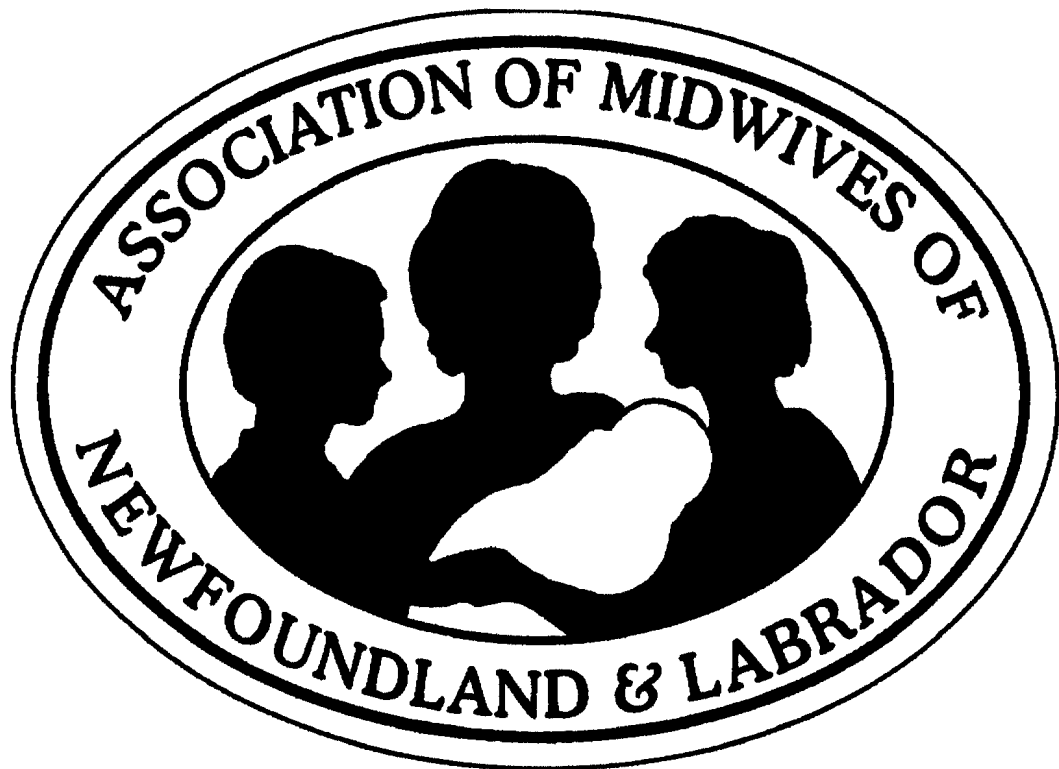


**ASSOCIATION of MIDWIVES of
NEWFOUNDLAND & LABRADOR**



Newsletter No. 52, June 2010

Association of Midwives of Newfoundland and Labrador
(Chapters in Goose Bay and St. John's)
Newsletter 52
June 2010

MISSION STATEMENT

To provide opportunities for information sharing between midwives and to promote the profession of midwifery and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to provide evidence-based midwifery care for childbearing families in this province. (2005)

This Newsletter contains the minutes and reports from the Annual General Meeting. The annual Publicity report was in the March Newsletter. There are also extracts from the Hansard regarding "An Act Respecting the Regulation of Certain Health Professions", the umbrella act that covers the small unregulated professions such as midwives. There will be no midwives act. This Health Professions Act will enable midwives to become regulated, but prior to that happening there is much work to be done. Information is being requested regarding the number of midwives in the province, regardless of where they initially qualified. Also needed, are the names of all midwives, residing anywhere in the world, who may be interested in practicing in the province when the midwifery regulations are completed (this is not a commitment as it is not known yet what registration will entail.) Please pass this message to any midwives that you may know. For a list of core competencies see http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf

It is important to remember that in Canada midwifery and nursing are two separate professions, and to practice both as a midwife and as a nurse one has to register separately with each organisation (e.g. in this province it will be through the College of Midwives and with ARNNL.)

The Newsletter editor welcomes midwifery news items. Those who submit items are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility. Items for the next Newsletter should be submitted by the end of August. Reports of meetings and conferences related to maternity/obstetric care would be welcomed.

Pearl Herbert, Editor, (pherbert@mun.ca)

AMNL General Meeting,

Monday, September 13, 2010 at 4:00 p.m. (Island time)

In St. John's the conference call will be taken at Telemedicine/PDCS, HSC.

(The call may be taken at other Canadian locations, but please share a phone line if there are two or more people calling from the same community.

Contact Pearl Herbert for the Pass Code.)

World Breastfeeding Week August 1-7, 2010

Breastfeeding Just 10 Steps the Baby Friendly Way

Canadian Association of Midwives

Annual General Meeting and Conference October 6-8, 2010

The Place of Birth

(www.canadianmidwives.org)

Executive Committee

President: Pearl Herbert (acting)

Secretary: Karene Tweedie

Treasurer: Pamela Browne

CAM representative: Kay Matthews

Newsletter Editor: Pearl Herbert

Web page: <http://www.ucs.mun.ca/~pherbert/>

On leave: Karene Tweedie,

Minute Recorder: Susan Felsberg

Cosigner: Susan Felsberg

Past President: Kay Matthews

Newsletter in HSLibrary: WQ 160 N457n

Summary of the Annual General Meeting April 12, 2010

There were seven members present. There was nothing further to report about the umbrella legislation. As reported at the January meeting, the consultation documents had been submitted in December and also shared with the CAM President. As nurses in the north could be affected by midwifery being regulated as an autonomous profession with protected title and practices, an effort had been made to contact those with midwifery qualifications with little success outside of HV-GB. The lack of nominations for the executive election was discussed. There was a feeling of 'burn out' resulting from all the work completed in the past with no positive action resulting, but AMNL would continue in the expectation that regulatory midwifery would occur. Everyone was willing to remain as already placed but with no new undertakings. The AMNL would support the Friends of Midwifery and the Doulas with their evening event of short films at the HSC on May 4 for the International Day of the Midwife. The Doulas have no shortage of parents requesting labour support.

A request to attend this meeting made by a member residing outside of the country was reported. PDCS, the conference call centre, is not equipped for Skype (as an audio system) and so the caller would have to make a regular telephone call and pay the cost, given as \$200 per two hour hookup. It was deemed as not being feasible at this time.

President's Report submitted by Karene Tweedie

I am pleased to present the President's Report for 2009-2010 to the Association of Midwives of NL. Currently we have 11 members. There have been two meetings since the last AGM, one on September 14, 2009, and one on January 18, 2010. These meetings, held by teleconference, connect St. John's members with those in Goose Bay. This is made possible thanks to the donating organizations. We would like to link up with other members elsewhere and this may soon become reality. It is encouraging that our membership has increased and that there is interest abroad from some midwives who would like to come home to practise in the future. Membership includes individuals from as far away as Australia and New Zealand. We welcome all newcomers and hope that the Association will gain strength over the next year.

Our publicity representative and newsletter writer, Pearl Herbert, has been kept busy with midwifery matters. During the year, she has produced four newsletters and has kept us informed about the local, national and international midwifery scenes. The newsletter also provides a vital link for members who are separated by great distances. Pearl also maintains the web site. We recognise that it is dated in appearance and needs a new look, however, the information on it is accurate and current. We are always on the look out for someone with expertise in this area, who may be able to update the site on a voluntary basis, or for a price that we can readily afford. Updating the web site will become more of a priority if legislation is passed in the spring. Thanks Pearl for your tremendous commitment in keeping the membership, the government, and the public informed about midwifery and in advocating for midwifery legislation.

I also want to thank Pamela Browne for the work she does as Treasurer, a position she has held for many years. Thanks as well to Susan Felsberg for taking the Minutes at the meetings and sending them to me so quickly. I also want to thank our CAM representative Kay Matthews, for attending the Board meetings and keeping us updated on CAM activities.

The AMNL continues to maintain a liaison with the Friends of Midwifery consumer advocacy group. Kelly Monaghan coordinates the group which has a web site and Face Book. The Doula Collective that Kelly and Jillian Hand Humphries (DONA president) initiated is steadily increasing in number. Several doulas have now provided support to women in the Labour and Birth Unit. Kay developed a prenatal education program for the doulas to help them meet the criteria for their certification.

In November a group of us met with government representatives to discuss the *Umbrella Legislation Discussion Paper. Proposed Umbrella Legislation for Health Professionals Seeking Regulation*. We also submitted written responses to the questions in the paper and to those in another document, *Occupations Seeking Regulatory Status*. We have had no further communication from Government but it was reported in the *Telegram* on March 24th that the legislation would be passed in the spring sitting in the House of Assembly.

Although we are a small group, members are committed towards optimizing maternity care in the province and educating health professionals, the government and the public about the benefits of midwifery. We have had a very long struggle over many years but perhaps we are finally going to get legislation. This will be the first step towards licensing and regulation of midwifery practice in the province and much work will be necessary before we have registered midwives to achieve our ultimate goal of autonomous, funded midwifery. Hopefully the Association is on the threshold of a new era.

Canadian Association of Midwives (CAM) report from Kay Matthews, AMNL representative

The Board of CAM continues to work hard to further the profession of midwifery in Canada. It is represented on several health-related multi-disciplinary committees and liaises with the SOGC (Society of Obstetricians and Gynecologists of Canada, CNA (Canadian Nurses Association), MANA (Midwives Association of North America), AANM (American Association of Nurse-Midwives), ICM and others to represent the interests of Canadian midwives. It also has several working groups, such as the Emergency Skills Workshops working group. Board members represent CAM to Federal and Provincial government agencies. It is extremely important that midwives support their national organization.

This year has had some major initiatives, the Midwifery Normal Birth Statement (published in the current Winter edition of the *Canadian Journal of Midwifery Research and Practice*), development of a CAM Strategic Plan, and establishing the Ghislaine Francoeur Fund to assist and support midwives in Haiti. As well, there have been on-going discussions with CNA on collaborative practice between nurses and midwives. This is a very important issue for midwives who practice in hospitals or who transfer their clients to the hospital. We have also provided feedback on documents related to care of women in childbirth.

In October of this year, the annual CAM conference will be held in Edmonton. I strongly encourage midwives in Goose Bay and St. Anthony to apply for funding to attend this conference. Having sat on the Board and attended past conferences, I appreciate the information disseminated at the conferences and, even more important, networking with other Canadian midwives. Newfoundland and Labrador midwives should be aware there will be expectations of them if midwifery is legislated in this province and we will all need to work together to develop standards that will conform to the Canadian midwifery model(s) .

Government of Newfoundland and Labrador Health and Community Services, June 18, 2010
New Legislation to Focus on Regulation of Certain Health Professions

New legislation passed through the House of Assembly this week will improve public protection and patient safety by providing for the regulation of a number of health professions, including many that are not currently regulated. The Health Professions Act will establish an umbrella model of governance that brings a number of professions together with shared accountability for professional regulation while maintaining their own identities.

“Our government is committed to providing quality, reliable and safe access to health care throughout the province,” said the Honourable Jerome Kennedy, Minister of Health and Community Services.

“The new legislation will provide professional regulation that will ensure protection of the public through the establishment of consistent licensing, quality assurance and discipline processes. Under this new legislation, medical laboratory technologists, acupuncturists, audiologists, dental hygienists, *midwives*, respiratory therapists, and speech language pathologists will now be regulated.”

Consultations with those professions seeking regulation, aboriginal groups, women’s organizations, other jurisdictions and the Regional Health Authorities were held between November 2009 and January 2010. These consultations guided the drafting of the act and there was significant support expressed for the model of regulation proposed.

Minister Kennedy noted that the regulation of medical laboratory technologists, one of the professions included under the legislation, is consistent with the recommendations contained within the Commission of Inquiry on Hormone Receptor Testing Report, written by Justice Margaret Cameron.

“Our government continues to look at health regulation from a new and different perspective – one that focuses on transparency of the professions, accountability to the public and development of quality assurance programs,” said Minister Kennedy. “This new legislation responds to the concerns of a variety of health disciplines with respect to regulation, as well as addresses the regulation of medical laboratory technologists as recommended by Justice Cameron.”

Meeting with Government Representatives - May 5, 2010

A message was received on May 4 that there was to be a meeting at the Confederation Building late the next day. Those who had attended consultation meetings at the end of 2009 were invited. Karene, Kay, Mary, Pearl from AMNL and Kelly Monaghan of Friends of Midwifery were present to represent midwifery. We were told that the umbrella legislation was going to be introduced to the House of Assembly, but until this happened we were unable to have a copy of the proposed Act. Members of the represented professions would need to be registered to practice, each profession would have a College, that would elect two members (President and another person, not the Vice President) to sit on the Council. On the Council there would be one Registrar for all the regulated professions, and this person would not be a voting member. The Council would be responsible for registering and disciplining members. The Act would come into effect when a profession was ready to be regulated (this was an amendment). The Act, known as Bill 17, was introduced to the House of Assembly on May 6, 2010. (The introduction is counted as the first reading.)

Second Reading of Bill 17

Some extracts taken from the *Hansard* for June 14, 2010. [Bold for ‘midwives’ added.]

<http://www.assembly.nl.ca/business/hansard/ga46session3/2010-06-14.htm>

MS BURKE: Thank you, Mr. Speaker.

I will call from the Order Paper, Order 11, second reading of a bill, An Act Respecting The Regulation Of Certain Health Professions, Bill 17.

MR. SPEAKER: The hon. the Minister of Health and Community Services.

MR. KENNEDY: Thank you, Mr. Speaker, and the MHA for Port au Port. . . .

Yes, I move, seconded by my colleague, the Minister of Justice, that Bill 17, An Act Respecting The Regulation Of Certain Health Professions, be now read a second time.

MR. SPEAKER: It is moved and seconded that Bill 17, An Act Respecting The Regulation Of Certain Health Professions, now be read a second time. Motion, second reading of a bill, An Act Respecting The Regulation Of Certain Health Professions. (Bill 17)

MR. SPEAKER: The hon. the Minister of Health and Community Services.

MR. KENNEDY: Thank you, Mr. Speaker. . . . We are here tonight to deal with An Act Respecting The Regulation Of Certain Health Professions, a piece of legislation that we indicated we were going to bring in this spring. It is an important piece of legislation, Mr. Speaker, and it is based upon the principle that public protection is the key to professional regulation. . . . We regulate professionals as a government, Mr. Speaker, when there is a significant risk of public harm if services are inadequately or inappropriately delivered by unqualified or incompetent individuals. The Health Professions Act, Mr. Speaker, which is the short title for this act, as outlined in section 1, will govern multiple professions under one health profession's council which will in turn establish a quality assurance program to promote high standards of practice, including provisions respecting continuing competence, continuing education and professional development. The umbrella legislation, Mr. Speaker, will allow smaller professions, which may not have the capability on their own to support regulation, to become regulated through the sharing of key resources. Our government is pleased to introduce this bill, Mr. Speaker, as the group seeking regulation has been requesting this for a number of years. The objectives of umbrella legislation, Mr. Speaker, are: one, to develop an alternative model for profession seeking regulation; two, to develop a model of regulation for professions whose numbers make self-regulation impractical; three, to grant professions to regulation they have requested under a single professional umbrella act, and most importantly, Mr. Speaker, to protect the public. Under this present act, Mr. Speaker, medical laboratory technologists, acupuncturists, audiologists, dental hygienists, *midwives*, respiratory therapists, and speech language pathologists will be regulated under the act. Other health professions can also be included as the need arises. The new act is consistent, Mr. Speaker, with recent legislative changes for other health related occupations such as massage therapy, veterinary medicine, pharmacy, optometry, physiotherapy, dentistry and nursing. As I just referenced, Mr. Speaker, the act will create a health professions council that will bring together a variety health professions under one common umbrella to undertake important objectives, act in the public interests, support the quality and safety of health services - and this is outlined, Mr. Speaker, in section 7 of the act - improve patient safety, strengthen the regulatory system and facilitate patient-centred inter-professional collaboration and care. The council, Mr. Speaker, is the embodiment of the umbrella that we speak of in relation to this legislation. They are the group which will be responsible for registering, monitoring, developing and disciplining members of the various colleges that have come together to enhance public protection. It will be an interdisciplinary council comprised of the various member professions and members of the public who will handle registration and licensure, form a complaints authorization committee, handle all disciplinary matters and promote professional development through continuing education and a defined quality assurance regime. . . . The Health Professions Act will have specified authority for the Minister of Health and Community Services or designate to intervene and inquire on matters considered to be in the public interest. . . .

Part II of the act, Mr. Speaker, deals with the registration of health professions. It is important to note, Mr. Speaker, that after this bill is proclaimed, individuals will not be able to practice a designated

profession unless they meet the registration requirements for the profession and are duly registered. . . . Mr. Speaker, when preparing to introduce this bill the provincial government had a number of consultations. In November, 2009 and January, 2010, consultations were held with those professions seeking regulation: Aboriginal groups, women's organizations, other jurisdictions, and the regional health authorities. A discussion paper was prepared and meetings took place with all groups requesting regulation. Feedback from the groups impacted by the new legislation has been extremely positive. We have received letters of support by groups who are not directly affected, such as the Association of Registered Nurses of Newfoundland and Labrador, the Canadian Dental Hygienists Association, the Provincial Advisory Council on the Status of Women, and Aboriginal groups. Another group who was pleased to see this introduced, Mr. Speaker, is that of *midwives*. During the consultations, *midwives* indicated this was a first step towards recognizing their profession as a regulated health profession in Newfoundland and Labrador. We will continue to work with *midwives* regarding scope of practice and ways for the public to continue benefiting from the expertise they provide. . . .

The way things were done thirty years ago may not be the way things are done today. So, the requirement for mandatory education, the requirement for continuing education, the requirement for refresher courses is something that we must always consider. That is why mandatory continuing education and professional development becomes so important. . . .

Now, Mr. Speaker, we also looked at, in developing this act, best practices in other Canadian jurisdictions. Five provinces in Canada have umbrella legislation that regulates all health professions. Those are British Columbia, Alberta, Manitoba, Ontario and Quebec; however, Mr. Speaker, the legislation in our Province will regulate only certain health professions. So each profession regulated under the act will establish a college, will be a source of professional expertise to assist and guide the council to establish regulation criteria for registration, continued competence and discipline. Now, that is again very important, Mr. Speaker, because we are not only dealing with a council but we are dealing with a college that will, again, be familiar with the ethical, professional standards, quality assurance initiatives and competency requirements.

So, Mr. Speaker, these colleges will then provide the council with all of the professional expertise needed. By constituting individual colleges under the council – so we come back, again, to our *midwives*, our acupuncturists, our medical laboratory technologists, speech language pathologists, dental hygienists and respiratory therapists. They will each establish a college. The college will then provide the council with all the professional expertise. So, by constituting individual colleges under the council, umbrella professions will maintain their independence and expertise while collaborating with other professions to ensure public protection. . . .

The act will come into effect on a day proclaimed by the Lieutenant-Governor in Council. However, Mr. Speaker, before the legislation can be proclaimed, regulations respecting the relevant professions must be developed, which will require extensive consultations in collaboration with these professions. . . . The bill will apply to different professions at different times. As we indicated, medical laboratory technologists will be one of the first groups that we will deal with. In order to ensure clarity regarding our intention of having the act apply to different professions at different times, Mr. Speaker, I will be introducing an amendment during the committee discussion to ensure that we can proclaim the act in whole or in part as determined by the state of readiness of the professions. In other words, we cannot force this upon them, Mr. Speaker. They have to feel that they are ready to deal with this. . . .

So, Mr. Speaker, what we are trying to do here, as a government, is to provide quality, reliable and safe access to health care throughout the Province. So this new legislation, Mr. Speaker, will provide professional regulation that will ensure protection of the public through the establishment of

consistent licensing, quality assurance and disciplinary processes, and under this new legislation, Mr. Speaker, the groups again, in conclusion, that will be dealt with are medical laboratory technologists, acupuncturists, audiologists, dental hygienists, *midwives*, respiratory therapists and speech language pathologists. . . . We will continue to work with these groups, Mr. Speaker, and bring in these groups when they have had a time to determine the regulations that apply to them. There will be a quality assurance council; the colleges will have an opportunity to get together.

MR. SPEAKER (T. Osborne): The hon. the Leader of the Opposition.

MS JONES: Thank you, Mr. Speaker. I certainly want to speak to Bill 17, the Health Professions Act. . . . Mr. Speaker, the umbrella legislation contained within the bill really is a model for governance of certain health professions. It will allow that multiple health professions govern under one health professional council in combination with professions and specific colleges. Mr. Speaker, this was done because there were a number of disciplines in the Province who were working without regulation. A number of them we have heard about many times. In fact, one such group, such as *midwifery*, Mr. Speaker, was one of the ones that we continued to raise in the House of Assembly a number of times over the past five or six years.

Mr. Speaker, the bill will give the Health Professions Council the responsibility for regulation of all professions captured by the legislation. It includes professions for registration, quality assurance and discipline. It also provides opportunities for the creation of specific colleges, which would be the source of professional expertise to assist and guide the council in the establishment of criteria or benchmarks for registration, entry to practice and continued competency. It would also allow profession specific colleges to establish its own bylaws, the scope of practice, the standards of practice and a code of ethics for these professional organizations.

The college, Mr. Speaker, according to this act, will mean the college of a health profession or group of health professions established under the act. A separate college is established for each health profession designed under the act, and the college will act in all matters in the best interests of the public. . . . Mr. Speaker, the council shall act in the public interest. The objectives of the council are to support the quality and safety of health services, to enhance public protection, to improve patient safety and strengthen the regulatory system, and facilitate patient-centred inter-professional collaboration and care and enhance the public protection. The council, Mr. Speaker, will consist of three representatives from each college, two elected officials, as well an appointed individual. There are seven health professionals represented by this act, which means this will be a council of twenty-one individuals who would make up this particular council under this Bill 17. In addition, Mr. Speaker, the council under these twenty-one people shall consist of a chair of the college which is established under the act, one other member elected from and by each college, as well as an individual who is appointed by the minister representing each college who is suitable to represent the public's interest. It also outlines in the bill, Mr. Speaker, the requirements for a quorum, an oath of affirmation, an appointment of a registrar, the details regarding a Web site that must be available to the public, the ability to set fees, the requirement to submit an annual report and the possibility of making by-laws. Mr. Speaker, the council is deemed with a tremendous amount of responsibility, as I just indicated. . . .

Each college will also have the opportunity to develop entry into practice requirements. They will establish a scope of practice for the health profession that it represents, and it will establish standards of practice as well as develop a code of ethics. All of these things are standard within every professional group within the Province today. For example, this particular college, the college of *midwifery* - as we know is a group who has been waiting for this legislation for quite a long time - they would, under this particular legislation, now establish the scope of practice for their particular

professional group. As we know, *midwifery* was very well regulated at one time within the Province to a certain degree. Government, Mr. Speaker, a few years ago repealed the Midwifery Act in Newfoundland and Labrador at that time in hopes of replacing it with a new act, more modern legislation that would govern the profession as they see it in operation in the Province today. However, Mr. Speaker, it was later decided that *midwifery* would not have separate legislation onto itself but rather would fall under the legislation respecting certain health professionals within the Province. They became one of the group of seven of health professionals who now fall under this particular bill. Mr. Speaker, I will speak a little bit more to that if I have the time at the end because obviously *midwifery* is a long-time practising profession in this Province and was very widely used at one time in providing that service to the public. . . .

MR. SPEAKER (Kelly): The Chair recognizes the hon. the Member for Signal Hill-Quidi Vidi.

MS MICHAEL: Thank you very much, Mr. Speaker. I am quite pleased to stand this evening and speak to Bill 17, An Act Respecting The Regulation Of Certain Health Professions. . . . We have this kind of an act which brings together the professional groups who are smaller in number than the others. It in no way means, in my mind and I am sure it does not in the minister's mind either, that these groups are less important because they are under an umbrella group. It is really because, as I said, their numbers are smaller. For various reasons, one group that I could see actually growing because of having this legislation in place would be the *midwives* because we have quite a number of *midwives* in the Province who have not been able to practice because we actually did not - we had legislation, but we did not have regulations to cover them. They were not registered and they were not even seen as a professional group while we do have some *midwives* as part of the Labrador-Grenfell Health Authority, those *midwives* really were a combination of being nurses as well as *midwives* and they did not perform their *midwifery* practice outside of the whole structure of the regional health authority. When we now have legislation and a council that is going to enable a group like the *midwives* to put a college in place and to start reaching out to *midwives* both here in the Province and elsewhere, my dream would be that we are actually going to see quite a growth in the whole practice of *midwifery* in this Province. We need it; we need it desperately. I know that doctors, nurses, regional health authorities are asking for *midwives* to become part of primary health care teams especially in rural areas but the demand for *midwives* is also an urban reality as well. So, having *midwives* who can become more and more the people who do normal deliveries so that doctors only have to be present at a birth when there are significant problems, it is going to be quite exciting because what we are going to have is a reestablishment of *midwifery* in Newfoundland and Labrador. It has been part of our history, and traditionally, it was almost just seen as something that women do. We do know in communities there were women who were considered *midwives* and they just learned it from another woman in the family, probably their mother or their grandmother who was a midwife in the community. They were really absolutely essential to the health of pregnant women and to the women after they gave birth, and to the babies as well. However, things changed and we actually saw the death of *midwifery* in this Province. We had a resurgence of that in the 1990s by the *midwifery* implementation committee. That committee had representatives from the government and from the Association of *Midwives* of Newfoundland and Labrador – because we do have an Association of Midwives of Newfoundland and Labrador. That group did a lot of work in the 1990s. They worked on a code of ethics, operation guidelines, qualifications, classes of midwives, definitions, et cetera. Their work, the reports that they have done, the expertise that they have on that committee is definitely something that the minister is going to be able to call upon as they get into drafting regulations. This is probably a very exciting group to watch because of having this legislation in place. . . .

MR. KENNEDY: Yes, thank you, Mr. Speaker. I thank the hon. members for their comments. With that, I will close debate. . . .

CLERK: A bill, An Act Respecting The Regulation Of Certain Health Professions. (Bill 17)

MR. SPEAKER: Bill 17 has now been read a second time.

When shall Bill 17 be referred to a Committee of the Whole House?

MS BURKE: Now, Mr. Speaker.

MR. SPEAKER: Now.

On motion, a bill, "An Act Respecting The Regulation Of Certain Health Professions", read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 17)

On motion, that the House resolve itself into a Committee of the Whole, Mr. Speaker left the Chair.

Committee of the Whole June 14, 2010

MS BURKE: Mr. Chair, Bill 17.

CHAIR: We are now debating Bill 17. A bill, "An Act Respecting The Regulation Of Certain Health Professions". (Bill 17) On motion, clauses 2 through 59 carried.

CHAIR: We have an amendment. Bill 17, An Act Respecting The Regulation Of Certain Health Professions. Clause 60 of the bill is repealed and the following substituted:

"60.(1) This Act, or a section, subsection or paragraph of it, comes into force on a day or days to be proclaimed by the Lieutenant-Governor in Council.

"(2) This Act may come into force for one or more health professions listed in the Schedule."

The Chair recognizes the hon. the Leader of the Opposition.

MS JONES: Thank you, Mr. Chair. I want to speak to the amendment that has been put forward, mostly, Mr. Chair, to get clarification on the amendment because, as you know, this particular bill deals with seven particular health professional groups. . . . The question that I would pose to the minister, is first of all if he can give us any particular timelines around when this bill would be proclaimed and when he sees it being proclaimed? Also, some timelines around the seven particular groups here that make up the colleges and the professional organizations of Bill 17, if he can outline to us which ones of those he would see coming into force under this act immediately and which ones he is indicating through his amendment that may be much later coming into force? Because we certainly feel that that is important, especially in the case of *midwifery*, Mr. Chair, which is one of the groups in this Province that have been lobbying for quite some time to have legislation to cover the profession of *midwifery* in Newfoundland and Labrador. In fact, Mr. Chair, they have made their case several times to this House of Assembly and I think it is important to realize the history that is around this particular profession, because Newfoundland and Labrador has had a very rich history of practicing *midwifery*. There have always been *midwives*. Aboriginal people had *midwives* and so did the settler people for many years. In fact, even going back to 1892 in this Province when Sir Wilfred Grenfell came and set up the first hospitals in the northern region of the Province, one of the professions that was included and started in that time, in fact in 1893, was the practice of *midwifery* on the Northern Peninsula of the Province. Mr. Chair, over a period of time *midwifery* legislation developed. It was actually passed in Newfoundland for the first time in 1920 when the government appointed a *midwives* board to examine and provide *midwives* with a licence to practice. Nurses who were *midwives* were recruited at that time from mostly the United Kingdom. They came to Newfoundland and worked in Newfoundland and at that time in Labrador, in a lot of the outpost communities. They basically started to lay the groundwork for aspiring *midwives*. A course of instruction was given at weekly meetings; the examinations were set by the *midwives* board. All of

that took place as early as the 1920s in this Province. The Newfoundland Outport Nursing and Industrial Association, as it was known at that time, Mr. Chair, was established to assist the outports to pay the *midwives* and the nurses, to supply the drugs and the equipment to many of these communities. So, Mr. Chair, when the minister brings in this amendment to the motion I am somewhat concerned, because I would not want to see any of the scope of practice or the regulations around *midwifery* delayed in this Province. As I said, it is a profession that has been around for well over 100 years, since 1892 in this particular Province.

Mr. Chair, to give you a little more history around it, when the Commission of Government was in Newfoundland it took on certain health reforms. At that time it was introduced by Leonard A Miller who the Health Sciences Centre, I think it is, is called after today. The cottage hospitals at that time in the Province were being built in different regions of Newfoundland and government assumed the responsibility for outport nursing. A program of *midwifery* education was established, and at that time it was being done through what we would call the old Grace hospital.

Mr. Chair, when Newfoundland joined Canada, Canada as a country in 1949 did not recognize *midwives*. As a result of that, *midwives* who were previously established under legislation, under Commission of Government in Newfoundland at that time, were no longer valid or their licences were no longer recognized. Mr. Chair, in 1958 there was a hospital insurance plan for free hospitalization and a bonus for physicians who were treating patients in a hospital rather than as outpatients. As a result of that, women now did not have to pay to give birth in a hospital; they could actually give birth for free. It was in 1963 in this Province when the last midwife was actually issued a licence. After that, nurses were admitted to the *midwifery* program part of the outpost nursing diploma program. Mr. Chair, that was discontinued due to small class sizes in 1986.

In 1990, the Northern Childbirth Workshop was held in Makkovik. It recommended that traditional and southern *midwives* return to practice in communities. What you have to remember, Mr. Chair, is that back in those days, in the early days, in the Aboriginal communities in a lot of the outports *midwifery* was a standard practice. Mr. Chair, in those days, in particular, that was the custom. We have all heard the stories in our own communities about *midwives* delivering children. There would always be one particular woman in a community who would be specialized as the midwife. They may not have necessarily had any training, may not have had any formal education to do the job but they did it. There are women in our history in this Province, in small outport communities and regions, who borned hundreds of children. In fact, Mr. Chair, I just finished reading a book by Donna Morrissey, who is a Newfoundland and Labrador author, a book that she has now published called *Sylvanis Now*. Mr. Chair, it talks about outport living, from prior to Confederation right up until into the 1980s and 1990s in this Province. Not only does it speak about the transitions in the fishing industry for outport regions but it talked about things like the *midwifery*. It talked about women in rural outport communities who were having children. People would have to go by dog team or by boat to nearby communities and villages along the coastline of Newfoundland to get a midwife to come and to born a baby or child in the next community. In fact, in her book she certainly documented very well what the challenges were in a lot of these communities and the vital role that *midwives* did play. So, Mr. Chair, it has been a long part and tradition of our history in this particular Province.

CHAIR: The Chair recognizes the hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. KENNEDY: Thank you, Mr. Chair. . . . In the coming months we will deal with these medical laboratory technologists. Mr. Chair, we will then look at the other professions that are outlined here: acupuncturists, audiologists, dental hygienists, *midwives*, respiratory therapists, and speech language

pathologists. The reason we brought in this particular amendment is that the act will come into force on a day proclaimed by the Lieutenant-Governor in Council. So before the legislation can be proclaimed, Mr. Chair, regulations respecting the relevant professions must be developed – which again, what I said earlier – and which will require extensive consultations and collaborations with those professions, which is what I said earlier. So, Mr. Chair, as for putting time frames on them, we cannot. It is going to be a question of – the *midwives*, for example, is one that could possibly be done earlier. It depends on the ability to consult and put the regulations in place. You have to go back to the structure that is outlined in the act, in that there will be – each self-regulating body will have a college. The college will then feed into the quality health council. So, what we have to do is meet with each one of these groups individually. I cannot look at these groups here now and tell you which group will take place within a certain period of time. What I will say is that we have indicated that the medical laboratory technologists will be first. What is important about this amendment and about this bill, Mr. Chair, is that it allows for continued evolution as professions complete the work required to establish their colleges. So it will apply to different professions at different times. . . . I am aware of the importance of this piece of legislation. *Midwives* is something that we discussed with them and something I understand they are very pleased that we are bringing this in. . . . We do not want to slow the process down because we made a commitment that the medical laboratory technologists will, again, coming out of the Cameron report, be one of the first professions we will deal with but it does not mean we cannot deal with the other ones. What this section does, this amendment of the act allows us to bring in each group as they are ready, to consult with them, to have their input, put the college in place, put the regulations in place and then move logically and organizationally through the establishment of the act as it is outlined here. . . . Again, I will reiterate, that we will deal with the medical laboratory technologists and I am sure before tomorrow or whenever this bill passes, that the other groups will be calling our department saying we would like to get together, we are anxious to have this legislation, and I am sure that the *midwives* will be one of the first groups to do that.

Third Reading of Bill 17, June 15

CLERK: A bill, An Act Respecting The Regulation Of Certain Health Professions. (Bill 17)

MR. SPEAKER: Bill 17 has now been read a third time and it is ordered that the bill do pass and that its title be as on the Order Paper.

On motion, a bill, "An Act Respecting The Regulation Of Certain Health Professions", read a third time, ordered passed and its title be as on the Order Paper. (Bill 17)

(<http://www.assembly.nl.ca/business/bills/Bill1017.htm>)

Royal Assent given June 24, 2010

<http://www.assembly.nl.ca/business/hansard/ga46session3/2010-06-24.htm>

Meeting with Government Representatives - July 9, 2010

Two members of each of the seven professions listed for regulation under the *Health Professions Act*, an umbrella act, were invited to attend a meeting at the Confederation Building. Kay and Pearl represented midwives (Karene was out of the country).

The Agenda commenced with an overview of the *Health Professions Act*. This was followed by a presentation of the Agreement on International Trade (AIT). Much of this Kay and Pearl had already heard from the Canadian Midwifery Regulators Consortium (CMRC) AIT meetings. The goal of the Trade agreement signed by the Canadian First Ministers includes promoting “the free movement of persons, goods, services and investments within the country” with consistent occupational standards

across Canada, certification of applicants from other provinces/territories without any requirement for additional material training, experience, examinations or assessments. The Labour Mobility Implementation Act came into effect June 30, 2010. The AIT *Guidelines for Meeting the Obligations of the Labour Mobility Chapter*, July 2009, were distributed. Internationally trained workers and Grandparented workers, are discussed in these Guidelines.

http://www.gov.mb.ca/tce/lmi/pdf/guidelines_july_09.pdf

There was a discussion of the Outline of College Responsibilities for Initial Implementation of Regulations under the *Health Professions Act* and the professions were asked to indicate when they expected to form a College. The other six professions are already practicing in the province but as midwives do not have a niche in the health care system it was impossible to answer these time line questions. (There are the Scope of Practice documents from the Midwifery Implementation Committee (1999-2001) and the documents answering the questions for the Discussion Paper prior the introduction of the *Health Professions Act*.) For midwives to practice autonomously, as a publicly funded profession there has to be further meetings with Government personnel and the Health Board representatives. Questions need to be answered, such as where will midwives be based, how will they be paid and insured? We were also asked to complete a “Health Professions State of Readiness Survey” and to submit before leaving the meeting.

AMNL Midwifery Regulations Committee

As stated above, further meetings with Government personnel are required before assessing and registering members, and forming a College, can proceed. In the meantime, we are starting to have a plan of action. Kay, Karene and Pearl met on July 12. Pamela has reviewed the MIC Scope of Practice documents and Pearl and Kay are planning on continuing this review. We would like others to become involved, especially those who are still practicing, and those who were part of the MIC and developed the various documents, even if they are now retired. We also need to have a tentative idea of who may wish to practice in this province. (Grandparenting has been suggested as an option for those not yet registered in Canada, but midwives would need to be current with emergency skills and other competencies.) Keep in touch so that you can be informed of future developments.

CMRC AIT Meeting, Montreal, June 7-8, 2010

Kay attended this meeting and reports that there were 16 participants, members of CMRC and CAM. The purpose of the meeting was to develop a detailed guide on Midwifery regulations and labour mobility; Review and revise if necessary the Proof of Professional Conduct document; Identify key content and process for the Memorandum of Understanding Agreement and identify the target audience. Consistency in required competencies, such as whether or not neonatal intubation and umbilical vein infusion should be required.

Information following the meeting includes that the number of births, can be shared among regulators but cannot be used as a reason to deny a worker or impose conditions. (See the AMNL web site menu for the old MMRA summary. (MMRA is a term no longer used.))

The next AIT meeting is in October, in Edmonton, at the time of the CAM conference.

Some Happenings Around the Country

New Brunswick. It is expected that the Midwifery Act will soon be proclaimed. The midwives will be employees of the Regional Health Authorities and will be entitled to their employment benefits, etc., which will include liability insurance - coverage with HIROC.

ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR
APPLICATION FOR MEMBERSHIP
2010

Name: _____
(Print) (Surname) (First Name)

All Qualifications: _____

Full Address: _____

Postal code: _____ Telephone No. _____
(home)

Telephone No. _____ Fax No. _____
(work)

E-mail Address: _____

Work Address: _____

Area where working: _____

Retired: _____ Student: _____ Unemployed: _____

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: _____

National: _____

International: _____

Would be interested in participating in a research project if asked: Yes _____ No _____

For midwives who pay \$75.00 (\$20.00 AMNL membership fee and \$55.00 CAM membership fee):

If you do not agree to your address, postal and Internet, being released to CAM tick here: No release: _____

I wish to be a member of the Association of Midwives and I enclose a cheque/money order from the post office

for: \$ _____

(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador).

Membership and financial year from January 1 to December 31.

To be a member of AMNL and receive the electronic quarterly AMNL newsletter **\$20.00**

For AMNL members also to be members of Canadian Association of Midwives (CAM) add **\$55.00** (Total **\$75.00**)

[**\$75.00** includes AMNL membership and CAM membership, including the 4-monthly CAM research/practice journal.]

Membership for those who are residing outside of Canada **\$20.00**. Correspondence will be by e-mail.

Signed: _____ Date: _____

Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0