

# **National Midwifery Assessment Strategy Project Final Report**

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## Table of Contents


Table of Contents .....	2
Introduction .....	3
Background .....	4
Developmental Phase: Creating a Research Plan .....	5
Phase One: Data Collection & Analysis .....	6
Methodology .....	6
Key Findings .....	6
Trends with regards to Immigrant Access to Professions .....	6
National and International Assessment Practices .....	6
Current Assessment of Internationally-Educated Midwives in Canada .....	7
Views of Midwifery Stakeholders .....	7
Phase One Conclusions .....	8
Phase Two / Three – Assessment Tool Development .....	9
Canadian Midwifery Registration Examination .....	9
Website for Internationally-Educated Applicants .....	10
Midwifery Credential Evaluation Database .....	10
Multi-Jurisdictional Midwifery Bridging Program .....	11
Phase Three – Project Evaluation .....	14
NAS Project Conclusions & Recommendations .....	16
National Midwifery Assessment Strategy .....	16
Recommendations for Future Action .....	18

## **Introduction**

The National Midwifery Assessment Strategy (NAS) project began in 2003 when midwifery regulators in Canada recognized the need for a cohesive pan-Canadian strategy for the assessment of internationally-educated midwives. The Canadian Midwifery Regulators Consortium (CMRC) thus sought funding for a three year research project that would enable information and resource sharing, formal research into best practices, and the development and piloting of assessment tools. The resulting strategy was expected to:

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

The NAS project was funded from December 2003 to September 2006 by Human Resources and Skills Development Canada under their Prior Learning Assessment and Recognition Initiative and by members of the CMRC. Coordination of the project was carried out by a Project Coordinator under the guidance of a Steering Committee made up of representatives of the five jurisdictions that directly assess IEMs. Project advisors with expertise in critical areas, such as research methodology and immigrant access, provided additional support to the project. The project secretariat was housed at the College of Midwives of BC.

Detailed information regarding various aspects of the project is available on many aspects of the NAS project. Look for  as an indication that more detailed information is available.

This Final Project Report highlights the results of each phase of the project and concludes with a description of the strategy and recommendations for future work to fully implement it.

## Background

There is a critical need to better integrate immigrants into the workforce at a level commensurate with their training and experience. Immigration has been an important source of labour force growth for over a decade and Statistics Canada reports that by the year 2011, virtually all of Canada's net labour force growth will be dependent on immigrants. Unfortunately, statistics and anecdotal evidence indicate that while immigrants are more highly educated today than ever before, they are still having great difficulties accessing employment in Canada. The situation for female immigrants is even tougher than it is for men<sup>i</sup>. The Conference Board of Canada has noted that the gap in recognizing immigrants' credentials is having a huge adverse effect on the Canadian economy.<sup>ii</sup>

Maternity care in Canada is experiencing a crisis due to a declining number of care providers. Retirements and fewer medical students planning to incorporate maternity care into their practice are contributing factors.<sup>iii</sup> Appropriately trained immigrants can help reverse this trend. More specifically, internationally-educated midwives must be more quickly and efficiently integrated into practice in order to support the care of Canadian childbearing women and their families. Dr. Andre Lalonde, of the Society of Obstetricians and Gynaecologists of Canada, summed up the situation in a November 10, 2005 interview with the CBC saying "Unless more obstetricians are trained and all provinces recognize, fund and train more midwives, the outlook for pregnant women is grim"<sup>iv</sup>.

Midwifery is a growing profession, and with its focus on providing care to the 80-85% of women who have low-risk pregnancies, it is well-placed to fill some of the gaps in care provision. As a relatively new profession in Canada, however, it has few Canadian graduates per year and needs to rely on internationally-educated midwives in order to meet demands for services now and into the future.

Canadian midwifery regulators have been at the forefront in developing innovative tools for assessing internationally-educated midwives, including prior learning and experience assessment and midwifery bridging programs. Unfortunately, although each province has had similar competency-based assessment programs, there has been duplication of workload and a lack of pan-Canadian consistency across the country. In addition, though a variety of tools and strategies were in place, no one province had the resources to develop a comprehensive assessment program.

## Developmental Phase: Creating a Research Plan

The developmental phase of the NAS project took place from December 2003 to March 2004. It included the following activities:

- Analysis of regulatory documents pertaining to the assessment of IEMs;
- Literature review of materials related to immigrant access to professions and to prior learning assessment in a regulatory context;
- Interviews with representatives of midwifery regulators;
- Data analysis and writing of a Research Plan for the remainder of the project;
- Peer-review of the Research Plan.

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

☞ The *Research Plan* is available at [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca).

## **Phase One: Data Collection & Analysis**

Data collection and analysis was the focus of phase one from April 2004 to March 2005. The goals were to:

- Collect and analyse data from a variety of midwifery stakeholders regarding current and potential assessment tools and practices;
- Develop a common set of competencies for entry-level midwives that could be used as a basis for competency-based testing;
- Collect and analyse information from a range of relevant experts on immigrant access, prior learning assessment, exam development, and language testing;
- Set the context for Canadian regulatory issues and practices by carrying out an international survey of health regulatory organizations;
- Craft a report that outlines research findings and makes recommendations regarding key assessment tools that should be developed and piloted in phase two.

### ***Methodology***

A variety of research methodologies were utilized for data collection, including literature reviews on several topics, in-person and telephone interviews with almost 50 informants, a written questionnaire sent to almost 400 health regulators in 33 countries, and focus groups with internationally-educated midwives and midwifery supervisors. In addition an expert working group collaborated to develop the pan-Canadian competency statement. Data analysis was carried out using NVivo software (interviews, literature review, focus group) and specially designed Access-based queries.

### ***Key Findings***

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

1. Over the course of the NAS project, there has been increasing pressure on professional regulatory organizations to reduce or eliminate unintentional barriers to registration. Federal and provincial governments, not-for-profit organizations, and regulators have each launched initiatives to address these issues. Many research and strategy documents have been produced, the results of which concur with this project's findings in terms of current barriers, key issues, and potential solutions.
2. The issues for internationally-educated midwives are similar to internationally-educated professionals in other fields.

#### **National and International Assessment Practices**

1. While there is a wide diversity in terms of how regulators assess internationally-educated applicants, the majority assess three major areas: professional education, clinical experience, and language competency. Most use more than one assessment tool to assess professional competency, most often a written exam

- combined with clinical assessment and/or internship. Many rely on assessments by external organizations.
2. Regulators worldwide noted that the most critical factor for an internationally-educated professional's success is language fluency. Other important factors include cultural competency, currency of practice, and the degree to which their training reflects the practice in their new country.
  3. Issues faced by regulators are remarkably consistent worldwide. They include high costs, difficulties in obtaining information from abroad, lack of adequate professional language tests, and the need for better assessment tools and gap-training programs.
  4. Most regulators are using similar tools. However, there are some innovative models that can be learned from.
  5. Most bridging programs are pilot programs with a limited geographic scope. However, there are a variety of distance education tools that could be implemented for a multi-jurisdictional bridging program.

### **Current Assessment of Internationally-Educated Midwives in Canada**

1. Assessment processes in all provinces include paper-based assessments of midwifery education, previous clinical experience, and language competency as well as written and clinical competency-based exams. In most cases these are quite similar in format and content.
2. All provinces require most candidates to do a period of supervised practice. In most provinces this allows candidates to remedy discrete gaps in competency or knowledge. In Quebec, the period spent in a practice is strictly an assessment.
3. Ontario's International Midwifery Pre-registration Program (IMPP) is the only midwifery bridging program in Canada. Clinical placements are integrated into the program and graduates of this program undergo no further assessment other than a short period of supervised practice.
4. Supporting culturally diverse candidates is a challenge for midwifery supervisors who have little or no training in this area.

### **Views of Midwifery Stakeholders**

1. Cost and time factors were identified as key barriers to IEMs.
2. Successful orientation and adaptation to the special culture of Canadian midwifery practice was identified by many as the key to success.
3. Assessment processes are very resource intensive for regulators.
4. Midwifery stakeholders support a national assessment strategy, as long as all provinces and territories are consulted in its development and that all resulting materials or tools are available in both English and French.
5. Midwifery stakeholders support the creation and distribution of clearer information about Canadian midwifery and midwifery assessment processes to applicants and the development of national examinations, bridging programs that

address cultural integration and orientation issues, and a system whereby regulators can share information on international midwifery education programs.


### **Phase One Conclusions**

After a review of research findings and deliberation, the members of the Canadian Midwifery Regulators Consortium confirmed their commitment to developing a national strategy for assessing internationally-educated midwives. Regulators approved the following priority areas for tool development in phase two:

- national exam databank of written questions
- website for internationally educated midwives
- on-line credential evaluation database for midwifery regulators;
- further conceptualization of a bridging program with multi-jurisdictional delivery.

They also recommended that outstanding diagnostic research regarding intercultural diversity and assessment processes be completed, that portfolio assessment procedures and policies be harmonized where possible, and they identified a list of additional activities that could be done if time and finances allowed.

The CMRC also approved the final *Canadian Competencies for Midwives*, a document outlining the entry-level competencies expected of a midwife in a regulated jurisdiction in Canada. It was expected that this document would provide the basis for exam development, and that it would be posted on the website for the information of internationally-educated midwives.

 The *Phase One Report* is available at [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca).

## Phase Two / Three – Assessment Tool Development

The development of assessment tools was the focus of phase two from April 2005 to March 2006, and of much of phase three from April 2006 to September 2006.

Phase two began with the contracting of expert consultants for exam development. It became clear early on that developing a bilingual national exam of this nature was a larger task than originally anticipated. The result was reduced time and finances for carrying out other project activities, and thus some tasks were scaled down and some had to be postponed to or completed in phase three. Activities identified as “additional”, such as the development of a national clinical exam databank, were postponed to future projects.

### **Canadian Midwifery Registration Examination**

The initial development of the Canadian Midwifery Registration Examination (CMRE) took place in 2005 and 2006. It was led by the NAS steering committee with support and guidance from the NAS project coordinator and Assessment Strategies Inc, a consulting firm specializing in the development and maintenance of high stakes exams. More than 45 content experts (mostly practicing midwives, including midwifery educators and regulators) participated directly in the development of this exam.

Following industry standards, the exam process began with the creation of the *CMRE Blueprint*, a document that outlines the exam structure, format, and elements of standardization. Two in-person sessions were then held in which content experts were trained to develop high quality examination questions and then were guided to collaborate in the creation of English and French language questions for the CMRE databank. A qualitative pilot allowed 18 midwives to provide feedback on all potential exam questions. This feedback was reviewed on a question-by-question basis by the steering committee and questions were revised when appropriate. Following translation of the final questions, a translation verification process involved bilingual midwives in making sure that questions used correct midwifery terminology and held the same meaning in both languages. Finally, a cutscore-setting session took place in which the Angoff method was used to determine the pass score for the 2006 examination offerings. Candidate information, a Proctor Manual, a Marker Manual, and various administrative forms were also developed in early 2006.

The CMRE was offered in May and September 2006 to internationally-educated applicants in three jurisdictions. A review of item statistics led to the deletion of a small number of questions that did not work as intended, and to recommendations for revisions to the marking guide for others. Other exam materials were revised between exam offerings and again afterwards in order to ensure the smooth administration of the exam.

 The *CMRE 05-06 Technical Report* is available at [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca).


## **Website for Internationally-Educated Applicants**

In the Fall of 2005, the NAS project coordinator and steering committee worked with Inner Core Design to design a bilingual (French/English) website focused on providing information to internationally educated midwives, but also allowing Canadian registered midwives to access information about the NAS project and inter-provincial mobility.

In order to advertise the site at the annual conference of the Canadian Association of Midwives, the site was launched initially in November 2005 with NAS project reports and only a few other documents posted. During the winter of 2005-06, over 35 documents were drafted by the NAS project coordinator, or in some cases by practicing midwives. These were reviewed for clarity and accuracy by members of the NAS steering committee and by other appropriate individuals using email exchanges and telephone calls. Once documents were finalized and approved by the committee, they were translated. In April 2006, when the majority of documents were ready to go, the site was launched in its final format. Documents have continued to be added and revised throughout the course of the NAS project.

The site was advertised via links from midwifery regulatory sites, fax announcements to all registered midwives, verbal and written announcements at the annual midwifery conference, and direct communication with internationally-educated applicants.

Statistical data from the site indicate that it is being accessed regularly and that usage is increasing.

 Visit the website at [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca).

## **Midwifery Credential Evaluation Database**

Internationally midwifery practice and education can vary dramatically from one country to another. In order to make informed decisions about an applicant's midwifery background, it is critical that regulators have access to information about midwifery in the relevant countries. Unfortunately, in many cases it can be very difficult and time-consuming to obtain this information.

In March 2006, the NAS project coordinator worked with Inner Core Design to build a dynamic and innovative bilingual database that would enable regulators across Canada to easily share information about midwifery internationally. The design was enhanced by information gained during the international questionnaire and interviews with regulatory staff. By the Spring/Summer of 2006, the NAS coordinator began to enter initial data on a few key countries in order to test the database with real data. Revisions to the design were identified and carried out. It is expected that additional revisions will be needed as

further data is entered, particularly when alternate regulatory structures are present that differ from those used in testing to date.

The Midwifery Credential Evaluation Database has been designed to be accessed by regulatory staff who need information about midwifery in a given jurisdiction in order to make a just and effective assessment decision. For each country, this restricted-access database contains fields for:

- general country information, including health related statistics and information on available language tests;
- an overview of the educational system, and information about accreditation, educational ladder, grading scale, and more;
- an outline of midwifery regulation;
- a description of midwifery practice;
- a general description of midwifery education;
- detailed information on specific midwifery education programs.

Given that there are limited staff resources, the database has been designed so that data can be entered by designated individuals in each jurisdiction as they locate relevant information. In order to protect the integrity of the data, these individuals will have special user status with additional access over those who are simply users.

### ***Multi-Jurisdictional Midwifery Bridging Program***

There is currently only one midwifery bridging program in Canada. The International Midwifery Pre-registration Program (IMPP) is a nine-month program based out of Ryerson University's G. Raymond Chan School of Continuing Education. The NAS research indicated a strong need for bridging availability to internationally-educated midwives living in all jurisdictions. Keeping in mind the small numbers of geographically dispersed IEMs in most jurisdictions and the increasing availability and use of distance education technologies, the NAS steering committee committed to conceptualizing an innovative approach to bridging to meet the needs of internationally-educated midwives in all regulated jurisdictions.

The committee reviewed:

- the results of a focused literature review on bridging and distance education technologies that was carried out in phase one of the NAS project;
- materials about the IMPP provided to the committee by Ryerson University's School of Continuing Education;
- data from an informal survey of midwifery education program's willingness and abilities to be involved.

Based on this information, the following conceptual framework was created in a series of in-person and telephone-based steering committee meetings, and approved in principle by the CMRC.

### Framework for a Canadian Midwifery Bridging Program

The Canadian Midwifery Bridging Program aims to ensure a consistent national approach to midwifery bridging education and access to bridging for geographically-dispersed IEMs in all regulated jurisdictions.

#### *Who?*

The bridging program will be designed for internationally-educated midwives who have experience in antepartum, intrapartum, and postpartum care and who have the ability to work in the full scope of Canadian practice and with the skill-set that will enable them to reach registration requirements via the length of the bridging program.

#### *Why?*

The bridging program will a) fill any gaps identified in regard to the competencies listed in *Canadian Competencies for Midwives*, b) integrate IEMs into the professional culture of Canadian midwifery, c) enable applicants to meet requirements for registration, and d) assist midwives to obtain work as registered midwives.

#### *What?*

A set menu of modules will form the basis of the national program. Module topics will be derived from an analysis of common gaps in knowledge, education, or experience in relation to Canadian requirements for achieving midwifery registration and a successful career as a midwife in Canada. Provinces/territories may require additional courses beyond the basic program.

The program will contain both clinical, didactic (knowledge based), and philosophical (model of practice) components, and include a clinical placement. It will emphasize the midwife's role as a primary caregiver.

Modules will be available in both English and French.

#### *How?*

The program will be delivered using distance education technologies wherever feasible. In-person intensives will be held in order to address hands-on skills and cover topic areas that do not lend themselves to learning at a distance; they will be offered in as many sites as is possible given available resources and educational feasibility (it is anticipated that intensives may require a minimum number of participants both to provide effective training and to be cost-effective). At least one clinical placement will be included and it will take place in the applicants' home province or territory. There will be at least one province/territory specific module that will provide an orientation to jurisdiction specific topics such as legislation, expectations for record-keeping, data collection, etc.

Modules will be offered via educational institutions, not by regulators. It is envisioned that a variety of institutions may offer each module and candidates may choose to mix and match from various programs or to complete an inclusive program such as the IMPP to meet their requirements.

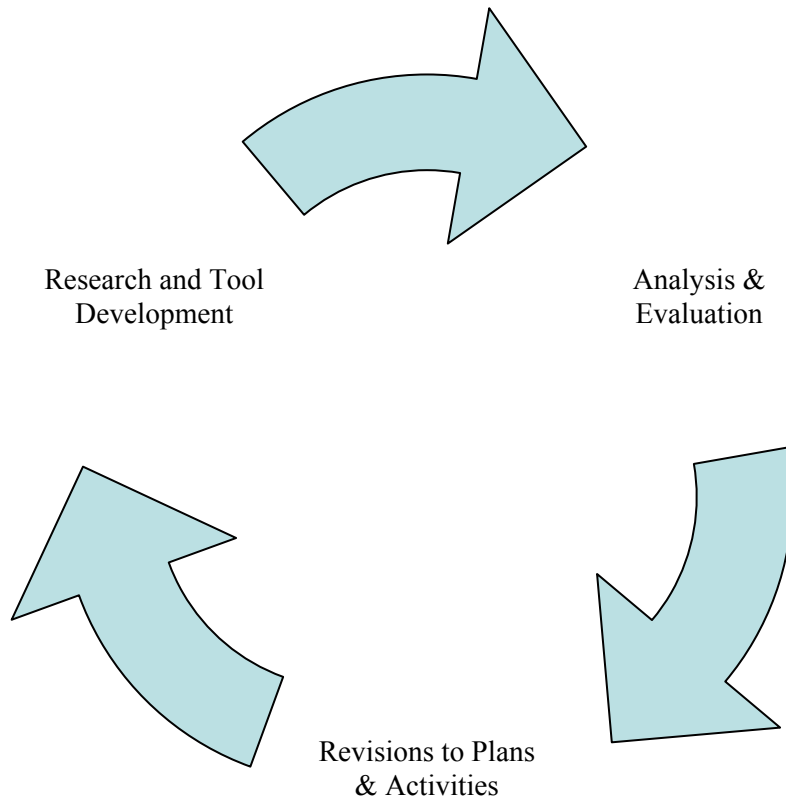
A mechanism for pre-assessment of prior learning and experience will be developed so that gaps can be adequately identified and addressed, and programs individualized as much as possible. Clinical assessment of candidates (via Objective Structures Clinical Exams) will be included as part of the student evaluation process.

*Other factors:*

- The focus in developing this pan-Canadian program is on efficiency, effectiveness, flexibility, and harmonization.
- Cross cultural training for steering committee members, regulatory staff, educators, and clinical instructors is critical.
- It is expected that the IMPP courses will form the basis for many of the topics/courses needed, and the steering committee plans to work with them as much as possible so as not to reinvent the wheel.
- It is also expected that other institutions may already offer courses that can be easily adapted for inclusion (eg evidence-based practice, introduction to the Canadian health care system).
- The CMRC accepts that funding may need to be secured first for a jurisdictional area that includes a smaller grouping of provinces and territories, and a bridging program designed first for this area. However, all members of the CMRC are committed to working towards the national vision outlined in this conceptual framework, and all work done will take this into consideration.

## Phase Three – Project Evaluation

Phase three, from April to September 2006, was originally conceived as an in-depth period of project evaluation. However, as the project unfolded, it became clear that evaluation was an ongoing process integrated into every activity. There was a strong interrelationship between activities implemented during the project and evaluation. The process was iterative as the figure below indicates:




Throughout the project, the steering committee met irregularly but frequently via teleconference and in-person meetings. In between meetings frequent email communication kept decision-making on day-to-day issues a consultative and collaborative process. The CMRC as a whole was kept up-to-date written quarterly reports, annual in-person meetings, reports from provincial representatives on the steering committee, and occasional emails reports and CMRC was involved in making all key decisions. This consultative and participatory approach to the NAS project provided a “participatory action research framework<sup>vi</sup>” for this regulator-initiated project, and ensured that evaluation was an ongoing and critical component of all aspects of the project.

In order to remain accountable to HRSDC and other stakeholders, and to have the opportunity to evaluate the full project, a consultant was contracted to carry out an external project evaluation. Margaret Haworth-Brockman, Executive Director of the Prairie Women's Health Centre of Excellence, facilitated an evaluation in April 2006. In keeping with the participatory action research framework, Margaret designed and implemented the process in consultation with the project researcher and steering committee after carrying out a brief review of project reports and evaluative feedback generated to date. The formal evaluation involved:

- Written surveys provided to steering committee members and the project coordinator;
- A facilitated in-person focus group with past and present members of the steering committee and the project coordinator;
- Analysis and compilation of data;
- A written evaluation report outlining the evaluation findings.

The results indicated that the project had achieved the objectives it set out to meet: *“Within a limited budget the project has achieved its objectives and purpose, as well as identified further work that is required to guarantee its ongoing success”*.

 The *NAS Evaluation Report* is available at [www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca).

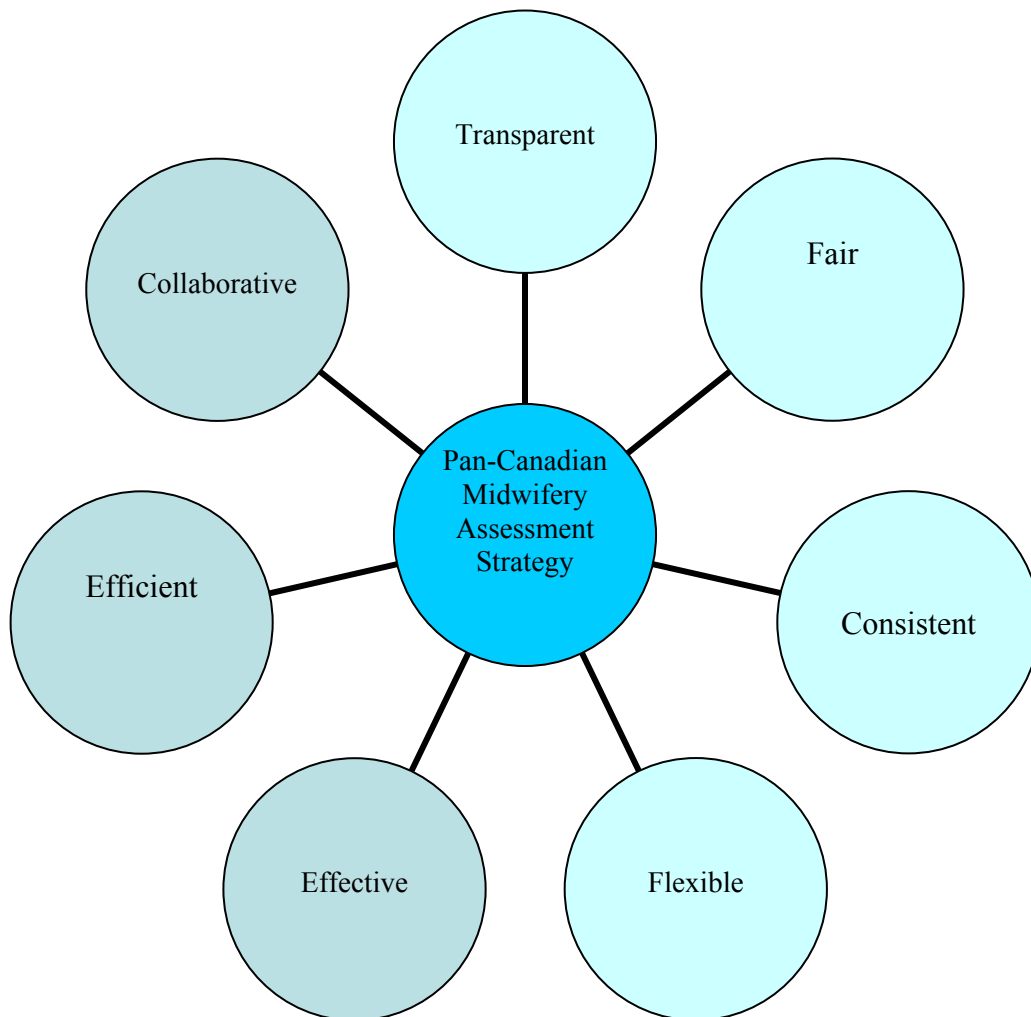
## NAS Project Conclusions & Recommendations

### **National Midwifery Assessment Strategy**

Over the course of the NAS project, the Canadian Midwifery Regulators Consortium and its member regulators adopted a pan-Canadian strategy for the assessment of internationally-educated midwives.

#### **Principles**

The strategy, and the assessment tools used to implement it, must adhere to the principles of good assessment illustrated in the diagram and narrative descriptions below.



### *Transparent*

The path to becoming a registered midwife in Canada must be clear to internationally-educated candidates.

Information should be accessible to IEMs prior to their arrival in Canada to assist them to determine if their skills and experience fit, if they want to practise in the Canadian model of practice, and if they have the financial and personal resources to complete the assessment process for registration.

All information should be clear, easily accessible, and comprehensive. While provincial and territorial regulators must provide detailed information on their specific processes, information should also be provided from a national perspective in order to assist IEMs who may not know in which province they wish to settle.

### *Fair*

Assessment tools and processes must be fair to internationally-educated midwives. They should follow industry standards or better. All those involved in carrying out assessment processes should provide respectful and culturally competent support to IEMs.

### *Consistent*

Assessment processes should be as consistent as possible from one jurisdiction to another. Wherever possible, policies and procedures should be harmonized, and regulators should consider harmonizing assessment tools when this is viable.

### *Flexible*

Assessment processes should be as individualized as possible. They should be offered in as many locations and as often as resources will allow. Provinces and territories should consider accepting assessments or partial assessments from other jurisdictions once harmonization has taken place.

### *Effective*

All assessment tools must be able to effectively identify candidates who can practise safely in Canada, and conversely must enable identification of those who are incompetent for Canadian practice.

### *Efficient*

The pan-Canadian strategy should decrease each regulator's workload by ensuring that duplication in tasks between provinces/territories are avoided.

### *Collaborative*

Provinces and territories should collaborate to ensure the best assessment of internationally-educated midwives. This may include sharing of information, co-offering certain assessment processes (eg national exam), and/or working to ensure processes are as harmonized and in keeping with industry standards as possible. It is noted however that provinces and territories will maintain coordination of their provincial processes, candidates will continue to apply to the province or territory they wish to practise in, and

regulators will continue to set requirements and make decisions about all applicants for registration accordingly to their provincial legislation.

### ***Recommendations for Future Action***

The NAS project has successfully identified a pan-Canadian strategy for assessing the competency of internationally-educated midwives and created some key tools to enable its implementation. However, work remains to be done to fully implement the strategy. This includes:

1. Complete the development of the CMRE by adding an adequate number of new questions to ensure the databank is robust enough to maintain its integrity and security over time.
2. Increase the usability of the credential evaluation database by researching and adding data to it and by creating training materials for users.
3. Develop and implement the Canadian Midwifery Bridging Program.
4. Harmonize portfolio assessment procedures and policies where feasible.
5. Create a national databank of Objective Structured Clinical Exam scenarios.
6. Design and post an online self-assessment tool for IEMs..
7. Investigate the need for updated language benchmarking and for making midwifery specific language tests and instruction more available.
8. Continue to update and add content to CMRC's website.
9. Train regulatory staff in assessment-related methods and cross cultural diversity in national workshops in order to promote consistency and resource sharing.

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<sup>i</sup> Statistics Canada. *The Changing Profile of Canada's Labour Force*. Minister of Industry Canada, 2003. pp5, 13-16.

<sup>ii</sup> Bloom, Michael and Michael Grant. *Brain Gain: The Economic Benefits of Recognising Learning and Learning Credentials in Canada*. Conference Board of Canada, 2001.

<sup>iii</sup> Society of Obstetricians and Gynaecologists. *Obstetrical Crisis Identified in CIHI Report no Surprise to SOGC*. SOGC in the News, April 23, 2004; Kernelless, Jude. *Solving the Maternity Care Crisis: Making Way for Midwifery's Contribution*. BC Centre of Excellence for Women's Health, 2003.; Buske, Lynda *A crisis aborning in maternity and newborn care?* Canadian Medical Association Journal, March 2001.

<sup>iv</sup> *Canada Faces Growing Shortages in Maternity Care*, CBC, Nov 10, 2005.

<sup>v</sup> Martin, Wendy. *Research Plan for National Midwifery Assessment Strategy*. Canadian Midwifery Regulators Consortium, 2004.

<sup>vi</sup> O'Brian, Rory. *An Overview of the Methodological Approach of Action Research*. 1998 Toronto. Accessed at <http://www.web.ca/~robrien/papers/arfinal.html>.