

Policy Name	Approval of Education Programs	Number	8
Date Approved by Council	June 21, 2013		

Introduction

One of the professional self-regulating functions of the College of Midwives of Alberta (CMA or “the College”), through its registration committee, reviews and approves midwifery education programs and makes recommendations to government for their inclusion in the list of Recognized Programs, in the Alberta Midwifery Regulation, consistent with the duties of a college. Such midwifery education programs must meet the standards required to graduate students who are competent and safe to practice in the full scope and model of practice required of midwives in Alberta. The authority for this is established in Alberta’s *Health Disciplines Act (HDA)*, under the duties and objects of a college, Section 16 (1) and (2)(c), which states that one of the criteria for registration is that a person “is a graduate of a midwifery education program acceptable to the registration committee”.

Purpose

The purpose of the Education Program Approval process is to protect the public by ensuring that education programs approved by the CMA deliver consistent, high quality academic and clinical midwifery education which enable graduates to practice safely and competently within the scope and model of midwifery practice in Alberta. The purpose of the approval process is consistent with the College’s framework for professional self-regulation, which is focused on promoting good practice, preventing undesirable practice, and intervening with unacceptable practice. More specifically, its purpose is to review and approve programs that are effective in producing graduates who:

1. meet Alberta’s General (full) registration requirements
2. are safe and competent to provide primary midwifery care; and
3. work safely and effectively in the full scope of practice as described in the *Midwives Regulation* and by the *Philosophy of Care* for midwifery.

1. Minimum Requirements for Graduates of Approved Programs

To be approved by the CMA, an education program must ensure that all of its graduates meet or exceed the requirements for professional practice as General Registrants of the College. All program graduates must meet both the entry-level competencies required for General registration, as set out in the CMA *Competencies of Registered Midwives* (Appendix A) and the clinical experience requirements for General registration set out in the CMA's Handbook for Registrants.

Flexible Approaches to Midwifery Education

The intent of the approval process is not to impose a system of regimentation leading to the rigid standardization of midwifery programs.

Rather it is designed to be used as a mechanism to:

- approve an appropriate existing degree-granting midwifery education program in Alberta, another Canadian province or another country with a similar scope of practice and required competencies for midwives, where that program would like its graduates to be eligible to apply directly for general registration as midwives in Alberta rather than through a midwifery bridging program;
- approve on an interim basis an appropriate new program under development at a Canadian degree-granting educational institution where the institution would like its graduates to be eligible to apply for general registration as midwives in Alberta but that program has not yet graduated any students (ongoing approval will be considered after the program's first graduates are in practice in the community and their performance and integration into AB practice has been evaluated);
- ensure all approved education programs continue to meet the requirements for recognition.

Some slight variations in the administration of the process may be required, depending on the nature of the application.

The Education Program Approval process will be conducted in a manner, which is free of subjectivity, prejudice and bias. Any member of the Registration Committee who has a conflict of interest is required to declare this conflict and to absent him or herself from participation in decision-making within the review process.

Any approved program must be based on principles and have curriculum consistent with the following CMA documents: the *Competencies of Registered Midwives* (see Appendix A),

Any approved program must also provide clinical preparation consistent with the clinical experience requirements set out for General Registration in Section 46. (2)(b) of the Registrant's Handbook.

2. Approval Requirements

A) The Academic Structure

Midwifery is an autonomous profession in Alberta. It is therefore important that the academic structure, policies and traditions of an approved midwifery education program support the essence and philosophy of midwifery as it is practiced in Alberta. A school making application for approval must have a curriculum that provides the learning experiences necessary for students to achieve the professional practice requirements for General registration as midwives in the province of Alberta.

Essential characteristics of an approved program include:

1. The midwifery education program is structured as a separate academic entity with the same autonomy in planning, decision-making, and resource allocation, as exists in other established health professional education schools, departments or faculties within the institution. The program must be free to develop its curriculum to support students in meeting Alberta registration requirements, to collaborate with other faculties/departments, and to establish appropriate collaborative arrangements with other educational institutions. This requirement does not preclude the program having connections with or responsibilities to other parts of the educational institution that offers the program.
2. The midwifery program is in an institutional environment that promotes and facilitates scholarly and professional productivity, excellence in teaching, and academic freedom.
3. The intended outcomes/goals of the educational program are clearly articulated and identify entry-level competencies of the graduate consistent with the CMA's *Competencies for Registered Midwives*.
4. 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 Alberta. An Alberta-based program is expected to reflect the health care needs of Alberta and the varied regions where graduates may choose to practice. A program delivered outside of Alberta is expected to reflect the diversity of health care needs in the jurisdiction in which it is offered.
5. The program goals, learning activities and evaluation tools reflect the Standards of Practice set out in the Alberta Midwifery Standards of Competency and Practice, or equivalent evidence-based standards.
6. Levels of progression towards the achievement of program goals are outlined in the curriculum plan.
7. 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
8. 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 General registration in Alberta. The extensive clinical requirements for midwifery education are not compromised by any general requirements for the granting of the institution's credential.
9. Policies and Procedures are established that address admission requirements, student progress, failures and appeals.

10. Evaluation methods and tools are in place to monitor the progress of students in meeting program goals and professional practice requirements.

11. 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.

The Registration Committee may request an on-site visit of the educational site that may include meetings with students, faculty, program graduates, and others.

B) Resources

An educational institution must provide evidence of commitment to the midwifery program from key administrators in the institution and academic unit. The institution must provide all of the physical and human resources required to offer a complete educational program that will enable the student to successfully register as a general registrant with the CMA. 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.

These include:

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 CMA expects the majority of the midwifery faculty of any approved program to be actively practicing as midwives on a part-time basis. This will mean that flexible arrangements must be possible in the appointment of midwives as faculty so they may combine teaching, research, service, and clinical practice and both provide quality midwifery education and meet expectations of academic roles in the institution.

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. 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 Registered Midwife in Alberta.

3. Financial Resources

An education program must have adequate financial resources for its continued long-term operation and to comply with all government regulations regarding its finances.

C) 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. These liability insurance arrangements must be sufficient to satisfy the CMA's Registration Committee.

D) 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.

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. This advisory body should include or have access to individuals and committees within the program and the university who are in decision-making positions so that desired program changes may be affected. The advisory body should, among other things, be able to review current and proposed curriculum and provide the institution with advice on such things as the integration of the theoretical and clinical components of the program.

In addition, the Advisory body should:

- 1) Make and review recommendations with respect to program policies, aims, content and structure.
- 2) Advise on strategic planning for sustainability, resourcing, and development.
- 3) Advise on curriculum development and renewal.
- 4) Assist in liaison between faculty, staff, students and institutions, health authorities, ministries, and regulatory authorities.
- 5) Meet regularly, at least twice a year.
- 6) Keep minutes of all the meetings.
- 7) Actively promote program self-evaluation.
- 8) Support the program in its on-going self-evaluation for program currency, relevance and efficacy within the context of jurisdictional, national, and international human health resource priorities for maternity care.

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. The committee(s) should meet regularly and be responsible for making recommendations to program administration and/or the program's advisory body on such issues as:

- 1) Developing curriculum and program policy and curriculum review.
- 2) Developing and maintaining adequate standards in the educational program,
- 3) Maintaining a balance between the theoretical and clinical components of the program
- 4) Addressing faculty professional development needs.
- 5) Adequate facilities and institutional support to carry out scholarly and teaching activities
- 6) Mechanisms to support student learning plans, student affairs, and advising.
- 7) Developing mechanisms for meeting the above stated needs, and
- 8) Holding a periodic review of program objectives.

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. In a small midwifery program, these functions might be served by the Program Director having a direct relationship with a faculty committee or sub-committee that also addresses the issues identified under "2" above.

E) Program

1. Program Objectives

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 Alberta. 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 Alberta and competency-based clinical objectives for each component of the clinical segment consistent with the CMA *Competencies of Registered Midwives*.

The Program should ensure that students:

1. Have met the educational pre-requisites: e.g. completion of Grade 12 in Alberta 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.)
2. Acquire the necessary theoretical knowledge base to function within the full scope of practice for a midwife in Alberta.

3. 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 Alberta.
4. Master techniques for all procedures outlined in the *Competencies for Registered Midwives*.
5. Acquire the technical ability to work accurately and effectively.
6. 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.

2. Program Direction/Coordination

The program head must be a person qualified to practice as a registered midwife, ideally with a doctoral degree and minimally with a master's degree in midwifery or a relevant field, with demonstrated experience in academic roles, midwifery leadership, and scholarship, in good standing with the profession, and ideally with recent clinical midwifery practice experience. An equivalent qualified individual who enjoys the confidence and support of the students, the faculty and the profession could also be considered appropriate to serve in the position of program director for an interim period, so long as the program was actively searching for a qualified midwife to fill the position.

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.

In addition, other members of the program's management team should include:

- at least one individual with experience in education and responsibility for oversight of curriculum management, curriculum administration and pedagogical planning; and
- at least one individual with the experience necessary to plan and implement the financial and other business aspects of operating the education program.

Where a program is offered at multiple sites, each program site away from the central school must have one individual designated as "in charge". This person should have the appropriate qualifications, a sound knowledge of the program's curriculum and sufficient time to fulfill the responsibilities.

3. Academic Program Faculty

Although the Registration Committee of the College has not set a specific quota of instructors required to have post-secondary training and education in the fundamental health sciences, a program will be expected to justify its teaching staff complement and provide evidence that there is sufficient expertise on hand to guarantee content validity. The program will be 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 General 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.

Course leadership and delivery of all midwifery clinical theory and practice courses must be provided by Registered Midwives who hold Master's degrees or equivalent academic preparation, or who are in the process of completing such degrees or preparation, who have a minimum of five years experience in clinical practice, have demonstrated teaching experience, and the majority of whom maintain active clinical practice. Instructors and/or clinical faculty who do not meet these requirements can provide course coordination, teaching, or supervision in collaboration with a designated faculty mentor.

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.

E. The Curriculum

1. 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. She₁ must develop and use appropriate clinical judgment, be capable of critical thinking, and be sensitive to the larger issues surrounding pregnancy, childbirth, parenting, and infant and women's health.

2. 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 Alberta. 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 care² for women 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.

3. 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.)

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 post-partum period, sexually transmitted diseases, well-woman assessment, women's 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, Alberta'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 roles of women and men in parenting, women 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 post-partum care such as: massage therapy, chiropractic, natural remedies, and acupuncture.

4. Clinical Requirements

Program graduates must have attained clinical experience and expertise sufficient to be competent, confident practitioners in the full scope of practice for Alberta midwives, and in the full range of settings, including the home, birth centers (where available), and hospitals. In addition, program graduates must be able to document clinical experience within the education program that meets the clinical experience requirements for General Registration as set out in the CMA bylaws.

- ***Normal Births***

Midwifery students must gain experience in taking responsibility for all aspects of midwifery care. This includes history taking, pre and postnatal care, risk screening, care and assessment in labor, as well as birth, and care of the mother and newborn in the postpartum. Midwifery students must demonstrate an understanding of normal birth, the mechanism of normal labour, the detection of abnormal conditions, the principles and practice of continuity of care, of consultation and referral, family dynamics and how to interpret research and facilitate client choice. In order to meet General Registration requirements, graduates must have attended a minimum of 60 births. 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.

Continuity of care involves the student following a woman through a course of care. That course of care must include prenatal care, ideally provided throughout all trimesters, care during labour and birth, and postpartum care to six weeks postpartum. In providing continuity of care students make a time commitment to develop a relationship with the woman as an integral part of learning to provide comprehensive, safe and supportive individualized care.³ As they provide continuity of care to women, students should develop the technical and interpersonal skills for midwifery practice including conducting well woman assessments, prenatal assessments and counseling, abdominal and vaginal examinations, and, postpartum assessments of mother and baby and postpartum counseling.

- ***Care of Women 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.

F. 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.

Other health care professionals may also provide valuable clinical experiences for midwives. The development of inter-professional relationships must be encouraged in the clinical setting and especially in the area of consultation and referral.

Clinical experience must include the provision of primary midwifery care in both hospital and out-of-hospital settings. Clinical experience should include exposure to a variety of clinical sites, such as: the home setting, community health centers, community health organizations, Women's Health Centers, and level 1, 2, and 3 Hospitals, and birth centers and Native Health Centers where available.

Education Programs seeking approval by the CMA will be required to complete a detailed self-assessment report⁴ addressing the criteria outlined above. Such an assessment will necessarily be somewhat different for an existing midwifery education program and for a program currently under development.

The Registration Committee will also seek information regarding the provisions made for the educational institution within which the program is housed to present their curriculum for academic accreditation. The program will be asked to address questions such as: Is there a Curriculum committee? Who are the members and what are the terms of appointments? Can the education program illustrate how curriculum is periodically challenged for purposes of validation or revision? What steps are taken to ensure the curriculum is providing the necessary educational preparedness for practice, on a continuing basis? What review process is in place? Where a new program is under development, it may be necessary to use examples from other existing programs at the educational institution and/or at other midwifery education programs being used as models for program development to address some of these questions.

3. On-Site Visit

If the Self-Assessment Report indicates to the CMA's Registration Committee that the applying institution may meet the requirements for Program Approval, an on-site evaluation of the educational site will be requested by the Committee. At this site visit, a team of two CMA representatives will seek information to supplement the self-assessment report, and make a recommendation to the Registration Committee.

Generally, an on-site evaluation begins with an introductory session with the Director of the program. This session may include other individuals, such as an Associate and/or Academic Director, and key faculty members, depending on the organizational structure and division of responsibilities.

The on-site evaluation generally includes:

1. A tour of program facilities.
2. Observation of classroom teaching.
3. A visit to a clinical site.

4. Meetings with administrators, faculty, clinical preceptors, advisory committee members, students, and program graduates.
5. A review of the progress made over the past few years, or since the last evaluation, if the program is already a CMA approved program.
6. A review of strengths and weaknesses identified as a result of the self-assessment process.
7. A discussion of the institution's and the education program's mission statements and program objectives, including ways and means of assessing outcomes.
8. A discussion of the program's Strategic Plan or equivalent program planning document, including goals and objectives for the future.
9. Identification and discussion of various resources needed to address any weaknesses that have been identified, and to support the plans set forth by the institution, and their potential availability. This may include financial, personnel, and clinical resources.
10. A discussion with the Director and key faculty members regarding the general vision of the future of the program and its professional program.

Often this meeting involves clarification of the role of faculty members and the unique aspects of the curriculum for the professional program.

The site visit team writes a report for consideration by the CMA's Registration Committee. The Committee then makes a recommendation to the Health Disciplines Board regarding program approval, including any conditions and timeframes for revisiting the program status in the future. Approved programs will be asked to provide the CMA with annual reports and to notify the CMA of any changes in the program's curriculum and/or how it is delivered.

For more information contact:

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1 The use of the feminine is assumed to include the masculine

2 Continuity of Care is comprehensive midwifery care and counseling provided to a woman and her newborn in all trimesters, labour, birth and the postpartum period to six weeks, and includes 24 hour on-call availability from a team of no more than four midwives.

3 Recognizing that Continuity of Care includes care in all trimesters, labour, birth and the postpartum period to six weeks. For the purposes of a student's clinical experience within a continuity-of-care-based program of clinical education a course of care will count toward fulfilling the continuity of care requirement when it includes a minimum of six visits and the attendance during labour and birth including the second and third stage, so long as, during the student's clinical education, adequate care is provided in all trimesters and to six weeks postpartum to enable preceptors to assess competence.

4 A Self-Assessment Reporting tool is available

Approved by CMA council: June 21, 2013

President: Diane Rach