

CMA Council Meeting Agenda

Date: October 13, 2022 Timeframe: 0945-1441

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

This Council meeting was held by Zoom invite, and open to the public.

Attendees: Marianne King, RM (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, Dustin Schinbein (Public Member), Kayla Blinkhorn RM (Vice President and Competence Committee) 1010, Cathy Cornfield (Public Member), Melanie Bekevich-Joos (Public Member) in and out, Tiffany Harrison RM (Past President), Joy Maxwell RM (Competence Committee).

Regrets:

Agenda Item	Discussion	Actions
1. Welcome and Introductions	Marianne welcomed all and introduced Dustin to Joy	Start: 0947
1.1 Land Acknowledgement	Land Acknowledgement: www.whose.land – Joy. It was also acknowledged the National Truth and Reconciliation Day was on September 30. CMA also did a Orange Shirt honoring on the website and on the door to the office, and that some Alberta radio stations used Sept 30 to increase awareness all day with interviews and songs and stories from Indigenous people.	Thank You, Joy.
1.2 Council Rules of Order (on screen)		
1.3 Sign and send in: Yearly Conflict of Interest, Confidentiality and Privacy declarations (attached)	Shireen reminded Council members to complete their annual declarations as soon as possible.	Those who have not, please send in
2. Record of Council Meetings:		

<p>2.1 Minutes of September 1/22</p>	<p>Seeking approval of the Council minutes (sent out on September 1/22). Cathy noted need for the word “recently retired” regarding the Retired Midwives Tea; Sharon will adjust.</p>	<p>Moved as amended: David Second: Cathy</p>
<p>2.3 Additions to today’s agenda?</p>	<p>1) Rural Midwives ’Working Group (Sharon) Item 2.6 2) Request to go in camera sometime during this meeting (Chelsey). On the agenda already.</p>	
<p>2.4 Approval of today’s agenda</p>		<p>Approval received with additions</p>
<p>2.5 Consent Agenda: None today</p>		
<p>2.6 Rural Midwives Working Group</p>	<p>Sharon reviewed the purpose of this group; to accelerate paths to rural midwifery due to less midwives staying and working in rural areas of Alberta. This group will be a subcommittee of the Meeting of the Minds group, consisting of reps from: MRU Faculty, CMA, AAM, RMs, and AHS PMAO. Current status: MRU represents the place where most midwives come from and plans to increase intake numbers to 16/year; other potential sources are Frontier Nursing University in Kentucky, other grad programs, setting up satellite courses in northern and rural colleges (Peace River, Medicine Hat, Lethbridge). The College of Midwives of Ontario (CMO) is setting up a program for internationally registered midwives to do bridging to replace the Ryerson Bridging Program. Satellite clinics could also be set up outside of Level 2 facilities to extend midwifery care into more rural areas. Consumers were also discussed, as to their wants and needs in rural (CMA doing a</p>	<p>AAM to coordinate this group. Melanie and Sharon will be reps on this committee so far, with RMs welcome to join. CMA will invite AHS to this group. Sharon was tasked with sharing results from the consumer consultation, and discussing ongoing agreements with Frontier Nursing University.</p>

<p>Council decided to leave the “in Camera” session until closer to 1200 hrs and carry on with items 3.2 – 3.6</p> <p>3. Governance: Generative Items for Discussion and <u>Decision</u> by Council</p> <p>3.2 Guidance to the Profession: Safe Midwifery Workload.</p> <p>3.3 CMA Financial Planning Strategy: Vanta Group: Dan Brassard -Operations and -Discipline process coverage</p>	<p>consumer consultation for their strategic plan). Areas of discussion included: nursing to midwifery education being the quickest, shortest route to gaining midwives; incentives to got to rural areas (MRU student placements, money, community support, and Government funding support).</p> <p>Sharon: ongoing work from last Council meeting. The origins of the need for this document came out of a request from AHS re: a negotiated change with AAM to remove any cap on RM funding. CMA was requested to provide some guidance or a statement. Work done to date includes: literary and comparative (medical resident) research, and organization of topical heading within a Guidance to the Profession document. The document needs refining and then out to stakeholders. Equity sequencing was used to determine the stakeholders and the perspectives needed.</p> <p>Shireen: Meetings with Dan Brassard were held; have since met Sarah to assist us in getting money out of the previous financial institution, and Hailey to see if CMA could get organizational insurance, eg. buy a policy to allow for more predictability and to be able to count on set prices for disciplinary actions. Vanta Group has all of the requested financial statements from CMA.</p>	<p>Ongoing staff work</p> <p>A contract with Vanta Group will not be needed until CMA gets to the investment portion of the work The three people will be: Marianne King as the current president, Sharon</p>
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<p>3.4.3 Legal opinion on superseding/takes precedence: CMA IPAC Standards or AB Health.</p>	<p>Sharon and Diane have asked for an opinion regarding how CMA should approach the CMA Standards and how much alignment midwives could expect between the players: AB Health, AHS and CMA, if there are differences in the standards. This is in reference to changes CMA is negotiating with AB Health on the use of “verified” pens for autoclaving and for the need for printers versus a detailed log book covering the required information.</p>	<p>Meeting with Field Law is set for October 18/22.</p>
<p>3.4.4 Conversation with CMO on their previous IPAC roll-out strategy</p>	<p>Sharon met with Kelly Dobbin, the Registrar for the CMO. While there are differences (CMO adopted the Ontario IPAC standards wholesale), there was some valuable process information gained. CMO emphasized the importance of:</p> <ul style="list-style-type: none"> - communicating expectations clearly and to update any AB Health updates promptly, - collaborate with Public Health at AHS and AB Health and communicate regularly - prefacing communication with “In order to provide safe care” - the IPAC program existence being a huge near miss strategy. <p>This is preventative strategy for when any subsequent public health inspections happen. CMO also shared that there is a single use medical device recycling program in Ontario.</p>	
<p>3.5 Vacant Registered Midwife position on Council needs to be filled</p>	<p>Marianne and Sharon met after last Council meeting and agreed that for now, the new Council position could be based on geography. The Edmonton area is a</p>	<p>Awaiting newsletter feedback</p>

<p>3.5.1 Treasurer position for CMA</p> <p>Return to Item 3.1:</p> <p>3.1 In Camera Discussion on purpose, principles, timing, etc Need for a governance document</p>	<p>gap right now. Sharon has put out a request among the midwives in the Edmonton area. This information and the need for a CMA treasurer will also go out in the newsletter, slated for before the first day of Renewal.</p> <p>David suggested that Council waits to address the Treasurer role until a new RM member is in place.</p> <p>Council took a lunch break at 1205, with the In Camera session commencing at 1230. The following notes were shared with Council, based on discussions of the purpose of “In Camera Sessions”, from last meeting.</p> <ul style="list-style-type: none"> a) Provide a way for Council to discuss items and govern themselves without staff attendance b) Discussion of confidential content where certain staff or council members would be excused. c) Legal (eg. office lease, legal action against or involving any Council or staff member), d) Personnel (eg. staff salaries, performance reviews, conflicts of interest, conflicts between Council Members) e) Other: <p>Process:</p> <ul style="list-style-type: none"> a) “In Camera” sessions can be called by any council member by a motion, at any time during or immediately after a Council meeting, b) Discussion details would not be noted in the minutes, 	<p>Placeholder</p> <p>Council had no decision on the parameters of an In Camera session outside of it being a standing agenda item.</p> <p>Council request staff to do an RFP process to find a contract "Policy Development Consultant" to address the outstanding policy needs and priorities for the CMA.</p> <p>Suggested a website change for easy access to</p>
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<p>Registrar was brought back to the meeting at 1:51 pm for a sharing of the pertinent content from the In Camera session.</p> <p>4. Governance: Strategic Direction/<u>Discussion and/or Approval</u></p> <p>4.1 Standing Item: Equity, Diversity, Inclusion- CMA Learnings.</p> <p>4.1.1 Equity Sequencing</p>	<p>c) Person responsible for Council minutes would be involved as determined by Council, d) Pertinent information and decisions would be conveyed by the President to the Council minutes person following the meeting (sometimes in confidence), e) No names would be included in the minutes, f) Minutes will only include the motion to go in camera, the topic, the timeframe related to the “in camera” and the general results and actions coming from the motion.</p> <p>Timing: a) A reminder at the beginning of every Council meeting as an agenda item b) Call “In Camera” session at any time during a Council Meeting and c) A check in at the end of each Council meeting for an “In Camera” session or not.</p> <p>Please see Council decisions in the far right hand column</p> <p>Marianne and Sharon shared a process that they learned about through the Canadian Midwifery Regulators Council (CMRC). Basically a sequence of questions to help ensure that equity is addressed in all CMA documents (policies, guidance docs, newsletters, etc) conversations, presentations. Beyond awareness of issues, this is a very useful</p>	<p>categories and policies.</p> <p>Request Field Law to present at next Council Meeting on when CMA can and should use their services, risk management related to Quality Assurance and to specifically discuss an Appeal of Registration application.</p> <p>CMA will use this extensively going forward.</p>
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<p>4.2 AHS Public Health Advisory Announcement: allegedly due to RM not masking, a “Look Back” process was commended with letters going out to 1500 clients re: Hep B testing.</p> <p>4.2.1 Report and findings and implications for CMA.</p> <p>4.3 Midwives meeting barriers to ordering ultrasound according to their scope of practice: Issue with interpretation of wording in Section 16 of the Midwifery Profession Regulation.</p> <p>4.4 AHS PMAO call out for RMs to work as nursing staff at the Cold Lake and Whitecourt hospitals. Council noted that the RMs in the province cannot solve the nursing shortage, and that the agreement CMA made with AHS was for an extremely short time period (months).</p> <p>4.4.1 Anesthetist shortage in Red Deer by end of October, and in Lac La Biche</p> <p>4.4.2 Only 1 OB in Lethbridge; RMs being asked to step in. -Issues of RMs not being able to order lab and diagnostics; pediatrician needs an U/S before they</p>	<p>action step in the process towards inclusion, diversity and equity,</p> <p>Update on CMA involvement September 14 until now: CMA fielded questions and concerns. Responsibilities were heavy for about 10 days on the Registrar.</p> <p>Report sent back to AHS Public Health; no information on Hep B findings known at this time.</p> <p>Update: Sharon Sept 14 follow up with AHS Diagnostic Imaging; referred to AB Society of Radiologists link to CPSA, the group who accredits lead within AHS Diagnostic services. No reply yet.</p> <p>Council discussed the CMA position on this; one of continuing this practice only as a short term stop gap. Sharon’s meeting with CRNA revealed that many RNs post COVID are wanting to be self-employed and out of AHS; union report is that many Registered Nurses retired with either COVID or Connect Care. In addition, many are off with long COVID or PTSD from working during COVID.</p> <p>Kayla is not aware of this circumstance. Marianne has been operating without an anesthetist for some time.</p> <p>Joy spoke of the Lethbridge situation. This is in an environment where RMs are not well accepted historically and there is no nursing support for RMs on Labor and Delivery. Apparently AHS asked for nurses</p>	<p>Ongoing investigation: negative client care impact</p> <p>Will reiterate this at the AHS meeting on Oct 19/22</p> <p>Kayla will report back next meeting.</p> <p>CMA to speak with AHS re: design of a different framework, RM</p>
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<p>will accept a consult, and RMs no able to order U/s and minimal family doctors to refer to.</p> <p>-Question of being able to order Iron infusions in pregnancy.</p>	<p>to help the RMs and the answer was “no”. RMs in Lethbridge (2) have responded that they will help where they can, and only to their scope of practice and appropriate CTAS scores. Joy also reported that another RM arrived to work permanently in Lethbridge via Fort Mac. Clients are frantic to get care, as there are allegedly only 3 GPs who do maternity care in Lethbridge, as historically OBs saw all of the pregnant clients in the Lethbridge area. Funding for Rms was also raised and the pros and cons of MARP funding. Cautioned against thinking that MARP funding would compensate RMs better.</p>	<p>and client-centric. Marianne and Joy could attend next AHS/CMA meeting in November</p> <p>Iron infusions can be ordered by RMs for obstetrical purposes; lab tests and U/S's are within the scope of midwifery care. See item 4.3. This is an example of how RMs want to serve their community.</p>
<p>4.5 CMA Strategic 3- Year Plan:</p> <p>4.5.1 Renewal Survey</p> <p>4.5.2 Client/Public Consultation</p>	<p>Mel and Sharon: have an October 20/22 meeting to discuss next steps. The approach with the Renewal questions is to deepen the feedback from the AGM and concentrate on key themes. Client consultation will help answer a number of questions around APP and rural and remote care.</p>	
<p>4.6 CMA Standards of Practice (September 28/22 version attached)</p> <p>4.6.1 Next steps for the Continuing Competence, Virtual care, and Diagnostic Testing Standards of Practice, Female Genital Mutilation Standard, and IDEA Standard(s). This is Phase 2 of the Standards.</p>	<p>AB Health Regulation Unit tentatively accepts the latest Standards of Practice, pending the IPAC Standards that CMA is still working through with AB Health IPAC.</p> <p>These Standards will be submitted to AB Health Regulation just after the Nov 24 Council meeting, then out for consultation and back for the end of the year.</p>	<p>CMA to approve standards for 4.6 and 4.61 at next Council Meeting</p>

<p>4.7 Registration Decision Appeal Review:</p>	<p>An abbreviated set of conditions for the registrant to complete within three months was submitted to CMA by the appellant without proof of completion where applicable. The appeal review Legal Consult for this was \$1800. On October 12/22 the appellant requested an additional time to provide the certificates, but will comply by the original deadline of October 30.</p>	<p>Review Committee member requested to see the recent email exchange. Also note to add language around extensions into the Registration Appeal Policy.</p>
<p>4.8 Executive Director/Registrar Report (FYI only, no decisions and only limited discussions in Council meeting)</p>	<p>Table (placeholder)</p>	
<p>4.9 CMA Council and Committee Governance Training</p>	<p>Table (placeholder)</p>	
<p>4.9.1 Canadian National Association of Regulators (CNAR) training</p>	<p>Sharon will be attending a half day Governance training session on October 24 with Field Law.</p>	
<p>4.10 Royal Alexandra Hospital Interprofessional Relations Issue</p>	<p>Sharon: Update from meeting with AHS Women’s Health Director. CMA approached it from a teamwork perspective to increase positive client outcomes. From an equity perspective, the people in “power” do not want to give up that status quo. There is much blame directed at RMs. Not a fruitful meeting, simply general statements that ‘work was happening’.</p>	
<p>4.10.1 CMA Meeting with CRNA, the new college for registered nurses of Alberta, re: professional relations and regulatory college collaboration.</p>	<p>Update from meeting with CRNA on RN/RM working relations (Oct 6/22). The 2009 RM/RN position statement document will be reopened for review and consultation as soon as possible. This will give both professions input opportunities.</p>	<p>Sharon will include the RM/RN document in next Council agenda for review.</p>

<p>5. Governance: CMA Standing Committees and Mandates</p> <p>5.1 Registration Committee:</p> <p>5.1.1 Report: need for two more committee members</p> <p>5.1.2 Labor Mobility Meeting with AB Government: Outstanding issue of mandated coursework for RMs (NRP, CPR, FHS, ES)</p> <p>5.1.3 CFTA discussion with AB Labor</p> <p>5.1.4 New Registrant Interview process: initial</p>	<p>Juliana: gave the Registration Report. There are 158 active midwives and 26 inactive midwives. Anna Gimpel from Competence Committee has agreed to move to Reg Committee and a member request will go into the newsletter for one additional RM on Reg Committee.</p> <p>Juliana: This meeting was regarding a new Act to be proclaimed in January 2023, removing the barriers for interprovincial applicants. CMA has few changes to make in this regard, most additions can be met, even the 20 days from completed application to Reg Committee decision.</p> <p>Sharon: clarified with a Wayne Williams any option for CMA to have a limited objective related to mandated courses like NRP, FHS, etc. There is no option; in fact AB Health is phasing out this exemption program. Labor mobility can only be active to active, so typically RMs should have all of their certificates current.</p> <p>Shireen: a short survey has been set up, divided into four parts to cover the span of time in the New Registrant Program. Shireen has started on the first part interviews.</p>	<p>Tiffany requested that CMA Bylaws be reviewed regarding the length of terms on Standing committees.</p> <p>CMA will see if there is an option for inclusion of mandated course on the national Letter of Standing. If not, the mandated courses will be included as continuing competence items.</p> <p>Ongoing</p>
<p>5.2 Finance Committee:</p> <p>5.2.1 Report 3rd Quarter</p>	<p>Shireen: summarized the report with Council. There are three Hearings on the docket to be completed by the end of the year. The legal consultation budget line</p>	

<p>5.3 Competence Committee: Next meeting October 17/22</p> <p>5.3.1 New Restricted Activities Regulation – AB Health</p> <p>5.3.2 Practice Review Policy:</p> <p>5.3.3 CCIG Meeting</p> <p>5.4 Complaints 5.4.1 HPA Report</p> <p>5.4.1.2 Hearing Tribunal Training November 28/22</p>	<p>is close to maximum, but two other lines related to legal are about 50% used to date, so we are still overall on budget for legal fees. Pending invoices regarding Diane Rach’s work on IPAC and recent invoices from the Complaints Director.</p> <p>This is happening to meet the Bill 46 legislation. CMA should see the draft returned soon from AB Health Regulation.</p> <p>Competence Committee now has one registrant in an agreement and undertaking for review of charts at least two times in the next year. Policy draft will be completed to address this.</p> <p>CPSA presented their version of their Continuing Competence Program; very informative, with some good ideas for CMA.</p> <p>Theresa has had a total of 25 complaints since April 1/19. Of those, 7 cases are either finished or dismissed. Of the remaining 18 cases, Sharon has two underway because of COI for Theresa; 5 are at Initial stage, one is at inquiry stage, 9 at Investigation, and one has an agreement and undertaking involving the Competence Committee.</p> <p>Staff will seek RM participants via the newsletter.</p>	<p>Sharon to get an update from AB Health Regulation Unit on the Mushaboom report that CMA sent in.</p>
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	express many concerns to this person. The meeting was to recommit to the 3 outstanding projects, and David requested a new contract draft proposal before the Dec 1/22 deadline.	
6.2.1 AB Health Register Database project	No news as to when this work will recommence.	Juliana to follow up
6.3 Switch to Microsoft emails	Shireen: gave an overview of the process. This involved moving from Zoho to Microsoft for emails, new email addresses, and position emails, will result in much-needed increased storage.	
6.3.1 CRA Adventure	There is an historical glitch related to the non-profit status of CMA that Shireen uncovered. An association dissolution has existed with CRA since 2013. Now need to change CMA status since HPA legislation, either with AB Registries or Federal Registries and to be registered with Alberta Corporations. CMA has also brought in legal for guidance on this matter.	Bylaws changes needed to reflect new status, when it happens.
6.4 Alternate Practice Program Framework AHS also wants to be able to fund midwives to work in different ways, eg. shifts at RHGH in an assessment role.	The APP (Alternate Practice Program) would be looking at appropriate applications for practice in segments of midwifery care, not full scope. This program is projected to come into effect later in 2023 prior to Renewal. Successful applicants would have a two to three-year window of work before their continuing competence requirements would not be met, at which time they would have to decide to return to full scope practice or have conditions of practice on their permits. There are pros and cons to any APP, so CMA plans to consult with the public and	

<p>6.5 Ongoing staff work:</p> <p>6.5.1 Best practice non-profit internal policy development around: i) operating income and expenses and ii) reserve funds management decisions and iii) preparation of internal information to be audit-ready</p> <p>6.6 CMA Newsletter:</p> <p>6.6.1 Early October Newsletter topics:</p> <p>6.6.2 Thank you from Marylyn Waters for the CMA sympathy card and gift of M& M frozen dinners</p>	<p>clients, midwives themselves, and other regulatory bodies; work closely with MRU BMid faculty, AHS PMAO and AAM externally, and Reg Committee, Finance Committee and Competence Committee internally. This program would be a focus for consultations for our Strategic Plan.</p> <p>Staff Report: Got some ideas and templates from HIROC, as policy templates have not come from the Auditor.</p> <p>Renewal Heads up, time needed to complete Competencies, CMA Financial Planning work, IPAC, Strategic Plan Council and Reg Com and Hearing Tribunal members needed.</p>	
7. Date of Next Meeting:	<p>November 24/22 0945-1600</p> <p>2023 proposed Council Meeting dates – all Thursdays:</p> <p>January 26/23</p> <p>March 30/23</p> <p>May 25/23</p> <p>September 7/23</p> <p>November 9/23</p>	
8. Adjournment:	Time: 1441	