



## International Confederation of Midwives Global Standards for Midwifery Regulation (2011)

### Background

The International Confederation of Midwives (ICM) has developed the ICM *Global Standards for Midwifery Regulation (2011)* in response to requests from midwives, midwifery associations, governments, UN Agencies and other stakeholders. The goal of these standards is to promote regulatory mechanisms that protect the public (women and families) by ensuring that safe and competent midwives provide high standards of midwifery care to every woman and baby. The aim of regulation is to support midwives to work autonomously within their full scope of practice. By raising the status of midwives through regulation the standard of maternity care and the health of mothers and babies will be improved.

These standards were developed during 2010 in tandem with the development of global standards for midwifery education and the revision of the ICM essential competencies for basic midwifery practice. Together, the ICM essential competencies and the global standards for regulation and education provide a professional framework that can be used by midwifery associations, midwifery regulators, midwifery educators and governments to strengthen the midwifery profession and raise the standard of midwifery practice in their jurisdiction.

When midwives work within such a professional framework they are supported and enabled to fulfil their role and contribute fully to the delivery of maternal and newborn care in their country.

### Development of the standards

#### Background

In 2002 ICM adopted a position statement titled “*Framework for midwifery legislation and regulation*”. This position statement defined midwifery legislation and regulation as follows:

*Midwifery regulation is the set of criteria and processes arising from the legislation that identifies who is a midwife and who is not, and describes the scope of midwifery practice. The scope of practice is those activities which midwives are educated, competent and authorised to perform. Registration, sometimes called licensure, is the legal right to practise and to use the title of midwife. It also acts as a means of entry to the profession. The primary reason for legislation and regulation is to protect the public from those who attempt to provide midwifery services inappropriately. In some countries midwifery practice is regulated through midwifery legislation whilst in others regulation is through nursing legislation. It has become increasingly apparent that nursing legislation is inadequate to regulate midwifery practice.*

With adoption of the 2002 position statement ICM identified the need to:

*Establish guidelines for the development of regulatory standards to further enable member associations to achieve regulatory processes appropriate for the practice of midwifery in their country.*

In 2005 ICM adopted a further position statement titled “*Legislation to govern midwifery practice*”. This position statement provided a set of statements about what midwifery regulatory legislation should provide. These statements are as follows:

- *Enable midwives to practise freely in any setting.*
- *Ensure the profession is governed by midwives.*
- *Support the midwife in the use of life-saving knowledge and skills in a variety of settings in countries where there is no ready access to medical support.*
- *Enable midwives to have access to ongoing education.*
- *Require regular renewal of right to practise.*
- *Adopt a ‘Definition of the Midwife’ appropriate to the country within the legislation.*
- *Provide for consumer representation on the regulatory body.*
- *Recognise that all women have a right to be attended by a competent midwife.*
- *Allow for the midwife to practise in her own right.*
- *Recognise the importance of separate midwifery regulation and legislation which supports and enhances the work of midwives in improving maternal, child and public health.*
- *Provide for entry to the profession that is based on competencies and standards and which makes no distinction on routes of entry.*
- *Provide the mechanism for a regulatory body that is governed by midwives with the aim of protecting the public.*
- *Provide for regular review of the legislation to ensure it remains appropriate and not outdated, as midwifery education and practice and the health services advance.*
- *Encourage the use of peer review and analysis of perinatal, maternal and newborn outcomes in the legislative review process.*
- *Provide for transition education programmes in the adoption of new legislation requiring increased levels of competency of the midwife.*

These statements in effect provide a set of criteria against which midwifery regulatory legislation can be measured. However, member associations are seeking more detail and guidance to enact these statements and to assist development of midwifery regulation in various countries. To this end the ICM Council in 2008, decided to develop global standards for midwifery regulation and appointed a Taskforce to carry out the work. The co-chairs and members of the ICM Regulatory Standing Committee and the ICM Board member responsible for liaison with the regulatory committee formed the Taskforce and managed the project on behalf of ICM.<sup>1</sup>

### Process of development

The standards for midwifery regulation were initially drafted by a sub-group of the Taskforce<sup>2</sup> during a meeting in Hong Kong in April 2010. In drafting the standards this group drew on information obtained through regulation workshops held at the ICM Asia-Pacific region conference in India in November 2009 and at the ICM/UNFPA South Asia midwifery meeting in Bangladesh in March 2010. The group also drew on a literature review undertaken to identify the purpose, types, and functions of health regulation and midwifery regulation in particular. It was evident that there is an urgent need for midwifery regulation in many countries and that such regulation needs to support midwifery autonomy within the full scope of midwifery practice as defined by the ICM, protect the title 'midwife', support standardised midwifery education and ensure continuing competence of midwives.

The draft standards were endorsed by the full Taskforce, translated into English, French and Spanish, and disseminated for feedback. The consultation process comprised both written feedback and focus group discussion. Questionnaires were sent to every ICM member association which were also asked to send the questionnaires on to the relevant regulatory authority or agency responsible for regulation in the particular country. Questionnaires were circulated twice during 2010 and responses were received from 33 member associations (33% of total membership) representing all four of the ICM regions. In addition there were 21 further individual and group responses from regulators, educators, ICM Taskforce chairs and others. Taskforce members also facilitated focus group discussions on the draft standards with groups of regulators from Europe, Canada, South East Asia and the Western Pacific. All feedback was considered by the Taskforce.

It was apparent that the concurrent consultations on the ICM *Global Standards for Midwifery Education (2011)* and the *Essential Competencies for Basic Midwifery Practice (2011)* caused some confusion amongst ICM member associations as to which questionnaire and which round of consultation they were responding to. Nevertheless, the response rate on the regulation standards was satisfactory. The final report will provide more detail on the consultation process and responses.

The Taskforce amended the standards in response to feedback and the final standards were approved by the ICM Board in February 2011. The approved standards will be presented to the ICM Council in Durban, South Africa, in June 2011.

---

<sup>1</sup> ICM Regulation Taskforce members: Sally Pairman (Co Chair), New Zealand; Louise Silverton (Co Chair), United Kingdom; Karen Guilliland (ICM Board liaison), New Zealand; Kris Robinson (Canada: Americas); Judy Nga Wai Ying (Hong Kong: Asia Pacific); Ursula Byrne (Ireland: Europe); Malfa Kalliope (Greece: Europe); Marianne Benoit Truon Canh (France: Europe); Anne Morrison (Australia: Asia Pacific), Yolande Johnson (Africa - Francophone), Veronica Darko (Africa – Anglophone), Margaret Phiri (WHO).

<sup>2</sup> Marianne Benoit Truon Canh, Karen Guilliland, Anne Morrison, Sally Pairman, Kris Robinson, Judy Nga Wai Ying

This document includes the purpose of regulation, founding values and principles, principles of good regulation, a glossary of terms, the intended use of the standards and the global standards for midwifery regulation with an accompanying explanation for each standard.

### **Purpose of Regulation**

Regulatory mechanisms, whether through legislation, employment or other regulation, aim to ensure the safety of the public. This is achieved through the following six main functions of:

1. Setting the scope of practice
2. Pre-registration education;
3. Registration;
4. Relicensing and continuing competence;
5. Complaints and discipline; and
6. Codes of conduct and ethics.

The purpose of these standards<sup>3</sup> is to describe the regulatory framework necessary for effective midwifery regulation. The framework defines the elements of regulation in order to:

- Determine who may use the title of midwife;
- Describe the scope of practice of a midwife consistent with the ICM definition of a midwife;
- Ensure that midwives enter the register following education consistent with the *ICM Global Standards for Midwifery Education (2011)*;
- Ensure that midwives enter the register able to demonstrate the *ICM Essential Competencies for Basic Midwifery Practice (2011)*;
- Ensure that midwives are able to practise autonomously within their prescribed scope of practice;
- Ensure that midwives demonstrate continuing competence to practise;
- Ensure that midwives and women (as users of midwifery services) are part of the governance of midwifery regulatory bodies; and.
- Ensure public safety through the provision of a competent and autonomous midwifery workforce.

---

<sup>3</sup> The definition of **standard** used in this document is “a norm/uniform reference point that describes the required level of achievement (performance)”.

## Founding Values and principles

The founding values and principles upon which these standards have been developed were derived from the following ICM core documents ([www.internationalmidwives.org](http://www.internationalmidwives.org)):

- ICM *Definition of the Midwife*,
- ICM *Position Statement on Regulation 2002*
- ICM *Position Statement on Legislation to Govern Midwifery Practice 2005*
- ICM *Draft Global Standards for Midwifery Education 2010*
- ICM *Essential Competencies for Basic Midwifery Practice – revised 2010*
- ICM *International Code of Ethics*,
- ICM *Midwifery Philosophy and Model of Care*, and
- Selected ICM position statements.

These founding values and principles include:

- Recognition that regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public<sup>4</sup>.
- Recognition that each woman has the right to receive care in childbirth from an educated and competent midwife authorised to practise midwifery.
- Recognition that midwives are autonomous practitioners; that is they practise in their own right and are responsible and accountable for their own clinical decision making.
- Recognition that the midwife's scope of practice describes the circumstances in which the midwife may make autonomous clinical decisions and in what circumstances the midwife must practise in collaboration with other health professionals such as doctors.
- Recognition that midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. What sets midwives apart from nurses and doctors is that only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.
- Recognition that wherever a registered/qualified midwife with a midwifery practising certificate works with pregnant women during the childbearing continuum, no matter what the setting, she<sup>5</sup> is practising midwifery. Therefore when a midwife holds dual registration/qualification as a nurse she cannot practise simultaneously as a midwife and a nurse<sup>6</sup>. In a maternity setting a registered/qualified midwife always practises midwifery.

---

<sup>4</sup> Donabedian (1976) cited in Ralph, 1993, p.60.

<sup>5</sup> In this document use of the feminine gender includes the masculine

<sup>6</sup> It is acknowledged that midwives share some skills with other health professionals but it is the entire suite of skills focused around the needs of childbearing women that define midwives and midwifery.

## Principles of Good Regulation

The ICM identifies the following principles of good regulation<sup>7</sup> and intends that these principles provide a benchmark against which regulatory processes can be assessed.

- **NECESSITY** – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
- **EFFECTIVENESS** – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
- **FLEXIBILITY** – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
- **PROPORTIONALITY** – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
- **TRANSPARENCY** – is the regulation clear and accessible to all? Have stakeholders been involved in development?
- **ACCOUNTABILITY** – is it clear who is responsible to whom and for what? Is there an effective appeals process?
- **CONSISTENCY** – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

---

<sup>7</sup> Based on 'Regulating Better', a government White paper, Department of Taoiseach, Government of Ireland, 2004.

## **Intended use of Standards**

The *Global Standards for Midwifery Regulation (2011)* are deliberately generic and take a principle rather than a detailed approach to midwifery regulation. These standards provide a benchmark for global standardisation of midwifery regulation. They have two purposes. Firstly, they provide the basis for review of existing regulatory frameworks. Secondly, they provide guidance and direction to countries seeking to establish regulatory frameworks for midwifery where none currently exist.

Because the ICM is the only international organisation that represents midwives it is important that the ICM sets standards that support midwives to practise within the ICM definition and scope of practice of a midwife and enhance high quality midwifery care. Therefore, the ICM *Global Standards for Midwifery Regulation (2011)* do not merely reflect existing midwifery regulatory frameworks commonly found in many developed countries. Rather these standards are high level standards that set an ideal regulatory direction to underpin and enable autonomous midwifery practice.

It is anticipated that some countries with well-developed specific midwifery regulation frameworks will be able to use these standards as a benchmark. However, it is understood that this will not be the case for many countries. Those countries where existing midwifery regulation is closely linked with nursing or medicine or where regulation is managed by government may identify many differences between these standards and their existing regulatory frameworks and processes. The standards can provide a benchmark against which to assess existing legislation and regulatory processes. Midwives, through their midwifery associations, are encouraged to use the standards as a tool for lobbying for change.

The ICM *Global Standards for Midwifery Regulation (2011)* can guide amendments to existing legislation and promote changes that strengthen regulatory frameworks to support autonomous midwifery practice. For example, where midwives are regulated alongside or together with nurses or other health professionals it is essential that separate and specific regulatory structures and processes are established to enable autonomous midwifery practice and ensure high quality midwifery care for mothers and babies. As a step towards midwifery-specific regulation the separate professional identity of midwives must be recognised in any regulatory processes. Midwives are encouraged to seek opportunities to strengthen midwifery regulation and to work collaboratively with governments, regulators and policy makers to develop a plan and timeframe for implementing these global standards.

In those countries with limited or non-existent regulatory processes these standards can guide the development of new midwifery regulation. Legislation, policies and procedures can be based on these standards to develop regulatory frameworks for midwives. In such countries midwives can work collaboratively with governments, regulators and policy makers to develop a plan and timeframe for implementing these global standards. As a further project the International Confederation of Midwives intends to provide an implementation toolkit to assist in this process.

## Glossary of Terminology

A number of key words or terms used throughout the document hold multiple and different meanings. To assist understanding the following definitions are used in this document.

Key words or Terms	ICM Definition
<b>Accountability</b>	Responsibility
<b>Accreditation</b>	A process of review and approval by which an institution, programme or specific service is granted a time-limited recognition of having met certain established standards.
<b>Admitting and discharge rights</b>	Authority granted to a community-based midwife by a hospital/birth centre governing board to provide care to a woman and her baby in the hospital/facility and to access hospital/facility services, including back up emergency services.
<b>Assessment</b>	The systematic procedure for collecting qualitative and quantitative data to assess performance, progress or practice decisions/actions in relation to standards and/or competencies.
<b>Autonomous</b>	<p>Self-governing, self regulating: taking responsibility for one's decisions and actions.</p> <p>The <u>autonomous midwife</u> provides care during the course of pregnancy, labour, birth and the postnatal period and makes decisions in partnership with each woman in her care. The midwife is responsible and accountable for all decisions she makes and the care she provides without delegation from or supervision or direction by any other health care provider.</p>
<b>Autonomy</b>	<p>The condition of being autonomous.</p> <p><u>Midwife's/woman's autonomy:</u></p> <p>The freedom of a woman and her midwife to make choices about care and for those choices to be respected. It implies that individuals have competence to make informed decisions and that they should not be coerced or forced during the decision-making process.</p>



<b>Censure</b>	An official rebuke of an individual, a document, or agency  <u>Midwifery censure:</u> An official rebuke of a midwife by a Midwifery Regulatory Authority.
<b>Code of Conduct and Ethics</b>	The rules or standards governing the conduct of a person or the conduct of the members of a profession.
<b>Competence</b>	The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.
<b>Conditional</b>	Imposing, depending on, or containing a condition.
<b>Equivalence</b>	A term used to describe and/or determine a relationship of parity between one system, jurisdiction or institution and another with respect to the value and significance of courses, diplomas, certificates, licenses, and/or degrees. Ideally these relationships are mutual so that holders of “equivalent” credentials are treated in the same way by institutions and occupations.
<b>Guideline(s)</b>	A detailed plan or explanation with illustrative examples of actions; a series of steps to implement a standard. By definition, a guideline is never mandatory in contrast to a ‘standard’ that is expected to be met.
<b>Health professional</b>	An individual who is educated in a health discipline and licensed/regulated to practice that discipline; e.g., midwives, nurses, medically qualified doctors and clinical officers.
<b>Independent</b>	Free from the influence, guidance, or control of another or others; self-reliant and autonomous.
<b>Knowledge</b>	A fund of information that enables an individual to have confident understanding of a subject with the ability to use it for a specific purpose.

<b>Lay member of a midwifery regulatory authority</b>	A person who is not and never has been registered as a midwife and who is not a member of any other regulated health profession.
<b>Legislation</b>	A law or body of laws enacted.
<b>Midwife</b>	A person who meets the ICM <i>Definition of the Midwife</i> who has been educated and trained to proficiency in the ICM <i>Essential Competencies for Basic Midwifery Practice</i> , demonstrates competency in the practice of midwifery and is legally permitted to use this title.
<b>Midwifery accountability</b>	A midwife must be accountable for her decisions and actions. This accountability is primarily to the woman, but also to the profession and to the public.
<b>Midwifery competence</b>	A combination of knowledge, professional behaviors and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and/or practice.
<b>Midwifery continuing competence</b>	The ongoing capacity to demonstrate the knowledge, professional behavior and specific skills necessary to work within the Midwifery Scope of Practice.
<b>Midwifery Continuing Education</b>	Ongoing education undertaken from time of first qualification throughout one's career to enhance or maintain a midwife's level of competence.
<b>Midwifery education</b>	The process of preparing individuals to become competent midwives and to maintain midwifery competence.
<b>Midwifery education institution</b>	The organisation that provides the midwifery education programme. The organisation may include universities, polytechnics, colleges, schools.

<b>Midwifery fitness to practise</b>	Evidence that a midwife has the knowledge, skills, professional behaviours, character and health status necessary to meet the standards or competencies required for entry to the midwifery profession and for the practise of midwifery.
<b>Midwifery governance</b>	The system of management and administration used by the Midwifery Regulatory Authority to exercise its authority to control and guide the profession.
<b>Midwifery partnership</b>	Implies a relationship of trust, reciprocity, and equity between a midwife and a woman. Each midwife strives to ensure that she does not impose her professional and personal power onto women; rather, through negotiation a midwife seeks to establish relationships in which each woman is the primary decision-maker.
<b>Midwifery philosophy</b>	A statement of beliefs about the nature of midwifery practice or midwifery education.
<b>Midwifery education programme</b>	An organised, systematic, defined course of study that includes didactic and practical learning needed to prepare competent midwives.
<b>Midwifery registration/licensure</b>	The legal right to practise and to use the title of midwife. It also acts as a means of entry to the profession within a given jurisdiction.
<b>Midwifery Regulation</b>	<p>The set of criteria and processes arising from the legislation and prescribed by the Midwifery Regulatory Authority that controls the practice of midwifery in a jurisdiction including identifying who can hold the title 'midwife' and practise midwifery.</p> <p>Regulation includes registration/licensure, approval and accreditation of midwifery education programmes, setting standards for practice and conduct and processes for holding midwives to account in relation to professional standards.</p>

<b>Midwifery Scope of Practice</b>	Those activities which midwives are educated, competent and authorised to perform.
<b>Midwifery stakeholder</b>	Any person(s) or organisation that affect(s) or can be affected by the decisions and actions of a midwife, midwifery regulatory authority, a midwifery education programme or the ICM.
<b>Midwifery Standards Review</b>	A systematic process that enables the midwife, whatever her practice setting, to reflect on her midwifery practice in relation to professional standards with midwifery colleagues and consumers of midwifery services.
<b>Midwifery supervision</b>	Overseeing and supporting the practice of one midwife by another in order to ensure the provision of safe and competent midwifery care.
<b>Natural justice</b>	Procedural fairness including principles of good faith and lack of bias.
<b>Pre-registration midwifery education</b>	The process of preparing individuals to become competent midwives and who meet the educational standards for midwifery registration/licensure.
<b>Primary health care</b>	<p>First level health service, community-based and universally accessible with focus on health education and promotion and prevention of individual health problems.</p> <p>Midwives provide primary health care when care is provided in women's homes or community settings and where the focus is on enhancing and supporting pregnancy and childbirth as a normal life process.</p>
<b>Public health</b>	Supporting and improving population health and wellness through health promotion, disease prevention and community-based services.
<b>Professional association</b>	An association of practitioners of a given profession.

<b>Provisional</b>	Temporary; existing only until permanently or properly replaced.
<b>Protection of the public</b>	<p>The key function of a regulatory authority is to ensure the safety of the public through its regulatory mechanisms.</p> <p>The key function of a midwifery regulatory authority is to ensure the safety of mothers and babies (the public) through regulatory mechanisms that ensure safe and competent midwifery care.</p>
<b>Register of midwives</b>	The official list of qualified/licensed/certified midwives as identified by the midwifery regulatory authority in a given jurisdiction; available to the public.
<b>Regulatory Authority/regulator</b>	The organisation that regulates a specific profession and ensures that the public is protected against incompetent or unethical practitioners. An organisation authorised by law or by government to regulate the profession.
<b>Relicensing/ Recertification</b>	To issue a renewed license or certificate within a specified period of time; generally linked to assessment of the practitioner's continuing competence.
<b>Self governing</b>	<p>An individual or profession who is responsible and accountable for making decisions and accepting responsibility for the outcomes of those decisions and actions.</p> <p>In any jurisdiction where a midwifery profession is given a legal and social mandate to regulate itself it is a self-governing profession.</p>
<b>Standard</b>	<p>A norm/uniform reference point that describes the required level of achievement (performance)</p> <p><u>Practice standard:</u> The desirable and achievable level of achievement (performance) against which actual practice is compared.</p>
<b>Suspend/suspended</b>	To bar a midwife from practice for a period of time.
<b>Temporary</b>	Not permanent; provisional.

## **Organisation of the standards**

The standards are organised under the following four (4) categories:

1. Model of regulation: the type of regulation e.g. via legislation
2. Protection of title: who may use the title 'midwife'
3. Governance: the processes for establishment of a midwifery regulatory authority and the processes by which the regulatory authority carries out its functions
4. Functions: the mechanisms by which a regulatory authority regulates midwives and includes the sub-categories of:
  - a. scope of practice,
  - b. pre-registration midwifery education,
  - c. registration,
  - d. continuing competence,
  - e. complaints and discipline, and
  - f. Code of Conduct and Ethics.

There are several standards in each category or sub-category and an explanation is provided for each standard.

## ICM Global Standards for Midwifery Regulation

Category	Standard	Explanation
1. Model of regulation	1.1 Regulation is midwifery specific	Midwifery requires legislation that establishes a midwifery-specific regulatory authority with adequate statutory powers to effectively regulate midwives, support autonomous midwifery practice and enable the midwifery profession to be recognised as an autonomous profession.  Midwifery-specific legislation protects the health of mothers and babies by ensuring safe and competent midwifery practice.
	1.2 Regulation should be at a national level	Where possible regulation should be at a national level. However, if this is not possible there must be a mechanism for collaboration and communication between the midwifery regulatory authorities. National regulation enables uniformity of practice standards and facilitates freedom of movement of midwives between jurisdictions.
2. Protection of title	2.1 Only those authorised under relevant legislation may use the title 'midwife' endowed by that legislation	Mothers and their families receiving care from a midwife have a right to know that they are being cared for by a legally qualified practitioner. A legally qualified practitioner is individually responsible and accountable for her actions and is required to adhere to professional codes and standards.  Reserving the title 'midwife' for legally qualified midwives identifies legally qualified midwives from others who provide aspects of maternity care.  Legislative protection of the title enables the midwifery regulatory authority to prosecute someone who breaches the legislation by holding themselves out to be a midwife when they are not on the register of midwives.
3. Governance	3.1 The legislation sets a transparent process for nomination, selection and appointment of members to the regulatory authority and identifies roles and terms of appointment.	Because there is no evidence for any specific model of selection of members for regulatory authorities the ICM recommends a combination of appointment and election for all members of the midwifery regulatory authority. The choice will depend on feasibility and local acceptance.  All members of the regulatory authority should demonstrate experience and expertise against pre-determined selection criteria such as broad experience in the midwifery profession; business and finance expertise; education expertise and legal expertise.

	<p><b>3.2 The majority of members of the midwifery regulatory authority are midwives who reflect the diversity of midwifery practice in the country.</b></p>	<p>Midwife members should be appointed or elected from nominees put forward by the midwifery profession. The midwife members need to reflect the diversity of midwives and of midwifery practice in the country, have credibility within the profession and be authorised to practise in the jurisdiction.</p> <p>Midwives must make up the majority membership of any regulatory authority to ensure that midwifery standards are utilised in decision-making.</p>
	<p><b>3.3 There must be provision for lay members</b></p>	<p>Lay members of the midwifery regulatory authority should reflect the diversity of the country including ethnicity. Ideally lay members will provide perspectives that reflect those of childbearing women.</p>
	<p><b>3.4 The governance structures of the midwifery regulatory authority should be set out by the legislation.</b></p>	<p>The midwifery regulatory authority has systems and processes in place to specify roles and responsibilities of board or council members; powers of the council; process of appointment of chairperson.</p> <p>The midwifery regulatory authority determines the processes by which it carries out its functions under the legislation. Such processes must be transparent to the public through publication of an annual report and other mechanisms for publicly reporting on activities and decisions.</p>
	<p><b>3.5 The chairperson of the midwifery regulatory authority must be a midwife.</b></p>	<p>The members of the midwifery regulatory authority should select the chairperson from amongst the midwife members.</p>
	<p><b>3.6 The midwifery regulatory authority is funded by members of the profession</b></p>	<p>Payment of fees is a professional responsibility that entitles midwives to obtain registration or a license to practise if that midwife meets the required standards.</p> <p>Fees paid by midwives provide politically independent funding of the midwifery regulatory authority. Ideally the midwifery regulatory authority is entirely funded by the profession. However, in countries where the midwifery workforce is small or poorly paid some government support may be required. Government funding has the potential to limit the autonomy of the midwifery regulatory authority and therefore needs to be provided through a mechanism that minimises such a consequence.</p>



	<p><b>3.7 The midwifery regulatory authority works in collaboration with the midwifery professional association(s).</b></p>	<p>The midwifery regulatory authority's processes should be based on principles of collaboration and consultation.</p> <p>The midwifery regulatory authority needs to work in partnership<sup>8</sup> with other midwifery organizations that also have a role in public safety and standard setting such as the midwifery association.</p>
	<p><b>3.8 The midwifery regulatory authority works in collaboration with other regulatory authorities both nationally and internationally.</b></p>	<p>Collaboration with other regulatory authorities, both nationally and internationally, promotes understanding of the role of regulation and more consistent standards globally.</p> <p>Collaboration can provide economies of scale for developing shared systems and processes that improve quality.</p>
<p><b>4. Functions</b></p>		
<p><b>4.1. Scope of practice</b></p>	<p>4.1.1. The midwifery regulatory authority defines the scope of practice of the midwife that is consistent with the ICM definition and scope of practice of a midwife.</p>	<p>The midwifery profession determines its own scope of practice rather than employers, government, other health professions, the private health sector or other commercial interests. The scope of practice provides the legal definition of what a midwife may do on her own professional responsibility.</p> <p>The primary focus of the midwifery profession is the provision of normal childbirth and maternity care. Midwives are required to demonstrate the ICM essential competencies for basic midwifery care regardless of setting, whether it be tertiary/acute hospitals or home and community-based services/birthing centres.</p> <p>The scope of practice must support and enable autonomous midwifery practice and should therefore include prescribing rights, access to laboratory/screening services and admitting and discharge rights. As autonomous primary health practitioners midwives must be able to consult with and refer to specialists and have access to back up emergency services in all maternity settings.</p> <p>Associated non-midwifery legislation may need to be amended to give midwives the necessary authorities to practise in their full scope. For example, other legislation that controls the prescription of narcotics/medicines or access to laboratory/diagnostic services may need to be amended.</p>

<sup>8</sup> [ICM position statement on partnership between women and midwives](#), 2005

<p><b>4.2. Pre-registration midwifery education</b></p>	<p>4.2.1. The midwifery regulatory authority sets the minimum standards for pre-registration midwifery education and accreditation of midwifery education institutions that are consistent with the ICM education standards.</p>	<p>The midwifery profession defines the minimum standards for education and competence required for midwifery registration. The ICM definition and scope of practice of a midwife, essential competencies for basic midwifery practice and standards for midwifery registration should provide the framework for pre-registration midwifery education programmes.</p> <p>By setting these minimum standards for pre-registration midwifery education the profession (via the midwifery regulatory authority) ensures that midwives are educated to the qualification/standard/level required for midwifery registration and that programmes are consistent.</p> <p>By setting the minimum standards for accreditation of midwifery education institutions the profession (via the midwifery regulatory authority) ensures that the education institution is able to provide quality midwifery education and that there is standardisation across programmes and educational institutions.</p> <p>The midwifery regulatory authority utilises a transparent process of consultation with the wider midwifery profession, maternity consumers and other stakeholders In setting the minimum standards for pre-registration midwifery education and accreditation. It also draws upon the ICM Global Standards for Midwifery Education (2011).</p>
	<p>4.2.2. The midwifery regulatory authority approves pre-registration midwifery education programmes leading to the qualification prescribed for midwifery registration.</p>	<p>The midwifery regulatory authority establishes the processes to approve midwifery education programmes and accredit midwifery education organisations in order to ensure that the programmes and graduates meet the approved education and registration standards and the ICM Global Standards for Midwifery Education.</p> <p>In countries where national accreditation organisations exist the midwifery regulatory authority collaborates in the processes of approval and accreditation. In these situations each organisation may focus on its own specific standards and area of expertise and accept the assessment of the other. For example, a midwifery regulatory authority will need to ensure that the programme leads to the standards for midwifery registration while a specific education accreditation organisation will assess whether the programme or the education institution meets the standards necessary to grant the relevant academic qualification.</p>
	<p>4.2.3. The midwifery regulatory authority accredits the midwifery education institutions providing the approved pre-registration midwifery education programme.</p>	<p>The midwifery regulatory authority collaborates in the processes of approval and accreditation. In these situations each organisation may focus on its own specific standards and area of expertise and accept the assessment of the other. For example, a midwifery regulatory authority will need to ensure that the programme leads to the standards for midwifery registration while a specific education accreditation organisation will assess whether the programme or the education institution meets the standards necessary to grant the relevant academic qualification.</p>

	4.2.4. The midwifery regulatory authority audits pre-registration midwifery education programmes and midwifery education institutions.	<p>The midwifery regulatory authority establishes the processes for ongoing monitoring and audit mechanisms of pre-registration midwifery education programmes and the midwifery education institutions providing the programmes in order to ensure that appropriate standards are maintained.</p> <p>While it establishes the processes the midwifery regulatory authority may employ external auditors to carry out this work.</p>
<b>4.3. Registration</b>	4.3.1. The legislation sets the criteria for midwifery registration and/or licensure.	<p>To enter the register of midwives applicants must meet specific standards set by profession (via the midwifery regulatory authority).</p> <p>For example, such standards may include:</p> <ul style="list-style-type: none"> <li>• demonstration of having met the competencies for entry to the register (refer ICM essential competencies);</li> <li>• successful completion of the approved pre-registration midwifery education programme to the required standard;</li> <li>• successful completion of a national examination;</li> <li>• demonstration of having met standards of fitness for practice including being of good character (possible police check for criminal record), being able to communicate effectively in the professional midwifery role and having no health issues that could prevent safe practice.</li> </ul>
	4.3.2. The midwifery regulatory authority develops standards and processes for registration and/or licensure	
	4.3.3. The midwifery regulatory authority develops processes for assessing equivalence of applicants from other countries for entry to the midwifery register/or licensure.	

	<p>Midwives from other countries who meet registration standards should be required to complete an adaptation programme to orientate to local society and culture, health system, maternity system and midwifery profession. Midwives can hold provisional registration until these requirements are met within the designated timeframe.</p> <p>Regulatory authorities should cooperate and collaborate to facilitate international mobility of midwives without compromising midwifery standards or public safety or breaching international guidelines on ethical recruitment from other countries.</p>
4.3.4. Mechanisms exist for a range of registration and/or licensure status.	<p>From time to time midwifery regulatory authorities need flexibility to temporarily limit the practice of a midwife, for example, while a midwife is having her competence reviewed or is undertaking a competence programme or has a serious health issue that may compromise safe practice.</p> <p>Legislation should include categories of registration to provide for particular circumstances. For example provisional, temporary, conditional, suspended and full midwifery registration/licensure.</p> <p>The midwifery regulatory authority develops policy and processes to communicate the registration status of each registered midwife.</p>
4.3.5. The midwifery regulatory authority maintains a register of midwives and makes it publicly available.	<p>The midwifery regulatory authority demonstrates public accountability and transparency of its registration processes by making the register of midwives available to the public. This may be electronically through a website or by allowing members of the public to examine the register.</p> <p>Women and their families have a right to know that their midwife is registered/licensed and has no conditions on her practice. Therefore this information needs to be accessible to the public.</p>
4.3.6. The midwifery regulatory authority establishes criteria, pathways and processes leading to registration/licensure for midwives from other countries who do not meet registration requirements.	<p>Where midwives from other countries do not meet the registration standards a range of options can be considered including examination, education programmes, clinical assessment.</p> <p>Some midwives may not be able to meet the registration standards without first completing another pre-registration midwifery education programme.</p>

	<p>4.3.7. The midwifery regulatory authority collects information about midwives and their practice to contribute to workforce planning and research.</p>	<p>The midwifery regulatory authority has a role in supporting workforce planning. Information collected can inform planning for pre-registration and post-registration midwifery education and inform governments about workforce needs and strategies.</p> <p>Some information will be collected from the register of midwives but the midwifery regulatory authority may also collect specific information about midwifery practice through surveys of midwives on the register.</p> <p>The midwifery regulatory authority is an appropriate body to provide a national overview of the midwifery workforce for planning purposes.</p> <p>Midwifery regulatory authorities may be the appropriate body to manage workforce deployment to prevent over or under supply of midwifery workforce numbers. It is an issue of public safety to ensure access to midwives for all women regardless of location.</p>
<p><b>4.4. Continuing competence</b></p>	<p>4.4.1. The midwifery regulatory authority implements a mechanism through which midwives regularly demonstrate their continuing competence to practise.</p>	<p>Midwifery competence involves lifelong learning and the demonstration of continuing competence for registration/licensure.</p> <p>Eligibility to continue to hold a licence to practise midwifery is dependent upon the individual midwife's ability to demonstrate continuing competence.</p> <p>Assessment and demonstration of continuing competence is facilitated by a recertification or relicensing policy and process that includes such things as continuing education, minimum practice requirements, competence review (assessment) and professional activities.</p>
	<p>4.4.2. The legislation sets out separate requirements for entry to the midwifery register and/or first license and relicensing on a regular basis.</p>	<p>A requirement for regular relicensing separates the registration/first licensing process from the subsequent application to practise process.</p> <p>Historically in many countries relicensing required only the payment of a fee. Internationally there is an increasing requirement for demonstration of ongoing competence (including updating knowledge) as a requirement for relicensure of health professionals. This is achieved through the issuing of a practising certificate on a regular basis to those who meet the requirements for ongoing competence.</p>

	4.4.3. A mechanism exists for regular relicensing of the midwife's practice.	<p>Midwives may be on the midwifery register for life (unless removed through disciplinary means or by death). However, the establishment of separate processes to approve the ongoing practice of midwives will enable the midwifery regulatory authority to monitor the continuing competence of each midwife. Separation between the processes for registration and approval for ongoing practice also provide a more flexible mechanism for placing conditions and/or restrictions on a midwife's practice if required.</p> <p>The register of midwives must show the practising status of the midwife and must be publicly available.</p>
	4.4.4. Mechanisms exist for return to practice programmes for midwives who have been out of practice for a defined period.	<p>The midwifery regulatory authority is responsible for ensuring that all midwives are competent. As part of a continuing competence framework the midwifery regulatory authority ensures that standards and guidelines are set that identify the timeframes and pathways for midwives returning to practice after a period out of practice.</p>
<b>4.5. Complaints and discipline</b>	4.5.1. The legislation authorises the midwifery regulatory authority to define expected standards of conduct and to define what constitutes unprofessional conduct or professional misconduct.	<p>The midwifery regulatory authority has a public protection role and increasingly there is a public expectation that all professions are transparent and effective in setting standards for practice that protect the public.</p> <p>The midwifery regulatory authority sets the standards of professional conduct and ethics and judges when midwives fall below expected standards.</p>
	4.5.2. The legislation authorises the midwifery regulatory authority to impose, review and remove penalties, sanctions and conditions on practice	<p>The midwifery regulatory authority requires a range of penalties, sanctions and conditions including censure; suspension; midwifery supervision; requirement to undertake an education programme; requirement to undergo medical assessment; restricted practice; conditional practice; and removal from the register.</p> <p>The midwifery regulatory authority utilises due process and sets a time frame whereby the midwife can apply to have penalties, sanctions or conditions reviewed and or removed.</p>

	4.5.3. The legislation sets out the powers and processes for receipt, investigation, determination and resolution of complaints.	Appropriate mechanisms must be in place to effectively manage issues of competence, health and conduct. The mechanisms must ensure natural justice. The detail in the legislation will depend on the judicial system and cultural context in place in any country. Very prescriptive legislation may restrict the development of a flexible and responsive midwifery workforce.
	4.5.4. The midwifery regulatory body has policy and processes to manage complaints in relation to competence, conduct or health impairment in a timely manner.	Complaint processes enable anyone to make a complaint about a midwife (consumer/service user, other health professional, employer, another midwife, or regulator can initiate a complaint).  In addressing competence, health or conduct matters a philosophy of rehabilitation and re-education provides the framework for decision making system in the interests of an effective maternity system.
	4.5.5. The legislation should provide for the separation of powers between the investigation of complaints and the hearing and determining of charges of professional misconduct.	Separation of investigation and hearing and determination allows for fairness to the midwife and transparency to the public.  Separation of powers prevents a conflict for the midwifery regulatory authority between protecting the interests of the midwifery profession and ensuring public safety. The decision is made in the public interest, rather than that of the profession.
	4.5.6. Complaints management processes are transparent and afford natural justice to all parties.	A freely available and accessible appeal process should be in place.
<b>4.6. Code of conduct and ethics</b>	4.6.1. The midwifery regulatory authority sets the standards of conduct and ethics.	The codes of conduct and ethics are a baseline for the practice and professional behaviour expected from a midwife and the midwifery profession. The profession sets these standards via the midwifery regulatory authority.  Internationally, common elements in codes include rules around personal value systems, professional boundaries, inter-professional respect, collegial relationships, informed consent, advertising, and product endorsement.  Codes of ethics should be consistent with the ICM Code of Ethics.

## References

Department of the Taoiseach. 2004. *Regulating better. A government White paper setting six principles of better regulation.* Government Publications, Dublin.

International Council of Nurses. 2005. *Regulation terminology, version 1.* International Council of Nurses, Geneva.

International Council of Nurses. 2009a. *Regulation 2020: exploration of the present; vision for the future.* ICN Regulation Series. International Council of Nurses, Geneva.

International Council of Nurses. 2009b. *The role and identity of the regulator: an international comparative study.* ICN Regulation Series. International Council of Nurses, Geneva.

The Ordre National des Sages-Femmes. 2010. *Survey of European midwifery regulators, (2),* Conseil national de l'Ordre des sages-femmes, Paris.

Ralph, C. 1993. Regulation and the empowerment of nursing. *Int. Nurs.Rev.* 40. (2), 58 - 61.