Appendix 3
Survey Results: Laboratory Testing and Prescribing Drugs

On May 23, 2018 the College opened a 2-week survey to understand how the membership views replacing the current lists of laboratory tests and prescription drugs with broader authority to order laboratory tests and prescription drugs (including controlled substances) based on the scope of practice as defined by the *Midwifery Act, 1991*. The purpose of the survey was to gather midwives' perspectives about ordering laboratory tests and prescribing drugs in order to inform the next stage of our submission to the Ministry requesting that midwives be given the authority to order and prescribe according to the midwifery scope of practice rather than the current list structure. We wanted to understand how referrals for routine laboratory work and prescription drugs influence client care and interprofessional relationships and to understand the potential impact of broader testing and prescribing authority on midwifery practice.

Almost 25% of the total membership responded to the survey. The majority (96%) of survey participants had at least 10 BCCs in the past 12 months suggesting that they are, or have been, general registrants at some point in the past year. Using the number of general registrants (748) as the denominator, almost 30 % (216) of the practicing membership responded to this survey. This response rate is one of the highest response rate we have ever had on any of our public consultations suggesting it was an important topic for members and one in which they were interested in providing feedback on. In terms of the practice composition of participants, the majority (34%) have been in practice for 5 years or less, work in an urban practice (73%) and 75% work at least 3/4 quarter time billing for more than 30 courses of care per year.

Table 1 – Participant Characteristics

Characteristic	Number [%]
Total	212
Years in practice	
0-5	71 [34]
6-10	53 [25]
11-15	48 [23]
16-20	22 [10]
More than 20	18 [8]
Geographic Location	
rural	51 [24]
remote	6 [3]
urban	155 [73]
BCC in past 12 months	
0-10	9 [4]
11-20	14 [7]
20-30	29 [14]
31-40	116 [54]
More than 40	44 [21]

What participants said

Participants overwhelmingly support broader authority to order laboratory tests and prescribe drugs and believe it is in the best interest of both clients and the profession. The majority of midwives also believe they have the knowledge. skills and judgement to practice with this broader authority though many also feel that additional training is required for prescribing drugs, in particular controlled substances, more so than for laboratory tests.

Is client care affected by ordering laboratory tests and prescribing drugs according to a list?

The majority of participants (97% (209/215) support midwives getting broader authority to order laboratory tests within the midwifery scope of practice and 90% agree or strongly agree that they have the knowledge skills and judgment to do so. When 90% of participants believe the current list cannot respond to the changes in practice, it is not surprising to find that client care is affected. According to participants, 86% believe a list of laboratory tests is not in the best interest of clients, 76 % say it compromises continuity of care and 89% report it limits their ability to provide the best care to their clients. Almost 90% of participants report that they experience at least one client a month who expresses dissatisfaction with referral to a physician for a test that might otherwise be in scope and 85% of participants agree that physicians are frustrated when they have to order tests they believe a midwife should be managing. If these numbers are extrapolated to the general registrant membership, more than 8,000 times a year a client expresses dissatisfaction with having to be referred to a physician for a routine laboratory test that midwives cannot access.

Similar to the responses about laboratory testing, the majority of participants (94% (198/211) support midwives getting broader prescribing authority to order drugs within the midwifery scope of practice and 84% agree or strongly agree that they have the knowledge, skills and judgment to do so while 90% say the list cannot respond to the changes in practice. In terms of client care, 86% of participants believe that prescribing according to a list is not in the best interest of clients, 82% say it compromises continuity of care, and 86% report it limits their ability to provide the best care to their clients. Similar to responses about laboratory testing, 90% of participants report that they experience at least one client a month who expresses dissatisfaction with referral to a physician for a prescription that might otherwise be in scope and 83% agree that physicians are frustrated when they have to order tests they believe a midwife should be managing. If these numbers are extrapolated to the general registrant membership, more than 8,000 times a year a client expresses dissatisfaction with having to be referred to a physician for a routine prescription drug that that midwives cannot access.
Only 4% of participants said the current list of drugs includes everything they need to provide client care.

Is additional training required to order laboratory tests and prescribe drugs according to scope?

Participants were asked to respond to questions about whether they require additional training to order laboratory tests and prescribe drugs according to scope. Responses to the questions asking members to rate their responses from strongly disagree to strongly agree

show an equal number of participants agree/strongly agree as disagree/strongly disagree (42% compared with 42%) about requiring additional training to order laboratory tests according to scope. When asked their views on prescribing drugs, participants were more than twice as likely to agree/strongly agree as disagree/strongly disagree (67% compared with 25%) that additional training is required to prescribe according to scope.

Participants also responded to an open-ended question about training needs where only 69% of survey participants responded. Interestingly, the majority of participants said that extensive training is not required and that they have the knowledge and skills to order laboratory tests and prescribe according to scope. With respect to laboratory testing, some participants note that they already interpret the tests the physicians order for their clients and that the Midwifery Education Program (MEP) adequately prepares students for practicing according to scope. Participants also discussed the importance of self-study and continuing professional development as ways they continually update their knowledge with or without a list of laboratory tests. Some participants feel that refreshing their knowledge is always helpful and that additional training may not be needed as much as a quick review or guide. For participants that feel additional resources or training is required, they prefer to have access to resources about normal and abnormal lab values either as a guideline, "cheat sheet" or webinar. When participants identify the laboratory tests they need training on, the most commonly cited laboratory test is thyroid testing, followed by hypertension lab work and haemoglobinopathies.

Slightly more participants, however, feel they need additional resources and training to confidently prescribe a broader array of drugs than they currently prescribe. Only 64% of participants responded to this open-ended question about whether additional training is required to order laboratory tests according to scope and more participants felt they would need additional training than they did for lab tests. Similar to the responses about laboratory testing, several participants report that self-education and guidelines are adequate to update their knowledge. Other responses mention adding new drugs to the Association of Ontario Midwives (AOM) pharmacology application called *RM Rx*. Despite the fact that 22% of participant responses mention the need for training in narcotics, other members specifically said they do not need training in narcotics because they are already working with narcotics under a physician's order. Conversely, participants frequently mentioned birth control as an area requiring some training since it is something they currently are not generally providing even under physicians' orders. Participants also expressed an interest in improving their knowledge about scope, pharmacology and pharmaceutical storage. When participants identified the prescription drugs they need training on, the most commonly cited is controlled substances, followed by contraceptives (including IUD), antibiotics and thyroid treatment.

Physician referrals for routine laboratory tests and prescription drugs midwives cannot access

Participants were asked to review a list of laboratory tests and prescription drugs and estimate how many times a month they refer clients to physicians for these indications (see table 2). The tests most referred for at least once a month are genetic screening, hypertensive disorders, thyroid, and haemoglobinopathy. While the majority of participants (80%; 180/215) refer 1-2 times per month for these tests, 89%, 88% and 20%

respectively, between 13-33 percent of participants refer between 3-5 times per month for those same conditions.

The prescription drugs requiring the most referrals, at least once a month, are for treating urinary tract infections (UTI) (75%; 160/212), vaginal and cervical infections (44%), other infections (21%), postpartum haemorrhage (27%), and pain in labour (81%) as well as to administer or prescribe vaccines (80%), antivirals (79%) and contraceptives (98%). While participants referred 1-2 times per month for most prescriptions, 83% of participants referred for contraception and 54% referred for vaccines at least 3 times per month. Of the participants who refer for pain management in labour at least once a month, almost 30% refer 3-5 times per month of which 12% refer more than 6 times a month. An important point to mention here is that several participants said these questions do not capture the number of referrals they make because they don't necessarily refer every month (because their caseload is low or because of their client population) but refer several times a year. Thus, the number of actual client referrals is actually higher than the data show.

Participant comments

Using the qualitative responses from members, the following themes were identified as concerns with the current system of ordering laboratory work and prescribing drugs according to a list as well as concerns with moving to broader authority to order laboratory tests and prescription drugs according to scope.

Concerns with current system

The list of labs and drugs:

- is contradictory in some ways – midwives can provide diagnosis and treatment of certain urinary tract infections but cannot use the same skills regarding diagnosis and treatment for all urinary tract infections
- lacks agility to respond to changes in practice
- does not acknowledge the knowledge and skills of midwives (e.g. competent and trained to administer several vaccines but cannot order TDAP).

Working according to the list

- delays the diagnosis of potential complications
- exposes clients to more invasive testing (e.g. repeat vaginal exam by physician to ensure client in early labour) and junior resident has to check the VE or experienced midwife all because he/she is a doctor.
- Increases/prolongs client discomfort and pain
- Prevents women from getting timely contraception because midwives cannot order it before discharge
- compromises client care – especially for clients who don't have access to a family physician
- Compromises continuity because midwives don't always receive the results of tests that they referred

- Physicians get upset that we are not able to do things (like morphine) for normal labour
- Physicians don't always have pregnancy dosages (like acyclovir) in their mind so prescribe wrong dose
- makes referrals to specialists less accurate and more incomplete
- creates unnecessary billing and so wastes health care dollars
- diminishes the midwife's role as a primary care provider in the eyes of both physicians and clients
- administratively costly
- Can be embarrassing to consult for simple test
- Leads to incomplete consults because we cannot order the necessary tests to
- unacceptable as primary care provider to not have access to tests, cannot provide basic care
- Diminishes physician confidence in midwives' skills

Concerns with moving to broader authority

- I think the expanding scope is not being met with a broadening of our foundation in physiology and pathology and leaves clients and midwives vulnerable to not even knowing what they don't know.
- We are not being remuneration
- Might veer midwives away from scope of normal

Table 2

Number of participants who refer or work under delegation per month for the following

Reason for Referral	Number per month [%]		
Laboratory Test	0	1-2	3 or more
Genetic screening	35 [17]	143 [66]	37 [17]
Hypertensive disorders	25[12]	150 [69]	41 [19]
Thyroid screening	20 [9]	105 [49]	91 [42]
Haemoglobinopathy	67 [31]	96 [45]	51 [24]
Prescription Drug			
UTI	52 [25]	136 [64]	24 [11]
Vaginal/cervical infection	118 [56]	84 [40]	8 [4]
Other infection	65 [31]	130 [63]	13 [6]
Vaccine	42 [19]	58 [27]	112 [54]
Antivirals	44 [21]	121 [57]	47 [22]
Postpartum Haemorrhage	155 [73]	51 [24]	7 [3]
Contraceptives	5 [2]	31 [15]	176 [83]
Labour pain	39 [19]	88 [42]	83 [39]

It is clear from the responses to this survey that participants believe client care is compromised and interprofessional care is strained by the limitations imposed on midwifery practice by the list structure of laboratory tests and prescription drugs. The overwhelming majority of survey participants support working within scope rather than by lists in order to safely meet the needs of clients, work as primary care providers with the ordering and prescribing authorities afforded to other primary care providers they consult and collaborate with, and to respond to the changing health care environment. Participants also supported opportunities to receive additional training when moving away from the current list structure, more so for prescribing drugs than for ordering laboratory tests. Given the support for working according to scope combined with questions about what this will mean for midwives and how will we know if they have the knowledge, skills and judgement to do so, the following recommendations are made:

1. The list of laboratory tests and drugs for midwives be replaced by broader authority to order laboratory tests and prescribe drugs according to scope
2. The College work with the AOM to develop webinars and guidelines and cheat sheets
3. The AOM be made aware of the request for new drugs/indications to be added to the AOM application *RM Rx*
4. The membership be required to undergo a College approved course on prescribing controlled substances.
5. The College develop guidance for the membership about what it means to practice within the scope of practice
6. The College work with the Midwifery Education Program to ensure that the curriculum covers practicing within scope as defined by the Midwifery Act and the authorized acts.