

ICM Global Standards for Midwifery Education 2010; amended 2013
Companion Guidelines¹

Standard I: Organization & Administration

Standard I.1 *The host institution/agency/branch of government supports the philosophy, aims and objectives of the midwifery education programme.*

Guidelines	Evidence
The midwifery programme philosophy and design is shared with the host institution along with core ICM documents that support these.	The host agency/ institution demonstrates its active support for the philosophy and design in one or more ways, e.g. written letter of support or programme approval, contractual agreement, administrative support.

Standard I.2 *The host institution helps to ensure that financial and public/policy support for the midwifery education programme are sufficient to prepare competent midwives.*

Guidelines	Evidence
The host institution has a financial commitment to the midwifery programme.	The host institution budget process is known to the midwifery program director/personnel.
The midwifery programme personnel/director negotiates a budget that meets the programme needs.	The midwifery programme receives an equitable allocation of the host institution's overall budget.
The host institution works with and supports midwifery faculty to seek external funds (if needed) to achieve programme goals.	The funds allocated are appropriate to the needs of the midwifery programme.
The host institution advocates for the programme.	The midwifery programme is promoted by and portrayed favorably in host institution materials.

¹ These Companion Guidelines are intended to offer guidance on the ICM *Global Standards for Midwifery Education 2010; amended 2013*. The first column offers suggestions on how to meet the standard and may include examples to illustrate what is meant. These examples are NOT all inclusive and midwifery educators will have others. The second column highlights the type of evidence, with some examples, that a programme might use to determine when and whether they have met the standard. \Much of the evidence is in the form of written documents, letters of support, and programme meeting minutes.

Standard I.3 *The midwifery school/programme has a designated budget and budget control that meets programme needs.*

Guidelines	Evidence
<p>The agreed budget includes categories such as:</p> <ul style="list-style-type: none"> • Personnel • Teaching materials including equipment and supplies • Travel • Communication • Space rental • Administration • Programme development and evaluation • Practical site development and maintenance. <p>Priorities for allocations among categories are set by the midwifery programme according to need.</p>	<p>Budget documents and annual audit statements show amounts allocated to categories. The allocation is consistent with programme needs.</p>

Standard I.4 *The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education programme.*

Guidelines	Evidence
<p>The midwifery faculty develops policies that address topics such as how decisions are made within the midwifery programme, job descriptions, faculty workload, and agreed markers for assessment of the programme quality.</p> <p>The policies are in accord with those of the host institution and in keeping with quality midwifery education.</p> <p>The midwifery faculty develops the curriculum in keeping with core ICM documents, country</p>	<p>Written policies exist and are implemented by the midwifery faculty.</p>

needs and requirements of the midwifery regulatory body (See Standard IV: Curriculum).	
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Standard I.5 The head of the midwifery programme is a qualified midwife teacher with experience in management/administration.

Guidelines	Evidence
<p>The required qualifications of the midwife head of programme are set out in institutional and programme policies and usually include:</p> <ul style="list-style-type: none"> • Educational credentials • Related prior work experience • Legal recognition as a midwife <p>*In countries wishing to start a new midwifery programme without qualified midwife teachers initially, the host institution may appoint an interim Director (either obstetrician or specialist Maternal-Infant nurse) for a specific time until a midwife teacher is qualified.</p>	<p>Qualifications of the head of programme are documented in a resume or CV, letters of reference, performance reviews, registration and/or licensure.</p> <p>*Qualifications for non-midwife clearly stated with rationale for selection and time frame.</p> <p>*Twinning of schools within or outside the regions (because preparing qualified midwife administrator is a longer process) - links can be provided, set up and developed through the ESC.</p>

Standard I.6 The midwifery programme takes into account national and international policies and standards to meet maternity workforce needs.

Guidelines	Evidence
<p>Midwifery faculty are aware of official documents and workforce trends both globally and specific to their geographic area.</p> <p>Recruitment strategies, enrollment targets and content of the programme are adjusted as needed to reflect workforce needs.</p>	<p>Midwifery faculty demonstrates that the programme meets workforce needs in the country and/or community.</p> <p>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.</p>

Standard II: Midwifery Faculty

Standard II.1 *The midwifery faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines as needed.*

Guidelines	Evidence
<p>Midwifery programme planners prioritize recruitment and development of sufficient midwives as teachers and clinical preceptors/clinical teachers to meet programme needs.</p> <p>Experts from other disciplines such as psychology, sociology, nursing, pediatrics, and obstetrics work with midwifery teachers to provide content in their area of expertise.</p> <p>*In countries planning to open a new midwifery program without qualified midwifery teachers, provision needs to be made to contract with qualified midwives from other countries while preparing own qualified teachers.</p>	<p>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.</p> <p>Midwives teach nearly all the theoretical and practical content required for midwifery care. Experts from other disciplines teach sessions/content that are foundational or complementary to midwifery content.</p> <p>*Copies of contracts with qualified midwife teachers from other countries along with copy of recognized midwifery credentials. Twinning of schools within or outside the region for sharing midwifery teachers until country can prepare own midwives and teachers (often process that takes 3-4 years) – links can be provided, set up and developed through the ESC.</p>

Standard II.2.a *The midwife teacher has formal preparation in midwifery.*

Guidelines	Evidence
<p>Each midwife teaching in the midwifery programme is a graduate of a midwifery education programme recognized in the country of preparation.</p> <p>If teaching in a country where not originally educated, the</p>	<p>Copies of diplomas/credentials are on file in the midwifery programme office.</p> <p>If a midwife teacher was educated in another country, documentation of</p>

midwife teacher's education is recognized in the country where teaching as well.	midwifery education equivalency verification is on file in the midwifery programme office.
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Standard II.2.b *The midwife teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice.*

Guidelines	Evidence
<p>The midwifery programme determines a method to assess the current practice competency of each midwife teacher. When competency is lacking in one or more areas of practice, a written plan for obtaining such competencies is agreed.</p> <p>The suggested amount of two (2) years of previous full time work in a variety of areas (antepartum, intrapartum, postpartum, newborn, family planning) is a proxy measure of competence.</p>	<p>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.</p>

Standard II.2.c *The midwife teacher holds a current license/registration or other form of legal recognition to practice midwifery.*

Guidelines	Evidence
<p>Each midwife teacher is responsible for providing a copy of the license or registration to the head of the midwifery programme every time it is renewed.</p>	<p>The midwifery programme keeps a copy of each teacher's current license and/or registration to practice as a midwife in that legal jurisdiction.</p>

Standard II.2.d *The midwife teacher has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position.*

Guidelines	Evidence
<p>Each midwife teacher is responsible for providing documentation of teacher preparation or a mutually agreed plan between the teacher and the midwifery programme for obtaining such preparation.</p> <p>Teacher preparation normally includes:</p> <ul style="list-style-type: none"> • principles of adult teaching and learning, • skills in developing course materials, curriculum • skill in facilitating student inquiry and participation, ability to impart information, • ability to construct and evaluate technical/manual, oral and written student work <p>Refer to <i>Midwifery Teacher Competencies</i> (WHO, Geneva, 2013) and <i>The Strengthening Midwifery Toolkit</i> (PAHO regional version 2013) for qualifications and preparation of midwife teachers. Both documents had ICM input and support.</p>	<p>The midwifery programme has written documentation of teacher preparation or a written plan for obtaining such preparation including a timeframe for completion.</p>

Standard II.2.e *The midwife teacher maintains competence in midwifery practice and education.*

Guidelines	Evidence
<p>Each midwife teacher maintains competency by</p> <ul style="list-style-type: none"> • 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 	<p>The midwifery programme has written documentation of each teacher's maintenance of competency.</p>

<ul style="list-style-type: none"> fulfilling the requirements of the midwifery regulating/ registration body 	
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Standard II.3.a *The midwife clinical preceptor/clinical teacher is qualified according to the ICM Definition of a midwife.*

Guidelines	Evidence
<p>Each midwife clinical preceptor/clinical teacher in the midwifery programme is:</p> <ul style="list-style-type: none"> a graduate of a midwifery education programme recognized in the country of preparation legally able to practice midwifery in the country of the programme understands and complies with country's scope of midwifery practice 	<p>Copies of licenses and diplomas are maintained on file in the midwifery programme office.</p>

Standard II.3.b *The midwife clinical preceptor/clinical teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice.*

Guidelines	Evidence
<p>The midwifery programme determines a method to assess the current practice competence of each midwife clinical preceptor/clinical teacher.</p> <p>The suggested amount of two (2) years of previous full time work in a variety of areas (antepartum, intrapartum, postpartum, newborn, family planning) is a proxy measure of competence.</p>	<p>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.</p>

Standard II.3.c *The midwife clinical preceptor/clinical teacher maintains competency in midwifery practice and clinical education.*

Guidelines	Evidence
<p>Each midwife clinical preceptor/clinical teacher maintains competency by:</p> <ul style="list-style-type: none"> • 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. 	<p>The midwifery programme has written documentation of each clinical preceptor/clinical teacher’s maintenance of competency.</p>

Standard II.3.d *The midwife clinical preceptor/clinical teacher holds a current license/registration or other form of legal recognition to practice midwifery.*

Guidelines	Evidence
<p>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.</p>	<p>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.</p>

Standard II.3.e *The midwifery clinical preceptor/clinical teacher has formal preparation for clinical teaching or undertakes such preparation.*

Guidelines	Evidence
<p>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.</p> <p>Clinical preceptor/clinical teacher preparation normally includes:</p> <ul style="list-style-type: none"> • principles of adult teaching and learning, • skills in facilitating student inquiry and participation, ability to impart information, • ability to evaluate student performance 	<p>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.</p>

Standard II.4 *Individuals from other disciplines who teach in the midwifery programme are competent in the content they teach.*

Guidelines	Evidence
<p>The midwifery programme defines the specific content expertise needed and the appropriate qualifications for the content experts.</p> <p>The midwifery programme is responsible for orienting content experts to the midwifery curriculum and evaluating their performance.</p> <p>*In countries starting a new midwifery programme without a full complement of competent midwives, obstetricians and others with midwifery skills may provide some of the theoretical and clinical supervision. Generally obstetricians provide opportunities for midwifery students to observe their care of childbearing women with severe complications and may teach this theory as well.</p>	<p>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.</p> <p>*Copies of contracts of qualified faculty and related twinning of schools within or outside region – links can be provided, set up and developed through the ESC.</p>

Standard II.5 *Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.*

Guidelines	Evidence
<p>Midwife teachers:</p> <ul style="list-style-type: none"> • agree terms of reference with the preceptors • develop and provide regular education sessions that reflect the midwifery learning outcomes, course outlines, student assessment forms, expectations of students in practical settings. • provide supportive supervision as needed for individuals supervising students in practical settings • maintain communication channels for discussion of student progress • provide recognition for teaching efforts such as certificates, books, conference fees, remuneration 	<p>Midwifery faculty minutes of meetings or other joint professional development sessions, practical site visit reports, student evaluations of each clinical preceptor/clinical teacher are available in written form.</p>

Standard II.6 *Midwife teachers and midwife clinical preceptors/clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.*

Guidelines	Evidence
<p>Midwife teachers and midwife clinical preceptors/clinical teachers actively collaborate to ensure:</p> <ul style="list-style-type: none"> • that learning outcomes are achieved during practical placements • availability to students when learning needs require special 	<p>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.</p>

<p>attention</p> <ul style="list-style-type: none"> • students receive direct supervision during placements • a variety of acceptable forms of assessment are used to evaluate student performance and progress. 	
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Standard II.7 *The ratio of students to teachers and clinical preceptors/clinical teachers in classroom and practical sites is determined by the midwifery programme and the requirements of regulatory authorities.*

Guidelines	Evidence
<p>The midwifery programme, in collaboration with the host institution, and in keeping with national regulatory requirements, defines the student -teacher/preceptor ratio.</p> <p>For example, the ratio of students to teachers in the classroom is much greater than when the students are in the practice site where 1 or 2 students per clinical preceptor/clinical teacher is ideal.</p>	<p>The midwifery programme has documentation of their student/faculty ratios with justification.</p>

Standard II.8 *The effectiveness of midwifery faculty members is assessed on a regular basis following an established process.*

Guidelines	Evidence
<p>The midwifery programme has a written strategy for regular assessment of faculty performance that takes account of institutional policies, quality assessment strategies, and regulatory requirements.</p> <p>Examples of faculty effectiveness include:</p> <ul style="list-style-type: none"> • student performance • student evaluations 	<p>The midwifery programme maintains files of completed faculty assessments that take place at regular intervals.</p> <p>The records include follow up of any recommendations for improvement.</p>

<ul style="list-style-type: none"> • peer observation • graduation rates • qualification or registration success rates <p>The midwifery faculty and head of programme agree to a time-frame for regular assessment.</p>	
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Standard III: Student Body

Standard III.1 *The midwifery programme has clearly written admission policies that are accessible to potential applicants.*

Standard III.1.a *The admission policies include entry requirements including minimum requirement of completion of secondary education.*

Guidelines	Evidence
<p>Entry requirements can exceed completion of secondary education.</p> <p>The midwifery programme should set the minimum requirement in consultation with the host institution/agency/branch of government and national regulatory bodies.</p>	<p>Written materials describing the midwifery entry requirements are publically available.</p>

Standard III.1.b *The admission policies include a transparent recruitment process.*

Guidelines	Evidence
<p>The transparency of the midwifery recruitment process may include:</p> <ul style="list-style-type: none"> • explicitly written application procedures • published minimum scores/marks/academic grades • published deadlines for application • published admission decisions • list of admission committee members 	<p>Written materials describing the midwifery recruitment policies and procedures are publically available.</p>

Standard III.1.c *The admission policies include a selection process and criteria for acceptance.*

Guidelines	Evidence
<p>Each midwifery programme establishes both the process and criteria for acceptance based on national needs and cultural norms.</p> <p>The selection criteria may include the following:</p> <ul style="list-style-type: none"> • able to read and write the national language or the language of instruction if different from the national language. • successful completion of courses in relevant subjects, such as basic sciences and mathematics • proof of good conduct • able to interact amicably • strong motivation to become a midwife <p>The materials assessed for selection may include a written application, personal interview, letters of reference, standardized tests, records of previous schooling.</p>	<p>Written materials describing the criteria and means of assessing and selecting midwifery applicants are publically available.</p>

Standard III.1.d *The admission policies include mechanisms for taking account of prior learning.*

Guidelines	Evidence
<p>The midwifery programme has clearly stated policies related to recognition of prior learning.</p> <p>Examples of mechanisms that assess prior learning include:</p> <ul style="list-style-type: none"> • challenge examination • presentation of documentation of prior learning such as transcripts • portfolios of previous experience and competencies 	<p>Written policies about the extent of recognition of prior learning, and the procedures and deadlines for obtaining recognition are publicly available.</p> <p>Records of implementation of such policies are part of programme files.</p>

Relevant prior learning may reduce the number of modules/courses or content hours that the applicant undertakes to complete the programme.	
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Standard III.2 *Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion)*

Guidelines	Evidence
Written policies support universal human rights.	Written policies are publicly available.

Standard III.3 *Eligible midwifery candidates are admitted in keeping with national health care policies and maternity workforce plans.*

Guidelines	Evidence
See Guidelines that accompany Standard I.6.	See evidence that accompanies Standard I.6.

Standard III.4 *The midwifery programme has clearly written student policies:*

a. Student policies include expectations of students in classroom and practical areas

Guidelines	Evidence
<p>Examples of expectations of students include that the student:</p> <ul style="list-style-type: none"> • takes responsibility for his/her own learning • demonstrates a respectful and positive attitude towards women and their families, teachers, colleagues • practices in accord with ethical standards such as maintaining confidentiality • exhibits culturally appropriate behavior and 	Students provide feedback that they received, discussed, and were given time to ask any questions about the written policies during their orientation period.

appearance in practical learning sites	
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Standard III.4.b *Student policies include statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances.*

Guidelines	Evidence
<p>Clear policies and procedures about grievances and complaints include:</p> <ul style="list-style-type: none"> • Informal methods for dispute resolution where issues are resolved in person, with facilitation if needed • Formal methods that rely on an adjudication process and include procedures for: <ul style="list-style-type: none"> - filing complaint - timeline for addressing complaint - neutral/unbiased committee reviews the complaint - possible outcomes of the complaint process are understood <p>Student counseling and support services are available as needed (see Standard V: Resources, facilities and services).</p>	<p>Written policies are available to students and confidential files are kept of past complaints and their resolution.</p>

Standard III.4.c *Student policies include mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum, midwifery faculty and the midwifery programme*

Guidelines	Evidence
<p>Mechanisms for soliciting student feedback include:</p> <ul style="list-style-type: none"> • Formal anonymous or open student feedback using evaluation forms. • Informal feedback using <ul style="list-style-type: none"> -suggestion boxes 	<p>The midwifery programme has evaluation tools available and a published time frame for their use.</p> <p>Copies of completed evaluation forms are kept on file in the programme office.</p>

-open forums -internet communication forums	
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Standard III.4.d *Student policies include requirements for successful completion of the midwifery programme.*

Guidelines	Evidence
Requirements generally include: <ul style="list-style-type: none"> • Achievement of programme outcomes at the designated level of proficiency. • Amount and type of theory and practical learning experiences. • Methods and criteria for determining final achievement of programme outcomes such as comprehensive exams. 	Requirements are written and shared with students at the beginning of the programme. Students verify this.

Standard III.5 *Mechanisms exist for the student's active participation in midwifery programme governance and committees.*

Guidelines	Evidence
Mechanisms may include: <ul style="list-style-type: none"> • Membership on committees such as admissions, curriculum, disciplinary. • Student committees or association • Planned discussion fora with faculty and head of midwifery programme. 	A record of student membership and participation on relevant committees is maintained.

Standard III.6 *Students have sufficient midwifery practical experience in a variety of settings to attain, at a minimum, the current ICM Essential competencies for basic midwifery practice.*

Guidelines	Evidence
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<p>Practical experiences take place in a variety of institutional and community settings that meet country needs and ICM scope of practice.</p> <p>Sufficient practical experience can be defined by:</p> <ul style="list-style-type: none"> • Number of prenatal visits, labour and births attended, postpartum, newborn, and family planning visits and/or • Number of hours spent in each practical area (Antepartum, Intrapartum, Postpartum, Newborn, Family Planning) and/or • Measures of quality of experience and/or • Achievement of learning outcomes. <p>Where regulatory or regional policies require a certain number of practical experiences, midwifery faculty may need to seek the support of and collaboration with regulatory/licensing bodies to meet these requirements.</p> <p>Sufficient practical experiences means enough for each student to be able to demonstrate competency in all areas of midwifery practice. A formula for ‘sufficient’ practical experiences varies from country to country and programme to programme. The formula depends on patient volume in clinical sites, availability of qualified clinical teachers, and the individual needs of each student. Given the variation in student needs, one way of determining if there will be ‘sufficient’ clinical experience available for the number of students planned for admission is to determine ahead of time if there are, <u>as a guideline</u>, a minimum of 50 new AN visits, 100 repeat AN visits, 50 labors and births, 50 newborn examinations, and 100 primary care/family planning visits for <i>each</i> student admitted across the combination of practical sites used during the programme. Then one needs to multiply these numbers by the number of students admitted. Some students will require more for competency demonstration and others will require less.</p>	<p>A list of or contracts with all practice settings for midwifery student experience are available in the programme office.</p> <p>The midwifery programme defines in writing <i>sufficient experience</i> for their setting, context and regulatory framework and the means of measuring that experience.</p> <p>The midwifery programme is able to demonstrate that each midwifery student has achieved proficiency with the specified level of practical experiences.</p> <p>Student records of practical experiences are available and reflect the midwifery programme requirements.</p>
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Standard III.7 Students provide midwifery care primarily under the supervision of a midwife teacher or midwifery clinical preceptor/clinical teacher.

Guidelines	Evidence
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<p>Ideally, all midwifery care provided by students is supervised by a qualified midwife.</p> <p>In those areas where a supervisor is of a different discipline, such as a physician, it is expected that those individuals have relevant competencies to teach specific midwifery skills.</p>	<p>Written agreements exist with practical settings and individual preceptors.</p> <p>Student records show title of supervisor.</p>
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Standard IV: Curriculum

Standard IV.1 *The philosophy of the midwifery education programme is consistent with the ICM Philosophy and model of care.*

Guidelines	Evidence
<p>The written philosophy includes beliefs about teaching and learning and midwifery care.</p> <p>Beliefs about teaching and learning may include:</p> <ul style="list-style-type: none"> • Level and type of learner • Educational theories • Respectful relationships between teachers and learners • Environment of learning <p>Beliefs about midwifery care include:</p> <ul style="list-style-type: none"> • partnership with women • empowerment of women • individual/personalized care • continuity of care • normality of pregnancy and birth • safe care keeping to standards • cultural safety • best(evidence-based) practice • autonomous practice 	<p>The programme has a written philosophy of midwifery education and practice.</p>

Standard IV.2 *The purpose of the midwifery education programme is to produce a competent midwife who*
a. has attained/demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice.

Guidelines	Evidence
<p>Midwifery graduates are competent practitioners, in accord with the core ICM documents (<i>Essential Competencies for Basic Midwifery Practice, Definition of a Midwife, International Code of Ethics for Midwives</i>) and national and international regulations on midwifery.</p> <p>Competence includes demonstration of:</p> <ul style="list-style-type: none"> • evidence based practice • life saving competence • culturally safe practice • the ability to practise in the health-care systems of their countries and meet the needs of women and their families • critical thinking and problem solving • the ability to manage resources and practise effectively • the ability to be effective advocates for women and their families • the ability to be professional partners with other disciplines in health-care delivery • community service orientation • leadership ability • on-going professional development (life-long learning) 	<p>The written learning outcomes of the midwifery programme reflect ICM core documents.</p> <p>When a midwifery programme requires the achievement of competencies that exceed those of ICM, there is documentation of the added competencies.</p>

Standard IV.2.b meets the criteria of the ICM Definition of a midwife and regulatory body standards leading to licensure or registration as a midwife.

Guidelines	Evidence
<p>Requirements for completion of the midwifery programme are consistent with the ICM <i>Definition</i> and enable graduates to be eligible for registration/recognition within their site of practice.</p>	<p>All midwifery graduates meet the requirements for registration/legal recognition and provide copies of such recognition to the programme upon request.</p>

Standard IV.2.c is eligible to apply for advanced education.

Guidelines	Evidence
In order to apply for advanced education, midwifery programmes need to confer a credential upon completion of the midwifery programme that is recognized in the country.	The midwifery programme completion credential conferred is recognized in the country and graduates are able to pursue further education.

Standard IV.2.d is a knowledgeable, autonomous practitioner who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of practice within the jurisdiction where legally recognized.

Guidelines	Evidence
Midwifery programme outcomes are consistent with regulatory requirements for autonomous practice.	The midwifery programme follows graduates systematically for defined time periods to know of their continuing practice record.

Standard IV.3 The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practice in accord with ICM core documents.

Guidelines	Evidence
<p>The midwifery curriculum is organized in a logical, systematic manner that helps students progressively acquire the essential knowledge, skills and behaviors.</p> <p>Examples of approaches include a sequence of content from preconception to post partum care; or from physiologic processes to pathologic conditions; or from simple, usual situations/problems to complex, infrequent emergencies.</p> <p>The underlying approach informs the arrangement of content and the acquisition of the <i>Essential Competencies</i>. It informs also the timing of regular assessments of the development of the competencies (see III Student body, and VI Assessment strategies)</p>	The organizational framework is evident in midwifery curriculum documents. Faculty and students understand the organization of content and the approach to assessing achievement of competencies.

Standard IV.4 The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.

Guidelines	Evidence
<p>Each programme plans its midwifery theory and practice ratio in order to :</p> <ul style="list-style-type: none"> • 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 contextualize care. <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>

Standard IV.4.a *The minimum length of a direct entry midwifery education programme is three (3) years.*

Guidelines	Evidence
<p>The minimum length of midwifery education programmes were agreed as part of the modified Delphi survey process. ICM understands that time periods are <i>informed estimates</i> of the time needed to achieve full competency in the practice of midwifery, whatever the route of entry into the education programme.</p> <p>The ICM Resource packet #2 (2012) presents a model curriculum outline for a three year direct entry programme and ways to determine hours needed for learning theory and demonstrating</p>	<p>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.</p>

<p>competence.</p> <p>The number of courses/modules and the hours needed for each is determined by experienced educators based on the amount of content to be learned and its level of difficulty (simple or complex), and whether there is a clinical component or not. Time available in the curriculum is a reality factor as well. For example, antepartum theory and practice cover nine months of pregnancy with basic physiology for mother and the developing fetus whereas labor and birth content covers a much shorter time frame but requires competency in life-saving skills for mother and newborn along with normal labor and birth. Modules without clinical content, (e.g., pharmacology, anatomy, epidemiology, professional issues) may require less time for learning concepts with application in midwifery care modules.</p> <p>Overall it is suggested that clinical practice courses (AP, IP, PP, NB, FP) should have the majority of time allocated in the curriculum, with other course complementary.</p> <p>If the programme is housed in an educational institution, the formula for hours per credit will already be determined (e.g., 1 hour theory per week = 1 credit; 3-5 hours clinical practice per week = 1 credit over a 12-14 week time period). If the Antepartum course is 6 credits, normally 3 credits will be 3 hours of theory per week and 3 credits will be 9 – 15 hours practical experience per week.</p>	
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Standard IV.4.b *The minimum length of a post-registration programme is eighteen (18) months.*

Guidelines	Evidence
Refer to explanation above in IV.4.a. In an 18 month programme concentrating solely on midwifery content and practice, faculty	Same as in IV.4.a.

<p>will need to determine that other supporting courses within the 3-year programme were included in the pre-registration programme of the student.</p> <p>ICM Resource Packet #2 (2012) has a model curriculum outline for an 18-month post-registration programme.</p> <p>Remember that the goal of any midwifery education programme is the preparation of a competency midwife who demonstrated all the ICM Essential Competencies.</p>	
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Standard IV.5 The midwifery programme uses evidence-based approaches to teaching and learning that promote adult learning and competency based education.

Guidelines	Evidence
<p>Evidence of best practice in education changes over time and faculty need to remain current about education topics such as:</p> <ul style="list-style-type: none"> • methods to acquire competencies • students as adult learners • gender specific learning • principles of life-long learning (ICM <i>Position statement basic and ongoing education for midwives</i>). <p>Evidence-based teaching methods include:</p> <ul style="list-style-type: none"> • inquiry-based learning, • modeling, • case method, • simulation learning • supervision • reflection <p>Teaching methods can be used in the classroom or in web based formats if</p>	<p>Evidence based teaching methods are reflected in course materials.</p>

appropriately modified.	
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Standard IV.6 The midwifery programme offers opportunities for multidisciplinary content and learning experiences that complement the midwifery content.

Guidelines	Evidence
<p>The midwifery programme encourages contributions from experts in related disciplines in order to:</p> <ul style="list-style-type: none"> • improve the knowledge base of student midwives, • understand discipline specific content, • learn from and about other disciplines/professions in maternity care and • improve interprofessional teamwork (<i>ICM Position statement Basic and on-going education for midwives</i>). <p>Experts in disciplines complementary to midwifery can teach content in areas such as sociology, psychology, pharmacology, anatomy and physiology. Specific topics in maternity care can be taught by nurses, obstetricians, pediatricians, anesthesiologists.</p> <p>Midwifery programmes can include inter-professional learning experiences in community, institutional and primary health care settings within the country or in elective international locations whereby midwifery students collaborate with students and/or other health care providers as members of teams.</p>	<p>The midwifery programme has learning objectives for students that include interprofessional collaboration. The curriculum plan includes input from other disciplines and interprofessional practical experiences.</p> <p>The programme maintains a roster of all persons and their backgrounds who teach midwifery students.</p>

Standard V: Resources, facilities and services

Standard V.1 *The midwifery programme implements written policies that address student and teacher safety and wellbeing in teaching and learning environments.*

Guidelines	Evidence
Policies include such items as: <ul style="list-style-type: none"> • safe travel/ transport to clinics community practice site, rural/remote areas • personal safety in community settings • observing universal precautions for blood borne pathogens • management of sharps injuries • students submit proof of ongoing current immunization protection • students show proof of good conduct/police clearance 	The midwifery programme has written policies that are given to all midwifery faculty, students, and clinical preceptors/clinical teachers. Recipients are knowledgeable about policies.

Standard V.2 *The midwifery programme has sufficient teaching and learning resources to meet programme needs.*

Guidelines	Evidence
Sufficient teaching and learning resources include: <ul style="list-style-type: none"> • access to current learning resources such as current text, journals and reference sources in printed or electronic form • communication technologies such as telephones, pagers • classroom space or distance learning options • access to laboratories equipped to support basic sciences and practical skills development • equipment and materials to support student practical learning such as mannequins, gloves, instruments • access to student support services such as financial aid, personal counselling services 	Documentation of resources is available. Budget planning takes account of acquiring and updating learning resources. Pooled resources of the host institutions are available to the midwifery programme as needed and appropriate.

<p>Refer to the ICM <i>Standard Equipment Lists for Competency-based Skills Training in Midwifery Schools (2012)</i> as a resource for setting up teaching and learning resources.</p>	
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Standard V.3 *The midwifery programme has adequate human resources to support both classroom/theoretical and practical learning.*

Guidelines	Evidence
<p>Adequate human resources require:</p> <ul style="list-style-type: none"> • a human resource plan • a programme budget sufficient to recruit and retain qualified faculty members • the number of faculty needed to meet required teaching loads and responsibilities. <p>Midwifery programmes have support staff to:</p> <ul style="list-style-type: none"> • help administer and organize the programme • maintain financial and other records • work with other programmes or departments as needed 	<p>There is information on file about persons who provide theoretical instruction and supervision/evaluation of students in practical sites, such as</p> <ul style="list-style-type: none"> • the number of persons • their time commitments to the midwifery programme • their qualifications and teaching experience <p>Personnel files include qualifications and job descriptions for each member of the support staff.</p>

Standard V.4 *The midwifery programme has access to sufficient midwifery practical experiences in a variety of settings to meet the learning needs of each student.*

Guidelines	Evidence
<p>The variety of midwifery practical settings include:</p> <ul style="list-style-type: none"> • hospitals • clinics, • health centers • communities • homes <p>Practical placements are negotiated with individual sites and include:</p> <ul style="list-style-type: none"> • type and number of experiences available • number of students that can be accommodated <p>availability of clinical preceptors/ clinical teachers</p>	<p>There are signed contracts from a variety of agencies kept on file in the midwifery programme office. Contracts are updated and renewed periodically. [See Standard III.6]</p>

Standard V.5 *Selection criteria for appropriate midwifery practical learning sites are clearly written and implemented.*

Guidelines	Evidence
<p>The criteria for choosing sites include:</p> <ul style="list-style-type: none"> • the quality of care provided to mothers and babies, • woman and baby friendly philosophy • accessibility and safety for students • availability of learning opportunities • provision of equipment and instruments • availability of midwife clinical preceptors/ clinical teachers • other health care professionals willing to facilitate learning 	<p>Selection criteria are written and followed.</p> <p>Student evaluations of practical sites reflect these criteria.</p>

Standard VI: Assessment strategies

Standard VI.1 *Midwifery faculty uses valid and reliable formative and summative evaluation/assessment methods to measure student performance and progress in learning related to a. knowledge, b. behaviors, c. practice skills, d. critical thinking and decision-making, and e. interpersonal relationships/communication skills.*

Guidelines	Evidence
<p>The midwifery programme selects or develops assessment tools needed for formative and summative evaluation.</p> <p>Evaluation methods are selected that best suit the domain (cognitive, affective, psychomotor) being assessed and are matched to learning outcomes.</p> <p>For example, knowledge acquisition, critical analysis and reflective thinking can be assessed using oral or written exams, and essays whereas practical skills, professional behaviours, decision-making and interpersonal relationships can be observed and assessed in practice sites and/or in simulated scenarios/ situations</p> <p>Self assessment and peer assessments can be done in addition to those done by teachers.</p> <p>Multiple tools and multiple assessments afford a greater “sampling” of student capabilities.</p>	<p>A variety of valid and reliable assessment tools are available and used.</p> <p>Course materials clearly describe the methods used for evaluating attainment of learning outcomes.</p>

Standard VI.2 *The means and criteria for assessment/evaluation of midwifery student performance and progression, including identification of learning difficulties, are written and shared with students.*

Guidelines	Evidence
<p>The criteria for adequate progress and means of remediation (if needed) are part of course and programme written policies/information. Students have on line access or written copies of the information.</p>	<p>A written assessment plan is available to students and midwifery faculty.</p> <p>Policies and arrangements are in place that support remedial work.</p>

Standard VI.3 *Midwifery faculty conducts regular review of the curriculum as a part of quality improvement, including input from students, programme graduates, midwife practitioners, clients of midwives and other stakeholders.*

Guidelines	Evidence
<p>Quality improvement is a cyclical process: feedback obtained from formal and informal means (e.g. surveys, appraisals, invited reviews) provides the basis for making needed improvements and/or changes in the programme.</p> <p>Reassessment is carried out after a suitable period of time.</p> <p>Input from a variety of stakeholders, including consumers of midwifery care, offers a broader perspective and helps increase visibility and credibility of the programme.</p>	<p>Written evidence of assessment periods, improvements/changes made and timeframes are available.</p>

Standard VI.4 *Midwifery faculty conducts ongoing review of practical learning sites and their suitability for student learning/experiences in relation to expected outcomes.*

Guidelines	Evidence
<p>Midwifery programme faculty regularly visit and audit suitability of the practice sites.</p> <p>Key audit features include:</p> <ul style="list-style-type: none"> • support for the programme’s midwifery philosophy and model of care, • inclusion of students in all aspects of care, • level of interest and enthusiasm of clinical preceptors/clinical faculty in teaching and evaluating students, • adequate number of clients with presenting conditions that reflect desired student learning outcomes. <p>Students provide regular feedback about practical learning sites such as the overall environment, support for students, extent of teaching, quality of services.</p>	<p>Audit reports are kept on file in the programme office.</p>

Standard VI.5 *Periodic external review of programme effectiveness takes place.*

Guidelines	Evidence
<p>External assessment may be done as part of meeting the requirements of the institution/ state/ country where the programme is based or to meet requirements of national accreditation, or to be approved by a midwifery regulating body.</p> <p>Where no requirement exists, the midwifery programme should organize a review conducted by 2 or 3 midwife teachers/experts who are from another region/country.</p> <p>Reviewers can observe and interview faculty, students, administrators and graduates about their views of the programme and its ability to educate midwives who are successful practitioners.</p> <p>Reviewers also should read programme documents, review policies and procedures, and form an overall picture of strengths and weaknesses to formulate recommendations for improving programme quality.</p> <p>External reviews carried out at 5-7 year intervals can increase the quality and integrity of the programme.</p>	<p>The midwifery programme has a plan in place for formal review at intervals.</p> <p>Appraisals from reviewers are on file and there is documented follow-up of recommendations.</p>