

CMM CIRCULAR

Fall 2021



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Photo courtesy of Janice Erickson

College of Midwives of Manitoba
230-500 Portage Avenue
Winnipeg, Manitoba R3C 3X1
Phone: (204) 783-4520
Fax: (204) 779-1490
Email: admin@midwives.mb.ca
Website: www.midwives.mb.ca

PLAN EARLY FOR RENEWAL

Information regarding renewal of registration will be circulated to all members in February 2022. To plan appropriately please ensure you will have access to the required information.

Please ensure you review the QA requirements as per the Standard on Quality Assurance and complete the [QA Yearly Record](#). You will be asked to declare that this has been completed.

The following documents must be attached to your application.

- **NRP**
completed April 1, 2021, or later
- **CPR, ES, FHS**
completed April 1, 2020, or later
- **Proof of Employment**

In addition to updates to personal and demographic information you will be asked to disclose any new professional proceedings, hospital privileges and review your additional skills.

Members who are not current in their certificates or disclosures may be denied renewal or return to practice. Please ensure you plan ahead.

ONDANSETRON IN MIDWIFERY PRACTICE

Prescribing ondansetron for nausea and vomiting in pregnancy is an off-label use, however it is included in the Society of Obstetricians and Gynaecologists of Canada's algorithm for the treatment of nausea and vomiting in pregnancy. The SOGC guideline and the algorithm recognize the controversy surrounding the use of this medication in pregnancy but continue to support its use when other antiemetic combinations have failed. Midwives are authorized to prescribe the 4 mg and 8 mg strength in both the ODT and regular tablets. As always midwives must have the appropriate knowledge, skills and judgement prior to prescribing any medication. Midwives should be familiar with appropriate guidelines around the treatment of nausea and vomiting in pregnancy, including appropriate consultation for the client's clinical condition.

In most cases where nausea and vomiting is severe enough to recommend ondansetron, midwives will have consulted a physician who would then be able to write the prescription. However, in some cases oral ondansetron may be the appropriate next step prior to consultation. This may be especially true in rural areas where access to consultants is less available, in cases where clients required ondansetron in a previous pregnancy, or in cases where clients experience adverse reactions to other treatment combinations such as Diclectin. In cases where it may take some time to access a consultant, a midwife being able to prescribe ondansetron may help to avoid further dehydration or risk of hospitalization.

OFFICE HOURS

9:00 a.m. to 4:00 p.m. Monday to Friday
(closed on Statutory Holidays)

Due to part-time status of all staff and semi-virtual operation during the pandemic, please email admin@midwives.mb.ca or call the office at (204) 783-4520 if you need to arrange an in-person meeting.

OFFICE CLOSURES

Monday, December 27 – observance for Christmas Day

Tuesday, December 28 – observance for Boxing Day

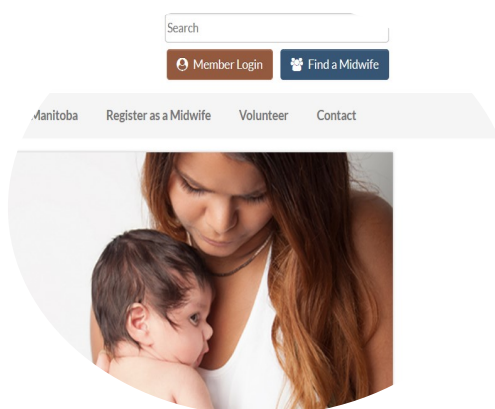
Monday, January 3, 2022 – observance for New Year's Day

Monday, February 21 – Louis Riel Day

MOVING HOME OR OFFICE?

Changes to your work or personal address, phone number or email must be reported to the CMM. This can all be done via updating your profile in the CMM Member Portal.

Additionally, please be reminded that Manitoba Health must be informed of changes in employment status or practice location. For more information email practitionerregistry@gov.mb.ca.



COUNCIL NEWS

Welcome to New Members

Rachel Bach, RM

Winnipeg Regional Health Authority

Stephanie Biswell, RM

Winnipeg Regional Health Authority

Chantal Dion, RM

Winnipeg Regional Health Authority

Hanna Stang, RM

Northern Health Region

Sarah Tichborne, RM

Winnipeg Regional Health Authority

SELF-REGULATION

In our last two issues of the Circular the concept of the composition of CMM'S governing Council and committees was discussed - elected members (or midwives) and appointed members of the public, with highlight of the special role of the Kagike Danikobidan committee which is mandated to be made up of persons of Indigenous ancestry.

What then does the governing Council do? And what is the work of the committees? Essentially with self-regulation and its primary feature of delegation of authority from the government to the profession to effectively regulate the profession in the public interest, it is recognized that the profession itself is best suited to inform and establish the regulatory activities and requirements to ensure that the public has access to safe, ethical, and qualified midwifery care.

The Midwifery Act gives the CMM as a whole the authority to develop policy-type documents, i.e. regulations, by-laws, standards of practice, practice guidelines, policies etc. that establish the

obligations for its members (midwives) (e.g. registration requirements, components of the quality assurance program) and describe a minimum level of required performance or expected behaviour of its members. This authority to develop and create enables the Council to direct the regulator as a whole and protect the public.

The Council establishes and appoints members to committees to help undertake some of this development work. Depending on CMM's legislation and terms of reference for its committees, some of the work/recommendations of the committees must receive final approval by Council. Examples of this include approval of standards, guidelines, policies and statements, and approval of midwifery education and bridging programs. Again, defined by CMM's legislation, there are instances where decisions and recommendations of a committee do not require the approval of Council. Examples of this include registration decisions (Board of Assessors) and complaints decisions (Complaints Committee).

The most recent examples of this work by CMM committees and Council are found on pages 5 – 7. In summary, without the work that the committees undertake in tandem with the Registrar, and that Council performs, self-regulation could not be realized for the midwifery profession.



CHANGING PRACTICE STATUS?

Changes in practice status must be requested via the CMM Member Portal. If you are planning a change in practice status, please complete the online request form at least 30 days in advance.

CMM MEMBER PORTAL UPDATES

The following forms are now available for online processing in the CMM Member Portal:

**Letter of Professional
Conduct Request Form**

**Request for Name Change to
Register and Official
Documents**

UPDATES: STANDARDS, POLICIES, GUIDELINES AND GUIDING DOCUMENTS

In September 2021, CMM Council approved the following changes to a number of Standards, Policies and Guiding Documents.

1 Standard on Postpartum Care

The Standard on Postpartum Care has been updated to reflect current language and recommendations regarding appropriate midwifery care in the postpartum period. Flexibility on timing and manner of visits has been included. To allow for changing recommendations on best practices, in some areas, the Standard refers to providing care based on evidence-informed guidelines, as opposed to prescribing the care that must be provided.

2 Standard on Informed Choice

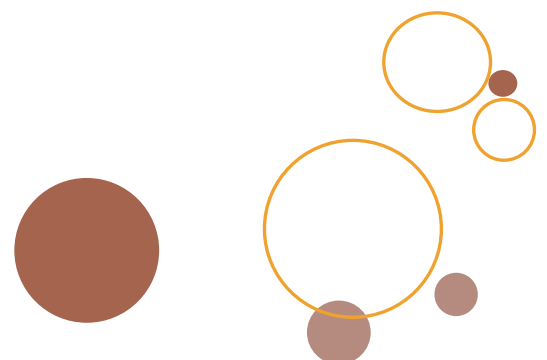
The Standard on Informed Choice has been updated to reflect current definitions and understanding of how client choice is best incorporated into care. Changes of note include the following:

- Clarification that the midwife has a duty to make recommendations that are in the best interest of the client.
- Recognition of the degree to which the client wants to be involved in decisions about their care.
- Removal of the specific requirements related to information provided at the outset of care.

3 Standard on Quality Assurance – Requirements for Professional Development

(Revisions in effect April 1, 2022)

CMM is committed to supporting the calls to action of the Truth and Reconciliation Commission of Canada, and to addressing racism in the health care system. Supporting midwives' ability to provide culturally competent care to a diverse clientele, including Indigenous people is essential to providing appropriate care. Developing cultural competency is an ongoing process and midwives must commit to continuing to develop their cultural competency throughout their careers. Therefore, new requirements have been added to ensure that midwives devote a portion of their professional development hours (two hours per year or six hours over three years) to this continued development. Professional development in this area may include formal and/or independent learning and must be documented in the Yearly QA Record. The Yearly QA record will be revised to reflect this change. CMM is not mandating specific courses or content that must be undertaken, however a [resource list](#) is available to members.



4 Random Practice Assessment Overview & QA Yearly Record

(Revisions in effect September 1, 2022)

The CMM QA Committee has reviewed best practices and emerging trends in Quality Assurance/Continuing Competency programs to help inform changes to the CMM Quality Assurance (QA) program. Based on this work, the Committee is recommending changes to the Random Practice Assessment process. All registrants are required to familiarize themselves with the revised Overview, however a summary of the key changes are discussed below.

Eligibility Criteria has been altered slightly to include all midwives who have completed two years of registration as a practising midwife, and no longer requires that a member have two years of consecutive practice to be eligible.

The components of the RPA (Self-Assessment, QA Yearly Record and Chart Audit) have been clearly separated into two parts and an increased number of midwives will be selected for Part 1 of the RPA. There have been no changes to the components themselves.

Part 1 of the RPA includes the completion of the Self-Assessment Questionnaire and submission of QA Yearly Records. Currently, approximately 2% of practicing midwives are selected every year to participate in the full RPA process. In the revised process, 15-20% of practicing midwives will be selected annually to participate in Part 1 only of the RPA. The goal of the QA Committee is to ensure that 100% of practicing midwives will have completed, at a minimum, Part 1 of the RPA process within a 5 to 7-year timeframe.

Part 2 of the RPA includes completion of the Chart Audit portion of the Assessment. 10-15% of midwives selected for Part 1 of the RPA will be randomly selected to complete Part 2 of the process (Full RPA). This represents a similar number of midwives being selected to complete the full RPA (1.5-3% of all practicing midwives) as is currently in place.

5 Policy on Compensation for Council and Committee Members (NEW)

Recent reports into best practices for health regulatory bodies suggest that members of Councils and Committees should be compensated for the time and expertise that they provide. The CMM reviewed compensation models of other Manitoba Health regulators and found that a majority provide compensation to their Councils/Boards and committee members. The degree of compensated varied. After review of CMM's historical meeting frequency and attendance patterns in comparison with budget options the Policy on Compensation for Council and Committee Members was approved. This policy will go into effect on January 1, 2022.

6 Core Competencies

(In effect January 1, 2022)

CMM is preparing for upcoming changes to the Midwifery Core Competencies. The current CMM Core Competencies were first established in 1999 and last updated in 2006.

Entry level competencies (ELCs) establish part of the requirements for registration and are used by midwifery education programs, education program accreditation processes and other regulatory purposes, including but not limited to:

- Assessment of applicants seeking re-instatement of registration or registration and supervised practice candidate
- Assessment of internationally educated applicants seeking registration
- Input into the content and scope of entry-to-practice exams
- Regulatory practice consultation and advisement in practice and education
- Reference for professional conduct matters

- Public and employer awareness of the practice expectations of registered midwives.

The Canadian Midwifery Regulators Council (CMRC) recently undertook a national project to update the Canadian competencies. A National Steering Group was formed with representation from regulators across the country and Yardstick Assessment Strategies was engaged to lead the project. The steering committee drafted and validated the competencies based on key informant interviews from subject matter experts, existing CMRC midwifery competencies, future trends in midwifery, expert input, Canadian baccalaureate Midwifery Education Program curriculum, current competency frameworks of other health care professions and a validation survey of practising midwives across Canada. Feedback was also received from other stakeholders including midwifery program educators, Canadian Association of Midwives, midwifery regulators, and National Aboriginal Council of Midwives.

The revised competency framework lists seven roles:

1. Primary-Care Provider
2. Advocate
3. Communicator
4. Collaborator
5. Professional
6. Leader
7. Continuous (Lifelong) Learner

The integration of the seven roles enables the entry-level midwife to provide safe, competent, ethical, compassionate, and evidence-informed midwifery care to diverse populations in any practice setting. These roles are clarified and defined by 80 entry-level competencies. The Competencies also contain an appendix document which provides more detail about the Primary Care Provider competencies.

The competencies were then reviewed by the CMRC's Committee on Equity, Diversity and Inclusion to assess against their mandate. A statement on ending anti-Indigenous racism was added to the competencies.

The Canadian Competencies for Midwives are presented in a different format than the current CMM Core Competencies however there is a high degree of similarity between the skills and knowledge included in the two documents. Any new competencies reflect

actual current practice based on the input received during the development and consultation process and do not include significant changes to scope of practice of currently practicing midwives in Manitoba. The CMRC will continue to maintain a list of Additional Competencies that may not always form part of entry-level midwifery practice.

CMM Council has made the decision to rescind the CMM Core Competencies and adopt the CMRC Canadian Competencies for Midwives, including an Additional Competencies Addendum effective January 1, 2022, with the following rationale:

- The midwife entry-level competencies have been revised through a rigorous national project commissioned by the Canadian Midwifery Regulators Council, in which CMM registrants, staff and other key stakeholders participated during 2020
- The Canadian Competencies for Midwives accurately reflects current midwifery practice in Manitoba, and the rest of Canada
- The approval of the revised midwife entry-level competencies by participating midwifery regulatory bodies across Canada supports the required compliance with the Canadian Free Trade Agreement.
- CMRC continues to monitor changes and trends in midwifery to help ensure that midwives continue to practice safely and effectively now and in the future. Based on best practices, CMRC plans to revise the competencies every five to seven years. The Canadian Competencies inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian midwives and IEMs through the Canadian Midwifery Registration Exam (CMRE). The CMRE Blueprint, which was also recently revised is based on the competencies and informs candidates what the exam will test and guides CMRC to design exams that are comparable from one time to the next. Canadian baccalaureate midwifery education, including the University of Manitoba, and bridging programs were consulted during the revision process and have indicated that the process to officially integrate any new content into curriculum is in process.