

Midwifery Education Standards and Indicators

This document should be reviewed with [BCCNM Education Program Review Policies](#).

For consultation contact educationprogramreview@bccnm.ca.

Standard 1 - The Academic Structure

The academic structure, policies and traditions of a recognized midwifery education program support the essence and philosophy of midwifery as it is practiced in BC.

INDICATORS:

- 1.1 The midwifery education program is structured as an academic entity with autonomy in planning, decision-making, and resource allocation, as exists in other established health professional education schools, departments or faculties within the institution.
- 1.2 The intended outcomes/goals of the educational program are clearly articulated and identify entry-level competencies of the graduate consistent with the BCCNM *Entry-Level Competencies for Registered Midwives*. The intended outcomes/goals identify the context in which the graduate will be able to practice, and that context is consistent with the context of midwifery practice in British Columbia. A BC-based program is expected to reflect the health care needs of British Columbia and the varied regions where graduates may choose to practice. A program delivered outside of BC is expected to reflect the diversity of health care needs in the jurisdiction in which it is offered.
- 1.3 The program goals, learning activities and evaluation tools reflect the Standards of Practice for midwives, or equivalent evidence-based standards, and the competencies set out in the BCCNM's *Entry-Level Competencies for Registered Midwives*.
- 1.4 Levels of progression towards the achievement of program goals are outlined in the curriculum plan.

- 1.5 Learning experiences (theory, clinical and laboratory) in each term/semester of the program are selected and developed to ensure that program goals and professional practice requirements are addressed.
- 1.6 The program includes adequate clinical experiences to provide students with the opportunities required to achieve professional practice requirements, and to meet the minimum clinical experience requirements for Practising midwife registration in BC. The extensive clinical requirements for midwifery education are not compromised by any general requirements for the granting of the institution's credential.
- 1.7 Policies and procedures are established that address admission requirements, student progress, failures and appeals.
- 1.8 Evaluation methods and tools are in place to monitor the progress of students in meeting program goals and professional practice requirements.
- 1.9 Mechanisms are in place for systematic and ongoing evaluation of the curriculum, including program goals, learning activities (theory, clinical, and laboratory) and student evaluation methods.

Standard 2 - Resources

An educational institution provides evidence of commitment to the midwifery program from key administrators in the institution and academic unit. The institution provides all of the physical and human resources required to offer a complete educational program that will enable the student achieved entry-level competencies and standards of practice for midwifery, and meeting BC registration requirements. The educational institution must also support midwifery faculty in remaining current and carrying out the scholarly activities necessary to maintaining a high-quality educational program and meeting the expectations of their academic roles.

INDICATORS:

2.1 Human Resources

The education program should have adequate faculty, which may be determined by assessing: the relationship between teaching loads and administrative/clinical responsibilities, the amount of time provided for course preparation and student supervision and evaluation, student/teacher ratios appropriate to learning activities, and the satisfaction of students and faculty.

The program should have adequate staff to support admissions; curriculum development, delivery, evaluation, and revision; student advising; clinical education; financial management; communications; operations and facilities; faculty and clinical faculty development; and scholarly activities. Qualifications and experience for staff should be appropriate to the level of

responsibility and oversight required in their roles, and staff should have the competencies necessary to complete work plans and meet program goals and objectives.

2.2 Physical Resources

The education program should have physical resources required for the current practice of midwifery and equal to those normally required for other health professional education programs in the institution. The program must have adequate academic, office, and laboratory facilities to enable students to meet the program's educational objectives, adequate telecommunications equipment, and adequate technology-enhanced educational resources (e.g., online or virtual tools and platforms) to carry out an academic program where students are required to engage in distance learning and/or spend a significant portion of their time in clinical placements. In addition, a program and/or the clinical sites utilized by that program must have all the equipment necessary to function within the scope of practice for a BC Registered Midwife.

2.3 Off-Site Settings

Where multiple clinical practice sites are involved, (i.e., hospitals, other community agencies, midwifery practices), evaluation and contractual agreements, including professional liability insurance arrangements for student practice, must be in place between the education program and the site.

Standard 3 - Program and Advisory Structure

The education program must have effective program planning and advisory mechanisms that encourage and value input from faculty, clinical preceptors, and students, as well as from the governing body, the professional association, and consumers of midwifery services. These groups should communicate regularly and effectively.

INDICATORS:

3.1 An Advisory Body

The education program should have an active advisory body that includes students, faculty, clinical preceptors, alumna, health professional partners, and consumers of midwifery care who regularly participate in its meetings.

3.2 Faculty Involvement in Setting Program Standards and Policies

The education program should have a faculty committee(s) with representatives of the academic and clinical areas of the program so that all faculty members can contribute to the development of program standards, and policies, as well as to the program's core curriculum.

3.3 Advice and Support for Management

The educational program should have a management committee or other mechanism in place to provide a means for faculty to communicate with and provide advice and support to the director of the program. This committee would, among other things, assess the process of achieving stated program goals.

Standard 4 - The Curriculum

The education program is responsible for defining its objectives based on current core curriculum guidelines including the broad objective of graduating students who are prepared to practice safely and competently within the full scope and model of midwifery practice in British Columbia.

INDICATORS:

4.1 Program Objectives

The program's objectives should include other broad and general objectives for the entire program, course-specific learning objectives for the theoretical segment of the program that are consistent with the body of knowledge required for midwifery practice in British Columbia and competency-based clinical objectives for each component of the clinical segment consistent with the BCCNM *Entry-Level Competencies for Registered Midwives*.

The Program should ensure that students:

- Have met the educational pre-requisites: e.g., completion of Grade 12 in British Columbia or an equivalent high school education with an overall minimum average of at least 70%, plus a minimum of 70% in each of, English (or French) chemistry, biology, and a social science or history course. (Provision should also exist for the admission of mature students whose previous school performance and/or work experience suggests a strong possibility of academic success.)
- Acquire the necessary theoretical knowledge base to function within the full scope of practice for a midwife in British Columbia.
- Acquire competence and an understanding of their roles in health care so that they may function responsibly and with empathy as members of the health care team in a health care system substantially similar to that found in British Columbia.
- Master techniques for all procedures outlined in the BCCNM *Entry-Level Competencies for Registered Midwives*.
- Acquire the technical ability to work accurately and effectively.

- Are able to apply theoretical knowledge and an understanding of current research evidence to clinical practice as a primary caregiver.

In their clinical education it is expected that students will move through an appropriate series of steps in achieving clinical competence. These steps should progress through observation only, then assistance, then performance under direct supervision, then performance under indirect supervision with the supervisor on the premises and in a position to assist, if necessary. It is expected that the program will require a clinical preceptor to be present at all births attended by students throughout the program and that, in particular, the second and third stages of labour will require direct supervision throughout the program, even when senior students are being given primary responsibility for conducting deliveries and managing care.

4.2 Program Direction/Coordination

The program head should have equivalent roles and responsibilities as exist in the other established health professional programs in the institution, including:

- the authority to provide oversight and leadership for the program related to curriculum, finance, operations, policy, strategic planning, and recruitment, evaluation, and promotion of faculty and staff.
- input into the institutional and faculty budget processes and/or financial planning to ensure continued adequate program resources; and
- representing the program at relevant committees, councils, and/or governance bodies within the institution.

4.3 Academic Program Faculty

The program is expected to justify its teaching staff complement and provide evidence that there is sufficient expertise on hand to guarantee content validity. The program is also expected to demonstrate that the plan for allocation/assignment of teaching, administrative, research, clinical, and/or service roles is in accordance with institutional standards for health professional academic faculty.

- Instructors must be in good standing with their professional and regulatory bodies.
- Registered midwives acting as clinical preceptors should be Practising Midwife Registrants, ideally with at least one year of clinical experience as a practicing midwife and must be sufficiently oriented and trained by the education program to mentor and evaluate students in clinical practice.
- Basic science and social science courses should be taught by faculty who hold relevant and current qualifications in that specialty.

- In addition to formal education in their field, all academic faculty should be able to demonstrate evidence of adequate participation in clinical, scholarly, and professional activities in their field of expertise at regular intervals.
- Faculty have input into recruitment, selection, and promotion of faculty and staff.
- An education program may utilize general university courses as a part of the required curriculum but must be able to justify the relevance of those courses in meeting overall program objectives.

4.4 Essential Components of Midwifery Curriculum

The education program should promote the acquisition of essential midwifery knowledge while creating a broadly prepared primary health care provider.

The graduate must have sound practical skills, based on sound research evidence and reinforced through clinical experience. The graduate must develop and use appropriate clinical judgement, be capable of critical thinking, and be sensitive to the larger issues surrounding pregnancy, childbirth, parenting, and infant and clients' health.

4.5 Program Length and Composition

A four-year educational program leading to a Bachelor in Midwifery (or equivalent degree) is considered optimal. A minimum of a baccalaureate degree is considered the appropriate credential for a midwife in British Columbia. A degree program is considered to be necessary for the education of a primary care professional. It is also important to enable midwives to have access to obtaining advanced degrees so that the profession can generate its own educators and be involved in research.

At least 50 percent of the program content should be mentored clinical experience gained primarily in the context of providing continuity of care¹ for clients throughout pregnancy, birth and the postpartum period working with practicing midwives in the midwifery model of practice. The length and structure of the program must reflect the importance in midwifery of providing continuity of care from a primary care perspective.

4.6 Theoretical and Clinical Content

The educational program should include instruction in the following subject areas to the level appropriate to entry to practice. (Note: The following list refers to the essential components of midwifery education by topic area and does not describe actual courses.)

¹ Continuity of Care means the provision of midwifery services during the antepartum, intrapartum and postpartum periods, to a client by a registrant or small group of registrants known to the client and includes twenty-four hour on-call availability of care from a midwife known to the client.

Topic Areas:

- **Basic Sciences** - general anatomy and physiology, female/reproductive anatomy and physiology, embryology and genetics, microbiology, biochemistry, laboratory sciences, nutrition, pharmacology
- **Health Sciences** - midwifery care including care throughout pregnancy, labor, birth, and the postpartum period, sexually transmitted diseases, well-client assessment, clients' health care including family planning, obstetric and neonatal pathology, neonatal and infant care
- **Health Education and Promotion** - nutrition, infant feeding, smoking, drugs, alcohol, substance abuse, preventive health care, socio-economic determinants of health, occupational and environmental health
- **Professional Studies** - history and philosophy of midwifery, legislation, standards and regulation of midwifery, inter-professional relations, professional liability and risk management, ethical issues in reproductive health care, health and social policy including health economics and health administration in provincial and national contexts, Canada's health care system, British Columbia's reproductive health care system. (For approved programs offered outside of Canada, print materials on the Canadian health care system may be added to the course material on the provincial/state/national healthcare system for the jurisdiction in which the program is offered.)
- **Social Sciences** - sociology and politics of health care, psychology and counseling, anthropology of childbirth, traditional Native midwifery practices, sexuality, Women's Studies, sociology of the family including parenting, clients with disabilities.
- **Education and Research** - principles of adult education, education for childbirth and parenting, critical appraisal of scientific literature, research methods, application of research literature to clinical practice
- **Alternative Health Care Practices** - an introduction to other therapies of interest to midwives and their clients, relevant to pregnancy, birth and postpartum care such as: massage therapy, chiropractic, natural remedies, and acupuncture.

4.7 Clinical Requirements

Program graduates must have attained clinical experience and expertise sufficient to be competent, confident practitioners in the full scope of practice for BC midwives, and in the full range of settings, including the home, birth centers (where available), and hospitals including:

- **Normal Births** - Midwifery students must gain experience in taking responsibility for all aspects of midwifery care.

- In order to meet Practising midwife registration requirements, graduates must have attended a minimum of 60 births. As many as 20 of those births may involve observation and part-time assistance with care (some early in the program and others in relation to learning about high-risk care). Forty of the 60 births must involve the midwifery student as primary caregiver, with a minimum of five of those primary care births in a hospital setting and five in an out-of-hospital setting, and 30 must involve the provision of continuity of care.
- ***Care of Clients and Infants at Risk*** - Midwifery students should also gain experience in high-risk care, ideally following extensive experience in continuity of care and normal childbearing. This experience may be gained under the supervision of obstetricians and/or pediatricians.

4.8 Educational Facilities

The majority of clinical learning sites within the education program should be community-based and should provide students with extensive experience in normal childbearing and continuity of care under the supervision of Registered Midwives trained as clinical preceptors. Students' experiences may be supplemented with institutional placements where high volume and high-risk opportunities are available.

Clinical experience must include the provision of primary midwifery care in both hospital and out-of-hospital settings.

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