Global Standards for Midwifery Education

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Introduction

• MDGs targets for health outcomes require:
  – Competent, caring health professionals (HRH)
  – Effective, functioning health systems (HCS)
  – Enabling, supportive work environments
  – Available, accessible, affordable, acceptable high quality services

• Competent, caring health professionals

• Standard setting – quality education, regulation
HRH Roadmap to MDG Health Outcomes

- Quality education programmes – standards, evidence
- High graduation rates
- High pass rates on valid & reliable registration exams
- Legal recognition full scope practice
- Appropriate deployment based on competencies
- Enabling, supportive work environments
- High retention rate of competent workforce
Competent, Caring HRH

- Standards for education programmes
- Standards for regulation
- Appropriate compensation – level of responsibility
- Effective recruitment, retention strategies
- Appropriate deployment – competencies, scope of practice, workforce needs, skill mix
- Standards for ongoing education
Definition of Standard

“a norm/uniform reference point that describes a required level of achievement or performance”

• Standards are based on **best evidence available**
  – Published and unpublished literature
  – Available standards in current use
  – Commitment to ongoing effort to improve quality

• Multiple ways to establish standards
Standards for Midwifery Education

• Background – Role of International Confederation of Midwives

• Process – Task force expert educators, global surveys

• Results – ICM *Global Standards for Midwifery Education*

• Successes in setting standards

• Challenges in setting standards
Background - ICM

- Represents voices of professional midwives globally
- Currently 101 member associations in 90 countries
- ICM Council policy-making body
  - 2008: Mandated creation of Education & Regulation standards & update of Essential Competencies
- Creates/provides core documents & tools for:
  - member associations, individual midwives, public
  - educators, regulators, policy-makers

- **ICM Definition of Midwife**
- **ICM Essential Competencies for Basic Midwifery Practice**
Why Global Education Standards?

• Great variation in who is called “midwife,” how they were educated and resulting competencies
• HRH demand to meet MDG 5 – 334,000 new midwives needed now
• Need to prepare ‘fully qualified midwives’

“Persons educated and trained to competency in all the ICM basic or core competencies, legally recognized to practice full scope midwifery, and who maintain competency over time.”
Purpose Midwifery Standards

• Set quality benchmarks based on global norms
• Provide framework for
  – design
  – implementation, and
  – evaluation of ongoing quality of programme
• Align with regulatory bodies’ scope of midwifery practice
• Hold midwifery programme accountable to public
• Meet national and local workforce needs
Process

• ICM Board appointed Education Task Force Co-Chairs 1/2009
  – J. Thompson & A. Sawyer
• 11 additional members confirmed 4/2009
  – All ICM regions, 3 official language groups, WHO rep.
  – Member of ICM Board & Education Standing Committee
• Drafted Preface, Standards, & Glossary 5/2009
• Agreed need for Companion Guidelines - standards finalized
  – How to implement the standard
  – How to determine if standard is met
Process (con’t)

• Modified Delphi survey process – 2 global rounds
  – August-October 2009; January-June 2010
  – Ed Standards instrument & demographic tool
• Electronic survey & demographic tool sent to all ICM member associations with instructions (N=88 at time of surveys)
• Respondents indicated ‘retain’ or ‘delete’
• Set criterion of .80 as cut-off score for retain
• ICM board agreed minimum 51% ICM member countries responding
• HSIRB approval - WMU
Combined Results 2 External Rounds

- 186 completed surveys returned (up to 6 individuals)
- 241 individuals responses
- 46 ICM member association countries (52%)
  - Africa (53%), Americas (64%), Asia/Pacific (42%), Europe (53%)
- 9 non-member countries
- Country resource level: HRC (59%), Medium (22%), LRC (20%)
Results (con’t)

- **Four** of 109 items did not reach .80
  - Length direct entry, post-nursing programmes
  - Years experience for midwifery teachers/preceptors
- Reviewed qualitative comments
- Sorted by country resource level
- Final decision to maintain
  - Published literature
  - Panel of expert midwifery educators
Final Outcomes

• 10 Preface items
  – **Minimum length** of midwifery programmes
    • 3 years direct entry
    • 18 months post-nursing/other health professional
  – **Minimum entry** = secondary education
  – **Core values** – CQI, trust, integrity, autonomy, LLL

• 35 Glossary terms – Collaboration TFs
• 37 discrete standards
• 27 sub-sections of the standards
Framework of Standards

- **Standard I:** Organization & Administration (6)
- **Standard II:** Midwifery Faculty (8 + 10)
- **Standard III:** Student Body (7 + 8)
- **Standard IV:** Curriculum (6 + 4)
- **Standard V:** Resources, Facilities, Services (5)
- **Standard VI:** Assessment Strategies (5 + 5)
Quality Indicators in Standards

• Midwifery leadership of programme
• Minimum entry level of students
• Qualifications of midwifery teachers & preceptors
• Curriculum organization and content based on ICM *Essential Competencies for Basic Midwifery Practice 2010*
• Competency-based teaching and learning strategies
• Criteria for learning resources and clinical sites
• Valid & reliable assessment methods
• Minimum length of direct entry (3 years) and post-nursing (18 months)
Caveats

• These are minimum standards
• Any country/programme can exceed standards based on country philosophy & needs
• Any country/programme can exceed basic ICM essential competencies based on priorities, needs
• Any country/programme must exceed minimum length if have other non-midwifery content included
• Any country/programme can add more midwifery content – extend length
Need further evidence

• Effective curriculum models tailored to country needs
• Effective teaching methods for competency-based education
• Effective clinical learning (practice) settings
• Appropriate skill mix of health professionals and community health workers
• Effective regulatory mechanisms – ARC purpose
Successes for Standard Setting

- Commitment to prepare fully qualified midwives
- Political will across national boundaries, language groups
- Consensus building process for drafting, decision-making
- Began with evidence-based, up-to-date essential competencies for basic midwifery practice
- Agreed quality indicators (benchmarks) for effective education
- Agreed minimal entry level and minimum lengths of programmes to achieve basic or core competencies
- Agreed complimentary roles of educators & regulators
Challenges to Standard Setting

- Standard setting process – agree minimums and allow for variations beyond minimums?
- Adapt to multiple languages, cultures, political situations
- Who carries responsibility for credentialing practice sites?
- Who carries responsibility for review/accreditation of education programmes – regulators, educators, professional associations, MOHs?
- How can educators and regulators work together to create competent, compensated workforce and enabling work environments?
Challenges for Implementing HRH Standards

• Resources, status/control, government priorities elsewhere
• Shortage of competent, fully qualified health professionals
• Shortage of qualified educators/tutors who maintain competency in their practice areas
• Shortage of qualified regulators who maintain competency in their practice areas
• Lack of clearly delineated competencies needed for each level/type of health worker
• Unclear evidence for appropriate skill mix needed
• Lack of effective and efficient health care systems