

Research Plan

for a National Midwifery Assessment Strategy

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

***National Midwifery
Assessment Strategy
Project***

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PART ONE: INTRODUCTION

Introduction

The National Midwifery Assessment Strategy (NAS) project is a project of the Canadian Midwifery Regulators Consortium. Coordination of the project is being carried out by the College of Midwives of British Columbia and funded by Human Resources and Skills Development Canada under their Prior Learning Assessment and Recognition Initiative.

The Canadian Midwifery Regulators Consortium (CMRC) is the umbrella group of regulatory organisations in the five provinces where midwifery is currently regulated: Québec (L'Ordre des sages-femmes du Québec), Ontario (College of Midwives of Ontario), Manitoba (College of Midwives of Manitoba), Alberta (Midwifery Health Disciplines Committee, Alberta Health and Wellness), and British Columbia (College of Midwives of British Columbia). It is anticipated that the Northwest Territories will join the CMRC soon as its sixth member as legislation has now been passed enabling the regulation of midwifery in that jurisdiction. The CMRC's mandate is to facilitate inter-provincial mobility, to advocate for legislation, regulation, and standards of practice that support access to a high standard of midwifery care across the country, and to provide a forum for Canadian regulators to discuss issues of mutual concern. All five regulated provinces are signatories to the Agreement on Mobility for Midwifery in Canada. Midwifery Associations in provinces and territories where midwifery is not yet regulated, Nova Scotia, Saskatchewan, Newfoundland and Labrador, Prince Edward Island, and the Yukon, have also participated in the development of the Mutual Recognition Agreement and have signed it to signify that they concur with its terms and precepts. The NAS project is a result of national dialogue regarding the integration of foreign-educated midwives into the profession.

Project Purpose and Scope

The goal of this research project is to seek information about the best possible assessment practices for a successful national midwifery assessment strategy for foreign-educated midwives. Foreign-educated midwives are defined to include all midwives seeking registration in Canada who have been educated in formal and informal midwifery educational programs outside of Canada. While the majority of foreign-educated midwives have immigrated to Canada, some are Canadian-born individuals who have gone outside of Canada to seek midwifery education.

The overall project objectives are:

- a) *to establish a coordinated national prior learning assessment strategy which will assess the competencies and knowledge of foreign-educated midwives who wish to practice in Canada, and*
- b) *to provide increased access to midwifery registration across Canada to suitably qualified applicants, and*
- c) *to continue to ensure that the childbearing public is protected.*

This will be an evidence-based project. The project aims to research and develop a national assessment strategy for foreign-educated midwives that:

- Increases access to the profession for foreign-educated midwives who wish to register to work in Canada,
- Builds on the high degree of similarity in professional requirements and standards across the country to create an efficacious inter-jurisdictional process,
- Honors the unique aspects of midwifery in each province and territory, and
- Supports each regulator in carrying out its legislated responsibility to protect the public.

The project is divided into a developmental phase and three research phases. Key activities and outputs for each phase are described below.

Developmental Phase

- Review of materials related to midwifery registration and assessment.
- Review of key material regarding Prior Learning Assessment (PLA), immigrant access to regulated professions, and professional regulation in Canada.
- Publication of a CMRC and HRSDC approved, bilingual Research Plan for the development of a national prior learning assessment strategy.

Phase One

- Critically analyse relevant legislation and policies and all other aspects of provincial assessment and gap-bridging programs for foreign-educated midwives, including information from previous evaluations of such assessments.
- Interview key informants in the five regulated provinces, including those from regulatory organisations, midwifery associations, and midwifery educational programs.
- Interview key informants from midwifery related organisations in not-yet-regulated jurisdictions in Canada.
- Obtain data on diversity issues via questionnaires sent to midwifery supervisors, assessors, evaluators, examiners, and staff.
- Hold focus groups with foreign-educated midwives who have been assessed in one of the provincial assessment processes.
- Hold a focus group with midwifery supervisors to obtain information on the adequacy of this component of assessment processes to date.
- Critically analyse literature and interview key informants regarding options for decreasing barriers to foreign-educated individuals who seek work in midwifery and other regulated professions in Canada. Viewpoints of and information from a variety of stakeholders, including regulators and foreign-educated professionals, will be sought.
- Obtain data on assessment processes for foreign-educated professionals from a range of health regulatory organisations in Canada and abroad.
- Critically analyse literature and interview key informants regarding Prior Learning Assessment (PLA) for occupations, including various assessment practices and models for organisationally sustainable approaches.
- Critically analyse literature regarding the effectiveness and fairness of examination tools, including various written examination formats and the objective structured clinical examination format.
- Review literature regarding occupational language benchmarking according to Canadian Language Benchmarks.

- Critically analyse current documents from each regulated province regarding midwifery competency requirements and create a draft document that outlines national competency requirements.
- Critically analyse portfolio assessment processes and standards and create a draft document that outlines national portfolio assessment standards.
- Publication of a comprehensive National Midwifery and PLA Report in both French and English. The report will include a summary and analysis of research data obtained during this phase of the project and recommendations for a national assessment strategy.

Phase Two

- Deliberate and select a national assessment strategy by CMRC members based on the findings and recommendation from Phase One as outlined in the National Midwifery and PLA Report.
- Create a CMRC approved document outlining national midwifery competency requirements.
- Investigate existing assessment tools in detail (e.g. written examination questions) and analyse their applicability to the approved national midwifery assessment strategy.
- Identify gaps in assessment tools and materials.
- Revise and create assessment tools and materials as are necessary for a pilot of the approved national assessment strategy.

Phase Three

- Evaluate assessment strategy and the process to date by CMRC members.
- Publish a Final Project Report.

Please note: It is anticipated that further funding will be sought from CMRC members, private foundations, organisations, and/or provincial or federal government departments with relevant mandates in order to carry out a pilot of the national midwifery assessment strategy, and that further evaluation of the strategy and its components will take place at that time. The CMRC appreciates HRSDC funding for this current project and has no expectations of additional funding from HRSDC for the pilot.

Project Coordination

The College of Midwives of British Columbia (CMBC) is coordinating and administering this research project on behalf of the Canadian Midwifery Regulators Consortium (CMRC), an umbrella organisation made up of representatives from the five provincial midwifery regulators in Canada. While the CMBC is managing the project, all major decisions are made consensually by the members of the CMRC.

In order to adequately support the national nature of the project, the CMRC has established a Project Steering Committee made up of representatives from several provinces. The steering committee provides regular feedback and support to the CMBC and Project Coordinator (who is a staff member of the CMBC) via telephone consultation and meetings. In addition, several in-person meetings of the steering committee are scheduled for each phase of the project.

Additional expert advice is obtained from experts in the fields of prior learning assessment, immigrant access, and research. In phase two, an Expert Advisory Group will be formally established to provide ongoing support to the Project Coordinator.

The Developmental Phase (December 2003 – March 2004)

The developmental phase of the National Midwifery Assessment Strategy project took place from December 15 to March 31, 2004. A number of steps were taken to gather the background information needed to inform the development of the Research Plan (Phases 1-3) described in Part Three of this document.

Interviews

In order to obtain current, correct information regarding registration requirements and assessment processes used in each regulated province, a project consultant interviewed the following key informants from each jurisdiction:

- Québec: Josee Lafrance (UQTR), Maggie Moise (l'Ordre)
- Ontario: Robin Kilpatrick (CMO), Jill Moriarty (CMO), Holliday Tyson (IMPP)
- Manitoba: Janice Erickson (CMM), Laurel Garvie (CMM)
- Alberta: Joanna Greenhalgh (Midwifery Health Disciplines Committee), Heather Cameron (Alberta Health and Wellness)
- BC: Jane Kiltnei (CMBC), Wendy Martin (CMBC)

Semi-structured interviews were conducted in-person (for BC interviewees) or via teleconference by the project consultant. A chart for basic assessment criteria provided the structure to the interviews. Interviews were followed up to ensure data was correct by the project consultant and, at a later stage, by CMRC members and the project coordinator. Data can be viewed in the Appendices.

Literature review

The following documents were consulted in the creation of this Research Plan:

- Registrants' Binders, Prior Learning and Experience Assessment (PLEA) Applicant Handbooks, and other written information from midwifery regulators about registration requirements and assessment programs across Canada;
- Research reports, organisational documents, proposed plans, and other literature regarding immigrant access to professions in Canada;
- Conference reports and other organisational literature applicable to the use of prior learning assessment in regulated professions in Canada.

A complete list may be found in the bibliography.

Analysis and Writing

Analysis of data collected involved:

- thematic comparisons to determine similarities and differences, gaps and overlaps, between and amongst the different provincial midwifery registration and assessment requirements and processes;
- compilation and comparison of information regarding barriers to access to professions by foreign-educated professionals wishing to work in Canada;
- compilation and comparison of information regarding strategies to increase access to professions by foreign-educated professionals wishing to work in Canada.

A report summarizing the results of this analysis was then written – see Part Two. The information in Part Two informed the development of the research plan found in Part Three of this document.

Expert Consultation

The following consultants provided feedback on first drafts of the Research Plan:

- Sandy Berman, immigrant access expert, Circa Enterprises
- Sandi Howell, prior learning assessment expert, Manitoba Ministry of Advanced Education and Training
- Margaret Landstrom, intercultural and prior learning assessment expert, B.C. Children's and Women's Health Center
- Kelly Pollack, immigrant access expert, MOSAIC

Additional Comments

The following representatives of midwifery regulators provided additional feedback and information:

- Québec: Raymonde Gagnon, Françoise Dufresne, Maggy Moise
Ontario: Zoe Kende, Robin Kilpatrick, Jill Moriarty
Manitoba: Janice Erickson
Alberta: Joanna Greenhalgh
BC: Jane Kiltnei, Wendy Martin, Danie McAren, Mary Burgoyne

Peer Review

The following individuals reviewed the final draft (March 18th version) of this plan in the role of peer reviewers and provided feedback that has been incorporated into this final version:

Margaret Haworth-Brockman, Executive Director, Prairie Women's Health Centre of Excellence.

Susan James, Director, Ontario Midwifery Education Programme, Laurentian University.

Jude Kornelsen, Research Associate at the BC Center of Excellence for Women's Health and Assistant Clinical Professor at the Department of Family Practice, UBC.

PART TWO: SUMMARY OF INFORMATION GATHERED IN THE DEVELOPMENTAL PHASE

Background

Canadian labour statistics indicate that by the year 2011, virtually all of Canada's net labour force growth will be dependent on immigrants¹. Midwifery, as a relatively new profession in Canada, with only three small university-based midwifery education programs, has a workforce that already consists of a large majority of foreign-educated professionals. Due to the small numbers of graduates from Canadian education programs², Canadian midwifery regulatory bodies will continue to rely on registering foreign-educated workers in order to meet the current and future demand for midwifery services.

Cognizant of this fact, midwifery regulators in Canada have developed assessment processes that recognise education and experience gained overseas. The concept of competency-based prior learning assessment underlies these current assessment processes. Provincial regulators strive to offer assessment programs that are fair and accessible to foreign-educated midwives, while being rigorous enough to fulfill their mandate of public protection.

Each province has drawn on the experiences and resources developed by the others but provincial regulators have ultimately developed independent processes that are, unfortunately, not well linked to each other. Assessment standards and processes are not consistent throughout the country, and although almost every needed piece exists somewhere, no one province has had the resources to develop a comprehensive program. This means a duplication of work throughout the country and increased costs to both foreign-educated midwives and regulators. The heavy workload for regulators maintaining independent assessment programs means that the development of innovative ways to remove remaining barriers to registration for the foreign-educated is dramatically slowed down.

Financial and other barriers reduce the number of foreign-educated midwives who are able to use their midwifery skills and experience to contribute to Canada's economy. Barriers to professional integration of foreign trained individuals have been well documented in a wide range of publications and reports³. Key barriers include:

- Poor information available to prospective immigrants overseas, especially with regards to what they must do in order to legally practice their profession in Canada.
- Information available in Canada about professional standards and registration is often not clear, transparent, and understandable for a newcomer.
- Difficulty in having educational credentials recognized due to, for example, difficulties in getting official transcripts sent by institutions outside of Canada.

¹ "Shaping the nation's workforce: Immigrants, demand for skills and an aging population" Statistics Canada, www12.statcan.ca, date modified 2003-02-24

² The McMaster led consortium in Ontario now graduates 30 to 40 midwives a year which does not meet the demand in Ontario. The Université du Québec graduated its first class of 12 in 2003 and UBC will have its first 10 graduates in 2005.

³ ACCESS! Summary: A chapter-by-chapter summary of the report of the Task Force on Access to Professions and Trades in Ontario (1990), *Immigrants Need Not Apply* (1999), *Initiatives Affecting the Labour Market Integration of Foreign-Trained Professionals and Trades Workers* (2000), *Fulfilling the Promise* (2002), *Roundtable Proceedings: Improving Access to the Professions and Trades through Prior Learning Assessment & Qualifications Recognition for Immigrants in BC* (2002), and others.

- Difficulty in having professional experience gained outside of Canada recognized.
- Required examinations may not test what is actually needed to practice and may be culturally biased.
- Absence of or difficulty in accessing appeal processes.
- Absence of sufficient upgrading/bridging programs to assist newcomers to fill gaps in knowledge or experience vis á vis professional expectations in Canada.
- Need for improved orientation to Canadian workplace culture.
- Lack of occupation-specific language training, especially at high levels.
- Direct and indirect costs of assessment processes can be prohibitive.

Recently, regulators have also begun to identify issues of concern with regards to ensuring that foreign-educated professionals have adequate and appropriate access to practicing their profession in Canada⁴. In the *Access to Ontario's Regulated Professions by International Candidates Research Report and Compendium* (2003), the following challenges and barriers were identified:

- Regulators' lack of adequate financial and human resources to develop and maintain assessment processes that eliminate all unintentional barriers.
- Regulators' difficulties in obtaining and maintaining up-to-date information about educational programs and professional practices around the world – information that is needed to appropriately assess an application.
- Regulators' difficulty maintaining a balance between assisting candidates for registration and their mandated role of ensuring public protection.
- Proposed changes to legislation or regulations to improve access for foreign-educated midwives generally take at least two years.
- Cost to immigrants can be prohibitive and regulators usually must offer assessment on a cost recovery basis.
- Immigrants' frustrations regarding having received incorrect or missing information about practicing their profession in Canada prior to arrival.
- Lack of networking opportunities for candidates requiring Canadian experience.
- Immigrants' lack of occupation specific language skills.
- National assessments and exams may not provide adequate access when standards are very strict and when exams do not identify candidates' weak areas.
- Lack of bridging programs to fill gaps identified during assessment processes.

In *Brain Gain: The Economic Benefits of Recognizing Learning and Learning Credentials in Canada*, the Conference Board of Canada estimated that if we eliminated the learning recognition gap in Canada, Canadians would earn an additional \$4.1 billion - \$5.9 billion income annually⁵. Immigrants were one of the three groups identified who would stand to gain the most. In her recent 2004 Speech from the Throne, Governor General Adrienne Clarkson confirmed the government's recognition of this potential benefit, stating, "We will deepen the pool of Canada's talent and skills by ensuring more successful integration of new immigrants into the economy and into communities. Immigrants have helped to build Canada from its inception and they will be key to our future prosperity".

⁴ *Actions Taken by the Ministère des Relations avec les Citoyens et de l'Immigration (MRCI) to Facilitate Access by Immigrants to Occupations Regulations by the Professional Orders*, Christiane Syms, (2003); *Access to Ontario's Regulated Professions by International Candidates Research Report and Compendium*, (2003); and more (see list of works consulted)

⁵ *Brain Gain: The Economic Benefits of Recognising Learning and Learning Credentials in Canada*, Conference Board of Canada, (2001)

The recognition of the economic impact of not recognizing credentials, at a time when immigrants are becoming more and more important to the country's well-being, has provided the impetus for a wide range of funding initiatives to address the issue of immigrant access to regulated professions. This momentum and will for change is in evidence at all levels of government as well as amongst other stakeholders, as indicated by multi-stakeholder initiatives such as BC's Employment Access for Skilled Immigrants and Ontario's Toronto Regional Immigrant Employment Council.

For midwifery, this current emphasis on increasing immigrant access to professions is coupled with the growing "maternity care crisis". The Canadian Medical Association Journal has reported that the percentage of births managed by family practitioners dropped from 36% in 1982 to 18% in 2000. In 2003 only 24% of medical students opted to go into family medicine, with few indicating an interest in incorporating maternity care into their practice.⁶ Some research indicates that the percentage of obstetricians delivering babies is also declining, with one recent study indicating a drop in numbers delivering babies from 82% to 77% between 1992-3 and 2001-02 in Ontario⁷. In any case, their specialty training is not aimed at providing care for the 80 to 85% of women who have low-risk pregnancies. Midwives are clearly needed to provide this low-risk care⁸ and the Canadian university system does not have the capacity to educate the numbers of midwives needed. 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.

At the CMRC's February 2003 meeting, it was agreed that there is a critical need for a comprehensive and consistent national approach to assessment to bring new midwives into practice across Canada. Having such an approach is particularly important to support newly regulated provinces and territories where there is no infrastructure to assess the competence of the province's foreign-educated midwives and register those midwives to practice. It was recognized that developing such a national assessment process or processes will necessarily involve coming up with innovative ways to build upon current assessment processes so that the resulting approach to assessment is both effective in protecting the public and in increasing access to the profession for foreign-educated midwives across the country. The CMRC agreed at that time that a systems approach should be adopted, where all aspects of supporting the integration of midwives into registration across Canada can be addressed by stakeholders systematically and collaboratively.

Regulated professions traditionally have had the most barriers for foreign-educated individuals who wish to practice their profession in Canada⁹. However, many Canadian regulators are now responding to challenges in this regard by revising their assessment processes. Unfortunately, there have been few models to follow. There is now a critical need to develop an innovative and integrated approach to assessment that can provide a model that is flexible enough to work for regulators in a variety of disciplines, that allows increased access for foreign-educated professionals, and that still clearly allows the regulators to fulfill their public protection mandate.

⁶ Canadian Medical Association Journal, 2000 and April 2003

⁷ "Career Challenges drive baby doctors away", Helen Branswell, Victoria Times Colonist, February 24/04

⁸ This subject was the focus of a November 2000 national conference, "The Future of Maternity Care in Canada", which brought together a multi-disciplinary group of health care providers, including obstetricians, family physicians and midwives, to discuss and make recommendations for the future of our maternity care system, and how it will address provider shortages.

⁹ ACCESS! Summary: A chapter-by-chapter summary of the report of the Task Force on Access to Professions and Trades in Ontario (1990); Fulfilling the Promise: Integrating Immigrant Skills into the Canadian Economy (2001)

One promising model, Prior Learning Assessment¹⁰, can be defined as “the process of identifying, assessing and recognizing skills, knowledge, or competencies that have been acquired through work experience, unrecognized training [including training from other jurisdictions], independent study, volunteer activities, and hobbies. PLA may be applied toward academic credit, toward requirement of a training program, or for occupational certification.”¹¹ Methods that can be used to assess prior learning include “assessment of educational documents, portfolio review, demonstration or challenge processes (e.g. written/oral examinations, projects, assignments, performance observation, skill demonstration, simulations and product assessments), standardized tests, and program review.”¹² Approaches to Prior Learning Assessment can be outcomes-based or focus on developmental aspects of the process. In 2001 the *Halifax Declaration for the Recognition of Prior Learning* was developed from the vision of several hundred Canadians attending the Joint National Conference for Prior Learning Assessment and Qualification Recognition. It asserts that “all Canadians, including immigrants to Canada should have the right to have their prior learning assessed and recognized.” Further it states that “when individuals are able to demonstrate that they have obtained the necessary knowledge and skills, regardless of where or how that learning has been acquired, appropriate learning credentials must be awarded.”

Prior Learning Assessment is increasingly being looked at by regulators as an appropriate assessment methodology to both ensure fair process and protect the public. In the *Assessment Programs for Internationally Trained Professionals: Session Proceedings*, policy analyst Catherine Laurier points out that, in addition to the economic and social imperatives to facilitate international labour mobility, the recent requirement for inter-provincial mobility agreements that are fair, transparent, and based on criteria relevant to practicing the profession, has provided a boost to the move towards competency-based assessment processes, such as prior learning assessment and recognition.¹³ Regulators are developing ways to use prior learning assessment to assess entry-to-practice competency, to ensure that professional competency is maintained, and to assess advanced competencies. Most regulators use a combination of assessment tools in order to assess a candidate's competency against clearly defined professional competencies that must be demonstrated.

Midwifery regulators in Ontario, BC and Manitoba have all been leaders in developing different aspects of prior learning assessment for their profession over the past decade and in sharing the knowledge they have gained with each other and with other professions. The CMRC is committed to developing an innovative, coordinated, and collaborative national prior learning assessment strategy for foreign-educated midwives.

Assessment Programs in Canada for Foreign-Educated Midwives

Midwifery, like other health professions in Canada, is regulated provincially. Currently, however, only five provinces (Québec, Ontario, Manitoba, Alberta, and British Columbia) have incorporated regulated midwifery into their provincial health care systems, one (Alberta) without access to public funding. As such, the history and current context of

¹⁰ Also known as Prior Learning Assessment and Recognition (PLAR), Recognition of Prior Learning (RPL), and other similar terms.

¹¹ *Prior Learning Assessment Newsletter*, Human Resources Development Canada, May 1995

¹² *Developing Benchmarks for Prior Learning Assessment and Recognition – Practitioner Perspectives*, CAPLA (2000)

¹³ *Competency Based Assessment Programs for Internationally Trained Professionals*, (2000).

midwifery across Canada varies by jurisdiction. In this section of the report, a brief history of midwifery assessment in each province where midwifery is regulated will be outlined, followed by an analysis of similarities and differences, duplication and gaps. More detailed information on each province's assessment processes is available in the appendix.

Québec

From 1992-1998, midwives were assessed via portfolio assessment, written and Objective Structured Clinical Exams (OSCEs), and, during the early years, supervised practice ("stage") or assessment by direct observation ("évaluation par observation directe"). Successful candidates obtained restricted licensure allowing them to practice as part of a birth-centre-based pilot project. In 1997, assessment for accreditation to practice in a pilot project continued to include all aspects of the previous assessment process with the exception of the Objective Structured Clinical Exams which were revised to become the objective structured exams (a combination of written, oral and OSCE style exams) due to the new requirement that all applicants have formal midwifery training and current clinical experience. In 1999, midwifery became a legal profession, the Order of Midwives (l'Ordre des sages-femmes) was created to regulate the profession, and a baccalaureate level educational program was established. In 2001, the same evaluation tools as in 1999 continued to be used and a supervised clinical practice assessment process, using a series of standardized tools, was added to the process. No regular assessment processes have been initiated since 2002, although it is possible that there will be an assessment process in 2004.

Currently, a new regulation that will govern assessment is being developed, with a focus on setting standards for equivalency to the midwifery education program at the Université du Québec à Trois Rivières. All foreign-educated midwives, as well as others not educated at the UQTR, will be required to be assessed for equivalency. It is possible that the new legislation could be worded with a view to potentially including components of a national assessment strategy. It is expected that the new legislation will be in place in 2004 or 2005, and the new assessment process will commence relatively soon thereafter.

Ontario

Ontario began its initial examination process in 1992 when midwives already practicing in the province went through a one-time education and assessment program, the Midwifery Pre-Registration Program at the Michener Institute of Applied Health Sciences. In 1994, the Midwifery Act was proclaimed and by 1995-1996, the College of Midwives of Ontario offered the first Prior Learning and Experience Assessment cycle. PLEA included portfolio assessment, written exams, and a series of OSCEs. All successful candidates had to have a period of supervised practice under the supervision of an experienced midwife. This period of supervision allowed for additional assessment of competencies and provided support for addressing competency-gaps identified in a candidate's portfolio or examinations. In 1997-98, the second cycle of the program, the in-depth portfolio assessment was dropped, mainly due to the time intensive nature of the assessment. At the same time, the examination process was revised although it continued to include both written and OSCE exams.

After the 2001 PLEA cycle, the College decided to stop offering this particular process as the CMO believed the PLEA exams now needed an extensive revision in order to maintain public safety and the expense to undertake this was prohibitive at the time. The CMO chose instead to pursue public funding that became available for a bridging program that could address the obvious need for upgrading and education that had been identified in the earlier

cycles of the CMO's PLEA, as well as revise and develop new assessment tools. The International Midwifery Pre-Registration Program (IMPP) was developed in 2002 by a partnership between the CMO, Ryerson University's Continuing Education department, and Ontario's Midwifery Education Programme. The IMPP can be characterized as an "enhanced PLEA" process, allowing international midwives to have their skills assessed within a program that can include upgrading, with no supervision being necessary upon graduation. It still involves written and objective structured clinical exams, and candidates create portfolios which are used to identify weak areas. It also includes educational courses and a clinical clerkship. It is offered at arm's length from the regulatory college by Ryerson University Continuing Education. 2004/05 will be the third cycle of IMPP.

Manitoba

In 1998-2000, Manitoba ran its one-time Midwifery Upgrading and Assessment program for midwives who appeared to meet the criteria to be registered in Manitoba. This program was run through Winnipeg's Health Sciences Centre and in addition to upgrading courses, this one to six month process involved portfolio assessment, written exams, and objective structured clinical exams.

In 2000, Manitoba's Midwifery Act and Regulations were proclaimed. The first Prior Learning and Experience Assessment process was offered in 2003 and it included portfolio assessment, written exams, and objective structured clinical exams. In addition, a period of supervised practice was part of the process to allow for additional practice and assessment in a candidate's weak areas, as well as orientation to Manitoba's model of midwifery and health care. While Manitoba has been challenged by having a small number of applicants thus far, this process is expected to continue.

Alberta

In 1996 the Midwifery Act was proclaimed in Alberta although, unlike other regulated provinces, the province of Alberta did not approve public funding for midwifery services at that time. That year, apprentice and formally-trained applicants began the one time assessment process for registering existing midwives into the newly regulated profession. This initial assessment process included a portfolio assessment carried out by registered midwives from out-of-province, written examinations, objective structured clinical exams, and short courses on topics such as emergency skills and pharmacology. This is the only time in Alberta's history that a comprehensive assessment process was undertaken.

Since 2002, all applicants for registration must have formal education as midwives. In 2002, applicants had their applications assessed by the Midwifery Health Disciplines Committee in Alberta and then wrote British Columbia's written exam (in Alberta) and took the CMBC's objective structured clinical exam (in BC). In 2004, it is anticipated that several applicants will be assessed, probably again with the assistance of an assessment process in another regulated province.

British Columbia

In 1997, the CMBC held the first cycle of its Initial Assessment process to assess both currently practicing and previously qualified midwives who wished to register to practice in BC. This process involved portfolio assessment, a two-part written exam (one general and one focused on BC practice requirements), and a one-day, 10 station objective structured clinical exam. In 1999, when the second cycle of Initial Assessment took place, the process included the same elements but they had been expanded and revised more specifically for the BC context.

In 2001 the CMBC's first cycle of Prior Learning and Experience Assessment was offered. It included a refined portfolio assessment process and revised versions of the 1999 exams. Also in 2001, the CMBC introduced an "Examination Exemption Stream" process for midwives with university level midwifery training and/or current clinical experience meeting CMBC's general registration requirements. This EES process is an alternate way for applicants to prove their competency which can be accessed by midwives while they are working outside of Canada. It involves submitting an EES portfolio with a narrative describing what they know and can do according to a specific framework, providing evidence to back up their claims, and attendance at an interview. Successful candidates may be eligible for either conditional registration (with supervision requirements) or general registration.

Since 2001, the CMBC has run annual cycles of PLEA (both regular stream and EES) and expects to continue to do so.

Analysis: Similarities and Differences; Duplication and Gaps in Services

An analysis of the assessment programs for foreign-educated midwives across the country indicates clearly that there are many similarities in terms of the major components of assessment processes. All provinces include some type of portfolio assessment (though in Ontario it is no longer for eligibility for registration exams), all offer written exams, and all offer at least some objective structured clinical exam stations. In addition, many require a period of supervised practice.

There is clearly some duplication of services, particularly with portfolio assessment and examination services. All regulators have had to develop procedures and systems by which to assess whether a portfolio meets requirements, and have had to train people to carry out such assessments consistently and confidently. All regulators have had to develop and maintain current evidence-based and psychometrically sound examinations, a task which is extremely difficult and expensive to carry out well. And while it can be argued that there is no duplication in service for supervised practice since it must vary according to the particularities of each model of practice, as well as the particulars of each candidate's assessment results, there is duplication in the development of tools and training to support supervision.

At the same time, it is evident that there are several large and many small differences among assessment processes. The larger differences include the use of structured clinical observation in Québec, the bridging component and clinical clerkship in the International Pre-Registration Program in Ontario, and the Examination Exemption Stream process in British Columbia. These are innovative ideas that deserve further examination in the research phase of this project.

Beyond these obvious differences, a myriad of small details are hidden within each component of the various assessment processes. When regulators are asked detailed questions about how a particular process works in a specific province, a lot of variables and many ways to carry out a particular type of assessment are discovered. What one province calls an oral exam, another calls an OSCE station. Some provinces are offering portfolio assessments that require detailed documentation and assessment to verify educational, competency or clinical experience requirements. Others offer more streamlined application processes with the weight of assessment more heavily placed on exams. This

developmental phase did not afford the opportunity to record and analyse the details of the various assessment processes but it has pointed towards the need to do so in the next phase of the research project.

In summary, it is important to note that while each province offers some type of assessment services, there remain key areas where gaps in services prevent or delay foreign-educated midwives from registering in each province. These are discussed in detail below.

Barriers and Constraints

Barriers Identified by Midwifery Regulators

Many barriers to increased registration of foreign-educated midwives have been identified by members of the Canadian Midwifery Regulators Consortium based on their experiences and midwifery candidates' experiences¹⁴ of assessment processes to date. These are consistent with those noted by immigrant-serving agencies, government, and others in the literature regarding immigrant access to professions. They include:

- Insufficient resources to offer midwifery-specific language tests in every jurisdiction. With these and with English language tests that are not midwifery specific, difficulty in setting appropriate score requirements as reliable indicators are lacking (i.e. level of language skills needed by registered midwives has not been benchmarked)
- Incorrect information being provided to foreign-educated midwives prior to their arrival in Canada (e.g. via government websites or uninformed contacts in Canada)
- Insufficient programs or mentoring to assist candidates in understanding the practice of midwifery in Canada (and in the specific province in which they plan to register)
- Insufficient preparatory support for candidates in the assessment process (such as examination prep guides and/or workshops)
- Lack of adequate bridging programs which candidates may be referred to once gaps in competencies or education are identified in assessments.
- Insufficient clinical refresher programs to refer candidates to when it is clear that they require more current experience.
- Insufficient English and French language programs relevant in both content and level for midwifery candidates.
- Small numbers of midwives available to be assessors, evaluators, examiners, supervisors, and preceptors to be able to sustain assessment and bridging programs.
- Lack of human and financial resources to maintain and revise examination materials as often as this should be carried out.
- Lack of human and financial resources and lack of an adequate number of midwifery applicants for registration to be able to offer assessment processes more often and in a more streamlined fashion (a common complaint is the length of time an assessment takes).
- Expense of offering assessment must be largely passed onto candidates since midwifery colleges are small with correspondingly small budgets and no way to

¹⁴ Foreign-educated midwives taking part in assessment processes have provided evaluative feedback verbally and in written format to all midwifery regulatory organizations, and many have provided feedback via formal evaluations that were carried out for regulators by expert external consultants.

offer assessment without fees. The expense of assessment processes (especially OSCEs) means that fees can be prohibitive to some candidates, especially if they must also pay for such items as translations, notarizations, international postage and phone calls, and travel to assessments (in addition to living expenses while they cannot work in their profession).

- Insufficient intercultural/diversity training (and insufficient diversity) of staff, assessors, examiners, evaluators, and supervisors which can lead to misunderstanding and frustrations of all involved. This can be particularly challenging during supervised practice. There is currently no diversity training available that is specific to the needs of this population.
- Lack of funded midwifery in Alberta and the fact that funding for midwifery positions in Manitoba, Ontario and Québec may not meet the needs of a potential applicant (or may not even be available), as well as limited funding to support supervision and the integration of new foreign-educated midwives in British Columbia. All of these issues deter potential new applicants from deciding to register to practice midwifery in these jurisdictions.
- Difficulty in obtaining sufficient information about midwifery in other parts of the world to effectively evaluate an applicant's qualifications and experience.

Constraints

In deciding upon a research plan and in carrying out research for a national assessment strategy, it is important to be aware of the constraints of this project. While other constraints exist (e.g. lack of adequate numbers of applicants in many jurisdictions, financial issues, rural/urban realities, etc.) and will need to be accounted for in the development of an assessment strategy, the major constraint to the development and selection of a national midwifery assessment strategy will be legislated registration requirements.

These requirements must be met by foreign-educated midwives who wish to register to practice in one of the regulated provinces. Most midwifery registration requirements are included in legislation or bylaws. Making changes to these documents is a difficult and time-consuming process which often takes two years or more due to a requirement for cabinet or legislative approval of proposed amendments. This timeline both exceeds the scope of this project and delays the proactive changes that can be implemented in the short term to strengthen the profession of midwifery in Canada through the registration of foreign-educated applicants.

The first step in taking this constraint into account is to understand it better. To this end, a comparison of current legislated registration requirements was undertaken in the developmental phase (see Appendices Two and Three). This comparison indicates a number of similarities amongst legislated registration requirements. Numbers of births attended, with special designation for numbers as primary midwife, and currency requirements for this clinical experience are set out in legislation or bylaws in all provinces except Alberta, where these requirements are currently set in policy rather than being legislated. All provinces accept formally educated midwives from Canadian university-based midwifery education programs. Most will assess formally educated midwives trained outside of Canada for equivalency measured against a Canadian university level midwifery program. Some will also assess informally educated midwives for equivalency. All require payment of fees and proof of liability insurance.

While there are similarities among each province's requirements, there are also many significant differences. Some of these include requirements for a certain number of births in

specific birth settings or with continuity of care, others include specific numbers and types of client visits. Significantly, two provinces cannot accept informally trained applicants whereas three can and do. One province assesses its candidates' experiences exclusively against core competencies rather than requiring equivalency to a university degree, while the others use a combination of competency and educational measures.

Some of the differences will have little or no impact on this project, particularly because the differences can be mitigated to some degree when legislated and policy driven registration requirements are combined, resulting in more similarities. However, there are some issues that will have an impact on the national assessment strategy and which will have to be resolved during the research phase of the project. These include:

- What types of educational backgrounds are acceptable?
 - Can we come up with a portfolio assessment process that will work for both informally trained and formally trained applicants?
 - Are the standards that we are comparing against similar enough to allow us to use the same tools for assessment?
 - Are they similar enough to allow us to consider doing portfolio assessment on a national basis, at least for eligibility to sit examinations (as opposed to eligibility to register)?
- Do our differing clinical experience requirements affect the ability to have unified entry-to-assessment criteria?
- Do our differing requirements create different curriculum needs for bridging components and clinical refresher programs?

PART THREE: RESEARCH PLAN

Research Questions

The CMRC believes that it is possible to a) increase access to the midwifery profession across Canada by foreign-educated midwives, and b) still ensure public protection, by developing a coordinated national approach to Prior Learning Assessment.

Phase One

There are many potential solutions to the barriers and needs identified in this document by midwifery regulators and others concerned about foreign-educated individuals' access to regulated professions. At a meeting in October 2003, the Canadian Midwifery Regulators Consortium identified key questions to be answered during Phase One of this Research Project. These have been grouped into four main themes and refined to include the following:

Midwifery Assessment in Canada

- What assessment processes for foreign-educated midwives have taken place in regulated jurisdictions in Canada?
 - What entry-to-assessment criteria were used?
 - What assessment tools were used?
 - How was the overall assessment sequenced and structured?
 - What policies and procedures applied?
 - What were the costs to applicants and to regulators?
 - What kind of bridging opportunities have there been for applicants who have gaps in competencies and/or experience?
- What legislation, professional standards, and core competencies formed the basis of each jurisdiction's assessment processes?
- What kinds of evaluations of these assessment processes have taken place? What do these evaluations conclude? What have candidate results been? What does an analysis of these factors tell us?

Midwifery Competencies for Safe Practice

- What midwifery competency statements exist in each jurisdiction that describe what a registered midwife must know and be able to do? How were these statements created? What processes are required in each jurisdiction in order to revise them?
- What are the similarities and differences between the provincial competency statements? What are the significant differences – can these be harmonized? Are there competencies listed that are not actually required for safe entry-to-practice level care?
- Ultimately, what competencies (knowledge, skills, abilities) do midwives need in order to provide safe care to childbearing women in Canada?
- What are the indicators that tell us if an applicant meets each required competency?
- What are the English and/or French language competency requirements in each regulated province? How were these requirements determined?
- Is there a need to benchmark the English and French language levels required by an entry level registered midwife in Canada (i.e. the language level required for the provision of safe care)? What would a process of benchmarking midwifery language levels against the Canadian Language Benchmarks involve?

Promising Assessment Models, Approaches, and Tools

- What approaches to the assessment of foreign-educated professionals who wish to practice their profession in Canada are being put forward by immigrant serving agencies and other stakeholders?
- What promising and innovative assessment tools have been used by regulatory organisations in Canada and abroad to assess the prior learning and experience of foreign-educated professionals seeking registration in their new jurisdiction?
- Have these promising PLA processes been evaluated? If known, what are their drawbacks and advantages?
- What does the literature say about the effectiveness and fairness of assessment tools commonly used by midwifery regulators in Canada (to date) – for example, multiple-choice written exams, short answer written exams, objective structured clinical exams, etc?

Constraints and Issues to Consider

- What are the unique needs of each midwifery regulatory authority in Canada?
- What processes can we adopt that will address the needs of the broad range of potential applicants, including:
 - Highly skilled and experienced midwives?
 - Midwives who have just graduated from their educational institutions?
 - Midwives with out-of-date skills or experience?
 - Midwives with small gaps in their knowledge/skills and/or clinical experience?
 - Midwives with large gaps in knowledge/skills and/or clinical experience?
- How can we ensure that applicants from all ethnocultural backgrounds are well served by the national assessment strategy?
- What are the needs of the not-yet-regulated provinces and territories? For example, remote issues must be kept in mind as they will be extremely pertinent to many jurisdictions, including the one most likely to be the next to regulate midwifery, the Northwest Territories.
- What national assessment strategy can we adopt that will work for jurisdictions with small numbers of applicants and those with larger numbers?
- What feedback can we obtain from midwifery associations, midwifery educational programs, government departments, and other key stakeholders in the midwifery community in Canada?
- What are the costs of various assessment tools, including their development and maintenance, the cost to administer them, and the potential cost to applicants?
- How can midwifery regulators increase their efficiency in assessment through this national strategy (e.g. can regulators take turns offering exams; is it advantageous to have a national body that administers exams)?
- What funding might we obtain to help support our assessment strategy (e.g. to carry out a pilot process)?

Phase Two

The key question in phase two will be “What midwifery national assessment strategy is approved by the CMRC?” Further research questions for phase two will be defined after a strategy has been approved and will focus on refining and developing specific assessment tools and processes for a pilot of the strategy.

Phase Three

Research questions in phase three will include:

- What have been the challenges for the CMRC in carrying out this research project?
- What have been the successes for the CMRC in carrying out this project?
- Has the research project met expectations?
- Has the development of the national assessment strategy benefited midwifery regulators in Canada?

Research Methodology

This project can be classified as evaluation or organisational research. It is concerned with systematically acquiring and assessing information for the purpose of obtaining feedback about and improving the assessment of foreign-educated midwives in Canada.¹⁵ Evaluation research occurs in a specific social and organisational context and is influenced by the desire for increased organisational efficiencies. In the case of the NAS project, the CMRC is looking for empirical information about the benefits and disadvantages of potential national assessment strategies (including tools and approaches). This information will inform the CMRC's decision about what kind of assessment strategy will meet the needs of the most stakeholders across the country (including foreign-educated midwives and childbearing women), while ensuring that regulators continue to protect the public.

The research approach in phase one will be primarily exploratory. The CMRC recognizes that there are many varied components to an effective assessment strategy. The national assessment strategy finally adopted by the CMRC may involve harmonization of assessment standards and practices with implementation of all parts remaining provincially-based. It may involve creating certain national components, for example a national examination system, with other parts, such as portfolio assessment remaining provincially-based. Or it may involve creating a national assessment process where all, or almost all, of the assessment process is carried out nationally. In order to determine which of the many possible options or approaches is best, the CMRC requires good empirical information.

Information on the use of prior learning assessment by regulatory organisations has only recently been available, and what can be found are usually reports of pilot projects or recently implemented projects, with little evaluative data available. Because the use of PLA by professional regulators is relatively new, it is imperative that we use multiple research methods in this project to obtain useful, empirical information. The concept of triangulation of methods is embedded in the choice of data collection methods. These include critical analysis of relevant literature, questionnaires, stakeholder interviews, focus groups, and symposia. Data analysis will include a meta-analysis of the results from each data collection method. Specific data analysis methods and data collection tools will be developed with the support of the project's Expert Advisory Group in order to ensure that the research is carried out in a stringent, objective, and effective manner. This group will include experts in research, immigrant access, and prior learning assessment. It is expected that at least two of the peer reviewers involved in the developmental phase of this project will provide ongoing expertise in research methodologies through their involvement in the Expert

¹⁵ Trochim, William M. The Research Methods Knowledge Base, 2nd Edition, Internet WWW page at URL: <http://trochim.human.cornell.edu/kb/index.htm> (version current as of 08/06/2003)

Advisory Group. Information about data analysis and copies of questionnaires and other data collection tools will also be shared with HRSDC as they are available.

This research project will ensure that matters of privacy and confidentiality are appropriately upheld throughout all project activities. The project's sponsor organisation, the College of Midwives of British Columbia, is legislatively required to abide by BC's *Freedom of Information and Protection of Privacy Act*. In addition, the CMBC and the other members of the CMRC are ethically bound by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. All research participants will be provided the opportunity to provide free and informed consent about participation in this research project. Participants will be able to withdraw at any time without any form of consequence. There will be full and frank disclosure of all information relevant to free and informed consent. In particular, this will include the purpose of the research, information about the researchers (especially their links to midwifery regulators), what participation will involve for the participant, and how confidentiality and privacy will be maintained. There will be full disclosure regarding the role of midwifery regulators in this project. All research data gathered that includes identifiable personal information (including all personal characteristics that are not public information) will be stored in locked file cabinets (any soft data will be password protected); it will be shredded once the research project is complete. Data released will not contain personal identifiers unless specific permission to do so has been obtained.

Phase One: Data Collection and Analysis

Critical analysis of literature

Literature regarding the following topics will be critically analysed:

- Canadian midwifery assessment and registration processes for foreign-educated midwives;
- Canadian midwifery competency requirements;
- Options for decreasing barriers to foreign-educated professionals who seek work in regulated professions in Canada;
- Various prior learning assessment models, approaches, and tools applicable to use by regulatory organisations in Canada;
- Assessment tools, including written and clinical examinations;
- Processes for benchmarking English and French language requirements and tests for professional practice.

The CMRC has much of this literature on hand already. On-line searches will aid in identifying other relevant literature, as will discussion with members of the project steering committee and advisory group.

The critical analysis of literature relevant to each topic will inform the other research methods. For example, questions to be asked in interviews with regulators will be based on gaps or conflicts in information identified through the literature analysis process. Choice of interviewees with expertise in assessment will be influenced by the literature analysis, as individuals with pertinent information are identified. In this exploratory phase, the literature analysis will also provide significant information in and of itself for the CMRC's decision-making process at the end of phase one regarding the choice or choices involved in creating a national assessment strategy.

Interviews

In order to further explore many of the issues addressed by literature analysis, this project includes the use of in-person and telephone interviews with at least ten key informants in each of the fields of midwifery, immigrant access, and prior learning assessment.

Midwifery

In-person interviews will take place with several relevant individuals from each midwifery regulatory organisation in order to ensure that the researcher obtains full and complete information about all assessment programs that have taken place to date, about related successes and challenges, and about constraints within each jurisdiction that must be considered for a successful national assessment strategy. Specific interviewees will be identified by CMRC members in each jurisdiction. Interviews will be semi-structured, with questions based on the gaps in information identified in the critical analysis of related literature, and may include one or more individuals at a time. Question keys will be sent to interviewees prior to the interview. Interviews will be conducted by the lead project researcher, who is also a representative of the CMRC. Notes will be taken by the researcher and will be used to generate detailed descriptions of processes in each jurisdiction. Interviewees will have the opportunity to correct any errors in the draft document.

Interviews will also take place with other key stakeholders, including key individuals in the not-yet-regulated jurisdictions in Canada, representatives from midwifery associations across Canada, and individuals associated with midwifery educational programs in Canada. These interviews are intended to provide stakeholders with the opportunity to provide input, to ensure that critical issues for the success of the national strategy are identified, and to include feedback from a variety of midwifery related perspectives. Interviews with midwifery associations and with individuals from not-yet-regulated jurisdictions will take place primarily in-person at the Canadian Association of Midwives conference to be held in Calgary in September 2004. This annual conference includes representatives from across Canada and is an excellent opportunity for gathering the views of not-yet-regulated jurisdictions and of midwifery associations (who are all represented at the conference and at CAM meetings that precede it). Midwifery associations will be contacted prior to the conference and provided with written information about the nature of the interview and an invitation to participate. Once a specific individual has been identified as the association's representative, an invitation letter will be sent by mail or email, along with question keys and disclosure regarding the fact that the interviewer is a staff member of a regulatory agency. Due to the nature of the midwifery community in Canada where there are small numbers of individuals involved, it may not be possible to ensure complete confidentiality and still use the data gathered effectively; when this is the case, this will be disclosed to potential participants so that they may decline to participate if they wish. Given that data gathered from these interviews is expected to be primarily on an organisational level, it is not expected that confidentiality issues will be a large deterrent to participation.

Interviews will be semi-structured and conducted by the lead project researcher, with notes taken by an assistant. Interviews will be conducted in English or French, at the interviewee's discretion. Data generated via all of these interviews will be analysed for key ideas, conflicts, and trends.

Telephone interviews will also take place with other stakeholders. For example, interviews with individuals from the Ministry of Health in the Northwest Territories will be conducted since the NWT is expected to be the next province to be regulated and it will have unique issues for consideration (e.g. remote issues, intercultural context). In addition, if any

jurisdiction was not represented amongst interviewees at the CAM conference, telephone interviews, following the same question key, will be conducted with relevant individuals.

Immigrant Access

In-person and telephone interviews will take place with key individuals and organisations involved in immigrant access to regulated professions in Canada, including those involved in language benchmarking. This will allow the researcher to obtain more detailed information than was available in the literature reviewed. Interviewees will be identified via the literature analysis based on relevance of their knowledge to the goals of this project. Interviews will be semi-structured with specific questions based on an analysis of related literature, and an unstructured conversational component where interviewees can provide additional information that was not available in the literature and about which the researcher may not have sufficient awareness to formulate questions. Interviews will be conducted by the lead project researcher. Notes will be taken by hand in most cases, although more complex interviews may be recorded with permission and later transcribed in order to ensure accuracy. Data gathered from these interviews will be analysed for key ideas and trends that may be applicable to a national midwifery assessment strategy.

Prior Learning Assessment

Telephone interviews with experts in prior learning assessment will be conducted in order to obtain advice on assessment methodologies and to increase the depth of information held by the CMRC on the topic. In particular, different approaches to the development and use of a Framework of Professional Practice will be examined. Given that the partnership between prior learning assessment and regulation is still in its formative stage, it is anticipated that these interviews may also facilitate the development of new ideas in the field, which will be useful to both the CMRC's project and to the interviewees.

Interviewees will be identified through the Canadian Association of Prior Learning Assessment and will also include experts that have been involved in developing PLA processes for midwifery regulators in specific provinces. Interviews will be semi-structured based on issues and questions identified in the literature analysis and in interviews with immigrant access informants. Data gathered from these interviews will be analysed for key issues and will be used to inform the development of specific national assessment tools and/or processes.

Questionnaires

Questionnaires are useful for assessing the scope of an issue and for obtaining standard feedback from a range of dispersed informants. In this project, time and financial limitations mean that questionnaires are the most feasible way to gather feedback from a range of informants on two important exploratory issues.

International Regulators

For context, it is important to gather information about how regulators in Canada and internationally assess their foreign-educated candidates. Some of this information will be obtained via literature analysis and interviews, but in order to ensure complete information, a questionnaire will be employed as well.

A structured questionnaire format will be used with closed-ended questions so as to facilitate comparisons. An opportunity will also be provided for additional information to be added should respondents wish to offer it. The questionnaire will be offered in both French and English in an online format. It will be pre-tested with midwifery regulators in Canada.

An invitation to participate in the on-line questionnaire will be sent to contacts at selected organisations by email and by postal mail. Due to language issues, the invitation to participate will be sent only to countries where it can be anticipated that respondents are able to respond in English or French. More specifically, questionnaires will be sent to:

- a) all nursing, medicine, and pharmacy regulators in all provinces in Canada
- b) midwifery, nursing, medicine, and pharmacy regulators in the USA, United Kingdom, the Netherlands, Denmark, Germany, Switzerland, Belgium, and New Zealand. This purposeful sampling is intended to ensure that we have information about regulatory processes that foreign-educated midwives have suggested we use as models¹⁶.
- c) midwifery, nursing, medicine, and pharmacy regulators in an additional eighteen jurisdictions, assuming that contact information can be found.

Respondents will be offered a summary of the results of this survey as an incentive to participate.

Intercultural and Diversity Issues

An exploratory questionnaire will be developed to ascertain how intercultural and diversity issues have affected the roles and work of midwifery portfolio assessors, examiners, evaluators, staff, and supervisors in regulated jurisdictions in Canada.

The questionnaire will be semi-structured with some open-ended questions in order to solicit thoughts and concerns on this topic and to assess support for potential interventions. The questionnaire will be offered in both English and French in an online format. It will be pre-tested with a small group of midwives meeting inclusion criteria.

An invitation to participate in the on-line questionnaire will be sent by email and postal mail to all registered midwives who have been portfolio assessors, examiners, or supervisors in a regulated jurisdiction in Canada and to current staff in regulatory organisations. The invitation will contain complete information about the nature of the questionnaire and the NAS project, disclosure that the researcher is a staff member of a regulatory organisation, and information on how confidentiality will be maintained. Questionnaires will be followed up by email reminders which will be sent to all potential participants in order to avoid breaching confidentiality. Participants will be able to respond to the questionnaire on-line with complete anonymity to the extent that it can be established within the small midwifery community in Canada.

Data will be analysed to identify key issue areas and potential support for interventions. Results of the analysis will be used to structure the intercultural/diversity content of the focus group with supervisors. Results will also be incorporated into the meta-analysis of data gathered in phase one.

¹⁶ Regulators in Canada have received feedback from foreign-educated midwives now living in Canada, and from others seeking registration, that assessment models in other countries (UK, New Zealand, etc.) should be looked at as potential models since from these midwives' point of view, they include many fewer barriers than Canadian processes. Although Canadian regulators have responded by gathering some information, this has not been done on a systematic basis, nor analysed systematically, and it will be useful to examine these possible models more systematically in this NAS project.

Focus Groups

In evaluative research, focus groups are useful for further defining problems and issues, for delving into greater depth on issues identified, and/or for brainstorming potential solutions. This project will involve several focus groups in order to solicit more detailed feedback on key topics than is possible through other data collection methods. The approach will involve a focus on developing potential solutions to the key topic areas to be addressed.

Views of Foreign-Educated Midwives

Focus group sessions with foreign-educated midwives will be designed to add to the evaluative data that has already been collected by midwifery regulators across Canada regarding the views of foreign-educated midwives on assessment processes. These two focus groups will collect feedback and ideas from foreign-educated midwives already registered in one of the five regulating provinces who have acculturated into the midwifery profession in Canada. They will be designed to include feedback from midwives in all five provinces. Earlier evaluations of midwifery assessment processes in Canada tended to focus on individual experiences of assessment within a year or less of the assessment process. Numbers have tended to be small and the groups homogenous to the extent that all participants in a given evaluation have often been from one assessment cycle, and/or all from one province, and/or have all been newly registered. It is anticipated that these focus groups will allow for larger more heterogeneous groups of participants. They will include midwives who have had time to reflect on the strengths and shortcomings of their assessment experiences in the light of their experience in practice, and will add new information and depth to the pool of evaluative data that is being examined as part of this process.

Please note: While it is acknowledged that including applicants who have been unsuccessful in midwifery assessment processes would provide additional valuable data, a lack of contact information for unsuccessful midwives and project financial constraints mean that it is unfortunately impossible to incorporate these latter foreign-educated midwives into the focus groups of the NAS project. This is a limitation of the project. However, the researchers will attempt to incorporate the views of unsuccessful midwifery applicants via an analysis of relevant literature (such as previous evaluations of midwifery assessment processes that have included unsuccessful candidates).

In order to accommodate the project budget and the difficulty in gathering busy midwives from across the country, focus groups with foreign-educated midwives will take place via teleconference. Seven to ten participants will be randomly selected from publicly accessible provincial lists of all registered midwives in Canada for each of two focus groups. Invitations with a complete description of the purpose of the focus group and use of data in the NAS project and a consent form will be mailed to selected individuals. Individuals will be asked to send a confirmation card with identifier number on it to confirm that they meet inclusion criteria and are willing to participate. A balanced geographic representation overall will be ensured in this process (identifiers will indicate province). One focus group will be conducted in French; the limitation of the latter group will be that it will by nature be a more homogeneous group with the majority of participants from Québec. However, given the limitations of this project, it is the best way to ensure that both francophone and anglophone midwives have an opportunity to participate.

Both focus groups will be moderated by external, experienced facilitators and notes will be taken by a neutral assistant. With the permission of participants, the sessions will also be tape recorded with the proceedings transcribed. Focus group transcripts will be forwarded to

members of each group for their approval. The discussion will be confidential in nature, with only a summary report provided to the lead researcher of the CMRC by the facilitator.

Focus group members will be provided with a basic summary of the project findings to date, including information about current midwifery and other assessment processes across Canada, on access issues for foreign-educated professionals in Canada, and on potential assessment models, tools, and approaches for a national midwifery assessment strategy. Discussion will be directed towards rating the impact of barriers (those already identified in previous evaluations and elsewhere) on an impact scale, and brainstorming potential solutions to those barriers identified as being most significant to the group. Questions will be further defined after the literature analysis and interviews, but it is anticipated that they will include:

- Tell us about your experience in the midwifery assessment process.
- What was the best part of your experience?
- What was the most difficult part of your experience?
- How well did the assessment accurately capture your strengths and weaknesses vis á vis the competencies required to practice according to the Canadian model and standards?
- Keeping in mind the Colleges' mandate to protect the childbearing public, what ideas do you have for potential solutions to identified barriers to access for foreign-educated midwives?

Data from the focus groups will be analysed for key barriers, concerns, and ideas and presented in a written report to the lead researcher who will include the data in a meta-analysis of all data collected when developing the proposed national assessment strategy and writing the final report.

Clinical Supervisors

One focus group will include registered midwives who have supervised foreign-educated midwives in practice for the purposes of addressing competency gaps (excluding supervision that was only for assessment purposes). The goals of this focus group will be:

- a) to consider how well the assessment processes to date have identified candidates' gaps in knowledge or skills, and
- b) to consider how well the supervision process itself has worked to remedy the identified discrete gaps in knowledge, skills, and experience.

In order to accommodate the project budget and the difficulty in gathering busy midwives from across the country, this focus group will take place via teleconference. Ten participants will be selected from lists of supervisors who have had a major role in supervising at least two foreign-educated midwives. Geographic representation will be considered in the selection process, although it is possible that midwives who meet the above criteria may not be available in each province. Due to lack of resources for interpretation and the fact that Québec has not incorporated a supervised practice for addressing competency gaps and therefore will likely not have participants that meet inclusion criteria for this focus group, the focus group will be conducted in English.

Purposeful selection by regulatory authorities will be used as the most viable means to ensure that midwives who have supervised foreign-educated midwives from a variety of cultural backgrounds are incorporated. Selected midwives will be invited to participate by mail or email.

The focus group will be moderated by an external, experienced facilitator, and notes will be taken by a neutral assistant. With the permission of participants, the sessions will also be tape recorded with the proceedings transcribed. The discussion will be confidential in nature, with only a summary report provided to the lead researcher of the CMRC by the facilitator.

Focus group members will be provided with basic information on assessment and supervision processes throughout the country, and discussion will include identifying successes and challenges of the supervision process, and will emphasize potential solutions. This discussion will include asking supervisors if they had sufficient preparation and support to work with midwives from diverse backgrounds and cultures, and if not, what supports are needed. Specific questions will be defined based on issues identified in the analysis of interviews and questionnaires. Much of the discussion will be free flowing to allow for the development of creative solutions.

Focus group transcripts will be forwarded to members of the group for their approval. Data from the focus group will then be analysed for key concerns and ideas and it will be presented in a written report to the lead researcher who will include the data in a meta-analysis of all data collected when developing the proposed national assessment strategy and writing the final report.

Working Symposia

Working symposia will take place in order to further explore two key areas related to assessment, the development of a national core competency statement to assess candidates against, and the development of standards for carrying out portfolio assessment. These sessions are longer and more intense than those with focus groups.

Midwifery Core Competencies

This day long symposium will include at least five representatives of CMRC member organisations, selected by each individual regulatory organisation. Discussion will focus on differences between provincial core competency statements, as identified in the literature analysis. The goal of the symposium is to come to agreement on a comprehensive national core competency statement or framework using all required competencies for registration that can be used to support a national assessment strategy.

In order to accommodate the project budget, this symposium will be scheduled to coincide with the CMRC meeting to be held in September (which coincides with the CAM conference). The symposium will be co-facilitated by the expert consultant contracted to coordinate the core competency sub-project and by the lead project researcher. Notes will be taken by a designated individual and will be used by the expert consultant to revise the draft national core competency statement which will have been circulated prior to this symposium. If consensus is reached in this symposium, the final draft will be sent to the CMRC members for approval. If consensus is not reached, there will be another symposium scheduled for phase two of this NAS project to continue this work. In either case, it is probable that a more detailed "framework of professional practice", which includes performance indicators, will still need to be developed after this symposium.

Portfolio Assessment Standards

This two to three hour symposium will be made up of at least five individuals involved in the assessment of applicant portfolios. It will be exploratory in that it will identify specific policies and procedures for assessing portfolios, and it will be transformative in that guidelines that

can be followed nationally are an intended goal from this session. Information regarding what standards for portfolio assessment are currently in place, as ascertained in the literature analysis and interviews with key informants, will be provided to participants ahead of the symposium and will be discussed during the session. Any gaps in information will be remedied, key issues will be identified, and then discussion will focus on solutions and on developing standards that can be followed nationally by all provincial regulators and by any national portfolio assessment process that may be established.

In order to accommodate the project budget, this symposium will be carried out via teleconference. Participants will be selected by CMRC member organisations based on the depth of their knowledge of their jurisdiction's portfolio assessment processes. This focus group session will be facilitated by the lead researcher, and notes will be taken by an assistant. Minutes and any proposed national standards will be sent to participants for approval. National standards will then be included in the proposed national assessment strategy for approval by CMRC.

Meta-Analysis and Report Writing

The results of each data collection method above will be analysed together with information about limitations and constraints (e.g. legislative; costs) in order to determine the best possible national midwifery assessment strategy. The project steering committee will meet in-person to review data collected and to begin to formulate a potential national assessment strategy. The lead researcher will then write a draft research report containing recommendations for a national assessment strategy, which will be considered and approved by the CMRC and its member regulatory bodies in phase two. This National Midwifery and PLA Report will set the stage for activities to be carried out in phase two. It is important to note that it is possible, and indeed likely, that the recommendations from the research completed in phase one will not be able to be fully implemented within the scope of this project. For example, it seems from initial exploratory data that implementing a language benchmarking process, should that be recommended, would take a great deal more time and financing than will be available. In such cases, the CMRC will seek funding from other sources for such recommended 'sub-projects' that are unable to be completed to fit within the budget or timeframe of this research project.

Phase Two: Pilot Development

Phase two of this NAS project involves further research and the development of pilot assessment tools and training programs in preparation for a pilot of the national midwifery assessment strategy. Carrying out the pilot is not within the scope of this project but is expected to occur soon after this project is complete once adequate funding is secured.

Specific methods for data collection and analysis, and project activities, will be defined at the end of phase one when the CMRC approves a national midwifery assessment strategy. It is expected that methods in phase two will likely include interviews with experts, expert working groups and symposia, design of information tools (such as a NAS website), and design and piloting of training programs (intercultural training, etc) and assessment tools.

Phase Three: Evaluation

Phase three involves compiling and analyzing evaluative data gathered from project partners and others throughout the length of this three-year project. This data will then be shared with CMRC members at a facilitated in-person evaluative meeting. This final consultation will strive to determine:

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 that was 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. 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.

Specific methodological tools for use in analyzing data and in carrying out the evaluative meeting will be further developed later in the project history to take into account actual needs and circumstances at that time.

Following the evaluative meeting, the project researcher will finalize a comprehensive project report, which will include an outcomes-based evaluation. This report will be distributed to HRSDC, CMRC members, and to other interested parties across Canada. It is anticipated that this final bilingual project report will be a useful tool for other organisations in Canada who are striving to develop prior learning assessment tools for fairly and effectively evaluating the competencies of foreign-educated professionals for entry to practice.

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Appendix 1: Lists of Works Consulted

Prior Learning Assessment & Immigrant Access to Regulated Professions

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Appendix 2: Current Legislated Registration Requirements

Current Legislated Registration Requirements <i>(table includes expected changes in italics)</i> * see appendix three for details, including relevant policy requirements					
Clinical Experience	Québec	Ontario	Manitoba	Alberta	BC
Births attended as primary	40	40	20 (30)	0	40
Additional births attended	0	20 as midwife	20 (10)	0	20 as midwife
Births attended in hospital	0	10 as midwife	0	0	5 as primary midwife
Births attended out of hospital	0	10 as midwife; 5 as primary midwife	0	0	5 as primary midwife
Births attended with continuity of care	0	30 as primary midwife	3 (as primary midwife)	0	30 as primary midwife
Currency	2 years experience out of last 5 years, including ante-, intra-, & postpartum care	In 2 of last 4 years, 20 births as midwife per year, including 10 as primary midwife	10 births in last two years <i>(15 births in last 3 yrs)</i>	Must have completed midwifery education no more than 2 yrs prior OR must have completed approved refresher within 1 year prior OR must have maintained competence by actively practicing midwifery	All above experience must have been in the last 5 years
Additional clinical experience			75 prenatal & 75 postnatal exams <i>(15 initial newborn & 50 newborn including 20 in last 3 years)</i>	<i>(some changes to come when midwifery moves from health disciplines act in next 1-2 years).</i>	
Education					
Formal Education Accepted	Yes	Yes	Yes	Yes	Yes
Informal Education Accepted	Yes	Yes	Yes	No	No
Equivalency requirements compared to approved university level midwifery program	Not yet, but soon	Yes	No	Regulations state only that candidates must have completed an approved program of study. Policy defines this to be baccalaureate or equivalent.	Yes

Additional educational requirements	College diploma; Competent in all areas of "General Standards"		Must be able to perform CMM core competencies		
Other					
Language fluency	Yes, French (can have 1 year to gain fluency)	Yes, French or English	No	No	No
NRP	No (yes)	Yes	Yes	No	Yes
CPR	No	Yes	Yes	No	Yes
Fees	Yes	No (yes via policy)	Yes	Yes	Yes
Professional Liability Insurance	Yes	Yes	Yes	Yes	Yes
Disclosure & remedy	Yes	Yes	Yes	No	Yes
Proof of good character	No	No	No	Yes	Yes
Other					
Notes	<p><i>(Emergency skills certification)</i></p> <p>A new regulation regarding equivalency to UQTR will be coming into effect and above registration requirements will change</p>	<p>Legal ability to work in Canada</p> <p>Up to 1 year supervised practice exists for midwives who have discrete gaps in numbers or competence</p>	<p>Must attend orientation to MB</p> <p>Must intend to practice within 3mos. of application</p> <p>Up to 1 year supervised practice exists for midwives who have discrete gaps in (<i>numbers or</i>) competence</p>	<p>Submission of forms, as required.</p> <p>Submission of forms, as required.</p> <p>Supervised practice exists for midwives who have discrete gaps in numbers or competence</p>	<p>Submission of forms, as required.</p> <p>Notarized copies of certificates, degrees, and diplomas</p> <p>Criminal record check satisfactory to AG</p> <p>Up to 1 year supervised practice exists for midwives who have discrete gaps in numbers or competence</p>

Appendix 3: Provincial Registration Requirements for Midwives

As noted in the body of this report, legislated registration requirements are a major constraint that must be considered in the development of a national midwifery assessment strategy. This appendix describes the legislated registration requirements currently in place in each of the five regulated provinces. In order for meaningful comparisons to be made across provinces, requirements that are based on *policy* rather than legislation (and are thus easier to change) are also included below in *italics*, and information about upcoming changes to legislated requirements are included in boxes.

Québec

Clinical Experience

40 births as primary midwife

Must have two years of clinical experience in the last five years, including provision of care during prenatal, labour & delivery, and postpartum.

Academic Requirements

College diploma (13 years) or equivalent, and

Must be competent in all areas designated in the General Standards of Competency and Training regulation.

Other Requirements

- Sufficient knowledge of French language to practice midwifery. (Note: Applicants who do not pass the required test may be offered conditional registration for one year to allow them to study the language and pass the test by the end of that year).
- Payment of assessment and registration fees.
- Proof of professional liability insurance
- Disclosure of previous criminal convictions or professional misconduct
- Appropriate remedy of any disclosure
- *Neonatal resuscitation and emergency skills*
- *New registrants must work in a practice with experienced midwives for their first year (or equivalent, if part time)*

Note: Registration requirements will change relatively soon when new legislation is passed. Anticipated changes include:

- No longer governed by General Standards of Competency and Training but by another regulation that requires equivalency to UQTR midwifery program
- Adding NRP and emergency skills to legislated requirements

Ontario

Clinical Experience

60 births attended as midwife

40 births attended as primary midwife

30 births with continuity of care attended midwife

10 births in hospital as midwife (intended to include 5 as primary midwife though this is not in regulation currently)

10 births in residence or remote clinic/birth center as midwife, of which at least 5 are as primary midwife

In two of the last four years, 20 births as midwife per year, including 10 as primary.

Academic Requirements

Degree from Ontario's midwifery education program,

OR

Equivalent qualifications to Ontario's Baccalaureate degree in health sciences (midwifery)

Other Requirements

- Sufficient knowledge of English or French to practice midwifery
- Current certification in neonatal resuscitation and CPR
- Proof of professional liability insurance
- Disclosure of relevant findings of misconduct etc, current proceeding with relation to professional conduct, suspension or denial of registration, coroner's inquest, professional liability claim, settlement or judgment in a civil law suit, and finding of guilt in any pertinent criminal or other offense
- Applicant must satisfy CMO that any deficit identified above has been remedied.
- Canadian citizenship, permanent resident, or open employment authorization

Note: Candidates who do not meet clinical experience requirements or who have discrete gaps in knowledge or competence, and who are able to remedy these gaps within one year, may be registered as supervised registrants.

Manitoba

Clinical Experience Requirements

40 births conducted

20 births attended as primary midwife

10 births attended in the last two years

75 prenatal and 75 postnatal exams conducted

3 births attended with continuity of care

Note: Proposed bylaw changes that will come into effect in next year or two are listed below:

- 40 births attended;
- 30 births attended as a primary midwife, providing continuity of care to a minimum of 3 women;
- 75 prenatal 75 postnatal exams conducted, of which 45 of each were in the last three years;
- 15 initial newborn exams in the last three years;
- 50 newborn visits, 20 of which were in the last three years;
- 15 births in the 3 years immediately preceding the date of application.

Academic Requirements

Degree, diploma or certificate in midwifery from an educational institution where the program is based on core competencies approved by CMM,

OR

Ability to perform the core competencies of midwifery in Manitoba (as assessed in CMM-approved assessment process)

Other

- Payment of registration fee
- Professional liability insurance
- Neonatal resuscitation with intubation
- Adult and child CPR
- Disclosure of relevant findings of misconduct etc, current proceeding with relation to professional conduct, suspension or denial of registration, coroner's inquest, professional liability claim, settlement or judgement in a civil law suit, and finding of guilt in any pertinent criminal or other offense
- Applicant must satisfy CMM that any deficit identified above has been remedied.
- Must attend a CMM approved "introductory session" about the practice of midwifery in Manitoba
- Must intend to practice within three months of the date of application

Note: Candidates who have discrete gaps in knowledge or competence, and who are able to remedy these gaps within one year, may be registered as supervised registrants. (Proposed bylaw changes will allow candidates who do not meet all clinical experience requirements to make these up in supervised practice as well.)

Alberta

Clinical Experience

Must have maintained competence by actively engaging in the practice of midwifery,

OR

Have completed a refresher program within one year of application,

OR

Have completed midwifery studies within two years of application.

Policy includes following requirements for registration:

60 births attended in last five years

40 births attended as primary midwife in last five years

30 births with continuity of care attended in last five years

10 births in out-of-hospital setting as primary midwife in last 5 years

10 births in hospital setting as primary midwife in last 5 years

and,

10 births in last two years as primary midwife

10 births in last two years with continuity of care

Policy states that "equivalent combination will be considered."

Academic Requirements

Satisfactory completion of approved program of studies.

Policy includes following requirements for registration:

Graduation from a recognized school of midwifery, and

Baccalaureate level degree, or

Five specified courses at first year university level (basic science, social science, health science, women's studies, research) with at least 70% grade in each course.

Other

- Payment of registration fees
- Submission of relevant forms
- Proof of good character and reputation
- Proof of professional liability insurance
- *Certification in neonatal resuscitation*
- *Certification in adult and infant CPR*

Note: candidates who do not meet clinical experience requirements or who have discrete gaps in knowledge or competence may gain full registration "with conditions". There is no time limit on how long someone may hold this type of registration.

British Columbia

Clinical Experience

60 births attended as midwife in last five years

40 births attended as primary midwife in last five years

30 births with continuity of care as primary midwife in last five years

5 births in out-of-hospital setting as primary midwife in last five years

5 births in hospital setting as primary midwife in last five years

Academic Requirements

Graduation from a midwifery education program acceptable to the registration committee (“approved program”),

OR

Graduate of a midwifery education program in a jurisdiction where midwifery is recognized by law, and

Assessed as equivalent in education and experience to graduate from a midwifery education program acceptable to the registration committee

Other

- Current certification in neonatal resuscitation
- Current certification in CPR
- Payment of registration fees
- Submission of relevant forms
- Proof of professional liability insurance
- Proof of good character
- Notarized copies of certificates, diplomas, or degrees
- Disclosure and remedy
- Criminal Record Review clearance
- *Fetal health Surveillance*
- *Legal authorization to work*

Note: It is anticipated that ‘current certification in emergency skills’ will be added to legislated requirements in the near future.

Note: Candidates who do not meet clinical experience requirements or who have discrete gaps in knowledge or competence, and who are able to remedy these gaps within one year, may be registered as conditional registrants for a maximum of one year. They must have remedied all gaps and meet all requirements by the end of that period in order to gain general registration. Bylaws contain provision for the Registration Committee to extend this to two years.

Appendix 4: Current Assessment Processes for Foreign Educated Midwives

Current Assessment Processes for Foreign-Educated Midwives * see appendix five for details, including history of assessment and gap training					
	Québec	Ontario	Manitoba	Alberta	BC
Portfolio Assessment	Yes	Yes, but not for entry to IMPP	Yes	Yes	Yes
Written Exam	Yes, part of OSE	Yes, as part of IMPP	Yes	Yes	Yes
OSCE Exam	Yes, part of OSE	Yes, as part of IMPP	Yes	Yes	Yes
Supervised Practice for assessment	Yes, direct observation using an Evaluation Grid system. (Includes one week observation in a practice and then practicing with evaluators observing and marking using standardized grids for each subject area. It is strictly for assessment purposes)	Yes, but only as students in IMPP clerkship. Graduates of IMPP are all eligible for General Registration, although some will be "with conditions" if they need to make up continuity of care birth numbers.	Yes Includes period of up to one year with supervision by experienced RMs and standardized modules for each identified gap area. (used for combination of assessment and for remedying gaps in competence)	Yes (used for combination of assessment and for remedying gaps in competence and birth numbers)	Yes, Conditional Registration Includes period of up to one year with supervision by experienced RMs and standardized modules for each identified gap area. (used for combination of assessment and for remedying gaps in competence and birth numbers)
Other	Objective Structured Exam is used in Québec. It includes: 1) Written exam 2) OSCE stations 3) Oral exams based on clinical scenarios				BC offers an extended portfolio assessment in its Examination Exemption Stream process which is only open to university educated and/or experienced midwives with clinical experience meeting general registration requirements
Notes	After 2004, the assessment process will change. How it changes is still to be determined.	IMPP is a combination of assessment and training. Exams in IMPP determine if participants meet CMO competency requirements.		Alberta does not expect to be able to run its own exams; rather it is hoping that its candidates will be able to be tested in another province's exam process.	

Appendix Five: Assessment Practices of Canadian Midwifery Regulators, and Available Bridging Programs or Courses

The history of assessment in each regulated province differs. These different histories provide context for what each province can contribute to and what each province can gain from a national assessment strategy. It is crucial to this project that we understand these histories, opportunities, and needs. In this developmental phase, the collection of such data has begun. An outline of provincial assessment processes and gap training programs to date are written below, as described by the key informants in each jurisdiction who were interviewed during the developmental phase of the project. The limited time available in this phase for literature review and for carrying out interviews with informants across the country necessarily limited the data gathered. It is anticipated that research in phase one will expand on the information in this appendix, adding many more details to the knowledge we have gathered to date.

Québec

<i>Table 1: How Do You Assess the Qualifications and Competence of Applicants?</i>					
<i>Year</i>	<i>Portfolio Assessment</i>	<i>Written Exams (multiple choice, short answer)</i>	<i>Clinical Exams (OSCE)</i>	<i>Orientation Program</i>	<i>Other (regulation, creation of education program and so on)</i>
1992	Yes	Yes 1 exam in November			Supervised clinical practice out of province ("Stage")
1993	Yes	February	May		Stage out of province -from '93-'99 regulations "General Standards of Competence and Training" & Criteria Of Obstetrical & Neonatal Risk (which covered reasons for transfer)
1994	Yes	October & November	April & December		Competency assessment tool for labour and birth, in real life situations: "Évaluation par observation directe"
1995				Yes, run by each midwifery practice (not for assessment but pre-job info.)	
1996				As above	

1997	Yes	Yes, October/ November	Yes, October/ November part OSCE & part OSE (objective structured exam--OSCE w/out clinical part)	As above	Mandatory certification for all midwives: Neonatal resuscitation & Emergency skills
1998	Yes	Yes	Yes, as above	As above	As above
1999				As above	As above JUNE: Proclamation of «La Loi sur les sages-femmes» SEPTEMBER: Education program begins at Université du Québec à Trois- Rivières Creat'n of L'Ordre des S.F. du QC
2000	Yes			As above	
2001	Yes	Yes	As above	As above	Yes, same certification as noted above Yes, Supervised clinical practice ("Stage") uses a new series of evaluation tools. The stage is only for assessment and can be failed.
2002	Yes	Yes	As above	As above	Yes, same certification as above
2003				As above	Yes, same certification as above Yes, supervised clinical practice ("Stage") Twelve women graduated from the baccalaureate midwifery education program at UQTR and registered
2004	Maybe	Maybe	Maybe	As above	Yes, Supervised clinical practice ("Stage") L'Ordre is working on a regulation for standards of equivalency of diplomas and education ("règlement sur les normes d'équivalence des diplômes et de la formation") for foreign-educated midwives and other midwives who have not graduated from UQTR.

Table 2: How Do You Help Applicants Fill in Gaps Identified by Your Assessment of Their Qualifications/Competence?				
<i>Year</i>	<i>Educational Programs Developed Especially for Midwives</i>	<i>Educational Programs that are non- midwifery specific and offered by external organizations</i>	<i>Supervised Clinical Practice as gap training</i>	<i>Other?</i>
1993	UQTR program for pilot project midwives; up to 236 hours) ¹	Mandatory courses: neonatal resuscitation certification (mandatory for employment) & emergency skills (if judged not competent at exam)		
1994	UQTR program for candidates for pilot projects, up to 443 hrs	Yes, as above		Orientation (these were run by the each birthing centre for their incoming midwives so were locally tailored)
1995		As above		As above
1996		As above		As above
1997		As above		As above
1998	UQTR shortened version of the 1993-1994 special program: 53 hours (without neonatal resuscitation)	As above		As above
1999		Neonatal resuscitation certification became mandatory for registration; emergency skills required if judged incompetent.		As above
2000		As above		As above
2001		As above		As above
2002	One candidate was identified in assessment process as needing additional training in one area (though she passed exams) and was required to take one distance education course at UQTR while completing her stage. This course involved teleconference case reviews with UQTR students.)	As above		As above
2003		As above		As above

¹⁷ This program was not to assess but to teach applicants. Some parts were mandatory for certain midwives and neonatal resuscitation certification was mandatory for everybody. Up to 236 hours was available and included an in-hospital immersion period for certain midwives. The total number of hours varied according to each midwife's needs.

2004		Emergency skills will soon be mandatory for all registered midwives: neonatal resuscitation certification is mandatory.		As above
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Summary of Québec’s Assessment Processes

From 1992-99 the Québec government ran a pilot project that allowed for the temporary regulation and funding of midwives to practice in seven birthing centres and the Innulitsivik Health Centre--Hudson's Bay. The birthing centers were administratively linked to CLSCs (“centre local de services communautaires”). During the pilot projects the following regulations were passed: a) General Standards of Competence and Training, and b) the Regulation respecting Obstetrical and Neonatal Risks. The assessment for accreditation to practice process was based on the former.

The evaluation of midwifery services was a major emphasis of the pilot project and it led to the legal recognition of midwives in June 1999. The 1999 Midwives Law retained the regulations noted above for assessment. When the government passes a new regulation naming UQTR as the university that can give a midwifery degree in Québec, the General Standards regulation will no longer be valid. This is expected in 2004. L'Ordre will then draft and pass a new regulation (replacing the General Standards) that will clarify the minimal requirements needed for applicants who did not attend UQTR to be granted equivalence of that degree. It will allow candidates to have their training and experience assessed with a view to having their prior learning recognised as equivalent and therefore allowing them to register with l'Ordre with or without conditions. If they are not granted equivalency, they may be able to attend courses or have clinical updating to allow them to reach the required standard. The regulation has to go through several legal processes before becoming law, so it may take some time before adoption.

To date, Québec has offered three different assessment processes, each with different components and entry requirements. From 1992 to 1994, the fully government funded initial phase of assessment was open to anyone who thought they had the required competencies, whether formally trained or not, for no fee. Approximately 150 people applied during this time, taking portfolio assessment, written exams, objective structured clinical exams, and sometimes a period of supervised practice out-of-province (“stage”) or EOD (évaluation par observation directe). Exams were developed and offered by le Centre d'évaluation des sciences de la santé de l'Université Laval (CESSUL), an external organization of experts in health sciences evaluation, and by a committee of experts. In 1993 the committee was mainly composed of physicians, with input from European midwives. The Evaluation par Observation Directe was developed by CESSUL working with experts, and involved applicants offering care to real clients while being observed and evaluated by an expert midwife-evaluator using a specially developed assessment tool (one checklist/grid per labour & delivery). Thirty-two applicants became Registered Midwives through this initial process, of whom 16 were previously practicing midwives. They were oriented into their jobs via their workplaces (this was not part of the assessment, rather it was strictly informational).

From 1997 to 1999, only midwives with diplomas in midwifery and recent clinical experience in antepartum, intrapartum, postpartum, and newborn care were eligible to apply. At this time, due primarily to the cost of running Objective Structured Clinical Exams as well as to

the fact that only formally educated midwives with currency were eligible to apply, the previous exams used were discontinued and replaced with the Objective Structured Exam (OSE) also developed and offered by CESSUL. The OSE included a written exam, four OSCE stations, and oral exams. The oral exams involved questions about clinical scenarios, where candidates' answers were evaluated by a doctor-midwife team. An additional 17 midwives were registered during this time. Until 1999, all assessment and education processes were paid out of government funds and were free of charge for midwife applicants.

As of 1999, midwifery was regulated and midwifery services expanded beyond the pilot project. As noted above, the General Standards of Competence and Training remained in force, and will do so until the near future (likely in 2004) when a new regulation governing Equivalency of Diploma and Training comes into force. Since 1999 and to date, those eligible to apply have had to be midwives, either formally or informally trained, with a College (CEGEP) level diploma or equivalent. In 2001 and 2002, the assessment process continued to include portfolio assessment and the Objective Structured Exam, with the latter offered by CESSUL and an expert committee made up of registered midwives. In addition, a revised direct observation Evaluation Grid system was used which better reflects Québec's midwifery model of practice and other aspects of practice that had not been well covered in the previous assessment process. The latter covers all aspects of midwifery care, with a checklist/grid used per topic area such as prenatal, labour & delivery, postnatal, transfers of care, IV, suturing, etc. It is possible that another cycle of assessment will take place with these same parameters and components in 2004 before the regulations change.

The "Code des Professions" allows the President of an Order to provide temporary special authorizations to professionals recognized in another jurisdiction to practice their profession in Québec for special populations in need of services. This provision has applied to midwifery since 1999 when midwifery became a restricted profession and it has allowed foreign-educated midwives to practice in areas in need, such as northern Québec. A committee of three midwives, composed of the President and two others, assesses applicants' portfolios to ensure that their training is similar to the UQTR standard and that their emergency skills and other required skills and certifications are up-to-date.

Ontario

<i>Year</i>	<i>Portfolio Assessment</i>	<i>Written Exams (multiple choice, short answer or other?)</i>	<i>Clinical Exams (OSCE or other?)</i>	<i>Orientation Program</i>	<i>Other (regulation, creation of education program and so on)?</i>
1992	Yes	Yes	Clinical observation (no OSCE)	Yes	One-time education program to grandmother existing midwives (Michner)
1993	Development year	In development	In development	In development	
1994	Development year	In development	In development	In development	Midwifery Act proclaimed

1995 /96	Yes	Yes	yes	2 wks	PLEA done every other year or so 95/96 was 1st program
1997 /98	No	Yes	yes	1 wk	97/98 was 2nd program
1999	No	Yes	Yes	1 wk	99 was 3rd program
2000	No	Yes	Yes	1 wk	2000 was 4th program
2001	No	Yes	Yes	1 wk	2001 was 5th program. After 2001 PLEA stopped because: a) too costly b) clear need for upgrading and education component
2002	Yes, in IMPP but not for entry or exit purposes	Yes, as part of IMPP	Yes, as part of IMPP	Yes, as part of IMPP	2002/03 was first year of IMPP
2003	As above	Yes, as part of IMPP	Yes, as part of IMPP	Yes, as part of IMPP	2003/04 is 2nd year of IMPP
2004	As above	Yes, will be part of IMPP	Yes, will be part of IMPP	Yes, will be part of IMPP	2004/05 is 3rd year of IMPP

Table 2: How Do You Help Applicants Fill in Gaps Identified in Your Assessment of Their Qualifications/Competence?

<i>Year</i>	<i>Educational Programs Developed Especially for Midwives</i>	<i>Educational Programs that are non- midwifery specific and offered by external organizations</i>	<i>Supervised Clinical Practice</i>	<i>Other?</i>
1992	Mitchener initial assessment program			
1994				
1995/96		5 university courses required for registration: social science, basic sciences, research, women's studies and health science	Supervision a large part of mending gaps	
1997/98		As above	As above	
1999		Proof of prior degree or five unspecified courses	As above	
2000		As above	As above	
2001		As above	As above	
2002/03	IMPP (AOM's emergency skills course accepted)	*IMPP accepts multidisciplinary fetal health surveillance, NRP, and emergency skills courses	Supervision plans continuing but modified and under IMPP clerkship	
2003/04	As above	As above	As above	

Summary of Ontario's Assessment Programs

Ontario began its initial examination process in 1992 when midwives already practicing in the province went through a one-time education and assessment program, the Midwifery Pre-Registration Program at the Michener Institute of Applied Health Sciences. In 1994, the Midwifery Act was proclaimed and by 1995-1996, the College of Midwives of Ontario offered the first Prior Learning and Experience Assessment cycle. PLEA included portfolio assessment, a written exam, and a series of OSCEs. All successful candidates had to have a period of supervised practice under the supervision of an experienced midwife. This period of supervision allowed for additional assessment of competencies and provided support for addressing competency-gaps identified in a candidate's portfolio or examinations. In 1997-98, the second cycle of the program, the in-depth portfolio assessment was dropped, mainly due to the time intensive nature of the assessment. At the same time, the examination process was revised although it continued to include both written and OSCE exams.

After the 2001 PLEA cycle, the College decided to stop offering this particular process as the CMO believed the PLEA exams now needed an extensive revision in order to maintain public safety and the expense to undertake this was prohibitive at the time. The CMO instead chose to pursue public funding that became available for a bridging program that could address the obvious need for upgrading and education that had been identified in the earlier cycles of the CMO's PLEA, as well as revise and develop new assessment tools. The International Midwifery Pre-Registration Program (IMPP) was developed in 2002 by a partnership between the CMO, Ryerson University's Continuing Education department, and Ontario's Midwifery Education Programme. The IMPP can be characterized as an enhanced PLEA process, allowing international midwives to have their skills assessed and design a program that can include upgrading, with no supervision being necessary upon graduation. Graduates gain general registration with CMO, or general registration with conditions if they need to make up continuity of care birth numbers. The IMPP still involves written and objective structured clinical exams, and candidates create portfolios which are used to identify weak areas. It also includes educational courses and a clinical clerkship. It is offered at arm's length from the regulatory college by Ryerson University Continuing Education. 2004/05 will be the third cycle of IMPP.

Manitoba

<i>Year</i>	<i>Portfolio Assessment</i>	<i>Written Exams (multiple choice, short answer or other?)</i>	<i>Clinical Exams (OSCE or other?)</i>	<i>Orientation Program</i>	<i>Other (regulation, creation of education program and so on)?</i>
1997					Midwifery Act asented
1998					
1999-2000 (1-6 month process)	Yes	Yes	Yes	Yes	One-time Upgrading program for grandmothering existing midwives

2000					Midwifery Act and Regulations proclaimed June 12
2001					
2002					Approved graduates of Ontario MEP for registration in MB
2003	Yes	Yes	Yes	Yes	
2004 (most likely that the entire process will occur)	Yes	Yes	Yes	Yes	

Table 2: How Do You Help Applicants Fill in Gaps Identified in Your Assessment of Their Qualifications/Competence?

<i>Year</i>	<i>Educational Programs Developed Especially for Midwives</i>	<i>Educational Programs that are non- midwifery specific and offered by external organisations</i>	<i>Supervised Clinical Practice</i>	<i>Other?</i>
1999	English for midwives course			
2000	Upgrading program		Yes	
2001				
2002				
2003			Yes	
2004			Yes	

Summary of Manitoba's Assessment Processes

In 1999-2000, Manitoba ran its one-time Midwifery Upgrading and Assessment program for midwives who were already held the qualification to practice in Manitoba. This program was run through the Health Sciences Centre and in addition to upgrading courses, this one to six month process involved portfolio assessment, written exams, and objective structured clinical exams.

In 2000, the Midwifery Act and Regulations were proclaimed. The first Prior Learning and Experience Assessment process was offered in 2003 and it included portfolio assessment, written exams, and objective structured clinical exams. In addition, a period of supervised practice was part of the process to allow for additional practice and assessment in a candidate's weak areas, as well as orientation to Manitoba's model of midwifery and health care. This process is expected to continue on an annual basis.

Alberta

Table 1: How Do You Assess the Qualifications and Competence of Applicants?

<i>Year</i>	<i>Portfolio Assessment</i>	<i>Written Exams (multiple choice, short answer or other?)</i>	<i>Clinical Exams (OSCE or other?)</i>	<i>Orientation Program</i>	<i>Other (regulation, creation of education program and so on)?</i>
1992					Midwifery Act passed but not proclaimed
1996 (one time process for initially assessing existing midwives)	2 examiners out of province	1) general short answer and multiple choice exam 2) short answer exam on drugs	OSCE	2 or 3 days on meds, birth control, STD's, genetics, EMS, emergency skills orientation to medications (prior to exam on same)	Midwifery Act proclaimed but midwives not funded by the Province Of ~200 applicants 26 passed through the one-time assessment process
1997					
1998					Registry opened and 24 midwives registered (in 2004 20 registered midwives)
1999	Assessed for education & experience by MHDC	Short answer	OSCE		The 4 year BSc program from Ontario approved but no funding to run program in Alberta as midwifery is not funded
2000	No applicants				
2001	No applicants				
2002	Assessed for education & experience by MHDC	PLEA in BC	PLEA in BC		First year of new process: all applicants must now have formal education, equivalent to a baccalaureate level
2003	No applicants				
2004	Already have 2 foreign-educated applicants; anticipate MHDC assessing education & experience	Anticipate participation in another province's written exams	Anticipate participation in another province's clinical exams		

Table 2: How Do You Help Applicants Fill in Gaps Identified in Your Assessment of Their Qualifications/Competence?

<i>Year</i>	<i>Educational Programs Developed Especially for Midwives</i>	<i>Educational Programs that are non- midwifery specific and offered by external organizations</i>	<i>Supervised Clinical Practice</i>	<i>Other?</i>
1999		Applicants without BSc must do first year university in related discipline within two years of initial registration	Applicant found a registered midwife to supervise their practice	
2000				
2001				
2002		Applicants without BSc must do first year university in related discipline within two years of initial registration	First year of registration: must include 3 mos. of Supervision & 9 mos. peer reviewed	
2003				
2004				

Summary of Alberta Assessment Processes

In 1996 the Midwifery Act was proclaimed in Alberta although, unlike the other regulated provinces, Alberta did not approve public funding for midwifery services at that time. That year, approximately 200 apprentice and formally-trained applicants began the one time assessment process for initially assessing existing midwives into the newly regulated profession. Twenty-six people passed exams. This initial assessment process included portfolio assessment carried out by registered midwives from out-of-province, and then written examinations, objective structured clinical exams, and short courses on topics such as emergency skills and pharmacology. This is the only time in Alberta's history that such a comprehensive assessment was carried out. In 1998 when Alberta's registry opened, only 24 midwives registered.

Since 2002, all applicants for registration must be formally educated as midwives at a baccalaureate level. In the first year of that new standard, Alberta processed a number of applications. Seven applicants had their applications assessed by the Midwifery Health Disciplines Committee in Alberta and then took British Columbia's written exam (in Alberta) and objective structured clinical exam (in BC). In 2004, it is anticipated that several applicants will be assessed, probably again with the assistance of an assessment process in another regulated province.

British Columbia

Table 1: How Do You Assess the Qualifications and Competence of Applicants?

Year	Portfolio Assessment	Written Exams (multiple choice, short answer or other?)	Clinical Exams (OSCE or other?)	Orientation Program	Other (regulation, creation of education program and so on)?
1997	Yes Assessed: 1) midwifery education – formal and informal 2) clinical experience 3) English fluency	Yes, 1-day exam primarily multiple choice, with a BC specific addendum including multiple choice true/false, matching, and short answer	Yes, OSCE style – one-day with 10 stations	Yes 6 days of in-person presentations, plus mandatory NRP workshop	
1998					Yes, Supervised Practice used for assessment of competency (also used to allow candidates to meet clinical experience requirements for general registration)
1999	Yes, as above	Yes, 2 day exam including multiple choice, true/false, matching, and short answer	Yes, OSCE style expanded to 2-days with 6 emergency stations, 6 general competency stations; 3 optional technical skill stations	Yes, as above with Fetal Health surveillance course added	Yes, as above
2000	DEVELOPMENT OF PLEA PROCESS				Yes, as above
2001	Yes, Assessed: 1) midwifery education – formal only 2) clinical experience 3) English fluency Details of process refined from earlier Initial Assessment Examination Exemption Stream Process	Yes, as above	Yes, as above Candidates who opted not to take the technical skill stations must address those areas in supervision	Yes In-person for 6 days, plus 2 optional workshops	Yes, supervised practice as above Other routes to registration developed: Inter-provincial mobility Graduation from approved education program (Both above routes require BC Specific Exam and Self-paced Orientation)
2002	As above	As above	As above	As above	As above

2003	As above	As above	As above	As above	As above
2004	As above	As above	As above	As above	As above

Table 2: How Do You Help Applicants Fill in Gaps Identified in Your Assessment of Their Qualifications/Competence?

<i>Year</i>	<i>Educational Programs Developed Especially for Midwives</i>	<i>Educational Programs that are non- midwifery specific and offered by external organisations</i>	<i>Supervised Clinical Practice</i>	<i>Other?</i>
1998		University based courses such as critical appraisal of research and women's studies. Other various courses to fill identified gaps, such as ESW, ALARM, ALSO, NRP, CPR, IV skills, etc.	Yes	
1999	Fetal Health Surveillance workshop (BCRCP course organized by CMBC) NRP course with added component on home birth transport (as above – first offered in 1997)		Yes	
2000			Yes	
2001		As above	Yes	We provide information about how applicants might gain university credit through a university's PLAR process
2002	Advanced English for Midwives (AEM) Pilot Course	As above	Yes	As above
2003	AEM course under further development.	As above	Yes	As above
2004	As above – may offer it in the Fall (but more likely in 2005)	As above	Yes	As above

Summary of British Columbia's Assessment Programs

In 1997, BC held the first cycle of its Initial Assessment process to assess both currently practicing and previously qualified midwives who wished to register to practice in BC. This process involved portfolio assessment of a candidates midwifery education (formal and informal), clinical experience, and English language fluency. It also included a two-part written exam, with one part being the North American Registry of Midwives (NARM) exam, and the second part a BC specific exam to address BC practice requirements not sufficiently covered in the NARM exam. The process also included a one-day, 10 station objective structured clinical exam which included five emergency skills stations.

In 1999, when the second cycle of the Initial Assessment took place, the process included the same elements but they had been expanded and revised, in particular to more comprehensively address the BC context. The written exam, adapted from Ontario's PLEA exam, was two days long and the NARM was no longer used. The OSCEs were also run over two days, with six emergency skills stations, six general competency stations and three optional technical skill stations.

In 2001 the CMBC's first cycle of Prior Learning and Experience Assessment was offered. It included a much refined portfolio assessment process and revised versions of the 1999 exams. Also in 2001, the CMBC introduced an "Examination Exemption Stream" process for midwives with university level midwifery training and/or current clinical experience meeting CMBC's general registration requirements. This EES process is an alternate way for applicants to prove their competency which can be accessed by midwives while they are working outside of Canada. It involves submitting an EES portfolio with a narrative describing what they know and can do according to a specific framework, and providing evidence to back up their claims. It also involves a mandatory interview.

Since 2001, the CMBC has run annual cycles of PLEA (both regular stream and EES) and expects to continue to do so.

Appendix Six: Current Entry-to-Assessment Requirements for Foreign-Educated Midwives

While there are legislated requirements that must be met for a foreign-educated midwife to be registered, there are other distinct requirements that must be met by foreign-educated midwives who wish to participate in the assessment processes leading to registration in each regulated province. Generally these latter requirements are assessed in a 'portfolio or application assessment' stage and they must be met by applicants in order to be eligible to proceed to the next stage of the assessment. These entry-to-assessment requirements are listed below.

Québec

The requirements listed below must be met for access to examinations. Candidates must supply proof that they meet these requirements and this proof is assessed in a portfolio assessment stage.

Clinical Experience

If the candidate obtained their diploma more than 5 years prior to applying, they must have at least 2 years of clinical midwifery experience during the past 5 years (including provision of care during prenatal, labour and delivery, and postpartum.)

If the candidate does not have a midwifery diploma, they must have at least 40 births with continuity of care or the equivalent (pre and post natal and a minimum of 40 births) as primary midwife, and a minimum of 20 births as second midwife.

Academic Requirements

College diploma or equivalent, AND

Recognized midwifery diploma

OR

Have sufficient midwifery clinical experience as noted above

Other Requirements

Sufficient knowledge of French language to practice midwifery
Canadian citizenship, permanent residency, or work permit

Ontario

All foreign-educated midwives currently must take part in Ryerson's International Midwifery Pre-Registration program which includes both upgrading and prior learning assessment. Entry into the program is competitive. Applicants must first meet the requirements below; then if they do, they must take an Objective Standard Clinical Exam. Applicants are selected based on their OSCE score. Spaces are limited.

Clinical Experience

Midwifery practice in last five years is highly recommended

If the candidate does not have a recognized midwifery education or registration, they must have:

40 births as primary midwife,

OR

30 births as primary midwife and 20 births as second or assistant midwife

Academic Requirements

Recognized midwifery education or registration in a jurisdiction where midwifery is recognized and regulated by law,

OR

Have sufficient midwifery clinical experience as noted above

Other Requirements

- 50% score on Ontario Midwifery Language Proficiency Test
- certification in CPR, Level C
- proof of Canadian citizenship, or landed immigrant status, or open employment authorization
- proof of Ontario residency

Manitoba

The requirements listed below must be met for access to examinations. Candidates must supply proof that they meet these requirements and this proof is assessed in a portfolio assessment stage.

Clinical Experience Requirements

40 births attended

30 births attended as primary midwife

3 births attended with continuity of care as primary midwife

75 prenatal and 75 postnatal visits conducted as a midwife

15 initial newborn exams and 50 newborn visits conducted as a midwife

Academic Requirements

Midwifery education that meets certain criteria, and that may have been obtained by means of preceptorship, self-directed study, or by graduation from a formal midwifery education program.

Other

Proof of English language fluency in four skill areas via one of CMM approved exams, or if eligible, affidavit and transcript

Alberta

The requirements listed below must be met for access to examinations. Candidates must supply proof that they meet these requirements and this proof is assessed in a portfolio assessment stage.

Clinical Experience

Need to be able to get required clinical numbers (for registration) within a reasonable amount of time

Academic Requirements

Must be a graduate from a formal midwifery education program

Other

None

British Columbia

The requirements listed below must be met for access to examinations. Candidates must supply proof that they meet these requirements and this proof is assessed in a portfolio assessment stage.

Clinical Experience

40 births attended as midwife in last five years

30 births attended as primary midwife in last five years

OR

200 births attended as primary midwife in career

Academic Requirements

Graduation from a formal midwifery education program that meets 10 criteria set by registration committee

Other

Proof of English language fluency via one of CMBC accepted language exams or, if eligible, via affidavit and transcript

Appendix Seven: CMRC's National Midwifery Assessment Strategy Project: Phase I Monthly Timeline of Activities (April 2004-March 2005)

April

- CMRC meeting to approve Research Plan. Québec
- Contract research assistant (preferably bilingual) to start May1/04 on a limited contract to start.
- Steering Committee meeting – incl. identifying key informants in each jurisdiction (Regulators, CAM, Midwifery Assoc, Education Program, Immigrant Access experts, PLA experts, etc.)
- Set up Expert Advisory Group (experts in PLA, immigrant access, and research)
- Stay up-to-date on literature on access issues

May

- Analysis of literature to determine promising practices to be further investigated.
- Set up meetings with regulators and other key informants in each regulated province and the NWT
- Review of literature related to bridging programs
- Design questionnaires for international regulators
- Develop database for international survey; prepare questionnaires for mailing
- Pre-test questionnaire with Canadian regulators in same fields
- Formulation of questions and needs from interview with regulators and other key informants. Development of interview structure.
- Contract midwife to work on National Core Competency project over summer

June

- Send international questionnaire
- Interviews across Canada with regulators and other key informants are completed.
- Investigate options for benchmarking regulated midwifery and for further developing midwifery language proficiency tests based on the benchmarking. Draft a report for CMRC that indicates need, costs, benefits, details about how long it will take.
- Review of literature on assessment tools, esp. written exams & OSCEs

July

- Analyse data from interviews
- Additional research into best practices using literature searches, telephone, and in-person interviews, as needed and possible, to fill gaps in information noted in data analysis process
- Research potential exam database programs
- Analyse core competency statements to determine similarities and differences. Create draft document with differences highlighted or listed separately for reference

August

- Compile and synthesize research data regarding midwifery assessment across Canada and best practices in assessment more generally.
- Prepare for September.
- Translate draft core national competency statement
- Set up meetings with reps of not-yet-regulated provinces; set letters of invitation, etc.
- Plan presentations to CMRC and CAM

September

- CAM conference/CMRC meetings in Calgary
- project update and discussion at CMRC meeting
- one day symposium to work on developing national core competency statement
- project update and discussion with CAM
- interviews with midwives from not-yet-regulated provinces to determine any unique requirements from those jurisdictions
- analyse data from interviews above

October

- Carry out teleconference interviews with PLA experts
- Research into alternate delivery models for bridging programs.
- Circulate draft of national core competency statement
- Prepare intercultural survey; pretest
- Synthesize results from international survey and write report on assessment practices by a sampling of regulators internationally
- Send letters of invitation and consent to focus group members

November

- Mail intercultural survey by mid-November
- Synthesize research & write report on best practices and midwifery assessment in Canada.
- Research into alternate delivery models for bridging programs

December

- Synthesize research & write report on best practices and midwifery assessment in Canada.
- Research language learning and potential exemption criteria for NAS

January

- Focus groups with foreign-educated midwives
- Focus group with midwifery supervisors
- Working symposium with experienced portfolio assessors
- Analyse data from intercultural survey
- Draft report on alternate delivery models for bridging programs.
- Revise national core competency statement based on CMRC feedback.

February

- Cost analysis of potential NAS components
- Meta-analysis of data from all data collection methods
- Development of draft report for phase one
- Review of draft report by Steering Committee

March

- Revision of draft report based on feedback from Steering Committee
- Translation of phase one final draft report

(April 2005

- CMRC meeting to approve National Assessment Strategy)