

**AN EVALUATION OF THE CMRC
NATIONAL ASSESSMENT STRATEGY RESEARCH PROJECT**

Margaret J. Haworth-Brockman
July 2006

Project # 129

PRAIRIE WOMEN'S HEALTH

CENTRE OF EXCELLENCE

RESEARCH ■ POLICY ■ COMMUNITY



centres of excellence
for WOMEN'S HEALTH

centres d'excellence
pour LA SANTÉ DES FEMMES

**AN EVALUATION OF THE CMRC
NATIONAL ASSESSMENT STRATEGY RESEARCH PROJECT**

Margaret J. Haworth-Brockman
July 2006

Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

The Prairie Women's Health Centre of Excellence
56 The Promenade
Winnipeg, Manitoba R3B 3H9
Telephone (204) 982-6630 Fax (204) 982-6637
pwhce@uwinnipeg.ca

This is project #129.

An Evaluation of the CMRC National Assessment Strategy Research Project

INTRODUCTION

In accordance with HRSDC¹ guidelines, an evaluation was planned for from the outset of the CMRC's National Midwifery Assessment Strategy Research Project. According to the original proposal submitted, Phase 3 of the project included an evaluation of the multi-year project.

The objectives of the evaluation were to document:

1. Aspects of the research process that can be considered successful;
2. Challenges in the research process and implications if any for the national midwifery assessment strategy developed;
3. If the national midwifery assessment strategy has led to policy changes that make provincial assessment processes more congruent and coordinated across Canada;
4. If the national strategy meets all members' needs;
5. If the national strategy fulfills project expectations (including funder expectations);
6. What next steps are necessary, if any, to finalize the strategy itself or to complete the preparation of individual assessment tools;
7. If there are any sub-projects that need to be completed prior to beginning a pilot;
8. The status of the strategy in terms of readiness for implementation of a pilot;
9. Specific plans for ensuring that the assessment strategy is implemented across Canada.

The Project Coordinator received comments and direction from the Steering Committee regularly, making assessment and evaluation of the project progress an iterative process all along. On April 29, 2006, members of the NAS Steering Committee gathered for a half day in-person evaluation meeting. The evaluation was facilitated by an independent consultant familiar with the NAS project.

The evaluation meeting addressed some of the nine objectives specifically. Other objectives are addressed elsewhere in the final report.

METHODS

A mixed methodology was employed for the evaluation meeting, to encourage both shared and individual information from the steering committee team. Participants were first asked to fill out a survey of questions which listed all aspects of the project, its success and challenges, including both process and outcomes. This was followed by a

¹ Human Resources and Social Development Canada

facilitated focus group. At the close of the facilitated session participants were asked to review their initial responses to the survey, and adjust their replies, or add comments, based on their chance to think through each section during the focus group. The survey tool and focus group outline were developed by the facilitator and accepted by the Project Coordinator ahead of time (Appendix A).

Seven committee members participated in the meeting, including the project coordinator. The focus group and survey were conducted in English. Original survey responses and the flip chart used to record the focus group discussion are held by the facilitator.

RESULTS

The findings gathered from the two methods are compiled and presented in this report in a logical flow, if not entirely chronologically. Selected quotes are provided here to illustrate the nature of the focus group discussion. Answers to the paper survey are compiled in Appendix B.

Process

Project Flow

Steering committee members felt that the project process flowed well for the most part. They said the project flowed “logically” and “naturally”. They pointed out that there were “many flows” in the course of the Project. Issues (concerns) were dealt with quickly, in part because of regular conference calls and email correspondence. Hiring the Project Coordinator early in Phase 2 rectified any difficulties there had been at the start.

Participants commented on the creative planning that allowed the group to do their work within the budget by “dove-tailing” meetings and tasks, and keeping travel costs down for instance. As a group they felt their ability to respond to requests from the Coordinator and comment or edit documents, building consensus as the work progressed, made possible by the members’ willingness to be responsive and available. The participants noted that the Coordinator was very good at providing any background and context needed for a task in a “helpful and clear” manner, making their jobs easier.

Some pieces of work did take longer than planned. These were more a factor of “imposed deadlines” or inadequate resources than a result of the project requirements themselves. “Sometimes the flow was crunched – too much (to do) in a short time.”

Decision-making

Participants commented that the initial decision to proceed with the original proposal to HRSDC and with the project itself was made very quickly. In hindsight, participants noted that the budget projections were low and this constrained the work at times.

When asked about the process of decision-making throughout the project, participants noted that there were different levels of decisions to be made over the months. Some decisions required national level consent, meaning agreement from each of the participating provinces. This was both a formal and informal process. Formal agreements required provincial assent from the consortium members. (As, for example, to approve the *Canadian Competencies for Midwives*. Any decision that would affect how a regulator worked in a particular province was approved by CMRC members). Formal assent from the entire Consortium (beyond the Steering Committee) was also required for some project components such as the national exam implementation. The steering committee regularly made other decisions and recommendations on the project and process, based on the endorsement they received as consortium representatives.

Decisions made for each component of the project were typically made quickly and effectively. In some cases, such as document editing, it was sufficient to have a few committee members make decisions. Other members were made aware of the developments by emails from the Coordinator, but if they could not respond quickly, their silence was understood to be assent. This “worked because there were always 2 or 3 who could contribute.” Participants said there was a “level of trust” because they “knew each other beforehand”, “shared values, goals and respect” and there were “no hidden agendas”. Additionally, the members noted that Project Coordinator’s efficiency and organization meant they were advised that a request for a decision would be coming and “had the information we needed to make decisions, enough in advance”. They noted that they shared ownership of “bad” decisions.

The Project Coordinator commented that she felt quite “comfortable about when to ask for decisions”. There was a large “volume to manage”, referring to the many aspects of the project that ran concurrently. Having the external advisors available was helpful. She used the illustration of requesting assistance from the external advisors when the responses to the international questionnaire did not match the original expectations, and she needed help in interpreting the results.

Finally, participants commented that they “learned about contracting work”, a topic of the focus group discussion that arises later as well.

Budget and Administration

Participants discussed the budget and administrative aspects of the project at two levels. There was some frustration that the HRSDC Project staff assigned to the NAS file changed over the course of the project, and HRSDC’s requirements then were subject to “varying interpretation”. Participants commented that there was sometimes a lack of continuity of approach. They noted that HRSDC staff were always supportive. Unfortunately these staff appeared to “have different information about *their* (own) tasks and role.” This meant the Project Coordinator and the Steering Committee needed to spend time going over the same project administration issues with each new HRSDC staff person. The participants provided as illustration, the need to explain to HRSDC staff that the project had been assured that the mis-aligned fiscal quarters (a requirement of

HRSDC due to the project start date of December 15th) did not mean that a separate report was required for the month of March.

Turning their attention to the budget and other administration of the Project itself, participants used words like “awesome”, “good vision”, “efficient”, and “effective”. They praised not only the efficiency and organization of the Project Coordinator but the willingness of the group itself to work within the budget allowances.

The project budget was **not** enough. Participants commented that there should have been a paid administrative person to assist with the work load. They interpreted this as both a factor of their own misunderstanding of what is allowable under the HRSDC guidelines, but also a lack of clarity in the original HRSDC guidelines. Some project components were in fact dropped because they could not be done within the budget. Participants regretted there were “no mechanisms to reassess the process (and the budget needed) along the way”.

Quality of the Work

The focus group participants were unanimous in their satisfaction with the quality of the work done over the course of the project. Said one, “we’re just getting a sense of how useful it will be, how to move forward”. The national competency document, for example, is called an “amazing tool”. The website is “great resource – beyond expectations.” The website is “practical, readable, linkable, user friendly” and a real asset for international applicants. The background information provided in each component “give(s) credibility to the next steps”.

Participants commented in particular on how the resources and documents compiled in the course of the project allow each regulating province to know what is happening in the other provinces. This will be valuable also, they said, in supporting “new provinces” – those that adopt regulated midwifery in the future.

The participants felt that HRSDC’s investment in the project yielded “incredible value for the money”, “value added”. The tools developed for foreign credentialing and competency assessment will be both visible and valuable beyond the profession of midwifery.

Value of Project and Results

Participants were asked to reflect on the overall value of the Project and its results. The first comment was that it will be important to voice what the **Strategy** is. That is, there are many components of the project, and it will be important to articulate the National Assessment Strategy itself. Said one woman: “If the goal is ‘what do we need’, then we have achieved the goal and we have a strategy”. The group agreed that the results and outcomes of the research is that the NAS project has identified the most appropriate way

to proceed and make the profession in Canada more accessible to foreign-trained midwives. Valuable tools have been developed with rigour, each of which informs the next. “The multi-stage process to the exam is *better, and better protects the public*” (original emphasis).

The focus group members explained further that the consistent national competencies make it a smoother, more transparent process for the applicants. “The clarity increases the accessibility.” “Accessible and protecting the public don’t have to be at odds.” These were their comments about specific components of the Project:

International questionnaire: did provide useful context, even if it didn’t meet it’s original purpose

Inter-cultural: not yet complete

Portfolio assessment: still to be determined and harmonized

Credential evaluation database: a good framework has been established; not yet completed but no longer on the “wish list”

Delivery options paper: did not prove to be as useful as first imagined

The outcome of this project is that the CMRC will have:

- Strategy
- Validated, credible, defensible written Canadian Midwifery Registration Exam
- Verified knowledge about the professional requirements across Canada
- Tools to meet unforeseen needs (for example a national registration exam has been identified as a requirement for prescribing narcotics by Health Canada’s Office of Controlled Substances)
- Web site that works for internationally-educated applicants as well as other CMRC needs
- Core competencies defined in the *Canadian Competencies for Midwives*
- Credential Evaluation database
- Conceptual framework for a national bridging program
- **All** components in **both** official languages

Participants remarked however, that the development of a bridging program is an important component not yet achieved as it turns out to be more involved than anticipated. Similarly, the NAS project was not able to develop every component identified.

In sum, the participants were plainly enthusiastic that their work and that the outcomes of the NAS project are truly cutting edge, “This *is* the best practice”.

Their final comments were that they have walked a fine line between the developing the necessary materials on a limited budget and implementing entirely. A final small grant or other fund is needed to finish the project and process for some elements. “It would be a shame to leave it unfinished.”

Next Steps

The focus group participants were asked to reflect on what the next steps are to be. The swift response was that they know very well what needs to be done: further exam development. The project and team have launched what they can. They are ready for the next steps but require the necessary funds to do the job. There is a strategy and plan for the exam and the necessary next steps for all potential registrants. Developing the bridging program and creating the credential database are key next steps.

Specifically, participants spoke of these further steps which can complete not just the National Assessment Strategy, but the entire process for assessing and registering competent foreign-trained professionals.

The focus group members spent some time considering that what could be included in a formal knowledge translation (dissemination and communication) plan. A potential list includes the annual conferences of the Canadian Association of Midwives and the Canadian Association of Prior Learning Assessment, professional, peer-review journals, reports, policy briefs and plain-language materials.

Many other professions are just starting their exploration of competency based assessment and the results of this project could well be considered for adaptation and adoption by other regulatory bodies. Participants also feel that they can provide HRSDC with evidence-based policy advice on healthy human resources and credentialing. The participants remarked that they have learned how much work was involved and could advise on more realistic administrative, logistical and financial resources needed for a national assessment project. The particular value of the CRMC itself is to acknowledge where and what the cross-country differences are.

Other Comments and Evaluation

At the conclusion of the focus group, participants were asked to comment and evaluate any other aspects of the NAS project that had not already been examined in the course of the afternoon.

Among the challenges they encountered, the participants mentioned in particular there were some difficulties with software, perhaps related to the small budget they had, which were rectified. The most challenging aspect of the work throughout the project was the inability of contractors to meet the needs of the project. Some contracted work had to be redone to be satisfactory.

The participants concluded that the project is a success. They are concerned that the comparatively small numbers of midwives in Canada currently will present a challenge to sustain some of the newly developed assessment tools. There may not be universal understanding of the great value in continuing to develop and maintain these tools and, in particular, it may be challenging to find the financial and human resources for this work.

They foresee, however that within a few years the capacity-building will prove itself invaluable: to the public, to foreign-trained midwives and to other professions.

SUMMARY AND CONCLUSIONS

It is clear that the success of the National Assessment Strategy Research Project is a result of the dedication and trust among the women involved. Within a limited budget the project has achieved its objectives and purpose, as well as identified further work that is required to guarantee its ongoing success.

Through meeting the objectives of this evaluation, the Steering Committee and Project Coordinator could articulate how the NAS project has achieved its success and dealt with the challenges.

The results of the NAS project should be seen as the leading cutting edge materials and process they are. The project can serve as an illustration of the components and attributes a national competency and assessment process for professional regulation in this discipline – the assessment for registration of diversely qualified midwives in those Canadian provinces and territories that currently regulate midwifery as well as an assessment process that will advance the regulation of midwives in provinces which do not yet have legislation. Much of the work that has been done within the NAS project is also generalizable to other professions.

Specific recommendations to HRSDC are as follows:

1. Clarify the proposal guidelines regarding budget allowances for both development and implementation of successful applications.
2. Establish a process to allow reassessment of budget requirements midway through projects
3. Ensure consistent messages, including adequate documentation of past decisions and correspondence, to new project staff.
4. Provide support for following up on the project's recommendations to ensure the ongoing success of the national assessment initiatives that have resulted from this project.
5. Recognize the achievements of the NAS project and consider opportunities to use the results to develop foreign credentialing and competency assessment in other disciplines.

APPENDIX A

SURVEY QUESTIONNAIRE FOR NAS Evaluation

1. Process of the National Assessment Strategy Research Project. Please rate the following based on your experience and expectations.
(1 = very unsatisfactory, 5 = excellent)

Item	1	2	3	4	5	N/A
1.1 Positive experience if you were involved						
1.2 Power of individual team members						
1.3 Input into decision-making						
1.4 Agreement on research process						
1.5 Consistent role expectations						
1.6 Actual research implementation						
1.7 Report-writing & presentation						
1.8 Team communication						
1.9 Budget management						
1.10 Ability to meet timelines						
1.11 Clarity of expectations						
1.12 Coordination of the steering committee						
1.13 Response from external advisors						
1.14 Problem-solving mechanisms						
1.15 Availability of the information						
1.16 Other:						

2. How satisfied are you with the results of the NAS Research Project?
(1 = very low satisfaction, 5 = very high satisfaction)

Item	1	2	3	4	5
2.1 Quality of research findings					
2.2 Quality of research reports					
2.3 Dissemination of research findings					
2.4 Development of practical recommendations					
2.5 Met the project objectives					
2.6 Usefulness of the findings to the project objectives					
2.7 Other:					

3. In your opinion, which of the following aspects of the *research* were successful?
 (1 = not successful, 5 = very successful)

<i>Item</i>	1	2	3	4	5
3.1 International questionnaire					
3.2 Literature analysis					
3.3 Focus groups					
3.4 Development of the examination process					
3.5 Key interviews					
3.6 Intercultural diversity					
3.7 Other:					

4. How would you rate the following aspects of the **NAS** that *come from* the Research Project?
 (1 = very unsatisfactory, 5 = excellent)

<i>Item</i>	1	2	3	4	5
4.1 Documentation of provincial guidelines					
4.2 Gaps and bridging analysis					
4.3 Portfolio assessment					
4.4 Examination development					
4.5 Exam pilot					
4.6 Other:					

5. How would you rate the following aspects of the funding support for the **NAS** Research Project?
 (1 = very unsatisfactory, 5 = excellent)

<i>Item</i>	1	2	3	4	5
5.1 Funder expectations of results					
5.2 Flow of funds					
5.3 Size of grant, relative to work undertaken					
5.4 Deadlines					
5.5 Communication with project team					
5.6 Other:					

Thank you for your participation!

APPENDIX B

Responses to SURVEY QUESTIONNAIRE FOR NAS Evaluation

1. Process of the National Assessment Strategy Research Project. Please rate the following based on your experience and expectations.
(1 = very unsatisfactory, 5 = excellent)

<i>Item</i>	1	2	3	3 ½	4	4 ½	5	N/A
1.1 Positive experience if you were involved					1		5	
1.2 Power of individual team members				1	3		3	
1.3 Input into decision-making					2		4	
1.4 Agreement on research process							6	
1.5 Consistent role expectations						1	4	1
1.6 Actual research implementation					1		4	1
1.7 Report-writing & presentation					1		5	
1.8 Team communication					1	1	3	1
1.9 Budget management			1			1	4	
1.10 Ability to meet timelines					3 ½		3	
1.11 Clarity of expectations					3 ½		2	1
1.12 Coordination of the steering committee					1		3	
1.13 Response from external advisors						1	1	4
1.14 Problem-solving mechanisms					1		5	
1.15 Availability of the information					1		4	1
1.16 Other: “Some individuals were better at influencing the team buy everyone had a chance” 1.2 “not enough experience myself (n/a)” “timelines not always realistic due to funder” 1.10								

2. How satisfied are you with the results of the NAS Research Project?
(1 = very low satisfaction, 5 = very high satisfaction)

<i>Item</i>	1	2	3	4	4 ½	5
2.1 Quality of research findings				2	2	2
2.2 Quality of research reports				1		4
2.3 Dissemination of research findings			2		1	3
2.4 Development of practical recommendations				1		5
2.5 Met the project objectives				3		3
2.6 Usefulness of the findings to the project objectives				2		4
2.7 Other: “2.2 N/a more to come”						

3. In your opinion, which of the following aspects of the **research** were successful?
(1 = not successful, 5 = very successful)

Item	1	2	2 ½	3	3 ½	4	4 ½	5
3.1 International questionnaire		1	1	1	2			1
3.2 Literature analysis				1		3		2
3.3 Focus groups “not sure”				1		3	1	
3.4 Development of the examination process						2		4
3.5 Key interviews “not sure”						2	1	1
3.6 Intercultural diversity	1	1		2				
3.7 Other: “not completed” 3.6 n “not sure, because I don’t remember” “not yet complete” 3.6								

4. How would you rate the following aspects of the **NAS** that **come from** the Research Project?
(1 = very unsatisfactory, 5 = excellent)

Item	1	1 ½	2	3	3 ½	4	4 ½	5
4.1 Documentation of provincial guidelines					1	2	1	2
4.2 Gaps and bridging analysis				2		1	1	2
4.3 Portfolio assessment “not sure because don’t remember” “in process”	1	1		1				1
4.4 Examination development “to be continued”						1		5
4.5 Exam pilot “n/a”						2		2
4.6 Other: web site Canadian competencies “needs more work”				1		1		5 5

5. How would you rate the following aspects of the funding support for the **NAS** Research Project?
(1 = very unsatisfactory, 5 = excellent)

Item	1	2	2 ½	3	3 ½	4	4 ½	5
5.1 Funder expectations of results				1		3		
5.2 Flow of funds “? Not sure”					1	1		
5.3 Size of grant, relative to work undertaken		3	1	2				
5.4 Deadlines		2				2		
5.5 Communication with project team							1	1
5.6 Other: “limited what could be done” 5.3								

