

# **National Assessment Strategy Project Phase One Report**

*Prepared by:* Wendy Martin

*Presented to:* The Canadian Midwifery Regulators Consortium

---

Le Consortium canadien des ordres  
de sage-femmes / Canadian  
Midwifery Regulators Consortium

***Projet sur une nationale  
d'évaluation de la  
pratique sage-femme***

***National Midwifery  
Assessment Strategy  
Project***

---

August 2005

## Table of Contents

<b>1.0</b>	<b>Introduction</b>	<b>3</b>
<b>2.0</b>	<b>Background</b>	<b>4</b>
<b>3.0</b>	<b>Methodology</b>	<b>5</b>
	<b>Critical analysis of literature</b>	<b>5</b>
	<b>Interviews</b>	<b>5</b>
	<b>International questionnaire</b>	<b>6</b>
	<b>Focus group with internationally-educated midwives</b>	<b>6</b>
	<b>Focus group with supervisors</b>	<b>7</b>
	<b>Working group on Canadian competencies</b>	<b>8</b>
<b>4.0</b>	<b>Findings-to-Date</b>	<b>8</b>
	<b>Trends with regards to immigrant access to professions</b>	<b>9</b>
	<b>National &amp; international assessment practices</b>	<b>10</b>
	<b>Assessment of internationally-educated midwives in Canada</b>	<b>13</b>
<b>5.0</b>	<b>Recommendations</b>	<b>17</b>

## 1. Introduction

The National Midwifery Assessment Strategy (NAS) project is a project of the Canadian Midwifery Regulators Consortium, an umbrella group of regulatory organizations in the five provinces where midwifery is currently regulated<sup>1</sup> and internationally-educated midwives are assessed. The project is supported by Canadian midwifery associations and education programs and funded by Human Resources and Skills Development Canada and members of the CMRC.

The goal of this research project is to determine an efficient, effective, and fair pan-Canadian strategy for assessing internationally-educated midwives (IEMs) who wish to register to practice in a Canadian province or territory. More specifically, the project aims to:

- Increase access by internationally-educated midwives to the profession;
- Build on the high degree of similarity in professional requirements and standards across the country to create an efficacious inter-jurisdictional process;
- Honor the unique aspects of midwifery in each province and territory; and
- Support each regulator in carrying out its legislated responsibility to protect the public.

The project is divided into four phases. The developmental phase involved literature review and interviews with regulators to determine the best research plan. This was successfully completed in March 2004 with the release of a Research Plan. Phase One took place from April 2004 to March 2005 and included additional focused literature reviews, interviews with almost 50 stakeholders, a questionnaire for professional regulators internationally, focus groups with assessment candidates, a focus group with midwifery supervisors, and the development of the *Canadian Competencies for Midwives* document. Phase Two commenced April 2005 and will focus on the development of assessment tools. Phase Three, from April 2006 to September 2006, will be evaluative.

---

<sup>1</sup> Regulated provinces at the start of the NAS project included British Columbia, Alberta, Manitoba, Ontario, and Quebec. In 2005, the Northwest Territories were regulated and it is expected that they will become a member of the CMRC by the end of the year.

## 2. Background

Canadian labour statistics indicate that by the year 2011, virtually all of Canada's net labour force growth will be dependent on immigrants. For midwifery, which has small numbers of graduates from Canadian midwifery education programs, this reliance on registering internationally-educated midwives (IEMs) in order to meet demands for service is a current reality and one that is expected to continue into the future.

In 2003, Canadian midwifery regulators recognized that although each provincial regulator had similar competence-based assessment processes for assessing IEMs, there was a lack of consistency across the country and a duplication of workload for regulators that led to increased costs to both regulators and applicants. In addition, although almost every needed piece appeared to exist in one of the provinces, there was no province that had had the resources to develop a comprehensive assessment program. Members of the CMRC confirmed the need to develop a comprehensive and consistent approach to assessing IEMs that would increase access to Canadian registration. Funding was sought in order to research the best pan-Canadian midwifery assessment strategy.

The HRSDC-funded developmental phase report described the challenges and unintentional barriers to the fair and accessible assessment of internationally-educated professionals in midwifery and other professions. It confirmed the huge economic impact of not recognizing immigrant credentials at a time when immigrants are becoming more and more important to the country's well-being. It also emphasized the increasing maternity care crisis in Canada where fewer medical students and doctors are choosing to incorporate maternity care into their practice. It concluded that "it is imperative that access issues for foreign-educated midwives be addressed immediately to ensure that future labour needs are met for Canadian maternity care providers<sup>2</sup>."

The developmental phase report included a research plan for a two and a half year research project. The plan was based on an evaluation of current midwifery assessment processes, including similarities and differences, duplication and gaps in services, and constraints that must be kept in mind when developing a pan-Canadian midwifery assessment strategy.

This report provides the findings of phase one of this national Midwifery Assessment Strategy (NAS) project.

---

<sup>2</sup> *Research Plan for a National Midwifery Assessment Strategy*, Canadian Midwifery Regulators Consortium, March 2004

### **3. Methodology**

#### ***Critical Analysis of Literature***

Adam Consulting was contracted to do a detailed literature analysis on bridging programs in Canada, which were defined as “educational/training programs whose purpose is to assist skilled immigrants to enter the job market more quickly”. The report provided to the CMRC information about delivery options for bridging programs, and outlined recommendations for potential models and for additional research which could be considered by midwifery regulators in Canada. This report is available upon request.

A detailed review of documentation associated with Canadian midwifery assessment processes was carried out by Wendy Martin, the project’s lead researcher.

Additional literature review and analysis was carried out by the lead researcher, throughout the project, as relevant literature was obtained via on-line searches and interviews with stakeholders.

#### ***Interviews***

Interviews were held with twenty-eight individuals from the Canadian midwifery community, including:

- A. directors of the three midwifery baccalaureate programs and the one midwifery bridging program;
- B. representatives of eight professional associations, including in six non-regulated jurisdictions, who responded to letters to midwifery associations requesting an interview;
- C. staff or midwives involved in the assessment of IEPs from all five regulated jurisdictions that were identified by NAS steering committee members, as well as government representatives from the Northwest Territories and the Yukon.

Interviews were semi-structured and conducted in English by Wendy Martin and in French by Wendy Martin and Maggy Moise. Interviews with groups A & B above lasted from 30 to 60 minutes, while those with individuals in group C lasted from 1-3 hours to allow for the receipt of detailed information about previous and current assessment processes. Two interviews took place by telephone and the rest in-person.

Additional interviews were held with ten experts in immigrant access from federal and provincial governments, immigrant-serving not-for-profit organisations, and health regulatory organizations, and with eleven experts in prior learning assessment, language assessment, and examination techniques. It should be

noted that a number of these latter experts are knowledgeable in assessment of internationally-educated individuals and could be therefore considered to have a degree of expertise in immigrant access as well.

In all, forty-nine interviews were held with individuals from every province and territory. Interviews were taped with permission and then transcribed for analysis. Analysis was carried out via NVivo qualitative analysis software. Interview data will provide support for activities, such as the harmonization of certain assessment processes, that are being carried out in phase two of the project.

### ***International Questionnaire***

An international questionnaire was designed by the research team to elicit information from regulators worldwide about their assessment processes. It was developed by the NAS research team with feedback from project steering committee members and research advisors. Both on-line (via Survey Monkey) and paper-based formats were made available. The questionnaire was pre-tested by Canadian midwifery regulators.

Survey participants were selected via a combination of purposeful selection, to take into account countries where midwives had suggested the CMRC look at assessment models, and random selection from regional groupings. In all, the questionnaire was mailed and/or emailed to 365 English-language and 34 French-language regulators in 110 jurisdictions from 33 countries.

One hundred and fifty-seven completed questionnaires from 72 jurisdictions in 16 countries were received via the on-line system (Survey Monkey), email, fax, mail, and in one case verbally. This was a return rate of 40%. Data was entered into a customized database. Quantitative data was analysed using queries in Microsoft Access 200, while qualitative data was analysed via coding, in some cases with the use of NVivo software.

More detailed information is available by request via the report entitled [Report on the Results of an International Survey of Health Regulators](#).

### ***Focus Group with Internationally-Educated Midwives***

The Association Strategy Group was contracted to carry out focus groups with internationally-educated midwives who had completed current (when possible) assessment programs in each of the five regulated provinces. Eligible participants were identified by regulators and this information was provided to the consultant. The consultant then selected participants. In order to ensure confidentiality, regulators were never informed of participant names.

In the end, a total of five focus groups and four individual interviews were conducted. Each focus group was in the form of a teleconference and consisted of between 2 to 4 participants. Thus a total of 18 midwives from the five regulated provinces participated in a focus group session. Two of the five focus groups were conducted in French while the remaining ones were in English.

A focus group guide with six questions was created to provide consistency in format. Questions were designed to find out about participants' experiences in assessment processes and to identify the strengths, gaps and challenges of the current assessment processes from their perspective. When permission was granted by participants, the sessions were taped.

More detailed information is available by request via the report entitled [Report on Focus Groups with Internationally-Educated Midwives](#)

### ***Results of Focus Group with Supervisors***

A focus group with “midwifery supervisors” was facilitated by the lead project researcher. These midwives supervise IEMs in clinical practice during the final stage of the assessment process towards full registration in a Canadian jurisdiction. The goal of this session was to identify how well the assessments prior to supervision succeeded in identifying candidates' gaps in competencies, and to determine how well the supervision process itself was working.

Participants were purposively selected by the project steering committee based on each person's specific experience as supervisors. Nine registered midwives from all five regulated provinces took part. Each supervisor had supervised between one and “dozens” of internationally-educated midwives, with most supervising between two and four. Most of the IEMs that they had supervised were from the United States and the United Kingdom. Other countries of origin mentioned include China, Nigeria, and Iran. The vast majority of IEMs supervised spoke English or French as their first language (as appropriate for the province in which they worked).

The focus group took place in English over 1.5 hours by teleconference. With participant permission, the discussion was taped and notes were taken by a research assistant. Data was analysed using standard qualitative coding practices.

More detailed information is available by request via the report entitled [Report on Focus Group with Midwifery Supervisors](#).

### ***Working Group on Canadian Competencies***

One of the goals of phase one was to create a document that confirmed the entry-level competencies required of Canadian midwives so that it would provide a foundation for the development of assessment tools in phase two.

Joanne Daviau Consulting was hired to create a first draft of a pan-Canadian competency document by analyzing competency and other relevant documents from all five regulated jurisdictions and the Northwest Territories, and merging them. This analysis also identified competencies that were not included in the draft because they were only in one or two rather than all provinces' competency statements.

A full-day in-person working session was convened to review and revise the first draft of this document. Participants included representatives of regulators from all five jurisdictions, a midwifery association representative from the Northwest Territories & Nunavut, and directors of the Canadian midwifery education programs<sup>3</sup>. Feedback from this session was incorporated and a second draft was reviewed by the boards/councils of each regulator and by all participants of the working session. A third draft was created and presented to the CMRC at an in-person meeting with attendees from all six regulated provinces/territories. A fourth draft was circulated and the Canadian Competencies for Midwives were approved by all member boards/councils of the Canadian Midwifery Regulators Consortium.

A copy of the Canadian Competencies for Midwives is available by request.

## **4. Findings-to-Date**

This section outlines the findings that were made available for the NAS project's March 2005 project steering committee meeting. A large amount of data was gathered in phase one of this project. It was not feasible to complete all data analysis by the end of phase one; however, the research team was able to carry out sufficient analysis to identify major trends. This information allowed the Project Steering Committee to make decisions regarding the activities to be carried out in phase two of the project while the analysis of data continues.

---

<sup>3</sup> The director of one midwifery education program was unable to attend the working session and provided feedback in writing.

## **Trends with regards to Immigrant Access to Professions**

### *Pressure to increase access to professions*

There is increasing pressure to create assessment processes for internationally-educated professionals that reduce or eliminate unintended barriers to registration. As outlined in the NAS Developmental Phase Report, this pressure appears to be mainly due to Canada's increasing economic reliance on Internationally Educated Professionals (IEPs), and it is coming from government, immigrant-serving agencies and other relevant stakeholders. The economic advantages to integrating IEPs, as outlined in reports such as the *Brain Gain: The Economic Benefits of Recognizing Learning and Learning Credentials in Canada*<sup>4</sup>, appear to have provided impetus for multi-stakeholder involvement in initiatives such as the Toronto Regional Immigrant Employment Council<sup>5</sup>.

Associations of internationally-educated professionals and their allies are increasingly organised and demanding that barriers to access to professions be removed for humanitarian reasons as well. They note that global mobility and Canada's immigration processes have meant that many Internationally-Educated Professionals (IEPs) are now in Canada or planning to come. They argue that since Canada has permitted them entrance, often after reviewing their credentials, the country must also support them to access their profession. Provincial organisations such as PROMPT<sup>6</sup> and BCITP Net<sup>7</sup> have been established to coordinate efforts by IEPs to lobby governments and regulators, and to provide information to the general public about the issue of unrecognized credentials. Capacity Canada has been established to build the foundation for a national policy roundtable of internationally educated/trained professionals that would provide national policy recommendations to facilitate the more effective and equitable participation of internationally educated professionals in the labour market.

In response to this pressure, the government has established the Foreign Credential Recognition Division at HRSDC with a mandate to "facilitate the recognition of international qualifications so that internationally trained workers may better contribute to Canada's economic and social development." In its 2004 federal budget, the FCR Division was provided \$68 million dollars over six years to work with relevant stakeholders to ensure fair, accessible, coherent, transparent, and rigorous evaluation processes are put in place.

---

<sup>4</sup> *Brain Gain: The Economic Benefits of Recognising Learning and Learning Credentials in Canada*, Conference Board of Canada, (2001)

<sup>5</sup> *TRIEC Annual Report 2004*, Toronto Regional Immigrant Employment Council (2004), [www.triec.ca](http://www.triec.ca)

<sup>6</sup> Policy Roundtable Mobilizing Professions and Trades, an Ontario organisation

<sup>7</sup> BC Internationally Trained Professionals Network

In the health care context, the public is increasingly vocal about the need to recognize the credentials of the IEPs who already live in Canada and could fill projected service gaps. In addition, health human resource planners are affirming this need to bring in IEPs to provide the expected level of health services to Canadians<sup>8</sup>. In its 2005 budget, the federal government announced that they will “provide \$75 million over five years, under the 10-Year Plan to Strengthen Health Care, to accelerate and expand the assessment and integration of internationally educated health care professionals”. This is in addition to their earlier investment in HRSDC’s Foreign Credential Recognition Division, much of which is devoted to health care professions<sup>9</sup>. Current federally funded projects include the *Canadian Taskforce on Licensure of International Medical Graduates*, and *Navigating to Become a Nurse: Assessment of International Nurse Applicants*. Preliminary data from these projects concur with the NAS project in terms of current barriers, key issues, and potential solutions.

More specifically, in maternity care, the decreasing numbers of physicians offering obstetrical care is leading to a maternity care crisis where childbearing women are finding it increasingly difficult to find providers<sup>10</sup>. Midwifery stakeholders have long held that increasing the numbers of midwives in practice is one way to augment the dwindling supply of providers. The government of Ontario has recently affirmed this strategy, and has increased the number of funded midwifery positions in the province<sup>11</sup>. It is anticipated that the NAS project will further support the expansion of midwifery services in Canada.

### **National & International Assessment Practices**

The data supporting the findings regarding national and international assessment practices was largely obtained from the international questionnaire, although literature review and interviews back up the following findings.

A major finding of this research is that there is a tremendous amount of diversity worldwide in terms of how regulation of professionals is organized and carried

---

<sup>8</sup> *Towards a Pan-Canadian Planning Framework for Health Human Resources: A Green Paper*. Canadian Nurses Association & Canadian Medical Association, June 2005  
*Report of the Canadian Taskforce on Licensure of International Medical Graduates*, Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources February 2004

<sup>9</sup> Includes pharmacists, medical laboratory technologists, medical radiation technologists, physiotherapists, occupational therapists, doctors, and nurses

<sup>10</sup> Solving the Maternity Care Crisis, BC Centre for Women’s Health; Lynda Buske *A crisis aborning in maternity and newborn care?* Canadian Medical Association Journal, March 2001; *Obstetrical Crisis Identified in CIHI Report no Surprise to SOGC*, SOGC, April 23, 2004.

<sup>11</sup> *Increased Funding Means 50 More Midwives Can Begin Practising in Ontario*, Government of Ontario, August 19, 2005,  
[http://www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_05/nr\\_081905.html](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_081905.html)

out. There is often more than one route to registration for IEPs wanting to register in a given jurisdiction depending on factors such as an IEP's country of education or the setting in which they are planning to work in the new country .

The majority of regulators expect applicants to meet professional education, clinical experience, and language criteria. Specific criteria do vary by regulator though no major differences were identified in NAS research. A variety of additional criteria that applicants for registration must meet were identified. Some of these, such as fitness to practice, are expected by many surveyed (research suggests that most if not all regulators set this criteria). Others, such as the requirement of a job offer prior to registration, are less common criteria.

A wide variety of evaluation tools are used by regulators in Canada and internationally, and all regulators surveyed use at least one tool. There is a wide diversity in terms of what evaluation tools and combinations of tools are used by regulators to establish that an applicant meets the criteria they have set for registration. The noticeable trends identified by the international questionnaire include:

- multiple choice is the most common exam type used by respondents, and Objective Structured Clinical Exams and Clinical Observations (including supervised practice, residencies) are also frequently used;
- many regulators use more than one type of examination, most commonly a written exam and either an OSCE or clinical observation;
- more than half of the medical and pharmacy regulators use OSCEs while only 27% of midwifery regulators and 10% of nursing regulators reported using them;
- OSCEs are used most often by regulators in Australia, Canada, New Zealand, and the USA;
- Half of respondents rely on assessments by external organisations.

When gaps in competency are identified there are various outcomes for IEPs. Depending on the circumstances and the regulator, they may be required to retake examinations, participate in bridging programs and/or clinical observation (supervised practice), or take specific courses or educational programs (including up to a full degree program).

When asked to identify factors that positively or negatively impacted an IEP's assessment, respondents to the international questionnaire consistently identified language fluency as an important, and often the most important factor. They also noted that the content of an applicant's professional education program, their

familiarity with the new culture and health care system, and the currency of their clinical practice were important factors. A few regulators stated that certification or licensure by others could be an advantage, and several mentioned that previous unprofessional conduct (including submission of fraudulent documentation) would be definite negative factors.

Issues faced by regulators are remarkably consistent and include the high cost of assessing IEPs which cannot be reasonably borne by the applicant, difficulties in obtaining appropriate information for evaluating foreign credentials, challenges in testing language fluency for the professional environment, and the need to develop better assessment tools. Regulators noted that cultural integration issues are important as IEPs do not perform well in exams or practice when they are unfamiliar with the local culture and health care system. A variety of other issues were noted by small numbers of regulators, such as the need for better outreach materials.

The most common innovations presented by those surveyed are the use of external organizations for some or all of the evaluation of IEPs and the offering of bridging programs to address gap-filling and cultural integration issues. Other innovations include ensuring flexibility within the evaluation process for each IEP, ability to distinguish the authenticity of documents received from IEPs, and having evaluation processes that include a combination of different evaluation tools.

### Specific Innovations

A number of innovative initiatives were noted in the course of phase one research, several of which were the subject of in-depth interviews. These included:

1. *On-line Self Assessment tool*  
The Ordre des chimistes du Québec have an on-line assessment tool that allows applicants to submit information about their background from anywhere in the world and receive feedback immediately about how well they meet registration requirements. Education is compared on a course-by-course basis, with reference to the Quebec standard. If applicants meet requirements, they are invited to submit their information via the system and then must follow-up by mailing specific evidence, such as transcripts and diplomas. The Ordre has found that they have notably fewer complaints from applicants as they tend to better understand where their gaps are.
  
2. *Computer assisted assessment*  
The Ontario College of Teachers uses a specially designed computer system to assist them with assessing a high volume of

applications. All application information is inputted into a database to create a standardized electronic file for each applicant. Related documents, such as transcripts and diplomas, are first screened for authenticity and then are scanned and attached to the applicant's electronic file. This allows all staff working on the file to enter information consistently and ensures that standard information is kept and standard processes used. All communication with applicants and their status at any given time are also recorded on the electronic file.

3. *Benchmarking professional language use*  
A number of professions have recently benchmarked the language fluency required for practice against the Canadian Language Benchmarks. For example, the Benchmarking the Nursing Profession Project involved focus groups and workplace observation by language experts that took place across all parts of the country and in a wide variety of settings. This research allowed the establishment of verifiable entry-level nursing benchmarks for speaking, listening, reading, and writing. A nursing specific language exam has been developed to correspond with the benchmarks set.
4. *Portfolio-based Assessment*  
Using the principles of Prior Learning and Experience Recognition (PLAR), the College of Midwives of BC offers eligible applicants the opportunity to prove their competency via a structured portfolio assessment and interview process, rather than via exams (with the exception of emergency management exams which are mandatory for all applicants). Applicants must write a narrative describing what they know and can do in relation to a set list of key topic areas, and they must provide direct and indirect evidence to back their statements up. Specially trained midwife-assessors then review the portfolios in detail, noting where there are gaps in information or potential gaps in competencies. An interview is then held with the applicant to allow them to provide additional information.
5. *Assessment via Clinical Observation*  
The Ordre des sages-femmes du Québec requires applicants to be evaluated during a period of clinical practice. Internationally-educated midwives practice under supervision while a midwife-evaluator uses a specially designed "evaluation grid" to evaluate what an IEM is able to do, and where her weak areas are. The evaluation grid includes a large amount of detail and is designed to provide the Ordre with detailed feedback on all areas of practice. The midwife-evaluator also provides an overview report

to the Ordre with their recommendation, of whether the IEM has passed her assessment.

6. *Bridging Program for Midwives*

IEMs in Ontario are currently required to participate in the International Midwifery Pre-Registration Program (IMPP), a nine-month integrated assessment and educational program. The IMPP is offered by Ryerson University's G. Raymond Chang School of Continuing Education and a coalition that includes the College of Midwives of Ontario, provides direction. It includes courses that support cultural integration, clinical upgrading, and a period of clinical clerkship (supervised practice), as well as assessments and feedback via OSCE and written exams. Graduates of IMPP are eligible for registration with the College of Midwives of Ontario without further assessment.

## **Assessments of Internationally-Educated Midwives in Canada**

### Current Assessment Processes

Currently the assessment of internationally-educated midwives is carried out on a provincial basis. All assessment processes require the evaluation of language competency, educational credentials, and previous clinical experience for applicants to continue to the next stage of the assessment. However, although some bilateral collaboration has taken place, the exact criteria against which each of these elements are evaluated are usually different in each province, as is the method of assessment.

All provinces require IEMs to pass competency-based assessments. For most candidates in all provinces, this includes both written and Objective Structured Clinical Examinations<sup>12</sup>. Due to the fact that BC, Manitoba, and Alberta based their exams on those created by Ontario, the written exam in the four Anglophone provinces are similar in format with a combination of multiple-choice, short answer, true/false and matching exam items. However, each province has created their own versions of each exam, and thus there are currently variations in content. There appears to be more variation in the format of the OSCEs but the topic areas covered are very similar. In Quebec, all exams were developed in isolation from other provinces and thus there are more differences in both content and format between these exams and those in other provinces. It should be noted though that the topic areas covered and the written exam item types are fairly consistent with the exams in Anglophone provinces.

---

<sup>12</sup> Certain BC candidates may apply for exemption from all but one portion of the OSCE via a portfolio process. See above under innovations for more details.

All provinces require most candidates to do a period of supervised practice. In the Anglophone provinces, supervised practice is designed to allow candidates who have successfully passed all other parts of the assessment process to remedy discrete gaps in their previous experience or competencies to allow them to meet requirements for full registration (if they are successfully remedied). It also provides an orientation to working in the Canadian model of practice and the provincial health care context. In Quebec, supervised practice is strictly an assessment tool, where candidates must demonstrate their competence in clinical practice. They are assessed by midwife-assessors via an “evaluation grid”, a specially designed assessment tool.

With the exception of exams in Quebec which are offered by CESSUL<sup>13</sup> at the request of the regulator, all other parts of the assessment processes in BC, Alberta, Manitoba, and Quebec are offered by the provincial regulator. While this was previously the case in Ontario, since 2002 Ontario’s IEMs have participated in the International Midwifery Pre-registration Program, an integrated assessment and educational bridging program offered by Ryerson University’s Continuing Education department. For registration, Ontario-based IEMs now must provide proof of graduation from the IMPP and they undergo no further assessment other than a short period of supervised practice.

No midwifery bridging or upgrading programs are available to IEMs in other parts of Canada.

### *Views of Midwifery Stakeholders*

Midwifery stakeholders who participated in interviews or focus groups presented a consistent view of issues to be addressed and potential solutions.

Stakeholders indicated that current assessment processes are resource-intensive for both regulators and candidates, and unintended barriers are impeding the growth of the profession in Canada. All stakeholders supported the idea of creating a national strategy for the assessment of IEMs, as long as all regulated provinces and territories are involved throughout its development and the issues confronting not-yet-regulated jurisdictions are taken into consideration (e.g. small numbers of applicants). In addition, they stressed that all assessment tools and other materials produced must be available in both English and French.

While respondents supported a nationally conceived process that would harmonize provincial processes as much as possible, they were unsure about how much could be administered nationally. They noted that it is critical that

---

<sup>13</sup> Le Centre d'évaluation des sciences de la santé de l'Université Laval

provincial/territorial differences be taken into consideration and that ultimately the control of the registration process must remain with provincial regulators.

With regard to credential evaluation, it was suggested that centralizing information about midwifery education programs around the world would speed up assessment processes. A few respondents felt that there should be more emphasis on previous clinical practice and less on midwifery education during portfolio (screening) assessments.

Some of those surveyed indicated that clearer information needs to be provided to IEMs throughout the process, including pre-application and during the assessment process. In particular, they felt that more information about the model of practice in Canada would be advantageous prior to examinations. It was suggested that a brief clinical placement would assist IEMs to prepare for exams, and study guides would also be very helpful.

All respondents felt that it would be highly advantageous for a national exam databank to be created and most felt that it is feasible to administer the written exam on a national basis. Although respondents tended to support the national administration of the OSCE, they were not sure if this is feasible given the complexity of such exams.

Respondents identified cost and time factors as key barriers for internationally-educated midwives, and recommended that costs be kept as low as possible and processes be developed to take as short a timeframe as possible. A number of interviewees noted that offering the assessment process locally as much as possible is one way to keep costs down for applicants. Offering exams more often would also enable applicants to keep their costs lower by reducing the length of the assessment process.

Cultural integration and orientation issues are important to address in any assessment strategy. Many respondents felt that successful orientation and adaptation to the special culture of Canadian midwifery practice is the key to IEMs being able to practice competently in the Canadian setting. It was felt to be critical that a bridging program be available to provide gap-filling modules when gaps were identified in assessment processes and to provide information on the culture of practice here in Canada. While many felt that there are some educational modules that may be able to be offered on a national level, respondents strongly supported local orientation and supervised practice components.

Supervised practice was identified by respondents as a critical component for the integration of IEMs into Canadian practice and for ensuring that IEMs have mastered all Canadian competencies prior to gaining full registration.

## **5. Recommendations**

The data from all sources corroborate each other and supports the following recommendations for action in phase two of the NAS project:

1. Develop a national exam databank, starting with written exam items and including OSCE items if finances and time allow.
2. Initiate the necessary relationships for the development of a midwifery bridging program for multi-jurisdictional delivery. Seek funding for this project.
3. Create a CMRC website for internationally-educated midwives with information regarding the Canadian midwifery model and scope of practice and routes to midwifery registration.
4. If finances and time allow, develop an on-line interactive self-assessment form.
5. Harmonize parts of the portfolio assessment processes for consistency and simplification.
6. Develop a restricted access, on-line credential evaluation database for midwifery regulators.
7. Carry out a feasibility study regarding the sharing of credential evaluation expertise across Canada, if finances and time allow.

In addition, the committee recommended that phase one research reports be finalized and made available in phase two, and that outstanding diagnostic research regarding intercultural diversity and assessment processes be completed.