Guide

# ICM Global Standards for Midwifery Education – Companion Guidelines

**REVISED 2023**

International Confederation of Midwives

MPath
Midwifery Education Development Pathway

# Category 1: Programme Governance

## Standard 1.1: The midwifery programme conforms with jurisdictional (such as state, country, etc.) requirements such as registration, Scope of Practice, Code of Ethics.

| Guidelines | Evidence |
|---|---|
| The midwifery education programme provides pre-service education to midwifery students who are eligible for registration within the country where they receive their bachelor's degree or post-nursing diploma. The programme ensures that the curriculum is current with midwifery standards for registration as a midwife and that students obtain the related hands-on training that enables them to obtain employment as a midwife. | Evidence includes such things as the number of students admitted and registered, name of registration authority, process of registration, and scope of registration authority. |

## Standard 1.2: The host institution/agency/branch of government supports the midwifery education programme.

| Guidelines | Evidence |
|---|---|
| The midwifery education programme has agreements with the host institution/agency/branch of government that designates which activities are the authority of the host institution/college/department and which are under the authority of the midwifery education programme. The host institution provides sufficient financial, infrastructure and administrative support to deliver the midwifery education programme. | The host institution demonstrates its active support in one or more ways, e.g., written letter of support or programme approval, contractual agreement, administrative support.<br>An organizational chart provides evidence that the midwifery programme is connected to the wider institution.<br>Access to simulation labs, classrooms, computer labs, library (including midwifery texts and databases).<br>Access to administration support for the delivery of the midwifery education programme.<br>The midwifery education programme has sufficient financial funds to support its delivery. |

## Standard 1.3: The head of the programme is a qualified midwife teacher with experience in management/administration.

| Guidelines | Evidence |
|---|---|
| Midwifery education programmes in many educational institutions, departments are combined with other programmes; for example, Nursing and Midwifery may be offered in a combined department. In such cases, a qualified Nurse may be the 'head of the programme.' For all midwifery programmes, a midwife teacher with experience in management/administration is ideally designated to manage and administer the programme to ensure that midwifery scope of practice and philosophy of care is embedded into the curriculum. | Qualifications of the head of programme are documented in a resume or CV, letters of reference, performance reviews, registration and/or licensure.<br><br>*Qualifications for non-midwife clearly stated with rationale for selection and time frame. |

## Standard 1.4: The head of the programme has overall responsibility for the quality and organisation of programme delivery, appropriate delegation of roles and responsibilities, faculty development and assessment of faculty performance.

| Guidelines | Evidence |
|---|---|
| Roles and responsibilities of the head of programme are clearly documented and fulfilled. Terms of reference and related information regarding the organisation of the programme, delegation, development and assessment of faculty are specified and documented. | Terms of Reference and a role description are provided for the Head of Programme.<br><br>A list of faculty development activities for the last 2 years is provided as well as a description of how faculty performance is measured.<br>Submission of course evaluations for faculty performance. |

# Standard 1.5: The head of the midwifery programme advocates for the midwifery programme and profession.

## Guidelines

The head of the midwifery programme advocates for strengthening the midwifery programme and profession through targeted activities that address issues related but not limited to:

- Midwifery education (e.g. establishing a direct-entry programme; revising the curriculum)
- Respectful maternity care
- Supporting what women want for maternal health services
- Ending obstetric violence and unnecessary intervention
- Advocating for continuity of midwife care in clinical sites
- Initiate change projects or initiatives towards improvement of maternal and newborn health in clinical site

Participation in development of different policies and guidelines for maternal, newborn, reproductive health in the country or government

## Evidence

Documentation outlining participation in advocacy initiatives undertaken by the head of the programme. For example:

- presentations at the International Day of the Midwife;
- advocacy activities either delivered by the school or with other partners;
- partnerships/activities with the midwives' association;
- reports on advocacy activities;
- minutes of meetings with institutions for collaborative advocacy projects;
- policy and guidelines a member participated in development, etc.

# Category 2: Faculty

## Standard 2.1: The faculty is comprised predominantly of midwives who work with experts from other disciplines as needed.

| Guidelines | Evidence |
| --- | --- |
| Midwifery programme planners prioritise recruitment and development of sufficient midwives as teachers and clinical preceptors/clinical teachers to meet programme needs. Experts from other disciplines such as psychology, sociology, nursing, paediatrics, and obstetrics work with midwifery teachers to provide content in their area of expertise.<br><br>Midwifery theory courses and clinical placements are taught by qualified midwife educators. Some theory courses may be delivered by faculty who are not midwives but do have expertise for the content area addressed in the course (e.g., microbiology, pharmacology, etc.). | The midwifery programme has a record of the educational contributions of all midwifery faculty to the midwifery programme. Examples of such documentation may include CVs, employment contracts, performance reviews, subject and number of hours taught, and hours spent supervising students in practical sites. |

## Standard 2.2: The midwife teacher:

### Standard

**2.2.1** is qualified according to the ICM Definition of Midwife

**2.2.2** demonstrates competency in practice, generally accomplished with a minimum of 2 years of full scope of practice;

**2.2.3** holds a current licence/registration or other form of legal recognition to practise midwifery;

**2.2.4** has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position;

**2.2.5** engages in ongoing development as a midwifery practitioner, teacher/lecturer and leader;

**2.2.6** is an advocate within the programme and profession; and

**2.2.7** contributes to developing, implementing, and evaluating the curriculum.

### Guidelines

Midwife teachers/faculty are qualified and experienced midwives who are registered in the country in which they practise and are also experienced educators. Teachers maintain their midwifery qualifications and undertake continuous professional development both as practising midwife and as an educator. The midwife teacher is involved in the continuous improvement of the midwifery education programme through curriculum development, programme evaluation and/or other activities related to quality improvement processes.

### Evidence

Copies of diplomas/credentials are on file in the midwifery programme office.

If a midwife teacher was educated in another country, documentation of midwifery education equivalency verification is on file in the midwifery programme office.

The midwifery programme files include documentation of practice competence of each midwife teacher such as previous employer certifications, letters of reference, CVs, evidence of on-going education or written documentation of how areas where there is a lack of competency have been achieved.

The midwifery programme has written documentation of teacher preparation or a written plan for obtaining such preparation including a timeframe for completion.

The midwifery programme keeps a copy of each teacher's current license and/or registration to practice as a midwife in that legal jurisdiction.

## Standard 2.3: The midwifery clinical preceptor/clinical teacher:

### Standard

**2.3.1** is qualified according to the ICM Definition of a Midwife;

**2.3.2** demonstrates competency in practice, generally accomplished with a minimum of 2 years of full scope practice;

**2.3.3** maintains competency in both midwifery practice and teaching competencies;

**2.3.4** holds a current licence/registration or other form of legal recognition to practise midwifery; and

**2.3.5** has formal preparation for clinical teaching or undertakes such preparation as a condition of continuing to hold the position.

## Guidelines

Midwifery preceptors are qualified midwives with clinical experience of not less than two years in a maternity unit. The preceptor is updated and undertakes continuous professional development. The clinical preceptor is involved in development and update of guidelines advising midwifery practice. The midwifery preceptor is supported by the school to update skills and knowledge.

The midwifery programme determines a method to assess the current practice competence of each midwife clinical preceptor/clinical teacher.

The suggested amount of two (2) years of previous full-time work in a variety of areas (pre-conception, antenatal, intrapartum, postnatal, newborn, family planning) is a proxy measure of competence.

Each midwife clinical preceptor/clinical teacher maintains competency by:

- continuing to provide midwifery care to women and their newborn infants,
- reading relevant books, journals and research articles,
- participating in professional development activities relevant to midwifery education and practice,
- fulfilling the requirements of the midwifery regulating/registration body.

Each midwife clinical preceptor/clinical teacher is responsible for providing a copy of the license or registration to the head of the midwifery programme every time it is renewed.

Each midwife clinical preceptor/clinical teacher or the employing institution is responsible for providing documentation of clinical preceptor/clinical teacher preparation or an agreed plan for obtaining such preparation.

Clinical preceptor/clinical teacher preparation normally includes: principles of adult teaching and learning; skills in facilitating student inquiry and participation; ability to impart information; ability to evaluate student performance.

## Evidence

Copies of licenses and diplomas are maintained on file in the midwifery programme office.

The midwifery programme maintains documentation of practice competence of each midwife clinical preceptor/clinical teacher such as previous employer certifications, letters of reference, CVs, evidence of on-going education.

The midwifery programme has written documentation of each clinical preceptor/clinical teacher's maintenance of competency.

The midwifery programme maintains a copy of each midwife clinical preceptor/clinical teacher's current license and/or registration to practice as a midwife in that legal jurisdiction.

The midwifery programme maintains written documentation of each clinical preceptor/clinical teacher's preparation or a written plan for obtaining such preparation including a timeframe for completion.

## Standard 2.4: Individuals from other disciplines who teach in the midwifery programme are qualified in the content they teach.

| Guidelines | Evidence |
|---|---|
| Faculty and other teachers are qualified and have expertise in the content they teach. Areas of specialisation are not necessarily midwifery focused; however, discipline content is connected to midwifery practice. For example, ethics can be taught by a non-midwife but the course must be relevant to midwifery practice. Courses in English language, religion, computer science, etc. do not require a midwife teacher; however, activities, skill development and underlying knowledge is enhanced when associated with midwifery practice.<br><br>The midwifery programme is responsible for orienting content experts to the midwifery curriculum and evaluating their performance. | The midwifery programme maintains written documentation of content expertise of non-midwives teaching in the midwifery programme that includes CVs, letters of reference, student evaluations. |

## Standard 2.5: The Midwifery faculty provide continuing education and mentoring to clinical preceptors/teachers who teach and evaluate students in clinical sites.

| Guidelines | Evidence |
|---|---|
| Collaboration between midwifery faculty and clinical preceptors/teachers drives the continuing education and mentoring of clinical preceptors/teachers. Both | Midwifery faculty minutes of meetings or other joint professional development sessions, practical site visit reports, |

groups understand the need to develop both midwifery and teaching skills to effectively deliver the midwifery education programme. Scheduled meetings, workshops, etc. occur on a regular basis to provide clinical preceptors/teachers with opportunities for continuous improvement.

student evaluations of each clinical preceptor/clinical teacher are available in written form.

## Standard 2.6: Midwife teachers and clinical preceptors/clinical teachers communicate regularly to facilitate and evaluate students' learning.

| Guidelines | Evidence |
|---|---|
| Communication regarding student learning and assessment occurs on a regular basis. Both midwife teachers and clinical preceptors/teachers work together to address gaps and needs in students' learning. Assessment practices are shared and discussed especially in terms of meeting the ICM competencies.<br><br>Midwife educators who provide the theory component are expected to maintain clinical competence and be familiar with settings where students are assigned. This fosters a collaborative relationship among the educators and clinical preceptors/teachers and assists students to integrate theory and practice. | Midwifery faculty minutes of meetings or other joint professional development sessions, records of student progress evaluations, records of discussions between clinical preceptors/clinical teachers and midwife teachers that demonstrate participation and collaboration among midwife teachers and midwife clinical preceptors/clinical teachers in matters relating to student learning are available in written form. |

## Standard 2.7: The ratio of midwifery students to clinical preceptors/teachers is based on students' learning context and the needs.

| Guidelines | Evidence |
|---|---|
| Midwifery students have reasonable access to clinical preceptors/teachers at all clinical practice sites. Students do not wait for clinical practice to ensure that the educational process is continuous. The ratio of students to clinical preceptors/teachers is determined at the national level or by the institution. | The midwifery programme has documentation of their student/faculty ratios with justification. |

It is the role of clinical preceptors/teachers to oversee students in their clinical placement experience. The relationship between clinical preceptors/teachers and students is crucial to students attaining the objectives for the experience. Prescribed ratios may not suit every circumstance and programmes should have the capacity to adjust them. The needs of beginning students differ from more advanced students and preceptors should adjust their oversight accordingly. In situations where added support and guidance is required for a student(s) to achieve the objectives, a ratio of 1:1 may be needed.

## Standard 2.8: The competence of midwifery faculty members is reviewed on a regular basis following an established process.

| Guidelines | Evidence |
|---|---|
| Midwife teachers undertake continuous professional development to maintain and improve midwifery and teaching skills. The programme observes midwife teachers periodically to provide feedback on teaching practices. Other methods to review competence include student surveys, peer review processes and/or qualifications review. | The midwifery programme maintains files of completed faculty assessments that take place at regular intervals.<br>The records include follow up of any recommendations for improvement. |

## Standard 2.9: Programme policies protect teachers' personal health, safety, and wellbeing in learning environments (e.g., in-person and online harassment; exposure to infectious, environmental or political hazards; verbal or physical abuse).

| Guidelines | Evidence |
|---|---|
| The midwifery programme has policies and procedures related to health, safety, harassment and wellbeing of teachers. These policies and procedures apply both to the classroom and clinical placement settings. | Policies and procedures on teachers' health, safety, harassment and well-being are available in the midwifery programme administration offices and are available to all faculty teaching in the midwifery programme. |

# Category 3: Students

## Standard 3.1: The midwifery programme has clearly written admission policies that are accessible to potential applicants.

| Guidelines | Evidence |
|---|---|
| Each midwifery programme establishes both the process and criteria for acceptance based on national needs and cultural norms. Information about the requirements for entry to the midwifery education programme is provided to prospective students so that students can make an informed choice. The information also includes how to apply to the programme, the process of selection and how students may be evaluated for prior learning experience.<br><br>The selection criteria may include the following:<br>• able to read and write the national language or the language of instruction if different from the national language<br>• successful completion of courses in relevant subjects, such as basic sciences and mathematics<br>• proof of good conduct<br>• able to interact amicably<br>• strong motivation to become a midwife | The materials assessed for selection may include a written application, personal interview, letters of reference, standardised tests, records of previous schooling.<br><br>Written materials describing the criteria and means of assessing and selecting midwifery applicants are publicly available. |

## Standard 3.2: Eligible midwifery candidates are admitted without prejudice or discrimination (such as age, national origin, gender, religion, etc.).

| Guidelines | Evidence |
|---|---|
| All candidates receive a fair and non-discriminatory assessment of their application. The midwifery education programme makes available the selection criteria, which are clearly non-discriminatory. | Written policies are publicly available. |

## Standard 3.3: The midwifery faculty make decisions about the number and selection of individuals to receive offers of admission considering resources and (where they exist) maternity workforce plans.

| Guidelines | Evidence |
|---|---|
| Midwifery faculty select candidates based on informed decision-making considering the financial, human and physical resources available for delivering a quality programme.<br><br>Midwifery faculty are aware of official documents and workforce trends both globally and specific to their geographic area. | Midwifery faculty demonstrates that the programme meets workforce needs in the country and/or community.<br><br>Evidence includes such things as the demographic profile and number of students admitted, strategic planning documents, letters of support from country officials, admission policies and procedures, follow-up of graduates to know employment/ retention/ career development. |

## Standard 3.4: The midwifery programme has clearly written student policies that include:

### Standard

**3.4.1** Expectations of students in the programme including professional behaviour in all settings and interactions;

**3.4.2** Statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances;

**3.4.3** Mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum, midwifery faculty, and the midwifery programme;

**3.4.4** Requirements for successful completion of the midwifery programme; and

**3.4.5** Protection of students' personal health, safety and wellbeing in learning environments, such as, hours of continuous work, exposure to infectious or environmental hazards, modes of travel, verbal or physical abuse.

### Guidelines

The midwifery programme provides students with accurate information about the requirements of the profession and the programme. Upon enrolment, the programme provides students with accurate information on the institutional and programme-specific policies and procedures, and student rights and responsibilities.

Midwifery educators have a responsibility to promote the safety and wellbeing of students to enable them to engage in effective learning. Program policies need to promote not only physical safety but also psychological safety of students in clinical sites. Learning new information, skills and behaviours requires concentration and time. Students should neither be expected to function at the same pace as experienced midwives nor experience long periods of time without sleep.

Students should be aware of safety legislation and regulations relevant to the profession (e.g., occupational health and safety acts and regulations).

### Evidence

Written materials describing the midwifery entry requirements are publically available.

Students provide feedback that they received, discussed, and were given time to ask any questions about the written policies during their orientation period.

Written policies are available to students and confidential files are kept of past complaints and their resolution.

The midwifery programme has evaluation tools available and a published time frame for their use.

Copies of completed evaluation forms are kept on file in the programme office.

Requirements are written and shared with students at the beginning of the programme. Students verify this.

## Standard 3.5: Programme policies provide opportunities for student representation in midwifery programme governance and committees.

| Guidelines | Evidence |
| --- | --- |
| The midwifery programme and/or the institution have policies that govern student participation and representation in the governance of the programme. Students provide input via select | A record of student membership and |

committees that review curriculum, revise programme policies, advise on selection criteria, running of the programme, representation in disciplinary committees, etc.

participation on relevant committees is maintained.

## Standard 3.6: Students have sufficient midwifery practice experience in facility-based and community care settings, including women's homes, to attain the current *ICM Essential Competencies for Midwifery Practice.*

| Guidelines | Evidence |
|---|---|
| Clinical experiences in a variety of settings are available for enrolled students as they progress to the clinical placement portion of the programme. Students have access to a variety of settings (i.e., clinics, hospitals, women's homes, etc.) to demonstrate the required ICM Essential Competencies. The practice experiences are predominantly led by midwives and are of sufficient length to ensure that the midwife student engages in continuity of care. | A list of or contracts with all practice settings for midwifery student experience are available in the programme office.<br><br>The midwifery programme defines in writing 'sufficient experience' for their setting, context and regulatory framework and the means of measuring that experience.<br><br>The midwifery programme is able to demonstrate that each midwifery student has achieved proficiency with the specified level of practical experiences.<br><br>Student records of practical experiences are available and reflect the midwifery programme requirements. |

## Standard 3.7: Students participate in providing continuity of midwife care to women/families through pregnancy, birth, and the postnatal period.

| Guidelines | Evidence |
|---|---|
| A continuity of midwife care (COMC) model provides women with care from the same midwife or small team of midwives during pregnancy, birth, and the postnatal period with appropriate involvement of the multidisciplinary team when needed. Midwifery students rotate in a midwife-led care unit where they are attached | A list of clinical placements and services provided by the student midwife at each clinical placement, which outlines the provision of continuity of midwife care at each site. |

to a midwife or a team of midwives to provide pregnancy, birth and postnatal care to a certain group of women for continuity of care.

## Standard 3.8: Students provide midwifery care primarily under the supervision of a midwife teacher/midwifery clinical preceptor/clinical teacher.

| Guidelines | Evidence |
| --- | --- |
| All students undertaking midwifery care are closely supervised by a midwife teacher and/or clinical preceptor/teacher. The programme is responsible for employing a sufficient number of midwife teachers and clinical preceptors responsible for ensuring and documenting oversight and evaluation of students in the delivery of midwifery care while on clinical placement and is in regular contact with the clinical practise sites. | Written agreements exist with practical settings and individual preceptors.<br>Student records show title of supervisor. |

## Standard 3.9: Students' individual needs and personal circumstances are considered when allocating learning opportunities, including making reasonable adjustments.

| Guidelines | Evidence |
| --- | --- |
| Programme and/or institutional policies exist that provide information on how students may access additional learning support and adjustments for learning. These policies may outline (and are not limited to) allocation of clinical placement sites, alternative assignment submission, extended time for exam/tests, etc. | Programme policies are available in the administration office and distributed to students regarding additional learning supports and adjustments for learning. |

## Standard 3.10: Students have access to learning resources and technical support for various methods of programme delivery.

| Guidelines | Evidence |
| --- | --- |
| The midwifery programme provides academic support services for students. Academic support services may include midwife faculty availability outside of class hours, peer learning/tutoring or other support. Technical support may be in the form of access to computer labs, midwifery databases and journals, online support for virtual learning, Internet services etc. | Resources are available to students such as (but not limited to):<br>• Scientific databases and journal specific to midwifery<br>• Schedule of access to computer lab available to midwives<br>• Online learning tools for midwives<br>• Internet service provided for midwife students<br>Any other learning resources or support provided to midwifery students |

# Category 4: Midwifery Programme & Curriculum

## Standard 4.1: Midwifery programmes incorporate ICM core documents and position statements into their philosophy ad programme delivery.

| Guidelines | Evidence |
|---|---|
| The midwifery programme philosophy statement clearly integrates the ICM core documents (e.g. the ICM Definition and Scope of Practice of the Midwife, the ICM Philosophy of Midwifery Practice, etc.). The ICM core documents are integrated into the applicable courses/modules and reinforced throughout the programme.<br>Beliefs about midwifery care include:<br>• partnership with women<br>• empowerment of women individual/personalised care continuity of care<br>• normality of pregnancy and birth safe care keeping to standards cultural safety best (evidence-based) practice autonomous practice | The programme has a written philosophy of midwifery education and practice. |

## Standard 4.2: The midwifery programme integrates the ICM Essential Competencies and assesses the student progress in achievement of these competencies.

| Guidelines | Evidence |
|---|---|
| The midwifery programme integrates all the ICM Essential Competencies for Midwifery Practice in all applicable courses/modules. These competencies are clearly assessed in the theoretical classroom, simulation labs and practical placement sites. The ICM Competencies drive the curriculum in shaping the | The organisational framework is evident in midwifery curriculum documents. Faculty and students understand the organization of content and the approach to assessing achievement of competencies. A |

proficiency of the graduate midwife to undertake the full scope of practice as outlined in the ICM Competencies.

completed curriculum map outlines where the ICM Essential Competencies for Midwifery Practice are addressed.

## Standard 4.3: The purpose of the midwifery education programme is to produce a competent midwife who:

### Standard

**4.3.1** Has attained/demonstrated, at a minimum, the current *ICM Essential Competencies for Midwifery Practice*;

**4.3.2** Meets the criteria of the *ICM Definition and Scope of Practice of the Midwife* and regulatory body standards leading to licensure or registration as a midwife;

**4.3.3** Has knowledge and understanding of the ICM key documents including the practice standards and applies these to the scope of midwifery practice of their jurisdiction.

**4.3.4** Meets the regulatory requirements of the jurisdiction for entry to practice.

### Guidelines

The midwifery education programme has a curriculum that integrates the ICM Essential Competencies for Midwifery Practice. The curriculum is derived from the country's training syllabus for direct entry or upgrading programs for graduates to meet the minimum requirements for entry to practice. The midwifery education program curriculum incorporates ICM Education Standards and Scope of Practice.

### Evidence

The written learning outcomes of the midwifery programme reflect ICM core documents.

When a midwifery programme requires the achievement of competencies that exceed those of ICM, there is documentation of the added competencies.

All midwifery graduates meet the requirements for registration/legal recognition and provide copies of such recognition to the programme upon request.

The midwifery programme follows graduates systematically for defined time periods to know of their continuing practice record.

## Standard 4.4: The minimum length of a direct-entry midwifery education programme is 36 months, which may be three (3) calendar years or longer to permit vacation/break periods. The enrolment time must be sufficient for students to acquire the knowledge, skills and behaviours to be a competent midwife.

| Guidelines | Evidence |
|---|---|
| The length of the programme is a recommendation based on input from a review of midwifery programmes across a variety of contexts. An estimated number of hours for a full-time direct-entry programme of study is approximately 4600. This number varies from region to region depending on what constitutes 'full time;' for example, cumulative hours range from 4600 to 4908. It is important to note that institutions calculate theoretical and clinical credit hours differently a depending on institutional and regulatory policies. Calculating the cumulative experience does not in itself provide a measure of quality or competence. Provision of sufficient time for the student to achieve the Essential Competencies for Midwifery Practice is the most critical factor in determining programme length. | The formula used by the programme for theoretical and practical experience (courses/units of study) is written and available to students and all midwifery teachers. The rationale for the formula is also recorded and evaluated periodically in relation to the graduate's ability to demonstrate all the ICM Essential Competencies. |

## Standard 4.5: The minimum length of a post-nursing/healthcare provider (post-registration) midwifery education programme is eighteen (18) months or longer to permit vacation/break periods. The enrolment time must be sufficient for students to acquire the knowledge, skills and behaviours to be a competent midwife.

| Guidelines | Evidence |
|---|---|
| The length of the programme is a recommendation based on input from a review of midwifery programmes across a variety of contexts. An estimated number of hours for a full-time post-nursing programme of study is approximately 3600. This number varies from region to region depending on what | The formula used by the programme for theoretical and practical experience (courses/units of study) is written and available to |

constitutes 'full time;' for example, cumulative hours range from 3600 to 3765. It is important to note that institutions calculate theoretical and clinical credit hours differently a depending on institutional and regulatory policies. Calculating the cumulative experience does not in itself provide a measure of quality or competence. Provision of sufficient time for the student to achieve the Essential Competencies for Midwifery Practice is the most critical factor in determining programme length.

students and all midwifery teachers. The rationale for the formula is also recorded and evaluated periodically in relation to the graduate's ability to demonstrate all the ICM Essential Competencies

## Standard 4.6: The midwifery curriculum is organised systematically so that it enables students to acquire the skills, knowledge and behaviours essential to become an autonomous practitioner.

| Guidelines | Evidence |
| --- | --- |
| The transfer of knowledge, skills and behaviours in the teaching environment comprises three essential components: theory, clinical simulation and clinical practice. Students are required to have a deep understanding of the theoretical and scientific knowledge of midwifery practice as this underpins their ability to provide evidence-based midwifery care. The clinical practice setting consolidates this and enables transfer of knowledge, skills and behaviours into real-life environments.<br><br>The modules/courses are ordered so that a gradual and consistent application of more complex skills and critical thinking concepts is evidenced. Additionally, the ICM Essential Competencies are systematically incorporated in the knowledge, skill and behavioural components of the curriculum to achieve proficiency in all competencies.[1] | The organizational framework is evident in midwifery curriculum documents. Faculty and students understand the organisation of content and the approach to assessing achievement of competencies. |

[1] Adapted from: Sample Direct Entry Midwifery Curriculum: Version 1 2023. NY: UNFPA & ICM: 2023.

# Standard 4.7: The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice in clinical settings.

## Guidelines

The programme curriculum must demonstrate the balance of theory and practice and ensure that students obtain practical/clinical experience in clinical settings for at least half of their programme.

The “hands-on” clinical component provides opportunities for students to apply theory, acquire skills and behaviours, and develop relationships with women, families, and multiple health care providers.

Each programme plans its midwifery theory and practice ratio to:

- enable the achievement of the ICM competencies, (knowledge, skills and professional behaviors),
- facilitate transfer of competencies into practice, and
- enable the student during the learning process to demonstrate the ability to contextualise care.

Midwifery programmes may opt to have a 50/50 balance, whereas others will have a 40/60 balance. The added practical time may afford expanded practical education or simulation learning.

The added time for practical may be needed to demonstrate added competencies, achieve learning outcomes when practice volume is small, or when individuals acquire competencies at a slower pace.

## Evidence

The programme has a written overview of the structure of the programme that sets out the proportion of time allocated to midwifery theoretical and practical learning. The rationale for the structure is clearly described.

If other theoretical content not directly related to midwifery competencies, such as research, is included, the rationale for inclusion is also clearly described. This content is not considered in the ratio described above.

# Standard 4.8: Instructional methods in the midwifery programme are based on current evidence about the teaching-learning process.

## Guidelines

The midwifery programme incorporates an applied learning and student-centred approach.

Evidence of best practice in education changes over time and faculty need to remain current about education topics such as:

- methods to acquire competencies
- students as adult learners
- principles of life-long learning (ICM Position Statement on Basic and Ongoing Education for Midwives).

Evidence-based teaching methods include:

- inquiry-based learning
- modelling
- case method
- simulation learning
- supervision
- reflection

## Evidence

Evidence based teaching methods are reflected in course materials.

# Standard 4.9: Midwifery faculty use fair, valid and reliable formative and summative assessment methods to measure student performance and progress in learning. For example, knowledge, behaviours, decision-making and practical skills.

## Guidelines

The education programme specifies the assessment methods to be used by midwifery educators and clinical preceptors/teachers to measure student acquisition of skills and behaviours expected in the clinical environment.

An assessment is fair when the student knows what the assessment will cover and that it relates to the course /module objectives. Different assessment methods are needed to measure aspects of competence. For example, is it an assessment of required knowledge, or an assessment of a newly acquired technical skill, or an assessment of counselling about a health behaviour? A behaviour or a skill can be observed whereas other forms of evaluation are needed to assess underlying knowledge.

Formative assessment is provided “along the way” with the purpose of directing improvement so that attainment of the skill/behaviour/knowledge is acquired by the end of a designated time period. Formative assessment is ‘for’ learning and does not contribute to the final grade. Summative assessment is assessment ‘of’ learning (e.g., assessments are graded). It is carried out at the end of a course/module and ultimately at the end of the programme as the final determination of meeting all requirements.

## Evidence

Summative and formative assessments are available for all courses and contain the associated rating scales and rubrics for evaluation. Assessment instructions are included in the student log books. Assessment policies are available in the student handbook.

A variety of valid and reliable assessment tools are available and used.

Course materials clearly describe the methods used for evaluating attainment of learning outcomes.

## Standard 4.10: Criteria for assessments and the results of the assessments are shared with students.

| Guidelines | Evidence |
| --- | --- |
| Students have access to the results of their assessments and other information regarding the assessment of their learning. Criteria for the assessments such as rubrics and detailed instructions are shared with students prior to the assessment process. Policies regarding the sharing of grades, reporting mistakes and challenging assessments are made available to students. | Assessment policies for students are available in the student handbook, clinical handbooks, handouts, etc. |

## Standard 4.11: The curriculum addresses equity considerations, including the impact of gender inequality on women's health and the midwifery profession.

| Guidelines | Evidence |
| --- | --- |
| The ICM Position Statement on Gender Equality and Pay Equity for Midwives provides information on gender inequality on women's health and the midwifery profession. ICM believes that countries would benefit by focusing on the large economic opportunity that can be brought to families by improving gender equity and pay parity between male and female-dominant workforces such as midwifery.<br><br>The midwifery programme delivers country-specific information on gender inequality in women's healthcare and the midwifery profession. The programme also addresses equity considerations in the provision of midwifery services. | Course/module descriptions contain learning outcomes and/or content that address equity and gender issues regarding women's health and midwifery practice. |

# Category 5: Resources

## Standard 5.1: The midwifery programme has sufficient and up-to-date teaching and learning resources including access to current teaching aids, anatomical models, simulation models, literature (online and print texts, journals, guidelines), technical support for virtual/distance learning, adequate physical space, to meet programme needs.

| Guidelines | Evidence |
|---|---|
| Industry-current equipment in good working order and program supplies are available in a quantity that accommodates all enrolled students in classes/laboratories. Instructional equipment, laboratory supplies, and storage are provided for student use and for teaching the didactic and supervised laboratory education components of a curriculum.<br><br>Sufficient teaching and learning resources include:<br>• access to current learning resources such as current text, journals and reference sources in printed or electronic form<br>• communication technologies (e.g., computers)<br>• access to laboratories equipped to support basic sciences and practical skills development<br>• equipment and materials to support student practical learning such as mannequins, gloves, instruments | Documentation of resources is available.<br><br>Pooled resources of the host institutions are available to the midwifery programme as needed and appropriate. |

## Standard 5.2: The midwifery programme has adequate human resources to support the administration and delivery of programme activities, such as, student placements, theoretical and applied learning, curriculum development, etc.

| Guidelines | Evidence |
|---|---|
| The number of qualified personnel at each site (e.g., classroom, simulation lab, clinical practice site) is sufficient to provide the necessary instruction, supervision and assessment of student learning. The programme works closely with the clinical sites to ensure there are sufficient personnel to supervise and assess all students placed at the site.<br><br>Adequate human resources require:<br>• a human resource plan<br>• a programme budget sufficient to recruit and retain qualified faculty members<br>• the number of faculty needed to meet required teaching loads and responsibilities.<br><br>Midwifery programmes have support staff to:<br>• help administer and organise the programme<br>• maintain financial and other records<br><br>work with other programmes or departments as needed | There is information on file about persons who provide theoretical instruction and supervision/evaluation of students in practical sites, such as:<br>• the number of persons<br>• their time commitments to the midwifery programme<br>• their qualifications and teaching experience<br><br>Personnel files include qualifications and job descriptions for each member of the support staff. |

## Standard 5.3: The midwifery programme has adequate physical space, equipment, and support staff for faculty and students.

| Guidelines | Evidence |
|---|---|
| The physical infrastructure supports the acquisition of the ICM Essential Competencies. | Policies exist that outline the ratio of students to clinical practice sites, |

Students have access to adequate physical space and equipment that is in good working order and programme supplies are available in a quantity that accommodates all enrolled students in classes/labs. Support staff are available to address student inquiries and concerns.

classroom learning resources centres, simulation labs and models, clinical sites, etc.

## Standard 5.4: The midwifery programme has adequate physical space for students' independent and group learning, and informal gatherings.

| Guidelines | Evidence |
|---|---|
| The midwifery programme provides a variety of learning spaces where students are able to undertake independent and group learning outside of formal classroom environments. These spaces enable the students to share information and engage in informal gatherings that promote exchange of peer-to-peer learning experiences. | Student learning spaces are provided in a variety of learning sites (e.g., student lounges). |

## Standard 5.5: The midwifery programme has a variety of clinical learning sites but not limited to tertiary, secondary, primary and birthing centres in sufficient numbers to meet student learning needs.

| Guidelines | Evidence |
|---|---|
| Clinical learning opportunities are provided in the actual practice setting (e.g., birth centre, hospital, woman's home, etc.). Clinical placements are selected on the sites' ability to provide resources and learning experiences that will enable students to practise and attain the required competencies. The number and variety of sites available for student learning will differ according to the location of the midwifery education programme. | There are signed contracts from a variety of agencies kept on file in the midwifery programme office. Contracts are updated and renewed periodically. |

The volume and variety of cases at the clinical sites are appropriate and sufficient for students to practice and attain the required competencies within the expected duration of the clinical practice portion of the midwifery programme.

## Standard 5.6: The quality of care provided in the clinical learning sites supports students to become competent midwives.

### Guidelines

Student learning is enhanced when they witness quality care in clinical sites and are rewarded for establishing positive relationships and providing respectful safe and effective care. Students who experience coercive or rude behaviour directed to them, or witness those behaviours toward women and families, or observe neglect of women's needs may need increased support to overcome those negative experiences and develop positive interpersonal communication skills with the people they care for and healthcare team members. The programme ensures student access to quality care provided at the clinical learning sites.

### Evidence

Criteria for selecting clinical sites is available upon request.

A list of or contracts with all practice settings for midwifery student experience are available in the programme office.

The midwifery programme defines in writing sufficient experience for their setting, context and regulatory framework and the means of measuring that experience.

The midwifery programme is able to demonstrate that each midwifery student has achieved proficiency with the specified level of practical experiences.

Student records of practical experiences are available and reflect the midwifery programme requirements.

## Standard 5.7: The midwifery programme/host institution facilitates access for students to support services such as academic accommodation and counselling, mental health counselling, and financial aid.

| Guidelines | Evidence |
| --- | --- |
| Students are informed about the non-academic support services available to them, as well as to how access these services while in the educational institution or clinical practice sites. Non-academic support services may include counselling services, psychological services, wellness programmes, financial aid, referrals to outside agencies, health services or other support. | Policies and arrangements are in place that support academic accommodation, mental health counselling and financial aid. |

# Category 6: Quality Improvement

## Standard 6.1: Midwifery faculty conduct regular reviews of multiple aspects of the programme as part of quality improvement, including but not limited to: curriculum, admission policies, student progress, attrition, registration pass rates, adequacy of resources, etc.

| Guidelines | Evidence |
|---|---|
| The education programme has tools to collect quantitative and qualitative performance data. Stakeholder feedback is collected from employers, clinical partners, faculty, students, and graduates, where applicable.<br><br>The programme uses the data to review programme effectiveness and make timely changes to the educational programme. The quality improvement process accounts for emerging trends in education and the midwifery profession.<br><br>The educational programme uses certification and/or licensing registration exam results to identify and address gaps in the students' attainment of competencies. | Written evidence of assessment periods, improvements/changes made and timeframes are available. |

## Standard 6.2: The midwifery programme has an external advisory committee that provides input into programme operations and development.

| Guidelines | Evidence |
|---|---|
| The midwifery programme is to convene an external advisory committee on a regular basis (e.g. quarterly). The advisory committee meetings address a board range of topics that may include the programme's goals and objectives, curriculum, outcomes, programme strengths and areas for improvement in preparing graduates, current and projected community needs for midwives, annual evaluation of programme effectiveness | Selection criteria and a list of members for the external advisory committee are kept on file. |

and student, graduate, clinical preceptorship and employer feedback.

## Standard 6.3: External review of the midwifery programme is undertaken at regular intervals and the results are used for continuous improvement.

| Guidelines | Evidence |
| --- | --- |
| A formal external review of the midwifery programme takes place no less than every 5 years. The external review committee is selected from key midwifery stakeholders with an understanding of educational requirements for midwifery programmes. The external review report acts as an input into programme revision. | The midwifery programme has a plan in place for formal review at intervals.<br><br>Appraisals from reviewers are on file and there is documented follow-up of recommendations. |

## Standard 6.4: The midwifery programme makes publicly available current information about the programme including the outcome of external reviews and where applicable, its accreditation status.

| Guidelines | Evidence |
| --- | --- |
| The midwifery programme publishes the outcomes of external reviews and accreditation status either via a website URL or other means to inform students and key stakeholders. Transparency of information regarding the programme is held as a key attribute. | The midwifery programme publishes announcements, publications, accreditation status, etc. either on the institutional website or by some other means. |