

Report on Focus Groups with Internationally-Educated Midwives

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

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

*National Midwifery
Assessment Strategy
Project*

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1.0 Introduction

The Canadian Midwifery Regulators Consortium (CMRC), an umbrella group of regulatory organizations in the five provinces where midwifery is currently regulated, recently initiated a national project aiming to research and develop a national assessment strategy for foreign-educated midwives. The goal of the project is to seek information about the best possible assessment practices for a successful national midwifery assessment strategy for foreign-educated midwives. This goal will be met by achieving three overall objectives:

- 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;
- provide increased access to midwifery registration across Canada to suitably qualified applicants; and,
- continue to ensure that the childbearing public is protected.

The project is divided into a developmental phase and three research phases. The focus group results reported in this document are part of the methodologies employed in the first of the three research phases. The purpose of the focus group sessions is to collect information and ideas from foreign-educated midwives already registered in one of the five regulating provinces and who have integrated into the midwifery profession in Canada.

This document reports the observations and feedback received from foreign-educated midwives in British Columbia, Alberta, Manitoba, Ontario and Quebec. It attempts to identify the strengths, gaps and challenges of the current assessment processes and provides a number of recommendations as proposed by the foreign-educated midwives.

2.0 Methodology

For the purposes of the project, 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.

A total of 5 focus groups and 4 telephone interviews were conducted. Each focus group was in the form of a teleconference and consisted of between 2 to 4 participants. Thus a total of 18 midwives from the five regulated provinces participated in a focus group session. Table 1 provides the provincial breakdown of participants.

Table 1: Provincial Breakdown of Participants

British Columbia	Alberta	Manitoba	Ontario	Quebec
4	2	3	5	4

Source: NAS, focus groups, February, 2005.

Two of the five focus groups were conducted in French while the remaining ones were in English. The initial intention was to ensure each of the English focus groups included participants from B.C., Alberta, Manitoba and Ontario. Due to scheduling challenges from the participants contacted, this did not end up being the case. The three English focus groups consisted of participants from only two as opposed to the four provinces. The two French focus groups were conducted with foreign-educated midwives receiving their registration and currently practicing in Quebec. Thus these two groups were homogeneous.

Participants were identified by the five regulatory organizations. Contact information was provided for participants who met the following eligibility criteria:

- Participants must have been educated as midwives outside of Canada and have gone through an assessment program in one of the 5 regulated jurisdictions
- They must have practiced since assessment, preferably for at least six months (and ideally are still practicing)

In addition to the above criteria, specific registration cut-offs were identified for each province as follows:

British Columbia

- Prior Learning and Experience Assessment (PLEA) candidates from 2002 & 2003 who have worked at least six months as General Registrant

Alberta

- Candidates from 2002-2003 who have worked at least six months as Registered Midwife

Manitoba

- Prior Learning and Experience Assessment (PLEA) candidates from 2003 & 2004 who have worked at least six months as Registered Midwife

Ontario

- International Midwifery Pre-registration Program (IMPP) graduates who have worked at least six months as General Registrant

Quebec

- Midwives who have completed an assessment process and have worked at least six months as Registered Midwife, with emphasis on those most recently assessed

Potential participants were initially contacted by letter from their provincial regulatory organization. Each potential participant was then contacted by telephone by the researchers to seek their interest in participating in a focus group teleconference session. In all cases, potential participants were contacted several times by telephone and subsequently by e-mail where e-mail addresses were provided. Participants who expressed interest in a session were sent an e-mail confirming their participation, date of the session, and telephone dial-in information. They were also provided a brochure explaining the project, a demographic survey, and consent form. Appendices 1 and 2 contain the latter two documents.

The demographic survey was used to solicit demographic data on the sample. The survey consisted of 14 questions and could be completed on-line or in hard copy and faxed back.

Appendix 3 contains the focus group guide that was used for the sessions. A total of 6 questions were asked. Where approved, the teleconference sessions were taped.

Limitations

As mentioned previously, attempts were made to ensure provincially heterogeneous focus groups. Unfortunately, due to the busy schedules of midwives, cancellations and re-scheduling of participants resulted in this not being possible. It also raised a second limitation in that to accommodate schedules, the researcher conducted one-on-one telephone interviews. The same questions asked in the focus groups were asked in the interviews.

Another limitation was that some of the participants had gone through the assessment process when it was first offered in that province. Thus most of the issues raised by these participants were related to challenges encountered by any organization when first establishing a process. Wherever possible, participants who went through the process in the same province at a later time were sought.

3.0 Characteristics of the Participants

Twelve of the 18 focus group/interview participants completed and returned the demographic survey. The results presented in this section of the report are from the 12 completed demographic forms received from participants. The majority of completed surveys were from participants who were assessed in Ontario (4 of the 12); three were from Quebec, and 2 from B.C. One candidate participated in two different assessment processes. The majority of respondents (7 of the 12) registered as midwives in Canada in 2003 while 2 registered in 2001 and 2 registered in 1998. One respondent registered as recently as in 2004.

Eight of the twelve participants who completed the survey were between the ages of 26 – 35 years. Six of the 12 respondents had a post-nursing university degree (or diploma) and 4 of the 12 had a direct entry university educational background. The remaining participants indicated they had direct entry diploma or certificate program. The year of graduation varied ranging between 1981 and 2003.

The majority of respondents obtained their midwifery education either from the United Kingdom or the United States. The other countries identified included other European countries and the Middle East.

The number of years respondents worked as midwives in Canada was less than 7 years with a majority having worked between 1.5 – 2 years. A couple worked about 4 years as midwives in Canada. Four of the 12 participants reported to have not worked as midwives in other countries while 5 have worked between 1 – 5 years. The remaining 3 respondents reported working over 8 years as midwives in other countries.

The majority of the respondents are currently working as full-time midwives practicing mainly in the home and hospital work setting. A number of midwives also work in birth centres while midwives from Quebec identified birth centres as the only place of work. Only 3 respondents indicated they worked in private clinics. With the exception of Quebec, all participants worked in more than 1 work setting; some being involved in as many as 3 or 4 work settings. How midwives are paid for their services varies between the 5 provinces. Participants from Alberta mainly billed clients directly. This is not surprising since midwifery fees are not covered by the provincial government. Unlike Alberta, participants from B.C and Ontario bill the provincial medical services plan per course of care. Most of the participants from Quebec and Manitoba had contracts with the organization such as a birthing centre and were paid as employees of that organization.

4.0 Findings

This section presents the qualitative findings resulting from the focus group and interview sessions. It attempts to identify the best examples and challenges for the various components of the assessment process, information and communication, time, costs and integration into the workforce.

4.1 Assessment Process

About three-quarters of the focus group participants felt that the assessment process they went through was straightforward; that is, consisted of providing documentation, assessing eligibility to write the exam, writing the exam and practical exam, and then participating in a supervised “conditional registration” period. With the exception of Alberta and Quebec, the participants in the other provinces were aware of this process prior to commencing. One participant in Quebec commented that if she “had known what the process would be like and its cost, I would not have gone through with it”.

There were some differences in the focus group participants’ perceptions of various components of the assessment process. In some cases though, no differences were identified in the comments across the 5 provinces.

Portfolio Requirements

Most of the Ontario participants reported not having any challenges providing the documentation required and indicated the International Midwifery Pre-registration program (IMPP) assisted in understanding what documentation was required. Some of the other participants indicated they had no problems with providing the documents requested but attributed this to the fact that they relied on foreign-educated midwives who had already gone through the assessment process and could assist them in understanding what was required or advise them before coming to Canada what documents were required.

The majority of participants felt that the type of portfolio they were required to prepare was a fair measure of their knowledge and skills. However, one participant commented that “we were asked (to demonstrate) our skills and knowledge, but whether or not they trusted what we provided” was another issue.

One of the biggest challenges cited by foreign-educated midwives across Canada was the requirement to demonstrate the number of hours practiced and number of births. “I should have been more meticulous in my record keeping had I known this was required...the school I graduated from did not indicate the importance of recording (the hours practiced)” was voiced by one foreign-educated midwife. In many cases, particularly for those that came from the middle-eastern countries, full recording of hours and number of births were not kept by the mid-wife or could not be obtained. In most cases, foreign-educated midwives expressed frustration of not knowing before arriving in Canada of the need for these details.

Another key challenge for most of the participants was documenting their work in the continuity of care model as these participants did not have this experience. In many work places outside of Canada, midwives are not required to monitor a woman from pre-natal to post-natal. Applicants explained that although they might not have worked within a continuity of care model, they did have experience providing care in prenatal, labour & delivery, and in the postpartum. These applicants felt that this demonstrated their knowledge and ability to provide the care necessary in each stage of the process even though they may not have followed the same woman throughout the stages.

The need to have a certain educational level such as a university degree was cited by a few participants as a challenge. Although no province requires a university degree per se, several require equivalent to a university degree and the assessment process is designed to assess for equivalency. Many countries do not have midwifery education at a baccalaureate program level but rather, at a vocational or college level. When asked if participants felt their prior learning and experience was being accounted for in the assessment process, most felt that the focus was on education and not experience. “What’s the point of having PLEA” was cited by one participant.

While not the majority, some participants questioned whether or not the documentation required to provide really assesses the applicant’s competencies. Participants that were educated and practiced in countries that had poor record keeping were challenged to provide the necessary documents. Likewise, in many countries the continuity of care model is not applied as it is in Canada.

Many foreign-educated midwives faced difficulties to provide documentation of having worked under such a model of care. One participant proposed that candidates should be assessed through practical situations and references rather than documents.

Examination

There were mixed comments regarding the examination process. Participants in Ontario felt the written exam to be straightforward. Some reported that the exam was not challenging at all and could be completed by anyone. This view was not shared by foreign-educated midwives in the other provinces. These participants found the written exam difficult citing their lack of knowledge regarding the Canadian and respective provincial health system, and also, in specific technical areas such as pharmacology. Foreign-educated midwives suggested that more information or orientation courses about what to expect in the examination process would have been useful to guide them preparing for the written exam. One focus group participant in B.C. appreciated that the written exam consisted of multiple choice and essay style questions as this catered to the different styles of learning.

Most of the participants in B.C., Manitoba and Quebec found the exam a good measure of their knowledge and skills while participants in Ontario did not. Mixed comments were received for Alberta. Participants in this province questioned the requirement of having the candidate write essay responses on the questions they answered incorrectly post the exam. These participants did not feel that this measured their knowledge or provided them additional knowledge and skills.

Almost all focus group participants commented on feeling at a disadvantage for some of the questions in the written exam. These questions focused on the midwifery practice in Canada in which many of the participants did not have much knowledge or experience. Participants felt that an orientation and/or brief clinical placement would have provided the knowledge and experience these foreign-educated midwives lacked prior to the exam.

All focus group participants agreed that the practical examination process was stressful, intense and long. A couple of participants in Quebec were not familiar

with, and not prepared for the simulation setting of the practical exam. These participants felt that a brief orientation course about the practical examination process would have relieved some of the added stress of not knowing what to expect in a simulation setting. The majority of the focus group participants admitted that the practical exam was a good measure of a candidate's competencies.

One of the questions asked of the focus group participants was whether at any point of the assessment process their weaknesses/areas for improvement were identified. The majority of the participants identified that the period of supervision was that part of the process where their weaknesses were identified and addressed. In all cases, candidates were required to work in a supervised "conditional period of time" on areas where the written and/or practical exam found their skills and/or knowledge lacking. Participants from Alberta also highlighted that the self-assessment tool that was provided at the beginning of the assessment process was a tool that helped them identify knowledge and/or skill areas lacking. Likewise, participants going through the IMPP program in Ontario also commented that their weaknesses were identified throughout the program.

Supervised Clinical Period

All assessment processes included a period of time in which the applicant was required to work as a midwife under supervision. Typically, the length of time depended on how that candidate scored on the exams. That is, the examiner would determine the length of time necessary for the candidate to work on weak areas. The length of the period of supervision varied in time for each participant and across the provinces.

Participants generally agreed that the period of supervision is necessary and beneficial facilitating the foreign-educated midwives' integration into the Canadian workforce. Many commented that this was when they learned about the health care system in their respective province, scope of practice and the cultural differences. Most participants felt prepared to work as midwives in Canada after having gone through the period of supervision. These foreign-educated midwives remarked that this was the part of the assessment process that they felt allowed them to succeed as a midwife in Canada. In addition, this

period of time provided foreign-educated midwives the opportunity to meet other midwives in their region.

Two of the participants in the Quebec focus groups expressed frustration in trying to find placements. While they were required to complete a supervised clinical period, these foreign-educated midwives faced challenges in finding placements. Both expressed the need for organizations to recognize the importance of this learning experience and offer clinical placements.

One of the key issues with the period of supervision cited by some of the participants was finances. That is, not all candidates are compensated while practicing as midwives during supervision. This presents financial challenges to pay for general living expenses. Some of the Ontario participants raised the issue of location as adding to the costs. These midwives had to travel a distance or in some cases find temporary residence, in order to fulfill their period of supervision.

4.2 Information and Communication

Participants in Ontario felt they were thoroughly and well informed of the process and portfolio requirements at the beginning of the process. This differed for other participants particularly in Manitoba and Alberta who were frustrated in being provided information about the assessment process and documents required in a “piece meal” fashion. This resulted in a longer time to collect all the documents needed and increased costs since in many cases, the foreign-educated midwife was required to contact their country of origin/graduation to obtain the documents.

Providing a self-assessment tool for candidates to assess his/her competencies and skills and identify weaknesses in Alberta was beneficial. However, the tool focused more on general rather than specific topics the latter of which proved to be of importance given the questions on the exam. Further assistance about the required more specific knowledge and skills was not obtained when the regulatory organization was contacted.

Participants from Manitoba who were one of the first candidates through the PLEA found that the information package they received for the application

process was incomplete and some information outdated. In addition, participants received information in a piece meal fashion throughout the process making it a challenge to collect all the necessary documents for the portfolio.

The participant who participated in parts of two different provincial assessment processes described the lack of communication between regulatory organizations when she switched her application request from one province to another. This foreign-educated midwife encountered a number of challenges transferring her documents from one province to another which in some cases required her to start over.

With the exception of Ontario, participants in the B.C., Alberta, Manitoba and Quebec focus groups found that the information received to assist them prepare for the exams were not always clear and and that the handbooks were too lengthy for what was required. This latter point created challenges particularly for those participants who did not have much time to prepare for the exams. Suggestions were proposed to provide an outline of the key sections in the handbooks foreign-educated midwives should focus on. Participants in the Ontario focus groups did not experience this as these foreign-educated midwives went through the IMPP program thus ample time and material was provided in preparation for the exam.

4.3 Time

The average length of time from the start of the assessment process (when the foreign-educated midwife first applied) to receiving registration ranged from 6 months to 14 months. The length of time depended on when the candidate was able to submit the document required for her portfolio and also, when the sittings for the exams were held. This latter point was an issue for some of the participants in Alberta and Manitoba given that the examination period in both provinces occurred infrequently.

With the exception of a minority, most of the focus group participants felt that the amount of time spent in the assessment process was too long. “Time was wasted between getting to Canada and actually practicing” was expressed by one foreign-educated midwife and summed up the feelings of most other participants.

A couple of participants from Ontario and one from Alberta commented that while the period of supervision provided an opportunity to understand the culture and work environment of a midwife in that region, it was too long and costly. These costs were related to lack of compensation for services while in supervision. In another case for an Ontario foreign-educated midwife, the costs were related to living since the location of the practical setting was at a distance from her home. This latter issue was expressed by other participants in the Ontario focus groups who indicated that although clinical placements existed, some of these were not conveniently located.

The IMPP program in Ontario was seen to assist foreign-educated midwives in the registration and assessment process in Ontario and subsequently to integrate into the workforce. Participants agreed that the clinical portion of the program was very useful and helped them gain experience and knowledge about the Ontario health care system as well as an understanding of the culture. In some cases, the clinical setting gave foreign-educated midwives the opportunity to achieve the requirement for continuity of care given that in their respective countries this model of care was not practiced.

One of the issues with the IMPP program reported by the majority of the participants in the Ontario focus groups was the program's length of time. While the allotted time for the clinical portion was sufficient, most of the participants felt that the time allotted to the theoretical portion of the program was too long and could be shortened. This finding also relates to the comments expressed by a couple of focus group participants from Ontario who felt that the program should be modular thus tailoring the theoretical courses to the needs of the individual foreign-educated midwife applicant.

4.4 Costs

Most of the participants across the 5 provinces complained about the costs associated with the assessment process and examinations. Some were also concerned about the costs of reading materials. A few participants indicated that had they known what the costs would end up being, they would not have chosen to proceed with the process.

As mentioned earlier, costs were also discussed in the context of some foreign-educated midwives not receiving compensation during their period of supervision. As a result, these participants faced financial challenges due to a loss of income albeit, a temporary one.

4.5 Integration into the Workforce

The majority of participants who obtained their education and practiced outside of North America indicated that one of the biggest issues integrating into the Canadian workplace was culture. This not only pertained to cultural differences of the population but also, differences in the working relationship with other health professionals. Indeed one participant commented that she “came from a country where midwives were respected” implying that she had had some challenges when she encountered other health providers. Participants found that the period of supervision helped them understand and address this issue but most felt more time and better orientation to these differences are required.

A second issue that was frequently cited by participants was scope of practice. With the exception of participants who underwent the IMPP program in Ontario, most of the participants did not feel they were adequately prepared to deal with the issue of different scopes of practice from what they were accustomed to in their work as midwives outside of Canada.

A couple of participants from the Ontario focus groups commented on being frustrated with their current compensation level. These women do not feel that their years of experience as midwives practicing outside of Canada were and are considered in their workplace. Although both these foreign-educated midwives had years of experience working as midwives, they still had to commence at the first compensation levels once registered in Canada.

5.0 Recommendations

Focus group participants were asked to identify how they would suggest improving the assessment process of foreign-educated midwives. A number of recommendations were proposed. In all cases, the key message expressed was to start working immediately as there is a need for midwives in Canada.

A national approach to assessing foreign-educated midwives should be considered. A national approach would streamline the assessment process and eliminate redundancies in the process. A recommendation proposed and linked to the national approach was to establish a central list of international educational institutions that are recognized or accredited by the midwifery regulatory organizations. This would reduce the amount of time and resources each provincial regulatory organization would require to investigate the educational institution.

Short orientation courses/workshops should be conducted at the beginning of the assessment process as well as at the end. An orientation workshop at the beginning of the process would serve to provide information about the assessment process and its costs. Participants agreed that it is also necessary that the orientation include an explanation and description of the examination process to help candidates identify what they need to know. Providing clear study guides was recommended as well as providing an overview of the practical examination process. Finally, providing information about midwifery practice in Canada and also, the health care system in Canada and the respective province should be included in the orientation.

Generally the orientation provided post the examination was perceived as useful. Some participants felt that there should be more focus on providing information about working in the respective provincial health care environment. For example, provide a better understanding of the hospital or community environment, the documentation requirements and process for that province and the relationship with other health providers.

Some participants particularly in Quebec suggested that a “stage” or clinical placement be provided prior to the examinations. This will allow the candidate

the opportunity to learn the culture and in particular, understand the overall health care system of the country and province.

Review the examinations particularly those in Ontario. Having one standard Canadian exam (i.e., core questions) that also contained specific questions relating to that province was recommended. “Let’s streamline that exam and let’s get it national and pared down” was cited by one participant. Other mediums of completing the exams (i.e., computerized) should be considered when reviewing the examination process.

The timing of the examination period should also be reviewed in some provinces. Offering the examination period only once a year presents challenges for some foreign-educated midwives particularly those with a family. Some participants expressed that the profession risks losing foreign-educated midwives to nursing since many were nurses in their country of origin.

Almost all participants recommended reducing the costs associated with the assessment process. Some remarked that costs should be subsidized (i.e., obtain funding while learning and/or training) as they are in some countries.

Structure the IMPP program to be more modular than what it currently is. Participants suggested that the program be tailored to address the areas lacking for each individual candidate.

Appendix 1 – Demographic Survey

NATIONAL MIDWIFERY ASSESSMENT STRATEGY PROJECT

Focus Group #:

Participants Number

Region_____

Focus Group Demographic Form

Thank you for taking the time to participate in this focus group. Your answers will be kept confidential and you will not be identified in any reports or publications.

1. In which province do you currently practice midwifery? **(Please circle ONE number only)**

- | | |
|---------------------|------------|
| 1. British Columbia | 4. Ontario |
| 2. Alberta | 5. Quebec |
| 3. Manitoba | |

2. What type of midwifery education have you completed and in what year? (Please provide information on all that apply.)

Midwifery Education	Year
1. Direct-entry university degree	
2. Post-nursing university degree	
3. Direct-entry diploma or certificate program	
4. Self-directed learning	
5. Other <i>(Please specify)</i>	

3. In what country did you receive your midwifery education_____

4. In which *province(s)* did you complete the assessment process for registration?

- | | |
|---------------------|------------|
| 1. British Columbia | 4. Ontario |
| 2. Alberta | 5. Quebec |
| 3. Manitoba | |

5. How long have you worked as a midwife in Canada _____ years

6. How long have you worked as a midwife in other countries_____ years

7. In what year did you receive your midwifery registration in Canada_____

NATIONAL MIDWIFERY ASSESSMENT STRATEGY PROJECT

Focus Group #:

Participants Number

Region_____

8. Were you ever (or are you currently) involved as an examiner or assessor as part of any midwifery assessment process in Canada?

_____Yes (1) ***Proceed to question 9*** _____No (2) ***Proceed to question 10***

9. Please indicate the year(s) and province(s) were you (or are currently) involved as an examiner or assessor as part of any midwifery assessment process in Canada?

Year	Province

10. What is your current practice status? **(Please circle ONE number only - based on the status you have most of the time)**

- | | |
|------------------------|---|
| 1. Full time practice | 4. Temporary Part-time |
| 2. Temporary Full-time | 5. Temporary Non-practicing |
| 3. Part-time practice | 6. Other (<i>please specify</i>): _____ |

11. How are you paid?

1. employee contract
2. independent practice with government funding per course of care
3. independent practice with clients billed directly

12. In which type of setting do you currently work? **(Please circle all that apply)**

1. Home
2. Birth Center
3. Hospital
4. Private Clinic
5. Community Health Clinic
6. Other : _____

13. Age:

- Less than 25 years_____
- 26 – 35 years_____
- 36 – 45 years_____
- 46 – 50 years_____
- 51 – 55 years_____
- Over 55 years_____

NATIONAL MIDWIFERY ASSESSMENT STRATEGY PROJECT

Focus Group #:

Participants Number

Region_____

14. Your Email address (optional)

Thank for you completing this survey. Your answers will be kept confidential and you will not be identified in any reports or publications.

If completing this survey electronically, please e-mail the survey to the attention of:
asgadmin@associationstrategygroup.com

If completing the survey in hard copy, please fax the survey to the attention of:
Midwifery NAS Project
Fax: (613) 233-6158

Appendix 2 - Consent Form

LE CONSORTIUM CANADIEN DES ORDRES DE SAGE-FEMMES / CANADIAN MIDWIFERY REGULATORS CONSORTIUM

Consent to Participate in Focus Groups

I understand that the Canadian Midwifery Regulator's Consortium (CMRC) and the federal government through its Prior Learning Assessment and Recognition Initiative have provided funding for a study seeking to establish a national midwifery assessment strategy for foreign-educated midwives. I understand that the CMRC is the umbrella group of regulatory organizations in the five provinces where midwifery is currently regulated: Quebec (L'Ordre des sages-femmes du Quebec), Ontario (College of Midwives of Ontario), Manitoba (College of Midwives of Manitoba), Alberta (Midwifery Health Disciplines Committee, AB Health & Wellness), and British Columbia (College of Midwives of British Columbia).

The CMRC is requesting my cooperation, as an internationally-educated midwife, to be a voluntary participant in a focus group for this study. The purpose of the focus group is to gather information about my experiences with the assessment processes. The findings of this study will be used by the CMRC to determine the best way to assess internationally educated midwives who wish to work in Canada.

I understand the information given to me and my questions have been answered to my satisfaction. I am willing to discuss the pertinent concerns about the assessment process for registration and am aware that the focus group will be audio taped and transcribed. I understand that the information will be kept confidential and that I will not be identified as an individual in the report.

I understand that my participation in this study is strictly voluntary and am under no obligation to provide consent and that I am free to withdraw from the study at any time, for any reason, without penalty.

Confidentiality

I understand that information and data collected during this study will remain confidential. An external organization, Association Strategy Group, will facilitate and coordinate the focus groups in order to ensure that CMRC and its member regulators do not have direct access to data. My name and workplace will not be revealed in any publications/reports. The data will only be reported in summary fashion. Audiotapes and transcripts from these sessions will be destroyed once the Final Report is approved.

In signing and dating the statement below, I understand that I am agreeing to be a voluntary participant in this focus group.

I agree to be contacted should the researchers have further questions at a later date.

YES _____ NO _____

Participant's Name Signature

/ /
Date (dd/mm/yy)

**FAX BACK TO: CHRISTINE DA PRAT
(613) 233-6158**

Appendix 3 - Focus Group Guide

FOCUS GROUP TELECONFERENCE SESSIONS GUIDE

Introduction

Introduction of moderator, purpose of session and confirm everyone can stay for the two hours.

Roundtable introduction of participants

Opening Questions:

1. Tell us who you are, where you practice midwifery, and what you most enjoy doing when you are not practicing midwifery.
2. Briefly describe your experience when first applying to come to Canada and when you first took part in the assessment of your competencies in Canada.

Principle Questions

Think back to when you were first applying for assessment, how would you describe the process?

Probe if were asked to provide information that shed light on their skills, knowledge, and overall competency as a midwife?

Probe for gaps in the process.

Probe for areas in the process that were challenging.

Were there any parts of the assessment that were not useful in identifying your competencies and if so, briefly describe.

Were there any gaps in your skills/competencies that were not identified in the assessment but that perhaps should have been?

Looking back with your current knowledge of midwifery in Canada, what was particularly useful in bringing out your competencies and any gaps that needed to be addressed in order to successfully work as a midwife in Canada?

Probe: use of or being informed of bridging programs, language courses, etc.

Do you feel that the assessment process allowed you to succeed as a midwife in Canada?

Probe what worked well in the assessment process

Probe for recommendations to improve the process

Concluding Question and Remarks

Our intention in inviting you was to obtain your assistance in evaluating the assessment processes used in Canada to date. We want to know how to improve the assessment process and what has worked or not worked to ensure internationally educated midwives are successful and safe in their Canadian practice. ***Is there anything that we missed? Is there anything that you came wanting to say that you haven't yet had a chance to say?***

Thank you for taking the time and for sharing your experiences.

Stress will not report individual responses but consolidated analysis

Stress important initiative

Re-iterate project's goal and timelines

Remind to send in demographic form if did not do so already.