



CURRICULUM OF MIDFERY EDUCATION
BSM (Baccalaureate studies of Midwifery)

(2021)

PAKISTAN NURSING COUNCIL
ISLAMABAD

Foreword

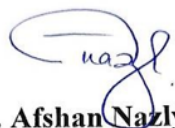
Pakistan Nursing Council is introducing higher education in midwifery for the first time in the history of Pakistan since its independence. In Past, PNC has developed undergraduate and graduate programs in Nursing, now PNC is introducing higher education programs for midwives, community midwives, lady health visitors and any new prospectus learners to join the undergraduate program in midwifery.

I am assured this higher education program will open the doors for females of Pakistan who are long waiting and always requesting to Pakistan Nursing Council to upgrade their education for the advancement in their careers.

The midwives who will graduate from this program will receive a similar grade in the public sector for their jobs like nurses with Baccalaureate in Nursing.

The undergraduate degree in Midwifery will be conferred as Baccalaureate Studies in Midwifery. The candidates who will successfully complete this degree will be titled as “Midwife” regardless of any other prior titles.

I sincerely envisaged that the Public and Private sector universities will motivate and encourage females to enter this profession. In future, the faculty positions and leadership positions will be given to the midwives who have acquired higher education. I would also like to request Federal and Provincial health ministries and nursing and midwifery leadership to include these graduates in the exiting career structure for their career growth and development.



Ms. Afshan Nazly

President

Pakistan Nursing Council

NATIONAL COMMITTEE FOR MIDWIFERY EDUCATION

Pakistan Nursing Council appointed core committee to develop Baccalaureate Studies in Midwifery (BSM) curriculum at national level. Several consultative meetings were held to develop national undergraduate degree midwifery education program.

1. Dr. Rafat Jan

Convener

Professor, School of Nursing and Midwifery,
Aga Khan University, Karachi.

2. Ms. Arusa Lakhani,

President

Midwifery Association of Pakistan, (MAP)

3. Ms. Mehmooda Khuwaja,

Principal

Lady Dufferin School, Karachi.

4. Ms. Amber Hussain

Assistant Professor & Coordinator Midwifery Programme

Institute of Nursing

Dow University, Karachi.

5. Ms. Kiran Mubeen,

Senior Instructor and Midwifery Expert

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6. Ms. Fouzia Mushtaq,

Registrar,

Pakistan Nursing Council,

National Institute of Health,

Islamabad

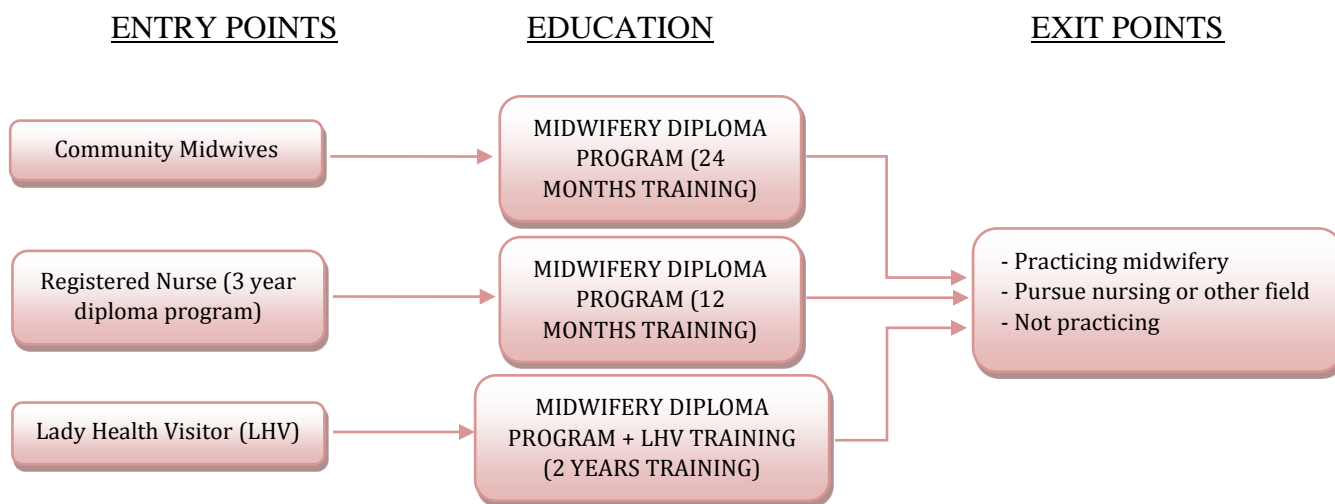
Introduction

Midwifery is a distinct profession than nursing in its own rights i.e., definition of title, scope of practice, philosophy, code of ethics, education, competencies, and services. Well educated and skilled midwives will contribute to improving maternal, neonatal, and child health. This document proposes a new midwifery education program to prepare midwives to provide quality care to women and children. The program includes various routes of entry for females who are already midwives as well as those young women who would like to pursue their career in midwifery as a fresh candidate. The three years undergraduate program will be offered to existing CMWs/Pupil Midwives and LHVs; whereas the four-year program is for the new candidates. The goal is to establish exemplary programs at the undergraduate level that lead to excellence in evidence-based midwifery practice, teaching, and leadership. The higher education programs in midwifery will serve as exemplar for Pakistan and region.

Background

At present, in Pakistan, there are several midwifery cadres, with different formal education levels, who provide maternal and child health services. There are currently three types of diploma programs each serving a different cadre (see table 1). Until 2012, there was no opportunity to obtain higher education in midwifery in the country. This absence contributed to non-acceptance and invisibility of midwifery as a profession. As a result, midwives were not adequately prepared or permitted to provide full scope of care to women. In 2014, Aga Khan University School of Nursing and Midwifery, graduated its first batch of midwives having undergraduate degree for those nurses who were holding Diploma in Nursing and Diploma in Midwifery.

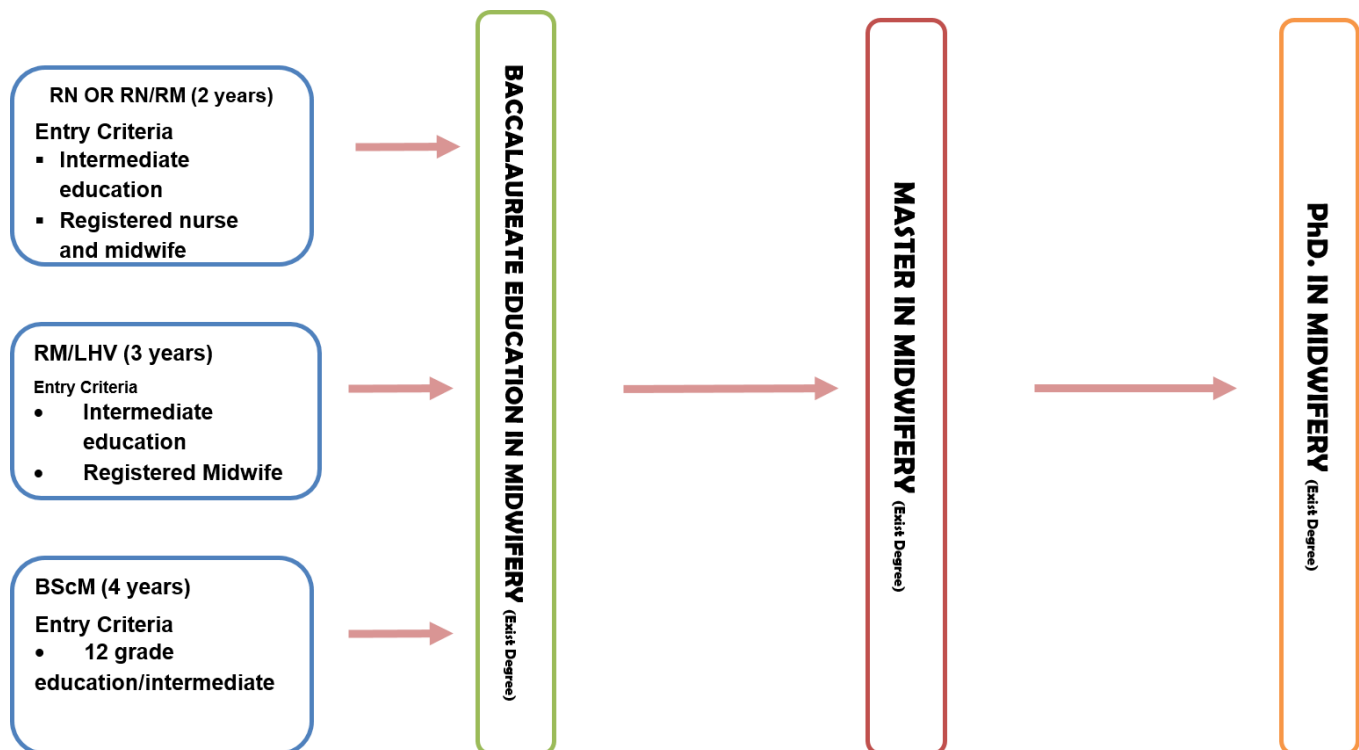
Figure 1 – Current career path of midwives in Pakistan



According to WHO (2006), sufficient and competent health care providers, specifically those with “midwife or other midwifery skills” (MOMS) are essential; without these all other strategies to reduce maternal and neonatal mortality will never be achieved. Moreover, WHO recognizes the fact that midwives who are allowed to use the full range of their skills, can positively impact on maternal and perinatal mortality and morbidity rates (WHO, 1995). Access to a skilled professional midwife is the right of each woman. Research evidence shows that midwives prepared to international standards enhances normality throughout the birth cycle and reduce the rates of morbidity and mortality and promote health of both mothers and infants. Making higher education available based on the International Confederation of Midwives’ Global Standards for Midwifery Education and its Essential Competencies for Midwifery Practice will enable midwives to provide improved health care services and increase opportunities for them to be advocates, leaders, and teachers who will continue to strengthen the profession. Hence, it is imperative to provide higher education for midwives, who will improve the quality of practice and teaching, develop the midwifery profession overall and expand career

opportunities for women. This paper proposes a framework for higher education in midwifery in Pakistan.

Framework for Higher Education in Midwifery



PNC has adapted this framework, published in JAM.

PNC Midwifery Programme Vision

Pakistan Nursing Council (PNC) is committed to improving maternal, infant and children’s health in Pakistan through strengthening midwifery education and practice. PNC therefore introduces higher education in midwifery:

- 1) Develop the full scope of independent midwifery care and an autonomous midwifery profession
- 2) Develop leaders for clinical settings, and for policy formulation and research
- 3) Become a resource for other regions
- 4) Develop career opportunities and help advancing SDGs

Midwifery as distinct profession

ICM believes that midwifery should be recognised as an autonomous profession globally. As the midwifery body of knowledge reflects the ICM Philosophy and Model of Midwifery Care that recognises pregnancy and childbirth as a life stage where women and their families are the primary decision makers. An autonomous midwifery profession facilitates their informed decision making in a manner that improves birth outcomes for mother and baby. ICM promotes and supports midwives to advocate for or maintain midwifery as an autonomous profession.

PNC Approved Title:

After successful completion of the undergraduate midwifery degree program, the graduate will be called ‘MIDWIFE’ the PNC approved title for this program.

Definition of Midwife:

“A midwife is a person who has successfully completed a midwifery education program (Approved by PNC) that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the Pakistan; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.”

Adapted from (ICM, 2017)

Scope of Practice:

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care, and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”

Adapted from (ICM, 2017)

Philosophy of Midwifery

We believe

Midwifery is a distinct profession than nursing in its own rights i.e., definition of title, scope of practice, philosophy, code of ethics, education, competencies, and services.

Learning is a life-long process in which knowledge is pursued in an atmosphere of support, guidance, free inquiry, and expression. The Midwifery faculty is committed to facilitate learners in developing knowledge, skills and attitude for women and newborn care through partnering with women and their families to design appropriate midwifery interventions in response to present and emerging needs of the midwifery profession and raising the standard of midwifery practice.

Midwives collaborates with other relevant healthcare professions to provide best evidence-based care to women and newborn. They will enhance their knowledge and skills through continuous education.

Higher education will provide empowerment to midwives to participate and engage in strategic directions, policies development, implementation, evaluation, research, and leadership.

Every woman has right to access midwifery care.

- Pregnancy and childbearing are usually normal physiological processes.
- Pregnancy and childbearing are a profound experience, which carries significant meaning to the woman, her family, and the community.
- Midwives are the most appropriate care providers to attend childbearing women.
- Midwifery care promotes, protects and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity.
- Midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women.
- Midwifery care is emancipatory as it protects and enhances the health and social status of women and builds women's self confidence in their ability to cope with childbirth.
- Midwifery care takes place in partnership with women, recognising the right to self determination, and is respectful, personalised, continuous, and non-authoritarian.
- Ethical and competent midwifery care is informed and guided by formal and continuous education, scientific research, and application of evidence.

Adapted from (ICM's Philosophy and Model of Midwifery Care, 2014)

Midwifery model of care:

Midwives promote and protect women's and newborns' health and rights.

- Midwives respect and have confidence in women and in their capabilities in childbirth.
- Midwives promote and advocate for non-intervention in normal childbirth.
- Midwives provide women with appropriate information and advice in a way that promotes participation and enhances informed decision-making.
- Midwives offer respectful, anticipatory and flexible care, which encompasses the needs of the woman, her newborn, family and community, and begins with primary attention to the nature of the relationship between the woman seeking midwifery care and the midwife.
- Midwives empower women to assume responsibility for their health and for the health of their families.
- Midwives practice in collaboration and consultation with other health professionals to serve the needs of the woman, her newborn, family and community.
- Midwives maintain their competence and ensure their practice is evidence-based.
- Midwives use technology appropriately and effect referral in a timely manner when problems arise.
- Midwives are individually and collectively responsible for the development of midwifery care, educating the new generation of midwives and colleagues in the concept of lifelong learning.

Code of Ethics:

The ICM code of ethics acknowledges women as persons with human rights, seeks justice for all people and equity in access to health care, and is based on mutual

relationships of respect, trust and the dignity of all members of society.

The code addresses the midwife's ethical mandates in keeping with the Mission, the International definition of the Midwife, and standards of ICM and Pakistan Nursing Council (PNC) to promote the health and wellbeing of women and newborns within their families and communities. Such care may encompass the reproductive life cycle of the woman from the pre-pregnancy stage right through to the menopause and to the end of life. These mandates include how midwives relate to others; how they practise midwifery; how they uphold professional responsibilities and duties; and how they are to work to assure the integrity of the profession of midwifery.

The Code

I. Midwifery Relationships

- a. Midwives develop a partnership with individual women in which they share relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcomes of their choices.
- b. Midwives support the right of women/families to participate actively in decisions about their care.
- c. Midwives empower women/families to speak for themselves on issues affecting the health of women and families within their culture/society.
- d. Midwives, together with women, work with policy and funding agencies to define women's needs for health services and to ensure that resources are fairly allocated considering priorities and availability.
- e. Midwives support and sustain each other in their professional roles, and actively nurture their own and others' sense of self-worth.
- f. Midwives respectfully work with other health professionals, consulting and referring as necessary when the woman's need for care exceeds the competencies of the midwife.
- g. Midwives recognise the human interdependence within their field of practice and actively seek to resolve inherent conflicts.

h. Midwives have responsibilities to themselves as persons of moral worth, including duties of moral self-respect and the preservation of integrity.

II. Practice of Midwifery

a. Midwives provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures.

b. Midwives encourage the minimum expectation that no woman or girl should be harmed by conception or childbearing.

c. Midwives use up-to-date, evidence-based professional knowledge to maintain competence in safe midwifery practices in all environments and cultures.

d. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances (non-discrimination).

e. Midwives act as effective role models of health promotion for women throughout their life cycle, for families and for other health professionals.

f. Midwives actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

III. The Professional Responsibilities of Midwives

a. Midwives hold in confidence client information in order to protect the right to privacy, and use judgment in sharing this information except when mandated by law.

b. Midwives are responsible for their decisions and actions and are accountable for the related outcomes in their care of women.

c. Midwives may decide not to participate in activities for which they hold deep moral opposition; however, the emphasis on individual conscience should not deprive women of essential health services.

d. Midwives with conscientious objection to a given service request will refer the woman to another provider where such a service can be provided.

- e. Midwives understand the adverse consequences that ethical and human rights violations have on the health of women and infants and will work to eliminate these violations.
- f. Midwives participate in the development and implementation of health policies that promote the health of all women and childbearing families.

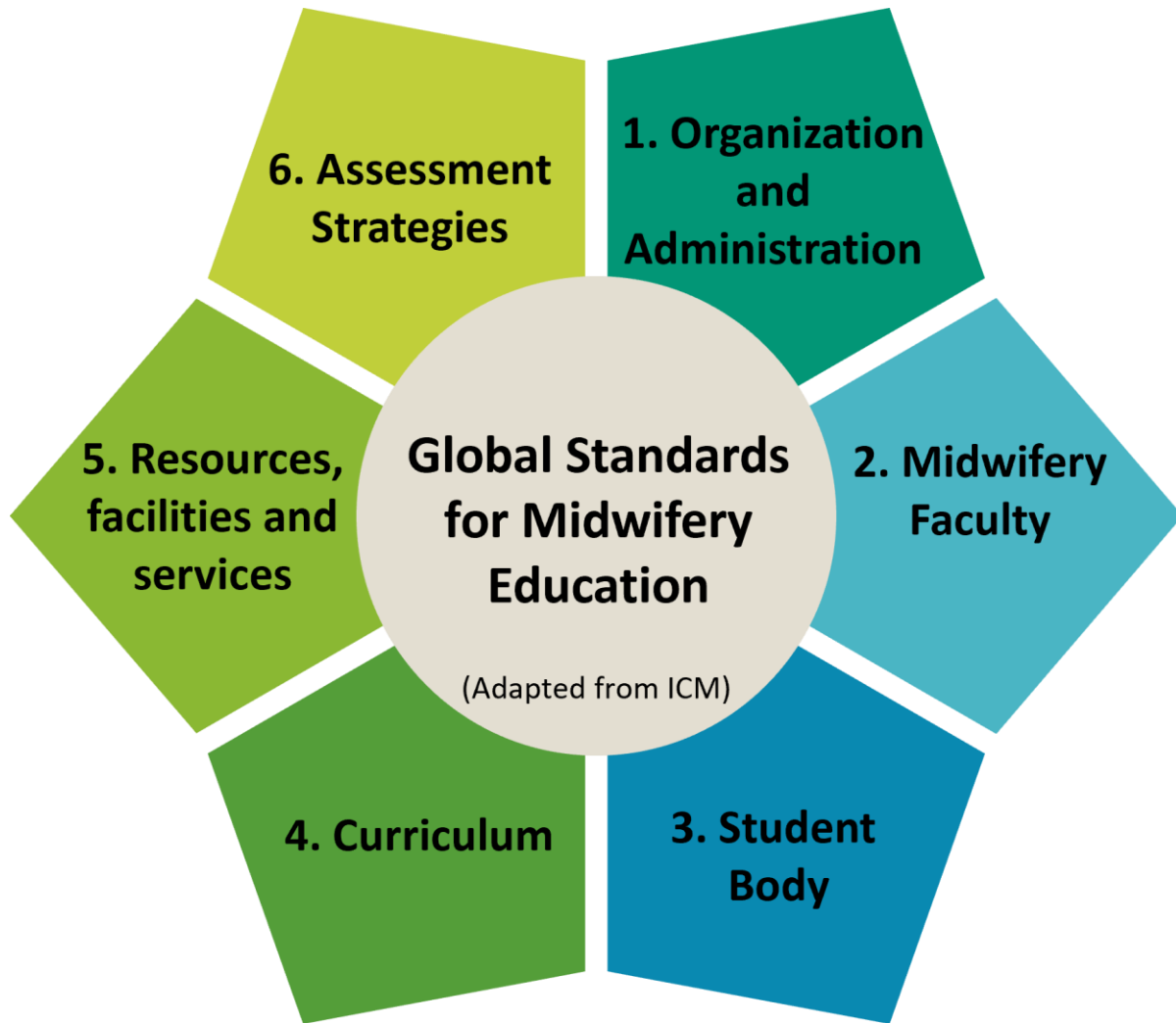
IV. Advancement of Midwifery Knowledge and Practice

- a. Midwives ensure that the advancement of midwifery knowledge is based on activities that protect the rights of women as persons.
- b. Midwives develop and share midwifery knowledge through a variety of processes, such as peer review and research.
- c. Midwives contribute to the formal education of midwifery students and ongoing education of midwives.

(Adapted from (ICM's Philosophy and Model of Midwifery Care, 2014)

CURRICULUM FOR BSM

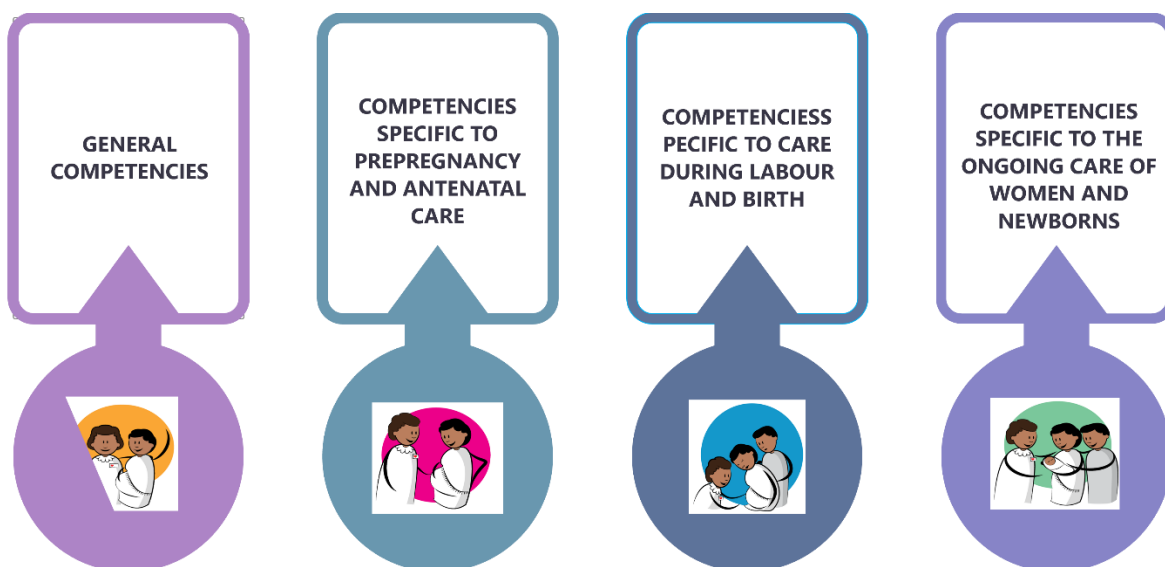
Global Education Standards



Adapted from (ICM's Global Standards for Midwifery Education, 2013)

For detailed version visit (Annexure A)

Essential Core Competencies: (Adopted and adapted from ICM)



1. GENERAL COMPETENCIES

- Assume responsibility for own decisions and actions as an autonomous practitioner
- Assume responsibility for self-care and self-development as a midwife
- Appropriately delegate aspects of care and provide supervision
- Use research to inform practice
- Uphold fundamental human rights of individuals when providing midwifery care
- Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice
- Facilitate women to make individual choices about care
- Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- Facilitate normal birth processes in institutional and community settings, including women's homes
- Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- Prevent and treat common health problems related to reproduction and early life
- Recognise conditions outside midwifery scope of practice and refer appropriately

- Care for women who experience physical and sexual violence and abuse

2. PRE-PREGNANCY AND ANTENATAL

- Provide pre-pregnancy care
- Determine health status of woman
- Assess fetal well-being
- Monitor the progression of pregnancy
- Promote and support health behaviours that improve well being
- Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- Detect, stabilise, manage, and refer women with complicated pregnancies
- Assist the woman and her family to plan for an appropriate place of birth
- Provide care to women with unintended or mistimed pregnancy

3. CARE DURING LABOUR AND BIRTH

- Promote physiologic labour and birth
- Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- Provide care of the newborn immediately after birth

4. ONGOING CARE OF WOMEN AND NEWBORNS

- Provide postnatal care for the healthy woman
- Provide care to healthy newborn infant
- Promote and support breastfeeding
- Detect, treat, and stabilise postnatal complications in woman and refer as necessary Detect, stabilise, and manage
- Provide family planning services

Adapted from (ICM's Essential Core Competencies, 2019)

Faculty Members Qualifications and Experience:

Since this is the first national level Midwifery Higher Educational Program PNC recommended 3 levels:

Short Term: In each province there are Nurse-Midwives who have completed BSM Programs. These midwives in both public and private sectors. These midwives must transfer to the schools/colleges of midwives to teach the curriculum.

Midterm: Meanwhile, the aforementioned cadre also receive the faculty development short courses as continue education and continue teaching.

Long Term: The PNC will again form a national core committee of midwifery experts to develop master's and doctorate level Programs for Midwives who can teach or provide clinical leadership or conduct research.

Faculty Members/Clinical instructors experience: Please refer to ICM Global standards (**Annexure B**)

Faculty Competencies: Faculty members must attain WHO midwifery faculty competencies and maintain WHO midwifery faculty competencies. (**Annexure B**)

Eligibility Criteria

3 years program	4years program
Degree title – Bachelorette studies in Midwifery	Degree title – –Bachelorette studies in Midwifery
Eligibility criteria: Diploma in midwifery/ LHV / CMW.	Eligibility criteria: Intermediate
Education Background Intermediate science/arts/any other equivalent HSSC ref. pg 6 higher education guidelines HEC.	Education background Intermediate science/arts/any other equivalent HSSC ref. pg 6 higher education guidelines HEC.
Valid PNC license	Minimum percentage in Intermediate 50%.
Education Duration 3 years	Education duration 4 years
Age criteria – 18 and above.	Age criteria – 18 and above.
Gender – female	Gender – female

4 years Programme – Course Layout

Year	Semester	Courses	Theory	Clinical	Total
Year 1	Semester 1	<ol style="list-style-type: none"> 1. Foundation for Midwifery 2. Pakistan Studies 3. Anatomy and physiology 4. Midwifery Skills 5. Microbiology 6. English 1 (reading and listening) 			3 credit hours 3 credit hours 3 credit hours 3 credit hours 3 credit hours
					18 Cr.
	Semester 2	<ol style="list-style-type: none"> 1. Information and Communication Technology 2. Communication skills 3. Midwifery Sciences 1 (Bio-Chemistry/Physics) 4. Health assessment for women and newborn 5. Numeracy (Mathematics) 6. Life Cycle Nutrition 			3 credit hours 3 credit hours 3 credit hours 2 credit hours 2 credit hours
					18 Cr.
Year 2	Semester 1	<ol style="list-style-type: none"> 1. Breast feeding and lactation management 1 2. Care during Healthy Pregnancy 3. Midwifery Sciences 2 4. Pharmacology for Midwives 1 5. English 2- (Writing skills) 			3 credit hours 3 credit hours 3 credit hours 3 credit hours
		Midwifery practicum I			18 Cr.
	Semester 2	<ol style="list-style-type: none"> 1. Pharmacology for Midwives 2 2. Care for normal Labour/Birth 3. Breast feeding and lactation management 2 4. Health Education & Counselling 5. Ethics and Laws 			3 credit hours 3 credit hours 3 credit hours 2 credit hours 2 credit hours
					15 Cr.
Year 3	Semester 1	<ol style="list-style-type: none"> 1. Public Health for Midwives 2. Care during Healthy PP/NB & Family 3. English III (Speaking) 4. Respectful Maternity care 5. Family planning and post abortion care 6. Islamiat 			3 credit hours 3 credit hours 3 credit hours 3 credit hours 3 credit hours
		Midwifery practicum II			18 Cr.

	Semester 2	<ol style="list-style-type: none"> 1. Complications during Pregnancy 2. Complications during Labour/Birth 3. Biostatistics for Midwives 4. Sexual & Reproductive Health 5. Cultural diversity and family care 			3 credit hours 3 credit hours 3 credit hours 3 credit hours 3 credit hours
					18 Cr
Year 4	Semester 1	<ol style="list-style-type: none"> 1. Research and Reproductive epidemiology 2. Perinatal Mental Health 3. Early Childhood Development 4. Integrated Management of Childhood Illness & Immunization 5. Complications during PP/NB & Families 			3 credit hours 3 credit hours 3 credit hours
		Midwifery practicum III			18 Cr.
	Semester 2	<ol style="list-style-type: none"> 1. Evidence Based Practicum – Project based 2. Role Transition for midwives 3. Professional Trends and Issues in Midwifery 4. Alternative and complimentary therapies in midwifery 			3 credit hours 3 credit hours 3 credit hours 3 credit hours
					15 Cr.
Total		45 courses			45*3 = 135 credit hours
					135 Cr. Hours

3 years Programme – Course Layout

Year	Semester	Courses	Theory	Clinical	Total
Year 1	Semester 1	7. Pakistan Studies			3 credit hours
		8. Anatomy and physiology			3 credit hours
		9. Microbiology			3 credit hours
		10. English 1 (reading and listening)			3 credit hours
		11. Numeracy (Mathematics)			3 credit hours
		12. Life Cycle Nutrition			3 credit hours
					18 Cr.
	Semester 2	7. Information and Communication Technology			3 credit hours
		8. Communication skills			3 credit hours
		9. Midwifery Sciences 1 (Bio-Chemistry/Physics)			3 credit hours
		10. Health assessment for women and newborn			2 credit hours
		11. Pharmacology for Midwives 1			2 credit hours
					18 Cr.
Year 2	Semester 1	1. Breast feeding and lactation management 1			3 credit hours
		2. Midwifery Sciences 2			3 credit hours
		3. English 2- (Writing skills)			3 credit hours
		4. Health Education & Counselling			3 credit hours
		5. Ethics and Laws)			
		6. Islamiat			
		Midwifery practicum I			18 Cr.
	Semester 2	6. Breast feeding and lactation management 2			3 credit hours
		7. Public Health for Midwives			3 credit hours
		8. English III (Speaking)			2 credit hours
		9. Respectful Maternity care			2 credit hours
		10. Family planning and post abortion care			
		11. Professional Trends and Issues in Midwifery			
					15 Cr.
Year 3	Semester 1	7. Complications during Pregnancy			3 credit hours
		8. Complications during Labour/Birth			3 credit hours
		9. Biostatistics for Midwives			3 credit hours
		10. Sexual & Reproductive Health			3 credit hours

		11. Cultural diversity and family care 12. Alternative and complimentary therapies in midwifery			
		Midwifery practicum II			18 Cr.
	Semester 2	6. Research and Reproductive epidemiology 7. Perinatal Mental Health 8. Early Childhood Development 9. Complications during PP/NB & Families 10. Evidence Based Practicum – Project based			3 credit hours 3 credit hours 3 credit hours 3 credit hours 3 credit hours 3 credit hours
					15 Cr.
	Total				

POLICIES FOR BSM PROGRAMME

Examination

11.1 In each semester, students may be required to appear in quizzes, tests, midterms, final examinations, presentations (individual/group), group discussion, and submit projects/assignments/lab reports etc. These assessment marks (to be determined by the teacher/institution/university concerned) will have different weightage contributing towards the overall assessment in percent marks. The University may decide according to current situation any changes up to 25% for example in pandemics online discussion forums, publications and or pass or fail in clinical where required.

This weightage may be determined on the basis of following guidelines but not limited to:

Nature of Examination Weightage (Min/Max)

- Mid Semester Examinations 20 - 30%
- Assignments/Presentations 10 - 20%
- Final Examination 35 - 40%
- Practical (Objective Structured Clinical Examination/Objective Structured Practical Examination) 10- 25%
- Quizzes (Lab/Theory) 5 - 10% each *if applicable*

In the semester system Faculty awards the grade according to the instructions provided in the Syllabus. Each university will evolve an honor code for Faculty to ensure objectivity, ethical authenticity of grades assigned

Academic Policies For Post Rn Bsn Upon Completion Of Degree

1. Course Credit Calculation

Theory Course of 01 Credit Hours

01 class of 01 hour per week

Practical/Clinical (Lab)Work/Field Work of 01 Credit Hour03 hours per week

The credit hours are denoted by two digits within brackets with a hyphen/plus in between. The first digit represents the theory part while the second (right side) digit represents the practical.

Thus 3(3+0)/3(3-0) means three credit hours of theory, while 4(3+1)/4(3-1) means a total of four credit hours, of which three are of theory while one credit hour is for laboratory/studio work/field work/practical work supervised and graded by the faculty, and 4(1+3)/4(1-3) means a total of four credit hours, of which one is of theory while three credit hours are for laboratory/studio work/field work/practical work as per requirement of discipline.

Academic Calendar

Every university must publish an Undergraduate catalogue including schedule of its whole academic year (including fall, spring semesters), admission requirements, academic programs offered, key financial aid policies of the University and scholarship opportunities for the convenience of students and Faculty members. The calendar will include the following information:

- a. Semester starting date.
- b. Holidays during the semester.
- c. Semester termination date. Mid-Term exam week Final exam week.

Result notification and transcript issues dates.

Each transcript will have course grades, semester Grade point average (GPA) and cumulative GPA (CGPA).e.g. Controller of Examinations will be responsible for issuing the transcripts (and degree supplement form on request) to students and their faculty advisors in a timely manner to facilitate enrollment for the next semester or graduation.

In case a university is closed due to unusual circumstances, then special makeup classes must be arranged converting weekends or holidays to working days to cover the lapsed period of the student's time.

REPEATING COURSES / IMPROVEMENT OF CGPA

The concerned University shall apply the academic policy particular to this issue if any.

ATTENDANCE

Attendance in classes is mandatory especially in a semester system.

Each Institution may develop a policy for minimum attendance 85% in theory and clinical in a course to complete the requirements of a course as per PNC policy.

The faculty will arrange special clinical makeup if a student remains absent from clinical placement due to exceptional cases beyond the control of a student such as serious accidents, family tragedy, serious health ailments and maternity leave etc., by 15% or until the clinical competency is achieved.

The instructor may report a student's absences and the student may be placed on attendance probation by his/her dean/HOD and it will be notified by the department. A student may be dropped from the University for violating the terms of such probation.

Examination/Evaluation System

In each semester, students may be required to appear in quizzes, tests, midterms, final examinations, presentations (individual/group), group discussion, and submit projects/assignments/lab reports etc. These assessment marks (to be determined by the teacher concerned) will have different weightage contributing towards the overall assessment in percent marks. This weightage may be determined on the basis of following guidelines as per HEC examination guidelines page 14.

Nature of Examination	WEIGHTAGE (Min/Max)
Quizzes	5-10%
Mid Semester Examinations	20 - 25%
Assignments/Presentations/ Practical	5-25%
Sessional Examination	10 - 15%
Final Examination	35 - 40%
Total	100

In the beginning of a semester, the Instructor of each course should provide a syllabus providing information to students that defines attendance policy, grade distribution policy, assessment criteria, paper specification, examination dates, schedule of material to be taught, take home assignment policy,

required and recommended reading materials and any other information important for the successful completion of the course and its requirements.

It is university's responsibility to develop examination cell with a nurse educator as a member and the intuitional exams should be prepared from the question bank of the University.

FREEZING OF SEMESTER

If a student freezes a semester(s), s/he will resume his/her studies from the same stage where s/he left (froze). No freezing during the semester will be allowed. The maximum duration of the degree program shall remain the same.

If a student is not enrolled in any course in a semester, s/he will not be considered a regular student of university in that period. The student may then enroll in these courses in a subsequent semester; however, s/he will have to meet pre-requisites of any course taken. In addition, it is understood that the university is not required to offer all courses in each semester.

In special hardship cases, the University may develop any criteria for freezing a semester with the prior permission of the Vice Chancellor. Medical certificate must be duly signed by the University Medical Officer.

The duration of Freezing is one year; a candidate who gets a semester freeze can get readmission next year with upcoming session but hardship cases can be considered by the competent authority only.

Under special *hardship circumstances freezing of first semester can be considered by the approval of competent authority.

- Maternity/Delivery
- Death in the immediate family Any other subject to acceptance on justified rationale.

Note: Freezing of Semester will only be allowed after successful completion of 1st Semester as prerequisite as the case may be for other semester's predecessor to the freezing Semester.

PROBATION

Probation is a status granted to the student whose academic performance falls below the minimum University standard.

The students acquiring less than 2.00/4.00 GPA in a semester but passing in all papers will be promoted but placed on probation for the next semester with the condition to achieve more than 2.0 GPA in the next semester.

The students acquiring GPA 1.7 and above but failing in any paper(s) will be placed on probation and promoted to the next semester conditionally. They may have to register for summer session to improve the grade if University offers.

Students acquiring GPA less than 1.7 in two consecutive semesters and/or failing in any paper(s) even after attending summer semester for one academic year will be dropped from university rolls. However, s/he will be eligible to seek re-admission.

Re-admission will be allowed only once during 2 years BS degree program. Re- admission will be allowed after the payment of full admission fee and the student will be considered as external candidate

Students on probation in two consecutive semesters even after attending Summer Semester in one academic year will take re-admission in that particular academic year once only.

There will be maximum of one academic probation in a Two-year Bachelor degree program.

In case of valid reason / excuse, the period of study may be extended for one additional year (Two Semesters) in all university programs. The student(s) who will not complete studies within stated periods including extension shall be struck off from the rolls of the university. The students who have been given the right to extend the duration of study for one additional year are required to pay new registration fee along with normal fee for that academic year.

It is also mandatory to obtain at least 60% marks in Practicals, Projects, Assignments, Test and Theory Paper separately.

FORMAT OF FINAL TRANSCRIPT

The Higher Education Institutions (HEIs) ensure that the final transcript for the award of degree includes following information:

Front Side:

Name of Student Father's Name Date of Birth

Registration No. /Roll No. Name of the Programme

Date of Admission into Degree Program Semester Wise Break-up with Dates Subjects Detail along with Credit Hours

Type of Enrollment – Full Time or Part Time Picture of the Applicant be Printed on Transcript Date of Completion of Degree Requirements

Mode of Study – Regular or Blended

Online Result Verification Key/ID (Front Side at the End of the Transcript)

GPA/CGPA and Overall Percentage against earned CGPA (at the End of the front side of Transcript)
Back Side:

- o Basic Admission Requirement of the Programme
- o Previous Degree held by the Student along with Institution Name
- o Credit Hours Exempted/Transferred if any/applicable.
- o CNIC No. for Pakistani and Passport No. for Foreign Students
- o Grading System must be mentioned on Back Side of the Transcript
- o Charter Date of the University/DAI may be mentioned
- o Name of Campus/College be mentioned along with HEC Permission Date
- o Signature of Issuing Officer(s) (Front and Back Side at the end of the Transcript)

The diploma/transcript must have the water-mark seal on it.

Reference: Final Examination Policy Guidelines Higher Education Commission (p-22-23)

Full Time Students

A minimum of 2.00/4.00 CGPA is required to progress however the institutional academic rules for the minimum criteria may be applied for implementation.

If at the end of any term a student has a cumulative grade point average (CGPA) of less than 2.00, the student will be placed on academic probation.

Re-sit Policy

Students will be permitted to take only one re-sit examination at the end of the semester, for each of the courses they have failed or, if they receive less than 60% marks

After the re-sit examination, the maximum grade that the student will be given is the “C” (60%), irrespective of marks obtained

Students failing one core and one science subject will be allowed for re-sit. Students failing two Science subjects will be allowed for re-sit

Student failing two core subjects shall repeat the semester and not eligible for Re-sit exam

Incomplete

A letter “I” may be reported only if:

The unfinished part of the student's work is not more than 40%.

The student's standing in the course is satisfactory till the midterm evaluation.

The work is unfinished for reasons acceptable to the faculty; such as medical, other personal/family emergencies.

The “Incomplete” status must be removed by completing the unfinished part of the work, within 2 weeks, or as arranged with the faculty, after the end of the semester. A letter grade will be given once all the course work is completed.

No further extension will be awarded if the student does not complete the work within the stipulated time period and “I” will be converted into “F”. The student will be required to re- take the course.

Dismissal

Students will be asked to withdraw from the programme if they do not meet the following professional and academic standards:

Every student has to follow ethical and professional standards defined by the institute's Student Code of Conduct and Disciplinary Procedures and the PNC Code of Ethics Documented infringements of these codes can result in dismissal from the school.

Students will be dismissed from the programme if they are: Unsuccessful in a course which is repeated

Failing more than one course and given the re-sit; and is unsuccessful in any of the re- sit exam

Unable to clear probation

Unable to observe academic honesty Unprofessional and unsafe clinical practice

Unable to achieve CGPA of 2.00 at the end of any semester.

Leaves

In each academic year, students are allowed to take the following leaves:

Annual leave as per schedule semester break of the institution. Students are allowed to take 4 weeks of annual leave and remaining break time must be utilized for clinical practicum and/or deficiency courses.

Sick leave up to 7 days/year (Leave exceeding seven days will need to be made up from the annual leave, after consultation with the year/programme coordinator).

Special leave for a maximum of five days/year for a student's own marriage may be granted upon a written request to the year/programme coordinator and programme director. It is the responsibility of the student to catch up with the missed contents. For completion of clinical hours student will contact the course and year coordinator.

Compassionate leave

Compassionate leave of three days may be granted only in the case of death of an immediate family member.

One week compassionate leave will be provided to students, living out of city where the institution is situated.

Students should request this leave in writing to the Year Coordinator.

It is the responsibility of the students to work on the missed contents of the classes in consultation with the respective course coordinators. For completion of clinical hours student will contact the course and year coordinator.

Maternity/Paternal leave

Maternity leave will be granted to students at their request. Student must discuss the Maternity leave plan with the Year Coordinator at their earliest.

Maternity leave will be provided for up to 12 weeks. Since Maternity Leave is likely to affect successful completion of courses in the semester, students availing this leave will be excused from the Semester and will have to resume classes in the following semester/year. This will mean that the duration of program will be extended.

Absenteeism/ without Information Leave

Student who cannot attend a class or clinical during the semester, due to an emergency, should notify the concerned faculty or year coordinator prior to the class or clinical.

In exceptional circumstances, they may inform by 0900 hours. If student fails to inform before 0900 hours then s/he needs to submit reason of absence in writing to the year/class coordinator.

A student who is sick must be seen by a physician assigned for the students by the institution. It is the student's responsibility to submit the sick leave certificate to the year coordinator within 24 hours of resumption. This certificate must be from concerned institute Doctor if in case of a certificate from outside it must be verified by the Institutional Doctor

In case of an emergency, the student is expected to inform the year or programme coordinator and to submit a formal note upon his or her return.

4 years programme – Course Layout

S#	Semester 1	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Foundation for Midwifery				3.00
2	Pakistan Studies				3.00
3	Anatomy and physiology				3.00
4	Midwifery Skills				3.00
5	Microbiology				
6	English 1 (reading and listening)				3.00
	Total				18.00

S#	Semester 2	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Information and Communication Technology				3.00
2	Communication skills				3.00
3	Midwifery Sciences 1 (Bio-Chemistry/ Physics)				3.00
4	Health assessment for women and newborn				3.00
5	Numeracy (Mathematics)				2.00
6	Life Cycle Nutrition				2.00
	Total				16.00

S#	Semester 3	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Breast feeding and lactation management 1				3.00
2	Care during Healthy Pregnancy				3.00
3	Midwifery Sciences 2				3.00
4	Pharmacology for Midwives 1				3.00
5	English 2- (Writing skills)				3.00
	Total				15.00

S#	Semester 4	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Pharmacology for Midwives 2				3.00
2	Care for normal Labour/Birth				3.00
3	Breast feeding and lactation management 2				3.00
4	Health Education & Counselling				2.00
5	Ethics and Laws				2.00
	Total				13.00

S#	Semester 5	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Public Health for Midwives				3.00
2	Care during Healthy PP/NB & Family				3.00
3	English III (Speaking)				3.00
4	Respectful Maternity care				3.00
5	Family planning and post abortion care				
6	Islamiat				3.00
	Total				15.00

S#	Semester 6	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Complications during Pregnancy				3.00
2	Complications during Labour/Birth				3.00
3	Biostatistics for Midwives				3.00
4	Sexual & Reproductive Health				3.00
5	Cultural diversity and family care				3.00
6	Complications during Pregnancy				3.00
	Total				15.00

S#	Semester 7	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Research and Reproductive epidemiology				3.00
2	Perinatal Mental Health				3.00
3	Early Childhood Development				3.00
4	Integrated Management of Childhood Illness & Immunization				3.00
5	Complications during PP/NB & Families				3.00
	Total				15.00

S#	Semester 8	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Evidence Based Practicum – Project based				3.00
2	Role Transition for midwives				3.00
3	Professional Trends and Issues in Midwifery				3.00
4	Alternative and complimentary therapies in midwifery				3.00
	Total				12.00

3 years programme – Course Layout

S#	Semester 1	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Pakistan Studies				3.00
2	Anatomy and physiology				3.00
3	Microbiology				3.00
4	English 1 (reading and listening)				3.00
5	Numeracy (Mathematics)				3.00
6	Life Cycle Nutrition				3.00
	Total				18.00

S#	Semester 2	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Information and Communication Technology				3.00
2	Communication skills				3.00
3	Midwifery Sciences 1 (Bio-Chemistry/Physics)				3.00
4	Health assessment for women and newborn				2.00
5	Pharmacology for Midwives 1				2.00
	Total				13.00

S#	Semester 3	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Breast feeding and lactation management 1				3.00
2	Midwifery Sciences 2				3.00
3	English 2- (Writing skills				3.00
4	Health Education & Counselling				3.00
5	Ethics and Laws)				3.00
	Total				15.00

S#	Semester 4	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Breast feeding and lactation management 2				3.00
2	Public Health for Midwives				3.00
3	English III (Speaking)				3.00
4	Respectful Maternity care				3.00
5	Family planning and post abortion care				2.00
6	Professional Trends and Issues in Midwifery				2.00
	Total				16.00

S#	Semester 5	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Complications during Pregnancy				3.00
2	Complications during Labour/Birth				3.00
3	Biostatistics for Midwives				3.00
4	Sexual & Reproductive Health				3.00
5	Cultural diversity and family care				3.00
6	Alternative and complimentary therapies in midwifery				3.00
	Total				18.00

S#	Semester 6	Theory	Clinical	Skills/Lab	Total Credit
	Course Title				
1	Research and Reproductive epidemiology				3.00
2	Perinatal Mental Health				3.00
3	Early Childhood Development				3.00
4	Complications during PP/NB & Families				3.00
5	Evidence Based Practicum – Project based				3.00
	Total				15.00

Annexure A

Bill of Rights for Women and Midwives (adapted from ICM)

The Bill of Rights for Women and Midwives addresses those basic human rights of women and midwives that have been systematically denied and adds another framework to approach governments when demanding change to improve midwifery and maternity services.

Recognition and support of the ICM's vision, mission, philosophy and standards by governments will enable nations to meet the United Nation's Sustainable Development Goals. Specifically:

Goal 3: Ensure healthy lives and promote well-being for all at all ages,

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births,
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 5 – Achieve gender equality and empower all women and girls

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

ICM believes women have a right to a midwife as the most appropriate care provider in most situations and midwives have a right to obtain adequate education, regulations to foster their practice and associations to forward their mission.

Bill of Rights

In keeping with other similar documents, the ICM believes that there should be recognition of the following as basic human rights for women and midwives across the globe; namely that:

Women's Rights

1. Every woman has the right to receive care in childbirth from an autonomous and competent midwife
2. Every newborn baby has the right to a healthy and well informed mother
3. Every woman has a right to be respected as a person of value and worth
4. Every woman has a right to security of her body
5. Every woman has a right to be free from any form of discrimination
6. Every woman has a right to up-to-date health information
7. Every woman has a right to participate actively in decisions about her health care and to offer informed consent
8. Every woman has a right to privacy
9. Every woman has a right to choose the place where she gives birth

Midwives' Rights

1. Every midwife has the right to a midwifery-specific education that will enable her to develop and maintain competency as a midwife
2. Every midwife has the right to practise on her own responsibility within the International Confederation of Midwives definition and scope of practice of a midwife
3. Every midwife has the right to be recognised, respected and supported as a health Professional.

Women's and Midwives' Rights

1. Midwives and women have the right to a system of regulation that will ensure a safe, competent and autonomous midwifery workforce for women and their babies.
2. Midwives and women have the right to national midwifery workforce planning to ensure sufficient midwives to meet the needs of women and babies
3. Women and midwives have the right to be respected by governments and government institutions for health and education
4. The midwifery profession has the right to be recognised as a separate and distinct Profession.

Annexure B

International Confederation of Midwives

Global Standards for Midwifery Education (2010) Amended 2013

Introduction

The ICM *Global Standards for Midwifery Education (2010)* are one of the essential pillars of ICM's efforts to strengthen midwifery worldwide by preparing fully qualified¹ midwives to provide high quality, evidence-based health services for women, newborns, and childbearing families. ICM's pillars include updated core competencies for basic midwifery practice, midwifery education, midwifery regulation and strong midwifery associations. The education standards were developed in tandem with the update of the *Essential Competencies for Basic Midwifery Practice (2010)* as these competencies define the core content of any midwifery education programme. The education standards were also completed in harmony with midwifery standards of practice and regulation (See web links to these other documents). The Education standards are founded upon the guiding principles and core documents of the ICM that are listed in Key References at the end of this document.

The midwifery education standards* were developed globally using a modified Delphi survey process during 2009-2010 and represent the **minimum** expected for a quality midwifery programme, with emphasis on competency-based education rather than academic degrees. Companion Guidelines were also developed to address the following questions: "What is needed to implement each standard (suggested guidelines)?" and "How does one determine whether the standard has been met (evidence needed)?" A glossary of key terms used throughout the Standards is offered to assist in understanding.

*[The definition of **standard** used in this document is "a norm/uniform reference point that describes the required level of achievement (performance) for quality midwifery education"]

Preface to the Standards Purposes of Midwifery Education Standards

Having global standards for midwifery education available to countries and regions, most especially those without such standards currently, will help to set benchmarks for the preparation of a midwife based on global norms. Standards also help to define the expectations for performance (competencies) and scope of midwifery practice for a given country or region needed to promote the health of women and childbearing families. These minimal education standards can be expanded to include higher expectations and to reflect country specific needs for curriculum content and cultural appropriateness.

Specifically, the purposes of midwifery education standards are to:

- Hold the midwifery programme accountable to the public – the profession, consumers, employers, students – and to one another by ensuring that midwifery programmes have philosophy statements, goals and outcomes that prepare individuals as fully qualified midwives;
- Provide the framework for designing, implementing and evaluating the ongoing quality of a midwifery education programme;
- Promote an education process to prepare midwives who have all the essential ICM competencies for basic midwifery practise as well as additional competencies based on individual country needs;
- Promote safe midwifery practise and quality midwifery care for women and their families;
- Reinforce the autonomy of the profession of midwifery and midwives as autonomous practitioners; and
- Foster continuing improvement in midwifery programmes and thereby, in practise.

ICM Education Standards: A Value-Based Initiative

The founding values and principles upon which these standards have been developed are as follows.

The founding values include:

- Fostering **trust** in the midwifery education processes through the global development of midwifery education standards by midwives and a select panel of experts
- Stimulating and supporting **continuous quality improvement** in midwifery programmes and their outcomes
- Maintaining **integrity** through a consistent, fair and honest education process
- Fostering an education climate that supports students, graduates and faculty in their pursuit of **life-long learning**
- Promoting **autonomy** of the profession of midwifery, midwives, and midwifery programmes

The founding principles include agreement that there is:

- Congruence with current core ICM documents, and position statements relating to the preparation of a fully qualified, competent midwife and midwifery teachers
- Commitment to engagement in self-evaluation of personnel, procedures and services to maintain quality and 'fit-for-purpose' programmes in a given country

Intended Use of the Standards

ICM developed the *Global Standards for Midwifery Education* to assist primarily three groups of users: 1) countries who do not yet have basic midwifery education but are wanting to establish such programmes to meet country needs for qualified health personnel, 2) countries with basic midwifery education programmes that vary in content and quality who wish to improve and/or standardize the quality of their midwifery programme(s), and 3) countries with existing standards for midwifery education who may wish to compare the quality of their programme to these **minimum** standards. ICM expects that those countries whose current standards exceed these minimum standards will continue to offer the higher level of preparation for midwives in their region.

It is anticipated that these global standards for midwifery education will be used by governments, policy-makers, ministries of health and education, and health care systems as well as midwives and midwifery associations. The shared goal is that competent midwives will be prepared and available to meet the health needs of the population, particularly women and childbearing families.

It is understood that some countries wishing to start and/or upgrade their preparation of midwives who are educated and trained to proficiency in the ICM *Essential Competencies for Basic Midwifery Practice (2010)* may not be able to attain every one of the minimum standards initially – especially in areas where sufficient qualified midwife teachers or learning resources are not yet available. It is expected that such countries will work collaboratively with government agencies, education institutions, donors and midwifery consultants to develop a plan for attaining or exceeding all the education standards. Midwives will work with policy-makers in each country to determine the time frame for implementation of these global standards.

Contact and Support

The ICM Education Standing Committee (ESC) is the primary resource group for these standards and guidelines, and can be contacted through ICM Headquarters or under Standing Committees section of this website: www.internationalmidwives.org/who-we-are/standing-committees/standing-committee/education/

Summary

The *Global Standards for Midwifery Education (2010)* and *Companion Guidelines* are living documents. They will undergo continual evaluation and amendment as the evidence concerning midwifery education and the health care needs of childbearing women and families change. The *Glossary of Terms* for the standards were agreed globally and in collaboration with the essential competency and regulation task forces. It is vital to use the three documents together for maximum understanding, beginning with the *Glossary*, then the *Global Standards for Midwifery Education*, followed by a review of the *Companion Guidelines*.

ICM Global Standards for Midwifery Education (2010)

I. Organization and Administration

- I.1. The host institution/agency/branch of government supports the philosophy, aims and objectives of the midwifery education programme.
- 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.
- I.3. The midwifery school/programme has a designated budget and budget control that meets programme needs.
- I.4. The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education programme.
- I.5. The head of the midwifery programme is a qualified midwife teacher with experience in management/administration.
- I.6. The midwifery programme takes into account national and international policies and standards to meet maternity workforce needs.

II. Midwifery Faculty

- II.1. The midwifery faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines as needed.
- II.2. The midwife teacher:
 - II.2.a. has formal preparation in midwifery;
 - II.2.b. demonstrates competency in midwifery practise, generally accomplished with two (2) years full scope practise;
 - II.2.c. holds a current license/registration or other form of legal recognition to practise midwifery;
 - II.2.d. has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position; and
 - II.2.e. maintains competence in midwifery practise and education.
- II.3. The midwife clinical preceptor/clinical teacher:
 - II.3.a. is qualified according to the ICM *Definition of a midwife*;

- II.3.b.** demonstrates competency in midwifery practise, generally accomplished with two (2) years full scope practise;
- II.3.c.** maintains competency in midwifery practise and clinical education;
- II.3.d.** holds a current license/registration or other form of legal recognition to practise midwifery; and
- II.3.e.** has formal preparation for clinical teaching or undertakes such preparation.
- II.4.** Individuals from other disciplines who teach in the midwifery programme are competent in the content they teach.
- II.5.** Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.
- II.6.** Midwife teachers and midwife clinical preceptors/clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.
- 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.
- II.8.** The effectiveness of midwifery faculty members is assessed on a regular basis following an established process.

III. Student Body

- III.1.** The midwifery programme has clearly written admission policies that are accessible to potential applicants. These policies include:
 - III.1.a.** entry requirements, including minimum requirement of completion of secondary education;
 - III.1.b.** a transparent recruitment process;
 - III.1.c.** selection process and criteria for acceptance; and
 - III.1.d.** mechanisms for taking account of prior learning.
- III.2.** Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion).
- III.3.** Eligible midwifery candidates are admitted in keeping with national health care policies and maternity workforce plans.
- III.4.** The midwifery programme has clearly written student policies that include:
 - III.4.a.** expectations of students in classroom and practical areas;

- III.4.b. statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances;
 - III.4.c. mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum, midwifery faculty, and the midwifery programme; and
 - III.4.d. requirements for successful completion of the midwifery programme.
- III.5. Mechanisms exist for the student's active participation in midwifery programme governance and committees.
- 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*.
- III.7. Students provide midwifery care primarily under the supervision of a midwife teacher or midwifery clinical preceptor/clinical teacher.

IV. Curriculum

- IV.1. The philosophy of the midwifery education programme is consistent with the ICM *Philosophy and model of care*.
- IV.2. The purpose of the midwifery education programme is to produce a competent midwife who:
- IV.2.a. has attained/demonstrated, at a minimum, the current ICM *Essential competencies for basic midwifery practice*;
 - 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;
 - IV.2.c. is eligible to apply for advanced education; and
 - 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 practise within the jurisdiction where legally recognized.
- IV.3. The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practise in accord with ICM core documents.
- IV.4. The midwifery curriculum includes both theory and practise elements with a minimum of 40% theory and a minimum of 50% practise.²
-

IV 4.a. Minimum length of a direct-entry midwifery education programme is three (3) years

IV4.b. Minimum length of a post-nursing/health care provider (post-registration) midwifery education programme is eighteen (18) months

- IV.5.** The midwifery programme uses evidence-based approaches to teaching and learning that promote adult learning and competency based education.
- IV.6.** The midwifery programme offers opportunities for multidisciplinary content and learning experiences that complement the midwifery content.

v. Resources, facilities, and services

- V.1.** The midwifery programme implements written policies that address student and teacher safety and wellbeing in teaching and learning environments.
- V.2.** The midwifery programme has sufficient teaching and learning resources to meet programme needs.
- V.3.** The midwifery programme has adequate human resources to support both classroom/theoretical and practical learning.
- 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.
- V.5.** Selection criteria for appropriate midwifery practical learning sites are clearly written and implemented.

vi. Assessment Strategies

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

- 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.
- VI.4.** Midwifery faculty conducts ongoing review of practical learning sites and their suitability for student learning/experience in relation to expected learning outcomes.
- VI.5.** Periodic external review of programme effectiveness takes place.

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