives often ask for guidance around this commonly asked question. This information is not described for midwives anywhere else	To house information not covered in the professional standards in a new guideline/standard about ending the client/midwife relationship.