Guide

ICM Global Standards for Midwifery Regulation – Companion Guide

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International Confederation of Midwives

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General disclaimer

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Gender Inclusivity Statement

At ICM we centre the experiences of women and girls in our work, while also recognising that gender diverse people, including trans and non-binary people, also need access to a midwife for sexual, reproductive, maternal, newborn and adolescent health care.

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Introduction

The ICM Global Standards for Midwifery Regulation provide a benchmark for effective midwifery regulation systems. They outline:

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    b) Pre-service midwifery education
    c) Registration
    d) Continuing competence
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    f) Code of Conduct and Ethics

This companion guide is intended to be used alongside these Global Standards and additional regulation resources, which support implementation and can be found on the ICM website. Section one outlines what is effective midwifery regulation. Section two provides additional guidance on each standard and suggestions as to how a regulatory authority can evidence that a standard is being met or guide amendments so that standards are met.

Section 1: What is Regulation?

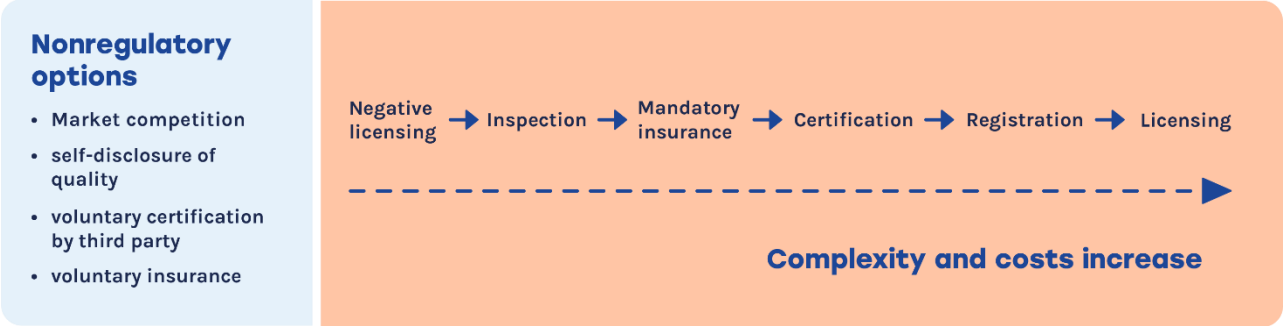
The primary function of regulation is to protect the public. Midwifery regulation does this by ensuring that only qualified and competent midwives are registered to practice. Through standards for education, licensing, and professional conduct, regulation safeguards the quality of care, ensuring the safety of women, girls, gender diverse people and their newborns. It holds midwives accountable for their practice, supports continuing professional development, and provides mechanisms to address misconduct or incompetence. Ultimately, effective regulation builds public trust and ensures that women, newborns, and families receive safe, respectful, and evidence-based care.

Robust regulatory systems also support midwives to work autonomously to their full scope of practice. Through frameworks, oversight, monitoring and quality assurance, regulation raises the status of midwives ensuring accountability and transparency, enabling the standard of care across sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services for women and their newborns to be improved.

Regulation is usually established through primary legislation (Acts or Statutes), enacted by parliament as national law. This type of legislation enables a regulatory authority to enact a regulatory system. The ICM Position Statement Legislation to Regulate Midwifery Practice provides guidance on what legislation should include.

The hierarchy of regulatory mechanisms (Figure 1) shows the increasing levels of control, complexity, and cost, from non-regulatory options to full licensing. For midwifery, stronger mechanisms provide greater assurance of public safety by ensuring that only educated and competent midwives are permitted to practise. The ICM recommends that, at a minimum, countries establish registration systems that formally recognise midwives who meet education and competency standards. In some contexts, licensing may be used instead. Throughout ICM guidance, the term registration is used broadly and may also refer to licensing, as both ensure accountability and protect the public.

Figure 1: Hierarchy of Regulatory Mechanisms (1)



Regulatory authorities should have a robust system of governance. Traditionally, these bodies were composed mainly of members of the profession they regulate—a model known as self-regulation. In recent decades, however, members of the public have increasingly been included in governance structures to strengthen accountability and ensure that the regulator serves the public interest, not only the interests of the profession (1). The ICM Position Statement on Midwifery Regulation and Collaboration with Women provides guidance on how to involve members of the public in regulation activities.

Principles of Right Touch Regulation

ICM recommends the use of Right-Touch Regulation principles when establishing or amending regulation (2).

Right-touch regulation is defined by the Professional Standards Authority as being: *the identification of the most proportionate, efficient and effective solution in situations requiring the management of risk or harm* (p13) and being based on six key principles (2):

1) **Proportionate** – Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

2) **Consistent –** Rules and standards must be joined up and implemented fairly. Regulators should work for consistent outcomes with disparity only where this can be justified.

3) **Targeted –** Regulation should be focused on the problem it is seeking to solve, and minimise unwanted side effects.

4) **Transparent –** Regulators should work openly, be accessible to scrutiny, and keep regulations simple and user-friendly.

5) **Accountability –** Regulators must work transparently, and be open and accessible to scrutiny.

6) **Agile –** Regulation must look forward, anticipating and adapting to change.

These six principles apply broadly to the regulation of health practitioners and details can be found in the Professional Standards Authority Guide on Right-Touch Regulation (2). ICM supplements these principles with a set of principles specific and foundational to midwifery regulation.

Principles of Midwifery Regulation

1. Recognition that regulation is a mechanism by which the social contract between a profession and the public is expressed. Society grants the profession authority and autonomy to regulate itself. In return, society expects the profession to act responsibly, ensure high standards of care, and maintain the trust of the public. (3)
2. Self-regulation occurs when a profession is responsible for regulating itself and its members. Professional self-regulation is typically established through legislation that delegates regulatory authority to the profession, giving it responsibility for setting standards, assessing competence, and ensuring accountability among its members. (4)
3. Recognition that within a self-regulating authority, midwives, service users and the public should all be involved in developing the legislation and in the membership of the regulatory authority that enacts the legislation and regulates midwives.
4. Recognition that each woman has the right to receive SRMNAH care throughout her life course from an educated and competent midwife authorised by a midwifery regulator to practise midwifery.
5. Recognition that midwives are autonomous practitioners: they are responsible and accountable for their own clinical decision making.
6. Recognition that the midwife's scope of practice sets the boundaries of when a midwife may practise autonomously and when she should collaborate with other health professionals.
7. Recognition that midwifery is a profession that is distinct and separate from nursing and medicine. Only midwives can exercise the full scope of midwifery practice and provide all the required competencies. It is acknowledged that midwives share some skills with other health professionals, but it is the entire suite of skills focused on the needs of childbearing women that define midwives and midwifery.
8. Recognition that wherever registered midwives with a midwifery registration work with pregnant women during the childbearing continuum, no matter what the setting, they are practising midwifery. Therefore, when midwives hold dual registration as a nurse they cannot practise simultaneously as a midwife and a nurse. In SRMNAH settings, a registered midwife always practises midwifery.

Section 2: Guidance on Standards

Category 1: Models of Regulation

Standard 1.1: Regulation is midwifery specific.

Guidance	Evidence
Regulatory mechanisms encompass those that are implemented through legislation, employment law or other legal systems. The legislation should establish a midwifery-specific regulatory authority with adequate statutory powers to regulate midwives effectively, support autonomous midwifery practice, and recognise midwifery as an autonomous profession. This legislation, set by parliament, should define the requirements for professional regulation, including the definition and scope of practice of a midwife, and the roles and functions of the regulatory authority. The ICM Position Statement Legislation to Regulate Midwifery Practice provides guidance on what this legislation should include. Midwifery-specific legislation protects the health of women and babies by ensuring safe and competent practice. It also protects midwives by supporting the development of their practice and defining the limits of the scope of their practice. Where midwives are regulated alongside other professions, such as nurses, there should be a clear delineation on the midwife's scope of practice and the contexts within which midwives work.	Documented and enacted legislation empowers a regulatory authority to enact midwifery legislation. Midwifery legislation documents align to the ICM Global Standards for Midwifery Regulation and the guidance provided in the ICM Position Statement Legislation to Regulate Midwifery Practice. Where midwives are regulated alongside other professions, midwifery-specific legislation exist. Examples include a midwifery-specific scope of practice, midwifery committee, policies and processes.

Standard 1.2: Regulation should be at a national level.

Guidance

Regulation may be national, federal, ministry of health-led, or voluntary.

Federal legislation can result in fragmentation, as different states may have varying standards and processes (WHO, 2024). This may prevent midwives from practising to their full scope of practice and limit their ability to move easily around their country for employment.

Where ministries of health regulate midwives, functions are often limited to registration.

Regulation should be national, as this promotes uniform standards, fairness, and transparency; provides public assurance of a consistent approach; and facilitates midwives' movement between countries. This also ensures that women and their babies can expect the same skills, competence and ethical standards from a midwife wherever they live.

If national regulation is not possible, there must be national legislation or mechanisms for collaboration and communication between sub-national (including state) midwifery regulatory authorities.

For the remainder of this document the words national and country are used. The same standards still apply if you are a federal regulatory authority.

In the absence of any national regulatory authority for midwives, and the long timeframe for legislative and policy change in many countries, voluntary interim transition regulation maybe utilised. A midwives' association (MA) could act temporarily as a regulatory body by conducting some regulatory activities for members. Alongside the functions described in category four, MAs may also arrange peer-review mechanisms, e.g., with regulatory authorities or another MA, to improve accountability. This voluntary self-regulation supports public safety, professional development, and builds trust of the profession with the public, other professionals, and governments.

Evidence

When national level regulation is not possible, there is a documented mechanism for collaboration between sub-national midwifery regulatory authorities.

When interim transition regulation is utilised, MA document regulation activities (according to the ICM Global Standards for Midwifery Regulation) and peer-review processes.

Category 2: Protection of Title

Standard 2.1: Only those authorised under relevant legislation may use the title 'midwife' endowed by that legislation.

Guidance	Evidence
Having the title '*midwife*' protected by law means national legislation states that only those who meet the ICM International Definition and Scope of Practice of the Midwife, or national equivalent, may use the title midwife. This protects the public and assures those receiving care from a midwife that they are attended by a legally qualified practitioner, who is individually responsible, accountable, and required to adhere to professional codes and standards. Legislative protection of the title means regulatory authorities have a responsibility to protect the title midwife; reinforcing midwifery autonomy and enabling midwives to practise to their full scope of practice. To do this, they must: • Prescribe the scope of practice of the midwife • Set the qualifications for entering the register of midwives • Maintain the register • Set standards for continuing competence • Prosecute individuals who falsely claim the title midwife who are not qualified, recognised or on the register of midwives • Manage complaints and discipline	Documented legislation detail that the title midwife is protected by law. Where the ICM International Definition and Scope of Practice of the Midwife is not in use, a national scope of practice of the midwife is enacted. Criteria for midwifery registration, and therefore use of the title midwife, aligns with the ICM International Definition and Scope of Practice of the Midwife or national definition of a midwife.

Category 3: Governance

Standard 3.1: The legislation sets a transparent process for nomination, selection and appointment of members to the regulatory authority and identifies roles and terms of appointment.

Guidance	Evidence
A combination of appointment and election should be used for selecting members of a regulatory authority, depending on feasibility and local acceptance. The role of the member in the regulatory authority and the length of the term of the appointment should be clear and transparent. Reasons for removal from the post should also be clearly documents in a code of conduct for regulatory authority members. All members should demonstrate experience and expertise against clear selection criteria, including broad midwifery experience, business and finance, education, and legal expertise. They should also have a strong understanding of the legislation, standards, codes, and guidelines that govern the profession within the country. Midwife members should be selected from nominees proposed by MAs, educational institutions, or individual midwives. They should reflect the diversity of midwives (e.g. gender, practice setting, areas of expertise, cultural and linguistic backgrounds) in the country, have credibility within the profession, and be authorised to practise in the country.	The process for nomination, selection and appointment is in the public domain. This includes: • A documented selection criteria for appointment of members to the regulatory authority • Code of Conduct for regulatory authority member • A documented process to verify the professional qualifications and credibility of a member • Position description for members including term of appointment • Demographic data on members

Standard 3.2: Midwives should be proportionally represented in the regulatory authority.

Guidance	Evidence
Proportional representation of midwives on any regulatory authority ensures that legislation, standards, codes, and guidelines governing the profession are applied in decisions about midwifery education and practice. Without the midwife perspective, regulatory standards or guidance may be unsafe, ineffective, or inappropriate for women and newborns. It may also lead to decisions on midwifery education or practice that are detrimental to public safety, the profession, or individual midwives.	Records such as an organogram demonstrate the number and proportion (%) of midwives on the regulatory authority.

Standard 3.3: There must be provision for representation by service users and members of the public.

Guidance	Evidence
Service user and members of the public regulatory authority members should reflect the diversity of the country, including ethnicity. Their inclusion promotes transparency, accountability, and helps prevent professional bias. Public voices ensure regulations are fair, inclusive, and do not disadvantage those with protected characteristics (1). Service-users can also collaborate with regulatory authorities through service-user organisations, without being elected members of the regulatory authority (see Standard 3.9). Alongside this companion guide, The ICM Position Statement on Midwifery Regulation and Collaboration with Women provides guidance on how to involve members of the public in regulation activities.	The process for selection and appointment of members of the public to the regulatory authority is documented and in the public domain. For service user appointment, this should include experience of using the services of midwives. Position description for members.

Standard 3.4: The governance structures of the regulatory authority should be set out by the legislation.

Guidance	Evidence
Legislation should outline the systems and processes that define the roles and responsibilities of board or council members, including the powers of the council, the appointment of the chairperson and, should midwives be regulated alongside other professions, the establishment of a midwifery board or committee (see Standard 3.5). The regulatory authority is responsible for determining how it carries out its legislated function. These processes must be transparent and accountable to the public, with mechanisms for public reporting.	Documented legislation details the governance structure of the regulatory authority. Terms of reference for the board or committee. The processes for enacting legislated function (see Category 4 for detailed breakdown) are in the public domain. Annual reports and other public disclosures of key decisions and activities.

Standard 3.5: Where midwives are regulated alongside other professions, a separate board or committee should be established that is responsible for midwifery standards and guidance.

Guidance	Evidence
Where midwives are regulated alongside other professions, the legislation should enable the establishment of a board or committee that is responsible for midwifery standards and guidance. This board or committee ensures that the distinct perspective of the midwifery profession is applied to decisions about midwifery education and practice. Without a separate board or committee, regulatory standards or guidance may be unsafe, ineffective, or inappropriate for women and newborns. It may also lead to decisions on midwifery education or practice that are detrimental to public safety, the profession, or individual midwives.	Documented legislation details the governance structure of the regulatory authority, including a midwifery board or committee. Records such as an organogram and terms of reference demonstrate the midwifery board or committee, their reporting lines and decision-making authority.

Standard 3.6: The chairperson of a midwifery regulatory authority must be a midwife.

Guidance	Evidence
The governance structures for appointing a chairperson should be set out by the legislation. The legislation might include one or more of the following: • Formal appointment by a government (e.g. Minister of Health appoints) • Elected from amongst the regulatory authority midwife members • Appointed by an independent election committee	The process for nomination, selection and appointment of a chairperson is in the public domain. This includes: • Documented selection criteria, where appropriate • A documented process to verify the professional qualifications and credibility of a chairperson • Position description for chairperson

Standard 3.7: The regulatory authority is funded by members of the profession.

Guidance	Evidence
Fee payment by a midwife for registration by a regulatory authority is a professional responsibility. Fees must be fair, affordable, accessible and transparent. If the regulatory authority regulates different registration categories, they may have differing fees. These fees support the regulatory authority's operations and help ensure its political and financial independence. Ideally, the regulatory authority is fully funded by the profession. However, in contexts where the midwifery workforce is small or underpaid, government support may be necessary. Such funding has the potential to limit the autonomy of a midwifery regulatory authority and should be provided through a mechanism that minimises such a consequence.	All categories of fees should be in the public domain (e.g., on the website). Annual financial reports published. Documented legislation details that financial support by a government does not provide them with regulatory decision-making power. Document (e.g., funding agreement or Memorandum of Understanding) details that that the regulatory authority will report on use of public funds but retains full control over regulatory activities.

Standard 3.8: The regulatory authority collaborates with the midwifery professional association(s).

Guidance	Evidence
The regulatory authority should establish structured, ongoing collaboration with MAs, which represent the profession and advocate for quality midwifery care. This partnership enhances regulatory credibility, accountability, responsiveness, and alignment with national and global health goals. Although MAs are not regulatory bodies, they contribute to the development of standards and policies that underpin effective regulation. Their involvement helps ensure that regulatory frameworks reflect current practice, are context-specific, and support midwives to work to their full scope of practice. See the ICM resource: What is the Difference Between Professional Associations and Regulatory Bodies in Midwifery for more information. As non-profit, civil society organisations (CSO), which are often women-led, MAs bring essential expertise and evidence surrounding education, service delivery, professional development, leadership and workforce issues.	Documented process, created in partnership with MA, about mechanisms for formal collaboration between regulator and MA. These may include joint committees, formal consultations, shared policy development, and regular communication. Annual reports and other public disclosures (e.g. meeting notes, minutes) of key decisions and activities disclosing and crediting the partnership.

Standard 3.9: The regulatory authority works in collaboration with key stakeholders such as ministries and departments of health.

Guidance	Evidence
The regulatory authority should establish structured, ongoing collaboration with key stakeholders such as ministries of health, CSOs (including service users' organisations), and non-governmental organisations that support SRMNAH. This collaboration raises awareness and understanding about the role of regulation nationally. Additionally, through collaboration, these stakeholders contribute to regulation that is robust, responsive, and acceptable. It also ensures regulatory processes for distinct but aligned allied health professionals, e.g., Midwives and nurses have similar mechanisms whilst recognising the differences that may exist. Although ministries of health are not recommended to be regulatory bodies, they should contribute to the development of standards and policies that underpin effective regulation. Their involvement helps ensure that regulatory frameworks are context-specific, and support health-system strengthening. Additional government departments, such as those for education or gender-equity may also add value to regulation through collaboration. National, local, regional and global stakeholder analysis will ensure the regulatory authority engages with other appropriate organisations. Including service users, mainly through CSOs, who can contribute valuable insights based on lived experience, can also strengthen regulation. Working with education institutions and partners such as ICM and UNFPA can help ensure regulation is relevant, context-specific, and aligned with national health priorities.	Process for nomination, selection and appointment of an organisational collaboration should be transparent and documented. Expressions of Interest requests to collaborate with other stakeholders should be in the public domain. Documented process, created in partnership with government ministries or NGOs, about mechanisms for formal collaboration between parties. These may include joint committees, formal consultations, shared policy development, and regular communication. Annual reports and other public disclosures of key decisions and activities disclosing and crediting partnerships.

Standard 3.10: The regulatory authority works in collaboration with other regulatory authorities both nationally and internationally.

Guidance	Evidence
The regulatory authority should collaborate with other regulatory authorities, both nationally and internationally, including those responsible for regulating midwives and those regulating other health professionals. Such collaboration promotes a shared understanding of professional regulation, supporting more consistent and responsive regulation, and helps strengthen quality, efficiency and accountability across health systems and the profession. Harmonisation across countries reduces fragmentation, clarifies regulatory expectations, and helps midwives practise to their full scope of practice (5). Platforms such as ICM's Regional Professional Committees can support international collaboration.	Documented process, created in partnership with other regulatory authorities, about mechanisms for formal collaboration between parties. These may include: joint committees, formal consultations, shared policy development, and regular communication. Annual reports and other public disclosures of key decisions and activities disclosing and crediting the partnership.

Category 4: Functions

Standard 4.1: Scope of Practice

4.1.1 The regulatory authority defines the scope of practice of the midwife that is consistent with the ICM's International Definition and Scope of Practice of the Midwife (2)

Guidance	Evidence
All regulatory authorities for midwives must have a scope of practice of a midwife. This provides the legal definition of what a midwife can do on their own professional responsibility. ICM recommend that this is consistent with the ICM International Definition and Scope of Practice of the Midwife, which provides a global standard suitable for adoption in all contexts. The ICM Essential Competencies for Midwifery Practice set out the knowledge, skills, and behaviours that midwives need to have to be able to fulfil this at the point of entry to the profession. They are a minimum standard, and all midwives should maintain at least this minimal level of competence across their professional careers. Midwives are required to demonstrate these competencies in all practice settings in which they work. The scope of practice of a midwife must support and enable autonomous midwifery practice and should therefore include: • Prescribing rights • Access to laboratory and screening services • Admitting and discharge rights • Right to consult with and refer to specialists • Access to emergency services in all practice settings The regulatory authority should set the scope of practice rather than employers, the government, other health	Published in the public domain, a scope of practice of the midwife and national essential competencies, that is consistent with and references the ICM International Definition and Scope of Practice of the Midwife and ICM Essential Competencies for Midwifery Practice. Documented process, including collaboration with stakeholders, for how the scope of practice of the midwife can be updated.

professions, the private health sector, or other commercial interests. Where midwives are regulated along with other health professionals, a midwifery board or committee should be responsible for setting the scope of practice of a midwife.

Changes to, or the introduction of, a scope of practice of the midwife should be developed with midwives. Collaboration with the MA and ministry of health is recommended.

Associated non-midwifery legislation may also need to be amended to give midwives the necessary authorities to practise this. For example, legislation that controls the prescription of medicines.

Standard 4.2: Pre-Service Midwifery Education

4.2.1 The regulatory authority sets the minimum standards for pre-service midwifery education and accreditation of midwifery education institutions that are consistent with the ICM Global Standards for Midwifery Education.

Guidance	Evidence
All regulatory authorities for midwives must have minimum standards for pre-service midwifery education programmes and accreditation of midwifery education institutions. These standards provide a benchmark for programmes that prepare students for entry to practise as a midwife. This ensures that all midwives are educated to a consistent standard across the country. ICM recommends that these minimum standards are consistent with the ICM Global Standards for Midwifery Education. These provide a global framework suitable for adoption in all contexts. Accreditation standards are discussed in Standard 4.2.3. Where midwives are regulated alongside other health professions, a midwifery board or committee should be responsible for setting midwifery education standards. Changes to, or the introduction of, education standards should be developed with midwives. Collaboration with the MA, midwifery educators and ministries of health and education is recommended.	PPublished in the public domain, standards for pre-service midwifery education and accreditation of midwifery education institutions, that are consistent with and reference the ICM Global Standards for Midwifery Education. Documented process, including collaboration with stakeholders, for how the standards can be updated.

4.2.2 The regulatory authority approves pre-service midwifery education programmes leading to the qualification prescribed for midwifery registration.

Guidance	Evidence
The regulatory authority must establish and implement clear processes for the approval of midwifery education programmes. This is a time-limited approval and re-approval should be undertaken when curricula or programme design changes. Approval ensures that the curricula and programme delivery of pre-service midwifery education programmes meet national standards, which are aligned to the ICM Global Standards for Midwifery Education and produces graduates who meet the requirements for midwifery registration in the country. Where midwives are regulated along with other health professionals, a midwifery board or committee should be responsible for the approval of pre- service midwifery education programmes. The regulatory authority should have the power to support, sanction and if necessary, suspend a pre-service midwifery education programme, if the programme is not approved.	Approval processes are documented and available to midwifery education institutions. Documented selection process, training and governance of approvers. Midwifery education institutions publicly publish that their programme is approved by the regulatory authority. Regulatory authority holds a database of the approval status of all midwifery education institutions in the country. Approval reports are held by the regulatory authority of all pre-service midwifery education programmes.

4.2.3 The regulatory authority accredits midwifery education institutions providing approved pre-service midwifery education programmes.

Guidance	Evidence
The regulatory authority must establish and implement clear processes for the accreditation of midwifery education institutions. This is a time-limited accreditation and re-accreditation is recommended to be undertaken every 3-5 years. Accreditation ensures that education institutions meet the standards necessary to deliver quality midwifery education aligned with the ICM Global Standards for Midwifery Education and that programme graduates meet the requirements for midwifery registration in the country. In countries with national accreditation bodies, the regulatory authority should collaborate to ensure roles are complementary. The national body's standards assess whether the programme and institution are sufficient to grant the relevant academic qualification. The regulatory authority accreditation standards assess whether the institution is aligned with pre-service midwifery education standards. Where midwives are regulated alongside other health professionals, a midwifery board or committee should be responsible for the accreditation of institutions delivering pre-service midwifery education. The regulatory authority should have the power to support, sanction and if necessary, suspend a pre-service midwifery education programme, if the institution is not accredited. This would include ensuring midwives are not able to join the midwifery register if they have not completed a midwifery programme which meets the standards of pre-service midwifery education from an accredited institution.	Accreditation standards and processes are documented and available to midwifery education institutions. Documented selection process, training and governance of accreditors. Midwifery education institutions publicly publish their accreditation status. Regulatory authority holds a database of the accreditation status of all midwifery education institutions in the country. Accreditation reports are held by the regulatory authority of all midwifery education institutions.

4.2.4 The regulatory authority audits pre-service midwifery education programmes and midwifery education institutions.

Guidance	Evidence
The regulatory authority establishes the processes for ongoing monitoring and audit mechanisms of pre- service midwifery education programmes and the midwifery education institutions providing the programmes to ensure that appropriate standards are maintained. Auditing should be undertaken annually. The regulatory authority should coordinate auditors, which may include employment of auditors in single or dual-role positions. The regulatory authority should have the power to support, sanction or stop a pre-service midwifery education programme if the institution is not maintaining standards.	Documented selection process, training and governance of auditors. Audit processes and are documented and available to midwifery education institutions. Audit reports are held by the regulatory authority of all pre-service midwifery education programmes.

4.2.5 Midwife teachers and midwifery clinical preceptor/clinical teachers must have completed a programme of study in teaching.

Guidance	Evidence
Midwife teachers and clinical preceptors (grouped from here as midwife faculty) must be qualified and experienced midwives, registered in the country where they practise as a midwife, and must have completed a programme of study in teaching. The ICM Global Standards for Midwifery Education detail the required qualifications of midwife faculty. Regulatory authorities should require midwifery educational institutions to have faculty development programmes in place, that are consistent with the ICM Global Standards for Faculty Development. These standards provide global recommendations suitable for adoption in all contexts. The competence of midwife faculty should be reviewed regularly and time dedicated to undertaking continuing professional development as both practising midwives and educators. Midwife faculty should be involved in curriculum development, programme evaluation, and other quality improvement processes. National pre-service midwifery education standards and accreditation of midwifery education institutions should include requirements for midwife faculty. The regulatory authority should have the power to support, sanction or stop a pre-service midwifery education programme if the midwife faculty do not meet standards.	Published pre-service midwifery education standards and accreditation of midwifery education institutions standards include standards about midwife faculty. Regulatory authority holds a register of midwife faculty, including details of their programme of study. Accreditation and audit reports are held by the regulatory authority of all pre-service midwifery education programmes and detail faculty qualification and competence.

Standard 4.3: Registration

4.3.1 The legislation sets the criteria for midwifery registration and/or licensure.

Guidance	Evidence
To join and remain on the register of midwives, applicants must meet criteria outlined in legislation and implemented by the regulatory authority. At a minimum this should include that midwives can demonstrate that they have: • Met the ICM Essential Competencies for Midwifery Practice, or national competencies which align. • Met standards of fitness to practice including being of good health and character. • Met language competence to practise effectively as a midwife in that country.	Documented and enacted legislation sets criteria for midwifery registration. Criteria to be on the register of midwives in the country published in the public domain. Audit of the register of midwives in the country demonstrates all midwives meet the criteria.

4.3.2 The regulatory authority develops standards and processes for registration and/or licensure.

Guidance	Evidence
By providing standards and processes for midwifery registration, the regulatory authority ensures only competent midwives are authorised to practise in the country. These standards protect the public, promote transparency, and ensure that midwives entering the workforce are prepared to practice to their full scope. Competence can be assessed in several ways, examples include: • Successful completion of an approved pre-service midwifery education programme • Successful completion of a national competency-based assessment. This may may include written and clinical assessments. Robust processes for validation of good health and character are necessary and will be influenced by national law. The regulatory authority should state what a reliable source for these are, e.g., character references. The application process should be transparent, consistent, and in the public domain. This should include information on timelines, document requirements, examinations and fees.	Standards and process to join the register of midwives in the country are published in the public domain. Audit of the register of midwives in the country, demonstrates all midwives were entered through the published process.

4.3.3 The regulatory authority develops processes for assessing the equivalence of applicants who have completed their pre-service education in other countries for entry to the midwifery register/or licensure.

Guidance	Evidence
Midwives educated and registered in another country must meet the same registration standards as those educated locally. The regulatory authority must establish a fair, transparent, and robust assessment process. This includes: • Verification of identity • Verification of original pre-service midwifery qualifications • Post-registration experience assessed against local entry to register requirements • Successful completion of a competency-based assessment, based upon the ICM Essential Competencies for Midwifery Practice, or national competencies which align. This may may include written and clinical assessments • Evidence of or assessment of language competence to practise effectively as a midwife in that country • Evidence (e.g., certificate or reference) of good standing from previous regulatory authorities. • Evidence has met standards of fitness to practice including being of good health and character The application process should be transparent, consistent, and in the public domain. This should include information on timelines, document requirements, examinations and fees.	The process to assess equivalency of an applicant and then move from one regulatory authority to another is published in the public domain. Audit of the register of midwives in the country, demonstrates all midwives who moved from another country, entered through the published process.

4.3.4 The regulatory authority establishes criteria, pathways and processes leading to registration/licensure for midwives from other countries who do not meet registration requirements.

Guidance

Midwives educated and registered in another country must meet the same registration standards as those educated locally. Where this is not the case the regulatory authority must outline the process for these midwives to achieve registration within the country.

The process should be robust, transparent, consistent, and in the public domain. This should include information on timelines, document requirements, examinations and fees.

Methods such as those described in the guidance for Standard 4.3.3 should be used to assess eligibility of applicants.

Principles of recognition of prior learning should be applied through competency-based assessments, based on the ICM Essential Competencies for Midwifery Practice, or national competencies which align. This may may include written and clinical assessments.

Short bridging or adaptation programmes and in some case full pre-service midwifery education programme places should be made available by midwifery education institutions to ensure these applicants meet the national competencies prior to registration. These programmes and the education institutions they are provided by must be approved and accredited by the regulatory authority.

Special consideration should be given to applicants displaced by abuse, armed conflict, crises or persecution, who may lack full documentation. Countries may have specific policies in place to assess such applicants.

Evidence

The process to assess equivalency of an applicant is published in the public domain.

Regulatory authority holds a database of the approval and accreditation status of all midwifery education institutions in the country providing bridging or adaptation programmes.

Approval and accreditation reports are held by the regulatory authority of all bridging and adaptation midwifery education programmes.

Audit of register of midwives in the country, demonstrates all midwives who moved from another country but did not meet registration requirements, entered through the published process.

4.3.5 Mechanisms exist for a range of registration and/or licensure status.

Guidance

Legislation should outline the categories of registration a regulatory authority provides. This depends upon qualification and circumstance. Examples include:

- Full registration – for midwives meeting all criteria as detailed in the guidance for Standard 4.3.1. They are registered to provide the full scope of practice.
- Conditional registration – practice is under specific conditions (e.g., supervised practice).
- Provisional registration – practice is under specific conditions while awaiting completion of requirements for full registration (e.g. recent graduates awaiting examination results).
- Temporary registration – maybe full or conditional but is for a limited time.
- Suspended registration – practice is not permitted whilst the midwife undergoes competency assessment, disciplinary investigation or has a serious health issue which compromises safe practice.
- Lapsed registration – practice is not permitted as their registration has lapsed (e.g., fees or documents incomplete). Regulatory authorities should have a documented readmission process if they have such a category of registration.

Different categories of registration may have different fees. The guidance with Standard 3.7 has more information on fees.

Some countries also register midwifery associates. Midwifery associates have different qualifications and scopes of practice to midwives so they should be on different registers.

The categories of registration and their fees should be published in the public domain.

Evidence

Categories of registration defined in legislation.

Categories of registration are defined, alongside associated fees in the public domain.

Audit of register of midwives demonstrates the registration status of every midwife in the country.

4.3.6 The regulatory authority maintains a live register of midwives and makes it publicly available.

Guidance	Evidence
A live register means that it should be available electronically and regularly updated to reflect the number of midwives on the register in the country and to provide the current registration status, including registration category or removal of all registrants. The regulatory authority's website is the most appropriate place for the register. Public access to this information supports accountability, transparency, and enables women and families to verify their midwife's registration. Clear processes should guide how registration status is updated and communicated. Mechanisms must also be in place to remove individuals who retire from practice or have died.	Electronic live register detailing all midwives and their registration category. Process for maintaining register.

4.3.7 The regulatory authority collects information about midwives and their practice to contribute to workforce planning and research.

Guidance	Evidence
This may include data from the live register and targeted surveys of registered midwives. The information helps identify workforce trends, education needs, and informs national planning and policy. The regulatory authority should have systems in place to analyse and share relevant data with governments, researchers and other stakeholders to support evidence-based decisions. National data protection laws should inform these systems.	Process for data collection. Statement on data collection included in terms and conditions of registration provided to all midwives at the point of registration. Data analysis reports authored by regulatory authority, government or research bodies on midwifery workforce.

Standard 4.4: Continuing Competence

4.4.1 The regulatory authority implements a mechanism through which midwives regularly demonstrate their continuing competence to practise.

Guidance	Evidence
Continuing competence assessments provide assurance that midwives remain competent to practise across their careers, and is an integral part of ensuring safety of the public, a key function of regulation. Therefore, regulatory authorities must require midwives to demonstrate continuing competence as a condition of ongoing registration. Continuing competence involves the regular assessment of midwives against the competencies required for entry to the profession in that country. Examples of mechanisms to demonstrate continuing competence may include: • Minimum hours of recent clinical midwifery practice • Competency-based assessment (e.g., simulation or peer review) • Evidence of maintaining skills in emergency care (e.g. resuscitation) • Reflective practice (written and/or discussion) • Portfolio submission mapped to professional standards • Continuing Professional Development (CPD) record CPD activities include attending workshops, conferences and self-directed learning. Whilst CPD supports competence and the maintenance of up-to-date evidence-based knowledge and practice, it is not a substitute for a competency assessment, and regulatory authorities should distinguish between the two. Regulatory authorities should support midwives to	Criteria and process for demonstrating continuing competence published in public domain. Education of continuing competence included in pre-service midwifery education programmes Details of continuing competence requirements included in terms and conditions of registration provided to all midwives at the point of registration. Audit of the register of midwives demonstrates that all full registrants have up to date continuing competency records. Audit of the register of midwives demonstrates that midwives without up-to-date continuing competency records are categorised according to national legislation (e.g. lapsed) and not able to practice.

demonstrate continuing competence by establishing processes which:

- Set clear requirements for continuing competence and CPD
- Provide templates and tools to support midwives' documentation
- Verify that the midwife has personally completed the declared activities/ competency assessment
- Auditing evidence

Re-registration/licensing processes provide an opportunity to confirm competence. These processes are detailed in standards 4.4.3

4.4.2 The legislation sets out separate requirements for entry to the midwifery register and/or first license and ongoing regular relicensing.

Guidance	Evidence
Legislation must differentiate between the two processes of initial registration / first licence and ongoing relicensing. Regulatory authorities should provide processes for both. Clear legal separation ensures midwives meet the required standards to enter the profession and maintain competence throughout their careers. It also provides a mechanism for regulatory authorities to place conditions on registered midwives' practice who are not demonstrating continuing competence Standard 4.3.1 and 4.3.2 outline the requirements for initial registration / licensing of a midwife. Standard 4.4.1 and 4.4.3 outline the requirements for re-registration / licensing.	Difference between registration / licensing and ongoing re-registration / licensing are defined in legislation. Standards and process to join the register of midwives in the country are published in the public domain. Criteria and process for demonstrating continuing competence published in public domain.

4.4.3 A mechanism exists for regular relicensing of the midwife's practice.

Guidance	Evidence
By providing standards and processes for midwifery re-registration/licensing, the regulatory authority ensures only competent midwives continue to practise in the country. The regulatory authority must define the frequency at which re-registration/licensing should reoccur, which is recommended to be at least every three years. The mechanism should confirm continuing competence, as described in the guidance for Standard 4.4.1 and requires midwives to declare ongoing good character and health. It should result in a timely update to the live register of midwives. There should also be a process for a midwife to inform the regulator if they are no longer practising.	Criteria and process for demonstrating continuing competence published in public domain. Frequency of re-registration / licensing included in all documents about re-registration. Audit of the register of midwives demonstrates that all full registrants have up to date registrations / licenses and the date for re-registration / licensing listed. Midwives without a current registration / license are categorised according to national legislation (e.g. lapsed) and not able to practice.

4.4.4 Mechanisms exist for return to practice programmes for midwives who have been out of practice for a defined period.

Guidelines	Evidence
By providing standards and processes for midwives whose registration has lapsed, either due to a period of time out of practice or because they did not demonstrate continuing competency requirements, the regulatory authority ensures only competent midwives continue to practise in the country. The regulatory authority's standards and processes for return to practice (RtP) should include: • The maximum period a midwife can be out of practice before a RtP programme is required. • The registration category the midwife should hold, if any, whilst completing a RtP programme. • The minimum number of clinical hours required for a RtP student to complete before applying for full registration. • The minimum duration and content of a RtP short course. The total duration and content of an RtP programme should be determined by competency-based assessment and continuous evaluation of the midwife's knowledge, skills and behaviour during the programme. Once all return to practice requirements are met, the midwife must undertake the full registration process, as detailed in Standard 4.3.2.	Standards and process for RtP of a midwife in the country are published in the public domain. Criteria and process for demonstrating continuing competence link to details of RtP process in the event continuing competence is not demonstrated. Audit of the register of midwives in the country details that midwives who have undertaken RtP are entered through the published process.

Standard 4.5: Complaints and Discipline

4.5.1 The legislation authorises the regulatory authority to define expected standards of conduct and to define what constitutes unprofessional conduct or professional misconduct.

Guidance	Evidence
Legislation must outline the role of the regulatory authority regarding defining professional standards of midwives. These professional standards would most appropriately be detailed in a Code of Conduct which Standard 4.6 explains in more detail. The professional standards should be consistent with the criminal legislation applicable in the country. The legislation must also authorise the regulatory authority to define what constitutes a fall below these professional standards and therefore can be defined as unprofessional conduct and the more severe professional misconduct. Such definitions would include: actions or omissions that breach professional standards, jeopardise public safety, or undermine public trust in the profession, lack of clinical competence, criminal caution and conviction and health issues that impact competence. These definitions form the basis for disciplinary processes and must be publicly available. Very prescriptive legislation may restrict the development of a flexible and responsive midwifery workforce; a light-touch regulatory approach mitigates these challenges. Regulatory authorities should provide additional guidance to midwives (e.g., during pre-service midwifery education programmes), so they understand what is expected of them.	Documented legislation authorises the regulatory authority to define professional standards, unprofessional conduct and professional misconduct. Code of Conduct published in the public domain. Disciplinary processes based upon agreed definitions and standards.

4.5.2 The legislation authorises the regulatory authority to impose, review and remove penalties, sanctions and conditions on practice as related to competence, conduct or health.

Guidance	Evidence
Legislation must empower regulatory authorities to undertake this role to protect public safety. A non-exhaustive list of sanctions regulatory authorities may impose include: suspended registration, conditional registration, removal from the register, supervised practice, mandatory education, or medical assessment. The legislation should require that sanctions or conditions are proportionate to the severity of proven misconduct or impairment. The duration of sanctions, and when and how they may be reviewed or removed must be included. More detail on disciplinary processes is outlined in Standard 4.5.3 and 4.5.4.	Documented legislation authorises the regulatory authority to impose, review and remove sanctions on practice related to competence, conduct or health. Audit of disciplinary cases demonstrates that sanctions were proportionate.

4.5.3 The legislation sets out the powers and processes for receipt, investigation, determination and resolution of complaints.

Guidance	Evidence
Legislation must outline the role of the regulatory authority in all steps in disciplinary process. The processes must be transparent and afford natural justice (6), including the right to appeal, which Standard 4.5.6 explains in more detail. Legislation must outline that regulatory authorities need processes to receive complaints from anyone, including the public, service users, employers, health professionals (including other midwives) and regulators. Legislation must outline that regulatory authorities have the right to investigate cases, even if the investigation finds there is no case to answer. Legislation should describe that a dedicated fitness to practise committee be established to hear cases which determine whether a midwife's conduct, competence, or health falls below required professional standards and, if so, applies appropriate sanctions. Membership of the committee should include midwives (for peer-to-peer assessment) and public representatives. Where midwives are regulated alongside other professions, disciplinary hearings concerning midwives must be judged by panels that include midwives. Disciplinary hearings should generally be open to the public to demonstrate accountability.	Documented legislation authorises the regulatory authority to receipt, investigate, determine and resolve complaints about the competence, conduct and health of a midwife. Audit of disciplinary cases demonstrates that processes were followed. Audit of disciplinary cases demonstrates that all panels had midwife member(s). Position descriptions for committee membership. Audit of committee members qualifications.

4.5.4 The regulatory authority has policies and processes to manage complaints in relation to competence, conduct or health impairment in a timely manner.

Guidance	Evidence
Complaints may be managed by employers, and midwives should be familiar with workplace complaint policies. Health systems must have processes to investigate complaints about employees; while many issues can be resolved locally, investigations may identify unprofessional conduct or professional misconduct. Such cases must be referred to the regulatory authority. Regulatory authorities can assist health systems in developing effective workplace complaint policies. The regulatory authority must maintain a system to log, process, and monitor all complaints from receipt through to resolution. Timely resolution is essential to protect the public and ensure fairness to the midwife under investigation. Timeliness can be supported by implementing: • Triaging and prioritisation mechanisms • Policies that include clear timelines for each step of the complaints process • Processes for interim measures to protect the public (e.g., temporary suspension) The complaints policy should be aligned with existing legislation regarding the membership of the fitness to practice committee and the conduct of public disciplinary hearings, as specified in Standard 4.5.3. The fitness to practice committee's polices and processes must clearly state that midwives are evaluated against the professional standards expected of a midwife practicing at the same level within the same country. Decision-making processes should be fair, transparent, and grounded in a philosophy of rehabilitation and re-education where appropriate. This approach ensures that issues related to competence, health, or conduct are addressed effectively within the health system. Complainants (the person(s) making the complaint) must be informed of the outcomes, maintaining transparency and trust.	Documented policies and processes with timelines. Triaging process documented and audit of complaints demonstrate all have been triaged according to timescales set. Templates of letters/ information provided to midwives who are undergoing a disciplinary hearing, stating processes and timelines. Audit of complaints demonstrate all have been resolved according to processes set including timescales.

4.5.5 The legislation should provide for the separation of powers between the investigation of complaints and the hearing and determining of charges of professional misconduct.

Guidance	Evidence
Legislation that separates the investigation of complaints from the disciplinary hearing and determination of professional misconduct charges ensures natural justice (see Standard 4.5.6) for the midwife and promotes transparency for the public. The investigation department's role is to collect and present evidence for the disciplinary hearing committee's review. The disciplinary hearing committee's role is to determine whether a midwife's conduct, competence, or health falls below the required professional standards and, if so, apply appropriate sanctions. By separating these functions, the midwifery regulatory authority avoids conflicts of interest that may arise between protecting the midwifery profession and safeguarding the public. The ultimate decision regarding professional misconduct must be made in the public interest, rather than to serve the interests of the profession. Investigation and disciplinary hearing processes should be distinct and independent. Both require personnel with regulatory expertise and, when needed, clinical knowledge. Clinical experts on midwifery should always be a qualified midwife. These should never be the same individuals conducting both investigation and disciplinary hearing. They are entirely independent from the investigators, and in some countries disciplinary hearings maybe conducted by an external body such as a government-appointed disciplinary panel.	Documented and enacted legislation details that investigation and disciplinary hearing and determining of charges is separated, either within the regulatory authority or in collaboration with an external body. Organogram of regulatory authority demonstrates that investigation and disciplinary hearing functions are not undertaken by the same personnel. Position descriptions for committee membership.

4.5.6 Complaints management processes are transparent and afford natural justice to all parties.

Guidance	Evidence
Transparency can be procedural, as outlined in the guidance for the above five standards, but must also be inherent, with a regulatory authority clearly stating the principles on which their fitness to practice procedures are based upon, like the principles of good regulation defined in part 1 of this guide. Affording natural justice means a midwife undergoing investigation and determination for unprofessional conduct or professional misconduct has both the right to procedural fairness and a fair decision: This includes the right to: • Be informed of the allegations • Have reasonable time to prepare and respond to the allegations • Respond with their version of events without intimidation • Receive a fair and unbiased disciplinary hearing • Receive a timely decision • Receive a written decision • Be subject only to proportionate sanction • Respond to and appeal decisions Midwives will need support when subject to complaint management processes. In applying these principles, the regulatory authority should also consider the potential impact of the complaint management process on the mental health and wellbeing of the midwife. Appropriate measures should be taken to minimise unnecessary stress, ensuring the process is conducted with sensitivity, without compromising public safety. MAs can provide support to their members, including accompanying them to interviews, meetings and disciplinary hearings. Some MAs may also be trade unions, meaning they have a legal mandate to represent members in disciplinary hearings.	Documented processes align with principles of natural justice. Templates of letters/ information provided to midwives who are undergoing a disciplinary hearing, stating their rights. Audit of complaints demonstrate all have been resolved according to process.

Standard 4.6: Code of Conduct and Ethics

4.6.1 The regulatory authority sets the standards of conduct and ethics.

Guidance	Evidence
A code of ethics sets out the principles and values that guide professional behaviour. It provides the moral and professional foundation on which a code of conduct is built. Codes of ethics should be consistent with the ICM International Code of Ethics for Midwives and grounded in professional values such as respect, accountability, integrity, and person-centred care. They should guide decision-making and professional behaviour in diverse clinical and cultural contexts, and be applicable across education, registration, practice, research, complaints, and disciplinary processes. A code of conduct sets out the specific, enforceable standards and rules that professional behaviour should align with. Behaviour that falls short of a code of conduct is considered unprofessional conduct and in severe cases, professional misconduct. Examples of areas covered by a code of conduct include: professional boundaries, product endorsement, confidentiality, informed consent and shared decision-making. Both codes are vital for setting clear expectations for all midwives on the register and providing the public with a clear understanding of the standards they can expect from a midwife. By joining the register, and again when re-registering/licensing, midwives are making a professional commitment to observe these standards in all aspects of their practice. The profession, through the regulatory authority, is responsible for setting both codes as a mechanism for self-regulation. The regulatory authority should develop, publish and regularly review these codes in collaboration with midwives and other key stakeholders, such as educators, employers, researchers and service users, to ensure they remain relevant.	Code of ethics published in the public domain with review date. Code of conduct published in the public domain with review date. Stakeholder consultation records (e.g., meeting minutes). Application of code of conduct across all regulatory authority activity, e.g., complaints process refers to the code of conduct.

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