

ICM GLOBAL STANDARDS FOR MIDWIFERY EDUCATION (REVISED 2021)

Preface to the Standards

The ICM Standards for Midwifery Education (2021) are an essential pillar of ICM's efforts to strengthen midwifery worldwide by promoting high quality education programmes that prepare midwives who meet the ICM definition of a midwife. The ICM Standards for Midwifery Education are based on foundational ICM Core Documents and Position Statements (see Annex 1). Importantly, the Standards address inclusion of the Essential Competencies for Midwifery Practice (2019) as the basis of the midwifery curriculum.

The purposes of the ICM Standards for Midwifery Education (2021) are to:

- set benchmarks for programmes that prepare students for entry to practise as a midwife;
- promote high-quality teaching and learning processes;
- ensure the ICM Essential Competencies for Midwifery Practice (2019) are incorporated into the curriculum;
- provide a framework for designing, implementing, and evaluating the quality of a midwifery education programme;
- assist programmes to engage in continuous quality improvement as an ongoing process;
- enable systematic reporting of quality indicators to the public, the midwifery profession, the health care system, and the educational institution; and
- contribute to systematic improvement of midwifery education programmes across the world.

Additionally, the ICM Standards for Midwifery Education (2021) may be used to:

- promote a common understanding and approach to midwifery education;
- guide the development of new programmes or the restructuring of existing programmes where midwives are needed;
- assist other midwifery accrediting agencies, government health/education departments and education institutions within countries/states to develop or revise their own standards; and
- meet the ICM Midwifery Education Accreditation Programme (MEAP).



GLOSSARY OF TERMS

The ICM Standards for Midwifery Education (2021) are based on the glossary of terms below.

Glossary of Terms

Accreditation - Validation that the programme is achieving what it sets out to achieve.

Advocacy - Advocacy is the act of supporting a cause to effect change.

Autonomous - Self-governing, self-regulating: taking responsibility for one's decisions and actions.

Admission - The process by which a person enters a midwifery programme as a student.

Assessment - A systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies.

Assessment methods - Standardised processes used to assess student performance.

Clinical Preceptor/Clinical Teacher¹ - The clinical preceptor/teacher is an experienced midwife engaged in the practice of midwifery who is competent and willing to teach students in the clinical setting. A preceptor/clinical teacher works closely with the student midwife to provide guidance, training, support, assessment, evaluation, and constructive feedback, and serves as a role model for the student midwife. [Note: Some programmes/schools use the term "clinical mentor." For the purposes of these standards, the clinical mentor should meet this definition and fulfill the criteria in applicable standards].

Competence² – The ability to perform to a specified standard.

Competency³ - The combined utilisation of personal abilities and attributes, skills and knowledge to effectively perform a job, role, function, task, or duty.

Midwife-led Continuity of Care⁴ – a care model in which a known midwife, or a small group of known midwives, supports a woman throughout the antenatal, childbirth and postnatal continuum.

Curriculum - A systematic organisation of the theoretical and practical content of an education programme and its teaching and evaluation methods.

Education Standard - A reference point that describes the required level of achievement (performance) for quality midwifery education.

Evaluation - A systematic process for collecting qualitative and quantitative data to measure or evaluate the overall provision of and outcomes of a course of studies.

¹ World Health Organization. 2019. Strengthening quality midwifery education for Universal Health Coverage 2030: Framework for action. WHO, Geneva. Accessed 29 January 2021. Available at: https://www.who.int/publications/i/item/9789241515849

² https://ecampusontario.pressbooks.pub/opencompetencytoolkit/chapter/competence/

³ Government of Canada. 2021. Skills and Competencies Taxonomy. Accessed 29 January 2021. Available at: https://noc.esdc.gc.ca/SkillsTaxonomy/SkillsTaxonomyWelcome

⁴ Sandall, J., Soltani, H., Gates, S., Shennan, A., Devane, D. 2016. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews. Apr 28(4):CD004667. doi: 10.1002/14651858.CD004667.pub5. Accessed 01 February 2021. Available at: https://pubmed.ncbi.nlm.nih.gov/27121907/



Strengthening Midwifery Globally

External advisory committee – A selected group of stakeholders from the community with an interest in advancing midwifery education.

External review - An evaluation of a midwifery programme by qualified reviewers (including, but not limited to midwives) who have no role, responsibility, or conflict of interest with the programme being reviewed.

Faculty - A group of qualified individuals who teach students in a midwifery programme. Faculty includes the following: midwife head/director; midwife teachers; experts from other disciplines; and clinical preceptors/teachers.

Formative assessment - Assessment *for* learning that is primarily used to inform a student about their learning and progression towards the requirements to successfully complete a unit of study. Typically, formative assessment is not assigned a grade.

Health Professional - An individual who is educated in a health discipline and is licensed/registered to practise that discipline, e.g., midwives, nurses, physicians.

Qualified midwife - A person who meets the ICM *Definition of the Midwife,* has completed an educational programme and achieved the ICM *Essential Competencies for Midwifery Practice* and is recognised (registered, licensed, certified) in the practice of midwifery.

Midwife educator/teacher - A qualified midwife with current practice experience who has successfully completed a programme of study and/or demonstrated competence in teaching that includes curriculum development, use of instructional strategies, and measurement and evaluation of student learning.

Midwifery education - The process of learning theory and developing the necessary skills and behaviours to become competent midwives.

Midwifery philosophy - Is a statement of beliefs about midwifery that is part of the foundation of a midwifery programme.

Midwifery programme - A systematic sequence of learning experiences delivered in a variety of environments that are needed to prepare competent midwives.

Midwifery student - An individual who has met the criteria for selection and is enrolled in a midwifery education programme.

Practical/clinical experience - Assigned time that students spend in the direct provision of maternal and infant care to acquire and apply knowledge, skills and behaviours to become a competent midwife.

Practical/clinical sites - Variety of settings where midwifery care is practised; includes institutional and community settings.

Quality improvement - A continuous process for evaluating the effectiveness of a programme, which includes making needed improvements and re-assessing effectiveness.

Recognition of prior learning - Procedures or processes whereby students are assessed and may be given recognition for past learning and experience relevant to current enrolment in a midwifery programme.



Regulatory body/agency - An officially authorised organisation responsible for setting standards for the practice of a given discipline; may include accreditation of educational programmes, registration and or licensure.

Reliable assessment methods - Measurement tools or strategies that allow different people to use the same tool and come to the same conclusions about progress in learning related to a given learning outcome.

Secondary education - Usually understood as completion of 12 years of study from the beginning of primary education.

Summative assessment⁵ - Assessment *of* learning that is graded. Authentic assessment methods are encouraged because they more accurately represent how student learning will be used in practice

Valid assessment - Validity means the assessment method measures what was intended; the assessment measures achievement of a specified learning outcome.

Wellbeing - A positive outcome that is meaningful; a person's feeling of overall satisfaction with life.

CATEGORY 1: PROGRAMME GOVERNANCE

- 1.1 The midwifery programme conforms with jurisdictional (such as, state, country, etc.) requirements such as registration, Scope of Practice, Code of Ethics.
- 1.2 The host institution/agency/branch of government supports the midwifery education programme.
- 1.3 The head of the programme is a qualified midwife teacher with experience in management/administration.
- 1.4 The head of the programme has overall responsibility for the quality and organisation of programme delivery, appropriate delegation of roles and responsibilities, faculty development and assessment of faculty performance.
- 1.5 The head of the midwifery programme advocates for the midwifery programme and profession (In other words, engages with key stakeholders such as government, community groups, professional associations, other professions).

⁵ Wiggins, G. 1998. Ensuring authentic performance. In G. Wiggins (Ed.) Educative Assessment: Designing Assessments to Inform and Improve Student Performance, (pp. 21-42). ISBN-0-7879-0848-7. Jossey-Bass Publishers, San Francisco.



CATEGORY 2: FACULTY

- 2.1 The faculty is comprised predominantly of midwives who work with experts from other disciplines as needed.
- 2.2 The midwife teacher:
 - 2.2.1 is qualified according to the ICM Definition of a Midwife;
 - 2.2.2 demonstrates competency in practice, generally accomplished with a minimum of 2 years of full scope practice;
 - 2.2.3 holds a current licence/registration or other form of legal recognition to practise midwifery
 - 2.2.4 has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position;
 - 2.2.5 engages in ongoing development as a midwifery practitioner, teacher/lecturer and leader.
 - 2.2.6 is an advocate within the programme and profession; and
 - 2.2.7 contributes to developing, implementing, and evaluating the curriculum.
- 2.3 The midwifery clinical preceptor/clinical teacher:
 - 2.3.1 is qualified according to the ICM Definition of a Midwife;
 - 2.3.2 demonstrates competency in practice, generally accomplished with a minimum of 2 years of full scope practice;
 - 2.3.3 maintains competency in both midwifery practice and teaching competencies;
 - 2.3.4 holds a current licence/registration or other form of legal recognition to practise midwifery; and
 - 2.3.5 has formal preparation for clinical teaching or undertakes such preparation as a condition of continuing to hold the position.
- 2.4 Individuals from other disciplines who teach in the midwifery programme are qualified in the content they teach.
- 2.5 The Midwifery faculty provide continuing education and mentoring to clinical preceptors/teachers who teach and evaluate students in clinical sites.
- 2.6 Midwife teachers and clinical preceptors/clinical teachers communicate regularly to facilitate and evaluate students' learning.
- 2.7 The ratio of midwifery students to clinical preceptors/teachers is based on the learning context and the needs of the students.
- 2.8 The competence of midwifery faculty members is reviewed on a regular basis following an established process.
- 2.9 Programme policies protect teachers' personal health, safety, and wellbeing in learning environments (e.g. in-person and online harassment; exposure to infectious, environmental or political hazards; verbal or physical abuse).



CATEGORY 3: STUDENTS

- 3. 1 The midwifery programme has clearly written admission policies that are accessible to potential applicants. These policies include:
 - 3.1.1 Entry requirements, including minimum requirement of completion of secondary education;
 - 3.1.2 A transparent recruitment process;
 - 3.1.3 An equitable selection process and criteria for acceptance; and
 - 3.1.4 Mechanisms for taking account of prior learning if applicable.
- 3.2 Eligible midwifery candidates are admitted without prejudice or discrimination (such as, age, national origin, gender, religion).
- 3.3 The midwifery faculty make decisions about the number and selection of individuals to receive offers of admission considering resources and (where they exist) maternity workforce plans.
- 3.4 The midwifery programme has clearly written student policies that include:
 - 3.4.1 Expectations of students in the programme including professional behaviour in all settings and interactions;
 - 3.4.2 Statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances;
 - 3.4.3 Mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum, midwifery faculty, and the midwifery programme;
 - 3.4.4 Requirements for successful completion of the midwifery programme; and
 - 3.4.5 Protection of students' personal health, safety and wellbeing in learning environments, such as, hours of continuous work, exposure to infectious or environmental hazards, modes of travel, verbal or physical abuse.
- 3.5 Programme policies provide opportunities for student representation in midwifery programme governance and committees.
- 3.6 Students have sufficient midwifery practice experience in facility-based and community care settings, including women's homes, to attain the current *ICM Essential Competencies for Midwifery Practice*.
- 3.7 Students participate in providing midwife-led continuity of care to women/families through pregnancy, birth, and the postnatal period.
- 3.8 Students provide midwifery care primarily under the supervision of a midwife teacher/midwifery clinical preceptor/clinical teacher.
- 3.9 Students' individual needs and personal circumstances are considered when allocating learning opportunities, including making reasonable adjustments.
- 3.10 Students have access to learning resources and technical support for various methods of programme delivery.



CATEGORY 4: MIDWIFERY PROGRAMME & CURRICULUM

- 4.1 Midwifery programmes incorporate ICM core documents and position statements into their philosophy and programme delivery.
- 4.2 The midwifery curriculum integrates the *ICM Essential Competencies* and assesses the student progress in achievement of these competencies.
- 4.3 The purpose of the midwifery education programme is to produce a competent midwife who:
 - 4.3.1 Has attained/demonstrated, at a minimum, the current ICM Essential Competencies for Midwifery Practice;
 - 4.3.2 Meets the criteria of the ICM *Definition of Midwife* and regulatory body standards leading to licensure or registration as a midwife;
 - 4.3.3 Has knowledge and understanding of the ICM key documents including the practice standards, and applies these to the scope of midwifery practice of their jurisdiction.
 - 4.3.4 Meets the regulatory requirements of the jurisdiction for entry to practice.
- 4.4 The minimum length of a direct-entry midwifery education programme is 36 months, which may be three (3) calendar years or longer to permit vacation/break periods. The enrolment time must be sufficient for students to acquire the knowledge, skills and behaviours to be a competent midwife.⁶
- 4.5 The minimum length of a post-nursing/healthcare provider (post-registration) midwifery education programme is eighteen (18) months or longer to permit vacation/break periods. The enrolment time must be sufficient for students to acquire the knowledge, skills and behaviours to be a competent midwife.⁷

⁶ The length of the programme is a recommendation based on input from a review of midwifery programmes across a variety of contexts. An estimated number of hours for a full-time direct-entry programme of study is approximately 4600. This number varies from region to region depending on what constitutes 'full time;' for example, cumulative hours range from 4600 to 4908. It is important to note that institutions calculate theoretical and clinical credit hours differently a depending on institutional and regulatory policies. Calculating the cumulative experience does not in itself provide a measure of quality or competence. Provision of sufficient time for the student to achieve the Essential Competencies for Midwifery Practice is the most critical factor in determining programme length.

⁷ The length of the programme is a recommendation based on input from a review of midwifery programmes across a variety of contexts. An estimated number of hours for a full-time post-nursing programme of study is approximately 3600. This number varies from region to region depending on what constitutes 'full time;' for example, cumulative hours range from 3600 to 3765. It is important to note that institutions calculate theoretical and clinical credit hours differently a depending on institutional and regulatory policies. Calculating the cumulative experience does not in itself provide a measure of quality or competence. Provision of sufficient time for the student to achieve the Essential Competencies for Midwifery Practice is the most critical factor in determining programme length.



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- 4.6 The midwifery curriculum is organised systematically so that it enables students to acquire the skills, knowledge, and behaviours essential to become an autonomous practitioner.
- 4.7 The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice in clinical settings.
- 4.8 Instructional methods in the midwifery programme are based on current evidence about the teaching-learning process.
- 4.9 Midwifery faculty use fair, valid and reliable formative and summative assessment methods to measure student performance and progress in learning. For example, knowledge, behaviours, decision-making and practical skills.
- 4.10 Criteria for assessments and the results of assessments are shared with students.
- 4.11 The curriculum addresses equity considerations, including the impact of gender inequality on women's health and the midwifery profession.

CATEGORY 5: RESOURCES

- The midwifery programme has sufficient and up-to-date teaching and learning resources including access to current teaching aids, anatomical models, simulation models, literature (online and print texts, journals, guidelines), technical support for virtual/distance learning, adequate physical space, to meet programme needs.
- 5.2 The midwifery programme has adequate human resources to support the administration and delivery of programme activities, such as, student placements, theoretical and applied learning, curriculum development, etc.
- 5.3 The midwifery programme has adequate physical space, equipment, and support staff for faculty and students.
- 5.4 The midwifery programme has adequate physical space for students' independent and group learning, and informal gatherings.
- 5.5 The midwifery programme has a variety of clinical learning sites but not limited to tertiary, secondary, primary and birthing centers in sufficient numbers to meet student learning needs.
- 5.6 The quality of care provided in the clinical learning sites supports students to become competent midwives.
- 5.7 The midwifery programme /host institution facilitates access for students to support services such as academic accommodation and counselling, mental health counselling, and financial aid.



CATEGORY 6: QUALITY IMPROVEMENT

- 6.1 Midwifery faculty conduct regular reviews of multiple aspects of the programme as part of quality improvement, including but not limited to: curriculum, admission policies, student progress, attrition, registration pass rates, adequacy of resources, etc.
- 6.2 The midwifery programme has an external advisory committee that provides input into programme operations and development.
- 6.3 External review of the midwifery programme is undertaken at regular intervals and the results are used for continuous quality improvement.
- 6.4 The midwifery programme makes publicly available current information about the programme including the outcome of external reviews and, where applicable, its accreditation status.



ANNEX 1: ICM CORE DOCUMENTS AND POSITION STATEMENTS

The Core Documents and Position Statements most relevant to midwifery education programmes are listed below with their current URL.

https://www.internationalmidwives.org/our-work/policy-and-practice/

Core Document/Position Statement	URLs
Core Document: International Definition of the Midwife	https://www.internationalmidwives.org/our-work/policy-and- practice/icm-definitions.html
Core Document: Definition of Midwifery	https://www.internationalmidwives.org/our-work/policy-and- practice/icm-definitions.html
Core Document: Philosophy and Model of Midwifery Care	https://www.internationalmidwives.org/our-work/policy-and-practice/philosophy-and-model-of-midwifery-care.html
Core Document: International Code of Ethics for Midwives	https://www.internationalmidwives.org/our-work/policy-and-practice/international-code-of-ethics-for-midwives.html
Core Document: Bill of Rights for Women and Midwives	https://www.internationalmidwives.org/our-work/policy-and-practice/bill-of-rights-for-women-and-midwives.html
Position Statement: Midwifery: An Autonomous Profession	https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/
Position Statement: Partnership between Women and Midwives	https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/
Position Statement: Midwives, Women and Human Rights	https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/
Position Statement: Appropriate use of Intervention in Childbirth	https://www.internationalmidwives.org/our-work/policy-and- practice/icm-position-statements/

The complete list of Position Statements is found at https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/