

# A guide to nursing and midwifery education standards



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# Preface

Nursing and midwifery education is the foundation of a qualified and competent nursing and midwifery workforce. Improving the quality of nursing and midwifery education and training is an important way of strengthening health systems. This is approached principally by establishing standards for professional education, assuring quality educational processes and institutions, and accrediting institutions offering educational programmes for initial, specialist and advanced professional education.

The World Health Organization (WHO) established the first regional education standards in nursing and midwifery in 1998 (1). Since then, these standards, supported by prototype curricula for nursing at the technical and professional levels, have been used across the WHO Eastern Mediterranean Region as nursing education has grown and advanced. More recently, in 2009, WHO published global standards for the initial education of professional nurses and midwives (2). These regional standards take into account the concepts and directions provided by the global standards.

As in many other parts of the world, there is growing concern about the fitness of health professionals graduating from educational institutions to provide quality professional services, and about the capacity of educational programmes to graduate nurses and midwives with the right set of competencies, and with the ethical and professional values expected of them. Throughout the Region, rapid expansion and progress are taking place in health care systems and in the application of the nursing and health sciences. Countries are experiencing major changes in their disease and demographic profiles, new and emerging health priorities and rapid societal change. Fifteen years after the first nursing education standards were applied in the Region, it was considered timely to revisit them and to review and revise the prototype curricula for nursing. This publication is the outcome of the review of the standards for nursing and midwifery education.

The International Council of Nurses defines a standard as the desirable and achievable level of performance against which actual practice is compared (3). WHO believes that educational standards should serve to: promote the progressive nature of education and lifelong learning; and ensure the employment of practitioners who are competent and who, by providing quality care, promote positive health outcomes in the populations they serve (1).

The aim of this publication is to support the establishment of systems that promote improvement in the quality of nursing education in the Region. It sets out a number of agreed regional nursing education standards, associated quality criteria and sources of evidence, and discusses the key principles underpinning the standards.

It is intended as a tool to:

- support the establishment of national nursing education standards;
- promote greater national and regional uniformity in the quality of nursing education;
- provide guidelines in setting up quality improvement systems at the institutional and programme levels; and
- inform the development of accreditation processes for nursing education.

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# Guiding principles

The development of the regional nursing standards is underpinned by seven guiding principles.<sup>1</sup>

## 1. Purpose

*Standards should be designed to achieve a stated purpose.*

Education standards should ensure that education programmes prepare graduates who are capable of critical thinking and problem-solving, and capable of functioning as competent, ethical care providers. In addition the educational experience should promote the capacity to become a self-directed, life-long learner.

## 2. Universality

*Standards should promote consistency in the quality of education at the national and region levels.*

## 3. Relevance

*Standards should address areas deemed important and pertinent and can be applied.*

Standards should reflect a response to the major trends in society, in particular those affecting health, scientific and health knowledge and technology and their impact on the health needs of society, local communities, and the health system. The curriculum and learning experiences should be built on the competencies internationally established as being required to practise competently, ethically and appropriately in the practice context in which graduates will be expected to work. Programme evaluation should focus on establishing the relevance of the governance structure; programme content and competencies to be achieved; teaching/learning methods selected; and assessment approaches employed.

## 4. Coherence and consistency

*Standards should promote consistent, coherent and logical approaches to the design, content and delivery of educational experiences.*

Programmes and other educational experiences maintain their integrity by using consistent processes. The components of a programme (curriculum, mode of delivery, the student) should support and build upon other parts, thereby promoting the achievement of educational outcomes.

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<sup>1</sup> Adapted from references (4) and (5)



## 5. Flexibility

*Standards should be explicit enough to achieve their objective while allowing the flexibility to adapt to the local context, innovations, growth and change.*

Broad guidance should be provided on required curriculum content; teaching/learning approaches; educator specifications and learning resource requirements rather than over-detailed prescription of procedures and curriculum content. Diversity of approach is encouraged and seen as a legitimate way to reach educational outcomes. The focus should be on the educational outcomes desired rather than specific subject content.

## 6. Quality

*Standards should support the ongoing improvement of the educational programmes.*

A continual quality improvement system, combined with regular internal and external review of the institution and the programmes, serves to strengthen the management and quality of the educational process and outcomes, and provides a check on the level of adherence to the required standards.

## 7. Collaboration

*Standards should foster collaboration among those involved in the various aspects of the professional education of nurses/midwives.*

The educational process (e.g. in standard-setting; supervision; in the governance process; provision of clinical learning sites) should involve key stakeholders –the profession itself, government, the public, employers, educational institutions, students and other health professions – in appropriate and timely ways. Appropriate participation by these groups in standard setting is desirable.

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# Standards for nursing and midwifery education

The regional standards for nursing and midwifery education represent a set of essential standards and related quality criteria that indicate a satisfactory standard has been achieved by the educational institution and the programmes that have been evaluated.

The approach used to express the standards is as follows:

- a broad statement of the standard;
- a set of quality criteria or indicators related to the standard statement;
- examples of what sources can be used to gather evidence to evaluate how well a standard is being met.

Six standards have been identified for the Region.

1. The governance structure promotes autonomy, advances goals and is capable of establishing policies in accordance with the vision, mission and goals of the institution.<sup>2</sup>
2. An administrative structure exists with responsibility for carrying out the policies of the institution in accordance with the vision, mission, goal and objectives of the organization.
3. The teaching, learning and organizational environment is conducive to academic achievement and to the professional and personal development of students.
4. Graduates of the programme are prepared to practise according to professional practice and ethical standards and have achieved the competencies required for the entry level nurse or midwife, or to practise in a speciality role as defined by the national regulatory body or other appropriate body.
5. Educators in sufficient numbers have the required competencies to manage, teach, facilitate learning, advance educational programmes and carry out relevant research.
6. The infrastructure and teaching/learning resources are sufficient to allow the fulfilment of institutional and programme goals.

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<sup>2</sup> In some cases the entity providing the nursing and midwifery education may be a department, unit or faculty of a larger institution, such as a university or college.



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# Quality criteria and evidence

## Standard I

The governance structure promotes autonomy, advances goals and is capable of establishing policies in accordance with the vision, mission and goals of the institution.

### Quality criteria

- 1.1 A governing body with representation from key stakeholders, academic and administrative staff and the student body sets strategic directions and institutional policies, provides oversight with respect to the fiscal and administrative management of the institution, and accepts accountability for decisions made.
- 1.2 The vision and mission are clearly stated and are congruent with the institutional goals of the parent institution, where applicable.
- 1.3 The institutional organizational charts reflect the governance structure and lines of responsibility.
- 1.4 The institution is allocated its own budget and the governing body is responsible for fiscal planning and control.
- 1.5 Academic and professional leadership is provided by nurses and midwives with the required professional education, graduate academic qualifications, and proven leadership and management skills.
- 1.6 Institutional goals are achieved through the activities in the institutional strategic plan.
- 1.7 External linkages with other institutions or bodies reflect shared partnership values and recognition by the wider academic and professional community.
- 1.8 Where possible, the institution and educational programmes are accredited by recognized national academic and professional regulatory bodies (external quality assurance).

- 1.9 The academic administrators and educators/academic staff of the nursing and midwifery school are responsible for, and have freedom to design, curricula and allocate the resources necessary for implementation.

## **Examples of possible sources of evidence**

1. Governing body: functions and membership
2. Board handbook
3. Meeting minutes
4. Board policies
5. Strategic plan
6. Budget documents
7. Interviews with governing body chair and selected board members
8. Institutional policies that confer responsibility for the curriculum, allocation of resources, staff appointment and termination and student selection to the institution
9. Memoranda of understanding and agreements related to partnerships and the collaboration

## **Standard 2**

An administrative structure exists with responsibility for carrying out the policies of the institution in accordance with the vision, mission, goal and objectives of the organization.

### **Quality criteria**

- 2.1 Vision, mission and institutional goals are visibly posted and understood by academic, administrative and support staff and students.
- 2.2 Institutional committees with responsibilities related to the administration of the institution (human, fiscal, facility and material resources management); implementation and monitoring of programmes; and other institutional activities hold regular meetings, record minutes, and communicate pertinent information to staff and others in a timely manner.

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- 2.3 Administrative and support staff are adequate in number and competent in their work.
  - 2.4 Policies related to core functions (e.g. personnel, budget, student admissions, graduation, student termination, student assessment, programme evaluation, records) are current and periodically updated.
  - 2.5 Human resources policies and management system are in place for recruitment, deployment retention and dismissal of staff, and include job descriptions, staff appraisals, staff development programmes, promotion and other forms of recognition.
  - 2.6 The budget policy is clear and coherent and staff members are active and informed participants in the budgeting process so that educational programmes are appropriately resourced.
  - 2.7 A programme for continual quality improvement is in place through
    - a) continuous systematic monitoring and auditing of institutional and programme performance, and
    - b) regular external review of the institution and programmes.
  - 2.8 The quality assurance processes, including internal and external reviews, involve administrators, educators, students, graduates and other stakeholders.

### **Examples of possible sources of evidence**

1. Organizational chart displaying the organizational structure and relationships
2. Committees, membership and terms of reference
3. Committee minutes
4. Job descriptions
5. Budget documents
6. Written personnel policies and procedures, e.g. staff recruitment and termination, staff development, promotion and tenure, record keeping
7. A quality assurance (QA) committee is functioning with responsibility for internal and external institutional and programme evaluation processes
8. Written QA policies
9. QA reports for past two years, and tools used for auditing and reviewing programmes and infrastructure

10. Results of graduate satisfaction level from different sources, e.g. surveys of graduates, employers, public perceptions
11. Accreditation status
12. Interviews with faculty, administrative and support staff related to the organizational structure and processes

## Standard 3

The teaching, learning and organizational environment is conducive to academic achievement and to the professional and personal development of students.

### Quality criteria

- 3.1 The size of the student intake is defined and related to the capacity of the programmes (e.g. class size, educator:student ratios, capacity of the clinical placements, teaching/learning resources) and regularly reviewed and adjusted in consultation with relevant stakeholders.
- 3.2 Student recruitment strategies are designed to attract best qualified students in sufficient numbers.
- 3.3 Admission policy includes a clear statement of academic requirements that meet national criteria for higher education institutions and programmes, as well as the physical health of the student and other admission requirements.
- 3.4 Selection procedures are clearly set out, and processes are transparent and fair.
- 3.5 The institution has a system and policy in place that takes into account different entry points of students, recognition of their prior learning, experience and progression options toward higher education goals.
- 3.6 Students have direct and adequate representation on decision-making structures within the institution.
- 3.7 Students have access to support services administered by qualified individuals, which include, but are not limited, to health, counselling, academic advice, career placement and financial aid.
- 3.8 A qualified academic adviser arranges time for students to meet her/him and advise them at least once a term.

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- 3.9 There is a fair and transparent student complaints and appeals process.
  - 3.10 A mechanism is in place to promote positive professional behaviour and a process for dealing with concerns about students' profession-related conduct is functioning.
  - 3.11 Student organizations and activities are encouraged and facilitated supported by resources (e.g. access to sports facilities, meeting and activity spaces).

### **Examples of possible sources of evidence**

- 1. Written academic/administrative policies and procedures, e.g. related to student recruitment, admission, termination, graduation; student academic advice and counselling; complaints and appeals
- 2. Available internal and external financial support/scholarships
- 3. Ways used to recognize student excellence
- 4. Information regarding satisfaction of students, educators, counsellors and employers using a variety of methods to collect information (e.g. interviews/ focus groups).
- 5. Recruitment materials and examples of recruitment activities
- 6. Institution and programme catalogues, web site
- 7. Minutes of student committees
- 8. Student handbook
- 9. Programme of student-led activities
- 10. Visit to student health services and/or interview with person responsible for student health services

## **Standard 4**

Graduates of the programme are prepared to practise according to professional practice and ethical standards and have achieved the competencies required for the entry level nurse, or midwife, or to practise in a speciality role as defined by the national regulatory body or other appropriate body.

### **Quality criteria**

- 4.1 The curriculum document describes the full programme of study, addresses health priorities, population and community needs, as well as the core values,



approaches to incorporating cultural and gender sensitivity and human rights approaches, the knowledge base and skills of the profession, and the educational process to be followed.

- 4.2 The curriculum prepares graduates to meet the standards for professional licensure/registration and work within the scope of practice as established by the national professional regulatory body.
- 4.3 Educational outcomes are realistic and comprehensive, and reflect the stage of development of the learners.
- 4.4 The curriculum demonstrates coherence and consistency of content with clearly stated intended educational outcomes.
- 4.5 The balance between the theory and clinical education components is appropriate to the type of programme and competencies that are required to graduate.
- 4.6 The curriculum specifies learning outcomes and content area for all courses.
- 4.7 The curriculum design and implementation methods promote and integrate contemporary knowledge, evidence-based practice and critical and analytical thinking, and offers opportunities for inter-professional learning.
- 4.8 The curriculum prepares graduates capable of practising and managing care in a variety of settings, including across the lifespan and the health/illness continuum; in health promotion and disease prevention; in both acute and chronic stages of illness; in disability; in disaster and emergency situations; and at the endstage of life.
- 4.9 The design of learning activities and clinical fieldwork allows students to take responsibility for their learning, and provides sufficient opportunities to achieve learning outcomes.
- 4.10 The curriculum and instructional methods prepare for lifelong, self-directed learning.
- 4.11 Criteria for academic progress and successful achievement of the programme are clearly stated.
- 4.12 Student theoretical and clinical learning as well as progress are assessed throughout the programme, using a variety of valid, reliable and fair evaluation methods.
- 4.13 Clinical learning is pertinent and effectively planned, organized, monitored and evaluated. It demonstrates the following characteristics.

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- 4.13.1 Clinical placement and education providers demonstrate commitment to collaborate in providing an adequate clinical placement through establishing written agreements or memoranda of understanding in relation to areas such as availability of clinical supervision, safety, legal aspects and resourcing.
- 4.13.2 The education provider maintains a thorough and effective system for approving and monitoring all clinical learning sites.
- 4.13.3 There is a thorough and effective system for liaising with clinical staff.
- 4.13.4 Roles of practice placement providers, educators and students are clearly stated.
- 4.13.5 Clinical learning placements relate to the variety of practice settings in which graduates will be expected to work, and are sufficient in number, duration, and range to support the delivery of programme learning outcomes.
- 4.13.6 Practice placement educators (e.g. clinical educators or preceptors) have relevant knowledge, skills and experience to manage clinical learning.
- 4.13.7 Students, practice placement providers and educators are fully informed before clinical learning experience by receiving information about:
- clinical learning outcomes to be achieved;
  - timings and the duration of any placement experience and associated records to be maintained;
  - expectations of students' professional conduct;
  - assessment procedures, including the implications of, and any action to be taken in the case of, failure to progress; and
  - lines of communication and responsibility.
- 4.14 Systematic and continuous evaluation of all curriculum components (including relevance of goals, objectives, outcomes and content; teaching/learning approaches of the theoretical and clinical domains; and student assessment methods) is carried out by students, graduates, clients, employers, and educators.

- 4.15 Information and communication technology is used to support self-learning, accessing information, managing patients and working in health care systems.
- 4.16 A policy is in place to address the evaluation and effective use of information and communication technology in the educational programmes.
- 4.17 Nursing and midwifery programmes have created active partnerships with:
  - Other faculties and departments in the university/colleges in which the programme is located or affiliated.
  - Other health care and related disciplines.
  - Clinical practice sites.

### **Examples of possible sources of evidence**

1. Curriculum documents/plans
2. Course syllabuses
3. Curriculum and programme evaluation tools
4. Examples of teaching/learning materials
5. Student assessment tools
6. Teaching schedules
7. Student records – performance
8. Samples of student work
9. Class/clinical observations
10. Results of student evaluation of classroom/clinical learning
11. Most recent curriculum audit and review reports
12. Examples of tools used to audit the curriculum
13. Educator/student ratios for theory and practice
14. Copies of agreements with clinical facilities
15. Clinical practice site capacity to provide required clinical learning
16. Minutes of meetings with agencies providing clinical learning sites

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17. Profiles/evaluation of clinical learning sites – type of clinical experience available, nature of clinical staff/teaching/supervision, availability of learning resources on site
  18. Examples of programmes to prepare clinical educators/preceptors
  19. Results of satisfaction surveys – student, graduate, employer

## **Standard 5**

Educators in sufficient numbers have the required competencies to manage, teach, facilitate learning, advance educational programmes and carry out relevant research.

### **Quality criteria**

- 5.1 Professional and academic qualifications, clinical experience and the number of educators are appropriate to the areas of responsibility and level of programmes.
- 5.2 The head of nursing or the midwifery educator is a nurse or midwife holding a graduate degree, is experienced in leadership and administration, and is an experienced educator.
- 5.3 The core educators are nurses and midwives holding a current licence, and have as minimum a bachelor's degree, are prepared as educators and have advanced preparation and proven clinical experience in their specialty area.
- 5.4 Educators who do not hold the required credentials may not exceed 10% of the educator faculty and must be enrolled in a programme of continuing education with the expectation that requirements will be met within a specified time period.
- 5.5 Job descriptions defining roles and responsibilities for theoretical and clinical educators (clinical educators or preceptors) exist.
- 5.6 Educator: student ratios are set at the following recommended level: theory: class 1:25; tutorial 1:10; clinical 1:8 and skills laboratory 1:15 as a minimum.
- 5.7 Educator workloads comprising teaching, scholarship, community service and clinical practice are reasonable, and expectations are clearly stated and documented.

- 5.8 There is a policy, a developed system and time set aside to enable educators to update knowledge, mentor other educators, conduct and apply research, and maintain clinical and educator competence.
- 5.9 A system for periodic evaluation of educators' performance exists and is well implemented.

## **Examples of possible sources of evidence**

1. Faculty credentials
2. Faculty profile
3. Faculty:student ratios – theory, clinical, skills laboratory
4. Faculty appraisals
5. Observation of theoretical and clinical classes
6. Examples of teaching assignments
7. Teaching/lesson plans
8. Record of faculty continuing education
9. Record of faculty publications, conference presentations, research projects, and awards in past three years
10. Record of faculty practice commitments
11. Records of committee service (institutional, national, regional, international) in health, education and the community fields
12. Offices held and/or voluntary work with professional associations or other health-related organizations e.g. Red Crescent, family planning, patient support groups

## **Standard 6**

The infrastructure and teaching/learning resources are sufficient to allow the fulfilment of institutional and programme goals.

### **Quality criteria**

- 6.1 Physical facilities include classrooms, conference/meeting rooms, and study/office/storage space, skill laboratories and provision for accessing information and communication technologies, as well as cafeteria, rest and leisure facilities.

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- 6.2 Physical facilities, furniture and equipment, including the housing when provided, are safe, clean, well maintained and sufficient in number and size to meet the needs of students and educators.
  - 6.3 Clinical teaching and learning settings are easily accessible and provide a safe and supportive environment with an adequate number of appropriately qualified and experienced staff.
  - 6.4 Full access to a library staffed by qualified librarians with adequate stock of relevant books, journals, online, media resources and quiet study space is provided.
  - 6.5 Technical support for maintenance of information and communication technology and other equipment is immediately available.
  - 6.6 Safety policies, procedures and equipment (e.g. fire, evacuation, security) are in force and known by all staff and students.

### **Examples of possible sources of evidence**

- 1. Documentation on number, sizes and equipment of classrooms, skill laboratories and multimedia facilities
- 2. Information on other physical facilities available to nursing – offices, conference rooms, student study space
- 3. List of library acquisitions and policies
- 4. Information about library orientation and skills courses
- 5. Information about support services – secretarial, equipment management and facility maintenance
- 6. Availability of assistance to students and faculty in using available technologies
- 7. Site visit to institution, clinical learning areas and hostel (where relevant)
- 8. Transport arrangements for access to institution and clinical sites
- 9. Interview with staff and students about infrastructure
- 10. Written safety and security policies and evidence of training and practice in evacuation and firefighting
- 11. Firefighting equipment – placement, maintenance
- 12. Instructions for fire and evacuation clearly posted



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## Glossary of key terms

<b>Assessment</b>	A systematic procedure for collecting qualitative and quantitative data to describe progress, practice and achievement.	ICN, 2005
<b>Clinical learning</b>	Refers to the practical integration and application of knowledge, skills and attitudes learned at an education institution, to professional practice in the real world. This process is facilitated with the provision of professional support, supervision, guidance, feedback and evaluation by experienced clinical staff, preceptors or clinical educators in supportive clinical services.	Adapted from Queensland Occupational Therapy Fieldwork Collaborative, 2010
<b>Clinical supervision</b>	The process professional support and learning which enables individual practitioners to develop knowledge and competence, and assume responsibility for their own practice.	UK Department of Health, 1993
<b>Criteria</b>	Descriptive statements which are measurable and which reflect the intent of a standard in terms of performance, behaviour or circumstance.	ICN, 2005
<b>Competency</b>	<p>The effective application of a combination of knowledge, skill and judgement demonstrated by an individual in daily practice or job performance. In nursing definitions, there is wide – ranging agreement that, in the performance of nursing roles to the standards required in employment, competence reflects the following:</p> <ul style="list-style-type: none"><li>• knowledge, understanding and judgement and</li><li>• range of skills cognitive, technical or psychomotor and interpersonal and</li><li>• personal attributes and attitudes.</li></ul>	ICN, 2005

<b>Continual quality improvement</b>	A comprehensive management philosophy that focuses on continuous improvement by applying scientific methods to gain knowledge and control over variation in work processes. Once processes and problems have been identified, improved and evaluated, the cycle begins again.	Kahan B, Goodstadt M, 1999
<b>Course</b>	A building block of a programme, consisting of a time-limited component usually over one term, one semester or one year, and usually ending with a summative evaluation.	Uys LR, Gwele LS, 2005
<b>Credential</b>	Documented evidence of having met predetermined standards. Credentials may be periodically renewed as a means of assuring continued quality and they may be withdrawn when standards of competence or behaviour are no longer met. Degrees, diplomas, certificates and licences are examples of credentials.	Adapted from ICN, 2005
<b>Curriculum</b>	Planned learning experience offered in a single programme	Uys LR, Gwele LS, 2005
<b>Educational outcome</b>	The end result of undertaking an educational experience, comprising a measurable achievement or change in behaviour or performance.	Adapted from ICN, 2005
<b>Governance</b>	The principles, policies and processes that allow for autonomous leadership and management of a school.	WHO, 2009.
<b>Licensure</b>	A document issued by a body charged with the exclusive right to determine eligibility for practice in a specified profession, or field in the profession. It is generally used within a regulatory system that prohibits practice without a licence.	ICN, 2005

<b>Lifelong learning</b>	All learning activity undertaken throughout life, with the aim of improving knowledge, skills and competence, within a personal, civic, social and/or employment-related perspective.	ICN, 2005
<b>Mission</b>	A broad statement of the objectives of an organization distinguishing it from other similar organizations and illustrating the main reason(s) for its existence.	Uys LR, Gwele LS, 2005
<b>Policy</b>	A set of principles or rules adopted by an organization that guide its actions.	Jhpiego, 2013
<b>Programmes</b>	A coherent set of courses leading to a degree, diploma or certificate.	Uys LR, Gwele LS, 2005
<b>Registration</b>	Process of providing authority to use an exclusive title to those persons entered on a register.	ICN, 2005
<b>Regulatory body</b>	A formal organization designated by a statute or an authorized governmental agency to implement the regulatory forms and processes whereby order, consistency and control are brought to the profession and its practice.	ICN, 2005
<b>Scope of practice</b>	The scope of practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research and developing health policy for health care systems.	ICN, Adopted in 1998, reviewed and revised in 2004 and 2013

<b>Self-directed learning</b>	Self-directed learning describes a process by which individuals take the initiative, without the assistance of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes.	Knowles M, 1975
<b>Standard</b>	The desirable and achievable level of performance against which actual practice is compared.	ICN, 2005
<b>Vision</b>	Statement describing what an organization would like to achieve in the medium or long term.	

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Nursing and midwifery education is the foundation of a qualified and competent nursing and midwifery workforce. Improving the quality of nursing and midwifery education and training is an important way of strengthening health systems. This is approached principally by establishing standards for professional education, assuring quality educational processes and institutions, and accrediting institutions offering educational programmes for initial, specialist and advanced professional education. The aim of this publication is to support the establishment of systems that promote improvement in the quality of nursing education in the Region. It sets out a number of agreed regional nursing education standards, associated quality criteria and sources of evidence, and discusses the key principles underpinning the standards.

