

CMA Council Minutes

Date: April 28/22 Timeframe: 0947-1615

**Through Regulatory Excellence, we inspire trust and confidence in Midwifery Care for all Childbearing families in Alberta
(Vision, September 2017)**

This Meeting was held by both Zoom and in-person formats.

Attendees: Marianne King, RM (Vice President), Chelsey Cabaj (Public Member), David Crocker (Public Member), Juliana Cunha (Deputy Registrar), Shireen Mathew (Finance Director), Sharon Prusky (Registrar and Exec Director), note taker, Tiffany Harrison RM (President) from 1023, Kayla Blinkhorn RM (Competence Committee), Cathy Cornfield (Public Member), Melanie Bekevich-Joos (Public Member), Joy Maxwell RM.

Regrets: Cassie Evans, Jeannette Page

Agenda Item	Discussion	Actions
1. Welcome and Introductions 1.1 Land acknowledgement	Tiffany was not available for the beginning of the meeting, so Marianne stepped in. Land Acknowledgement: Marianne www.whose.land	Start: 0947
2. Record of Council Meetings: 2.1 Minutes of March 17/22 2.3 Today's agenda 2.4 Additions to today's agenda? 2.4.1 Photos needed for Annual Report ZOOM Photo of all the Council and staff	Seeking approval of the March 17/22 Council minutes (attached) 1) Segmented care request for discussion from AHS; will be added as item 2.4.2 2) Integration of AHS, AAM, CMA required elements for yearly renewals; please see end of the agenda Juliana has gathered up quite a selection now, CMA could always use more.	Moved: David Second: Joy Approved by all Obtained a Zoom photo of all council members and staff who were present.

<p>2.4.2 Segmented care request for discussion from AHS; also how CMA would view MARP funding potentially on top of regular income with respect to workload.</p> <p>**** NOTE: Tiffany took over chair role at 1023</p> <p>3. Governance: Generative Items for discussion and/or <u>decision</u> by Council</p> <p>3.1 Practice Permit Fees for 2023 reduce? How much? (attached worksheet)</p> <p>3.2 First Exclusive Private Pay Registered Midwife (three attachments: Planning to work in Alberta without AHS Privileges?, Community Birth Midwife: Client Agreement Form, and Practice Support Guide)</p> <ul style="list-style-type: none"> - Anticipated scrutiny of this registrant and for CMA responsibility 	<p>Extended and robust discussion took place around CMA Mandate and the regulatory 'lane', generated some questions for AHS, and the CMA position regarding any changes to midwifery scope or practice and their impact on continuing competence, registration, the client perspective and complaints. Council had more questions than answers regarding combining the MARP funding and full scope practice.</p> <p>Sharon gave an overview of the worksheet, outlining all of the items and contributing factors contained there, including CMA operating components and the feedback from Registrants. When the staffing wage increase discussion came up, all staff were asked to leave the meeting. Sharon later learned from the president that Council requests a full line by line projected Operating budget before they will approve staff wage increases to full time.</p> <p>Discussion: Sharon introduced the item by outlining the work done by staff to date. The Registrant will be receiving her Practice Permit once she pays the fee, and she is planning to arrive in Alberta for May 1/22. Sharon also used the attachments and conducted a phone orientation with the Registrant, as this responsibility is for CMA. There were some unanswered questions around orientation and some items that CMA will need to develop further. These will be addressed once the midwife is in Alberta.</p>	<p>Sharon will write a reply to Danica, with Council review first, and take some of the questions Council generated to the next Bi-weekly AHS/CMA meeting.</p> <p>Staff will put together a line by line budget presentation for next Council Meeting re: staff wages. Council will review Practice Permit fees at next meeting.</p> <p>Ongoing orientation and relationship building needed between CMA and this registrant.</p>
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<p>3.3 Midwives' inability to order ultrasound for neonates and infants because of wording in the Midwives Profession Regulation section 16 around the term "for obstetrical purposes"</p> <p>LUNCH BREAK LUNCH BREAK LUNCH BREAK</p> <p>3.5 Strategic Planning Framework:</p> <p>3.6 AGM preparation (last AGM for CMA)</p>	<p>These attachments will be used by staff for this midwife and for any subsequent applicants.</p> <p>Discussion: this may tie in with item # 4.7. Council discussed how this wording represents abuse of the Health Care System when midwives could order u/s, and avoid fragmented care, extra costs, time and trouble for the client. Having midwives ordering u/s would be better fiscal use of health resources, and reduce billing issues for u/s facilities. Physicians can charge \$500 for a pediatric u/s initially, then \$250 after that versus a midwife ordering it and sending it to the physician if there is an issue on the u/s Report. The same issue comes up with midwives <u>ordering cord blood results</u>; some places will accept the order, others will not.</p> <p>1155-1230 LUNCH BREAK LUNCH BREAK 1155-1230</p> <p>Melanie, Tiffany: gave an update of the planning meetings that the sub-group had. Overall framework developed, and stakeholder groups identified. Planning to conduct a session among participants at the AGM with some key questions.</p> <p>AGM will be held on Thursday May 26/22 from 1230-1600. Planned: President Report, Competence Committee power point, Complaints Director power point, audit and budget overview, upcoming Bylaws changes, Elections: deadlines and logistics</p> <p>changes to divest association functions, and a strategic planning section.</p>	<p>Staff to draft a briefing note to be ready for AB Health meeting on May 12.</p> <p>In next newsletter, request stories and scenarios where this same issue occurs.</p> <p>1155-1230 LUNCH</p> <p>Council to review the Strat Plan questions before they go out for the AGM</p> <p>Staff will prepare the agenda, organize the elections and make a zoom invite.</p>
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<p>3.6.1 Take advantage of the AGM time next year for something else?</p> <p>3.6.2 Annual Report deadline April 15/22 is passed. Any gaps?</p> <p>3.7 Tea Cup Gathering and council attendance Number of replies so far. Deadline is May 2/22</p> <p>3.8 The MRU Bachelor of Midwifery spring convocation will occur on Wednesday, June 1, 2022 at 2:00 pm. Convocation will be held in person this year on campus. Triple Gymnasium of Mount Royal University 4825 Mount Royal Gate SW Calgary, Alberta</p> <p>3.9 Publication of Disciplinary Action: agreements and undertakings, Hearings. Fairness to who? Council perspective re: learning opportunities? publish names?</p>	<p>Reports still needed: President, Registration Committee, Public Members (some), Complaints Director.</p> <p>Who can attend? In person, virtual? We have confirmation from about 10 retired midwives.</p> <p>Need two representatives from CMA to attend this event and also the celebration afterward, where CMA would present their gifts and congratulations. Reception to follow in MRU Y219 from 4-6 pm.</p> <p>Discussion: As part of the Complaints Mitigation Strategy.... “lessons learned” approach would be a good idea; needs to be summary only, PEARLS of wisdom, could pick up on themes, can also refer to CMA documents and resources, review duties and responsibilities to clients, rationale for the decision. Cautions included: in newsletter or other website publications, be sure that there is NO ID to person or place so that this does not become something for bullying and rumors.</p>	<p>Tabled for subsequent meetings</p> <p>Please get overdue report in; Staff will do final compilation on May 11/22</p> <p>Tiffany, Kayla, Cathy</p> <p>Tiffany and Cathy Staff will get gifts prepared.</p> <p>Staff to work on a policy draft with C/O director to move idea forward. Policy will return to Council for discussion</p>
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<p>3.10 Public members: How do you treat your Council Position like a job? Issues related to clients. Reference to the Public Member's Handbook from AH Health. Role is to be ready to provide info from a public perspective, and not taking a side.</p>	<p>Input sought: David: as a non-midwife, there are challenges, so he keeps up by reading and research from the ED and ED Report. Cathy: learning and does ++ prep to gain understanding of the documents before Council Mel: learning too, and leans on her perspective as a consumer and a maternity advocate.</p>	
<p>4. Governance: Strategic Direction/Discussion 4.1 Standing Item: Equity, Diversity, Inclusion- CMA Learnings.</p> <p>1443 10 minute break 1443 10 minute break</p> <p>4.1.1 Council brainstorm re: how to get client/public perspective and input</p> <p>4.1.2 Grande Prairie Meeting</p> <p>4.1.3 Red Community Midwives with a client preference involving an LGBTQ issue</p>	<p>Staff report a shift in attention to racism and discrimination from clients to midwives and from midwives to midwives. CMA needs to expand messaging and documents to these two areas</p> <p>1443 10 minute break 1443 10 minute break</p> <p>Melanie and Marianne had good ideas for finding midwifery clients, some other leads too (past clients from midwives on Competence Committee)</p> <p>Sharon reported on this meeting re: an awareness and education regulatory outline approach, based on the code of ethics. Much sharing happened, with next meeting planned for next week.</p> <p>An IDM approach was discussed around client choice and preferences, while respecting midwives'</p>	<p>Staff to look at appropriate documents and messaging (eg. Standards, Code of Ethics, others)</p> <p>1443 10 minute break Staff will ask in the newsletter and ask MRU for contacts from their Community reps</p> <p>Sharon will reach out to other practices, RMs to ask questions and gather information. Code of ethics needs to be revised</p>

<p>4.1.4 Bill 10 Female Genital Mutilation and cutting Bill 10: Proposal #6: Strengthen existing laws aimed at banning female Genital Mutilation or Cutting (FGM/C). According to the World Health Organization, FGM/C refers to “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” Under section 268 of the Criminal Code, FMG/C is considered a form of aggravated assault, subject to a term of imprisonment for a term not exceeding 14 years.</p> <p>It is proposed that the HPA be amended as follows: That the definition of “sexual abuse” within the HPA be amended to include the procurement or performance of FGM/C; and</p>	<p>confidentiality and the team practice. The client request for care against midwifery recommendations and termination of Client care policies were referenced and resourced.</p> <p>This item is coming through legislation and CMA will need to develop Standards of Practice to address this, once the exact wording comes from AB Health.</p>	<p>to encompass RM managing discrimination from clients, other RMs and other HCPs. Staff to start</p> <p>Draft Standard and Guidance to the Profession documents needed</p>
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<p>That a reference to section 268 of the Criminal Code of Canada be included in the list of criminal code provisions for which a person, if convicted, may not apply for the practice permit to be reissued and the registration reinstated.</p>		
<p>4.2 Public Health Inspector's Discussion of Report and findings and implications for CMA</p>	<p>Feedback encourages additional development of Standards of Practice around IPAC in general and specifically for Medical Device Reprocessing.</p>	<p>Sharon has another meeting on May 4/22 with Public Health</p>
<p>4.3 Guidance Documents: When A Client Requests Care Against Midwifery Recommendations, Combined Consultation and Transfer of Care document</p>	<p>Update: These documents are getting closer to a final CMA review (Council and Competence Committee) and then out to a wider range of stakeholders.</p>	<p>Staff continue to work on, including RMs with no hospital privileges situations</p>
<p>4.4 Registration Decision Appeal Review: date change</p>	<p>Date has now been moved to May 20, by appellant request.</p>	
<p>4.5 Executive Director/Registrar Report (FYI only, no decisions and only limited discussions in Council meeting)</p>		<p>No feedback received</p>
<p>4.6 CMA Council and Committee Governance Training</p>		<p>Table until June or September</p>
<p>4.7 Bill 46: Phase 2 Mitigation Plan: AB Health Items still to address, timelines, efforts by regulatory bodies, negotiation of Advanced Authorizations</p>	<p>AB Health has set a meeting for May 12/22 1330-1500 to discuss CMA-specific issues. Who can attend?</p>	<p>Tiffany, Joy, Kayla, Mel, Cathy, Juliana, Sharon</p>

5. Governance: CMA Committees, Directors 5.1 Finance Committee: 5.1.1 Please see item 3.1 above		
5.2 Registration Committee: 5.2.1 Registration Committee report 5.2.3 New Registrant issue 5.4.5 Certificates!!!! Survey in the last newsletter 5.3 Competence Committee: 5.3.1 Competence Committee Report 5.3.2 Audit work 5.3.3 Advanced Authorizations: -Ultrasound administration -RMs as Medication Abortion Providers (attached) 5.4 Complaints 5.4.1 HPA Report 5.4.2 HDA Report:	This report is contained in the upcoming Annual Report Monitoring of a New Registrant has waned due to circumstances and lack of communication. Situation partially resolved with Registrar. Issue related to solo arrangement for New Reg. Only two responses received to the certificate question Kayla and Marianne gave an overview of the recent activities of the Competence Committee: Renewal audit, guidance docs, peer review policy, client evaluation of care, and document on medication abortion. There is a course being held on May 14, 15 for RMs on U/S application in midwifery care. Theresa: report will be contained in the Annual Report. Sharon: 2 Notice of Hearing sent out dates with one Hearing canceled on Feb 28 (complainant needed	<p>Changes will be made to the New Registrant Handbook and policy to formalize the role of the mentor even further.</p> <p>More education needed related to the meaning of the Practice Permit (Newsletter)</p> <p>Kayla will do a presentation at AGM on the Competence Program components</p>

