



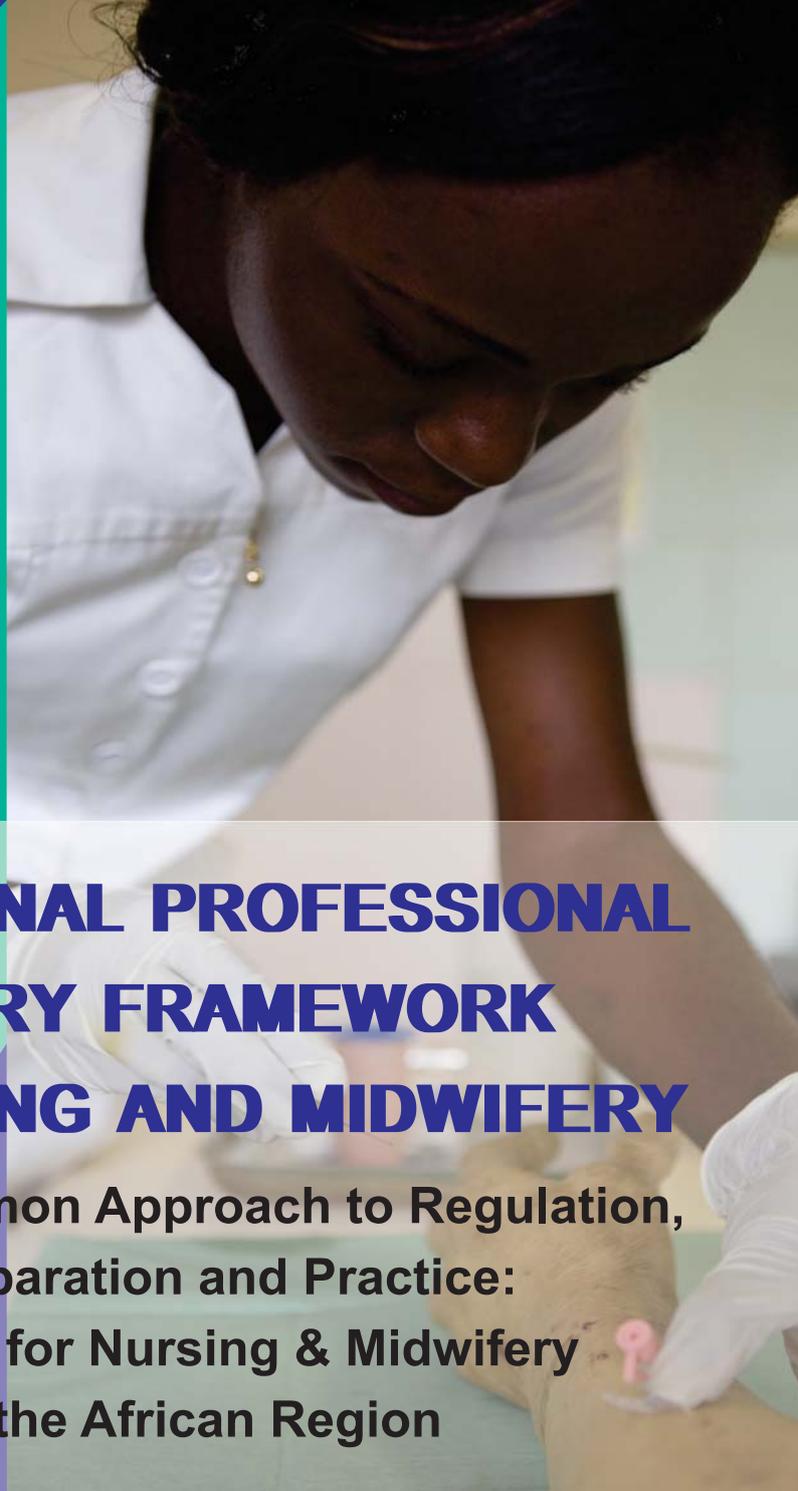
World Health  
Organization

REGIONAL OFFICE FOR

Africa

# **THE REGIONAL PROFESSIONAL REGULATORY FRAMEWORK FOR NURSING AND MIDWIFERY**

**Creating a Common Approach to Regulation,  
Educational Preparation and Practice:  
Future Direction for Nursing & Midwifery  
Development in the African Region**



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The list of individual contributors is in **Annex 3**.

## Foreword

The Regional Professional Regulatory Framework (RPRF) is in part a step towards creating a means for implementing the World Health Assembly (WHA) resolutions of regional interest and the global and regional strategic directions on strengthening the contribution of nursing and midwifery to health systems development. A strong health workforce is the backbone of a well-functioning health system. The education, recruitment, deployment and retention of health workers including nurses and midwives, remain major challenges for many health care systems in Africa. These challenges have a negative impact on the quality of health services and, consequently, on the health of a given population as health coverage is greatly compromised. Access by everyone to a skilled, motivated health worker is key.

To address these challenges, the World Health Organization, its Member States and other partners are putting in place mechanisms, structures and processes to ensure maintenance of standards and regulation for the education and practice of health workers.

Several World Health Assembly resolutions on strengthening nursing and midwifery services have been passed, the most recent being WHA 64.7, 2011 which calls for WHO Member States to collaborate:"

***... within their regions and with the nursing and midwifery professions in the strengthening of national or sub national legislation and regulatory processes that govern professions, including the development of competencies for the educational and technical preparation of nurses and midwives , and systems for sustaining those competencies; and giving consideration to the development of the continuum of education that is necessary for attaining the required level of expertise of nurse and midwifery researchers, educators and administrators..."***

The World Health Assembly and Regional Committee for Africa resolutions and other documents including the Guidelines for Implementing Strategic Directions for Strengthening Nursing and Midwifery Services in the African Region: 2007 – 2017 have formed a strong foundation for concerted response among stakeholders to strengthen their regulatory systems and reflect the current scope of nursing and midwifery practice.

This is the first regulatory framework for the nursing and midwifery workforce developed by WHO Regional Office for Africa in collaboration with key stakeholders within and outside. This document will be critical as we look at how best we can address the Sustainable development Goals and universal health coverage through the nursing and midwifery education and practice.

We hope that this document will serve as a useful resource as well as a common platform for improving the quality of nursing and midwifery education and practice in the African Region.



WHO Regional Director for Africa,  
Dr Matshidiso Moeti

## Acronyms

AFRO	Africa Regional Office
ECSACON	East, Central and Southern Africa College of Nursing
ECSA – HC	East, Central and Southern Africa Health Community
ENDSS	<i>Formation Permanente et de la Recherche</i>
FASFACO	<i>Federation des Associations des Sages femmes d’Afrique Centrale et de l’Ouest</i>
ICN	International Council of Nurses
ICM	International Confederation of Midwives
ILO	International Labour Organization
JICA	Japanese International Cooperation Agency
MOH	Ministry of Health
RPRF	Regional Professional Regulatory Framework
SANNAM	Southern Africa Aids Network of Nurses and Midwives
SIDIIEF	<i>International des Infirmieres et Infirmiers de l’Espace Francophone</i>
WACN	West Africa College of Nursing
WAEMU	West African Economic and Monetary Union
WAHO	West Africa Health Community
WHA	World Health Assembly
WFME	World Federation for Medical Education
WHO	World Health Organization

## Background and Context

There have been many major global health initiatives which have clearly articulated commitments and programmes to assist countries to strengthen the health workforce in Africa in such areas as human resources for health policy and planning; pre-service educational reform; in-service training; occupational health and wellness; recruitment, deployment and retention.

***However, the support to define regulatory options to protect the public and improve the quality of education and practice of health professions, such as accreditation and licensing, has not been adequately addressed.***

Within the African region, some countries have well developed regulatory frameworks for nursing and midwifery. Others have partial or less developed frameworks. Yet, others are just in the initial phase of discussion and /or implementation.

Building the capacity and standards for human resources for health regulation at national, sub-regional and regional levels in the African Region has been identified as one of the strategic directions in the Roadmap for scaling up the health workforce for improved health service delivery in the African Region (RC62/7).

Health professional regulatory bodies, such as nursing/midwifery and medical councils, have the mandate to regulate the education and practice of health professionals in their countries through development of standards for education and practice, credentialing, registration and licensing. ***These bodies ensure that every licensed health professional practising in the country is qualified and continues to be safe to practise, within a prescribed scope of professional practice and is not a danger to the population they serve.*** Despite the importance of having clear regulatory mechanisms to protect the public, the impetus to establish and strengthen such regulatory mechanisms has been largely overlooked even as significant investments have been made to influence health professional practice and pre-service education reforms.

### Regional and country situational analysis

Results of desk reviews and reports from countries on the status of regulation of health workers revealed that great variations exist in regulatory systems, especially for nursing and midwifery among the Francophone, Lusophone and Anglophone WHO Member States in the African Region. The main challenge identified is the lack of regulatory bodies to develop, regulate and maintain standards for their members. Regulatory bodies are 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.

In the WHO African Region, which comprises of 46 countries (20 Francophone, 21 Anglophone and 5 Lusophone), some form of regulatory mechanisms exist, although they need strengthening for sustained progress towards improved education and practice of nurses and midwives. For example, out of the 20 Francophone countries, three countries (Burkina Faso, Mali and Benin) are in the process of establishing regulatory bodies while the rest do not have any. This situation is not any better in Lusophone countries.

Most Anglophone countries have regulatory structures/bodies with varying degrees of functionality. Although government decrees exist in every country to control the practice of health workers, there is lack of nursing and midwifery councils to directly reinforce and control the education and practice of their members through established Acts of parliament.

Overall, despite the importance of having nursing and midwifery bodies also known as councils, less than 50% of African governments have given the nursing and midwifery professions the privilege of self-regulation. The absence of such councils has a negative impact on the quality of education and practice and is hampering such initiatives as harmonization of curricula and accelerated achievement of health related MDGs.

**Table 1: Regulatory status in WHO Africa**

Regulatory bodies exist	No Regulatory bodies	Regulatory bodies in process
Angola, Botswana , Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe	Algeria, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comores, Congo, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Guinea, Guinea Bissau, Madagascar, Mauritania, Mozambique, Niger, Sao Tome & Principe, Senegal, Togo	Benin, Burkina Faso, Mali,
41% of WHO African Region	52% of WHO African Region	7% of WHO African Region

Evidence shows the negative impact the absence of regulatory bodies on the quality of education and practice of nurses and midwives in the region. The results of a descriptive study conducted by the Secretariat International des Infirmiers de l'Espace Francophone (SIDIIEF) in cooperation with the Faculty of Nursing of Université Laval; Quebec, Canada (2008) in 20 French speaking countries, of which 12 were from Africa , indicate that there are considerable variations in the education profiles of nurses from country to country in the African French speaking countries. The variations include level of course content, admission requirements, number of hours required to obtain a nursing diploma, names of diplomas and job titles and national educational standards. These variations were also confirmed in an evaluation report on nursing and midwifery education programmes in selected Francophone countries (Benin, Burkina Faso, Mali and Niger) conducted by WHO in 2009 which further showed that neither nursing nor midwifery programmes have clearly defined competencies, nor countries have regulatory bodies to determine and reinforce minimum educational standards for nursing and midwifery education programmes. Many training programmes for nurses and midwives are not provided in institutions of higher learning as recommended by the International Labour Organization (ILO) Convention 149 on Nursing Personnel. A strengthened regulatory framework that takes into account both education and practice for nursing and midwifery is an imperative.

<sup>2</sup> Algeria, Burkina Faso, Cameroon, Cote d'Ivoire, DRC, Gabon, Guinea Conakry; Niger, Mali Senegal, Morocco and Tunisia

<sup>3</sup> SIDIIEF and the Faculty of Nursing, Université Laval, (2008) Profil de formation en soins infirmiers dans différents pays francophones

**Table 2: Summary of the status of education and regulation in the African Region****Regional and Country situational analysis for regulation and education**

AFRO region Countries	Nursing & Midwifery Education	Regulation
20 Franchophone	No clearly defined mission statements and curriculum for programmes	No regulatory bodies to direct and control Nursing and Midwifery education and practice
21 Anglophone	Variation in course content, admission requirements, name of diploma, lack of balance between theory and practice	Lack of synergy between Nursing and Midwifery regulatory bodies and major stakeholders
5 Lusophone	No clearly defined outcome competencies	Weak institutional capacity and leadership
Sources of studies: i. SIDIIEF 2008 ii. WHO 2009 iii. Country Reports	Shortage of well qualified nursing and midwifery teachers  No definition of national health priorities to guide curriculum content 52% of WHO African Region	Council's inability to enforce standards for education and practice 7% of WHO African Region

Although Anglophone countries' regulatory issues and challenges are not as pronounced as in Francophone and Lusophone countries, challenges exist in the following areas:

**Weak professional associations and leadership.** Professional associations have the responsibility to effect or influence stakeholders in taking the necessary changes to ensure that standards for education and practice for nursing and midwifery are in place and enforced. Associations cannot only promote professional ethics and positive role models but can sanction inappropriate behaviours and advocate the maintenance of the technical competence of their members. Yet, most associations are weak and lack strong leadership capacity and resources to engage governments and other key stakeholders to effectively direct the education and practice of their professional members.

**Lack of synergy between nursing and midwifery regulatory bodies and major stakeholders.** There is little evidence of effective collaboration among stakeholders for nursing and midwifery in most countries which results in role confusion among stakeholders in terms of responsibility and accountability for nursing and midwifery development.

**Weak leadership and institutional capacity.** There are very limited opportunities for capacity building in leadership development and institutional strengthening that would ensure that the leaders are updated in knowledge and skills and feel competent to execute their tasks within institutions that are functional.

**Councils' inability to enforce standards of education and practice and to regularly review and update legislation, curriculum and standards.** Even where councils exist, budgetary constraints and shortages in staff greatly affect their ability to effectively enforce standards.

The Regional Professional Regulatory Framework (RPRF) is envisaged to serve as a reference point for the reform, design and implementation of country specific key regulatory elements for the education and practice of nurses and midwives. A detailed description of the RPRF is provided in the next chapters.

<sup>4</sup> ILO Nursing Personnel Convention No. 149, 'Recognize their contribution, Address their needs'. ILO, Geneva, 2005. ISBN 92-2-118249-5.

# Chapter 1

## The Regional Professional Regulatory Framework

## Introduction

Quality assurance in nursing and midwifery is imperative. Patient safety makes an important case for the need for quality nursing and midwifery services. Establishment, implementation and maintenance of standards in the education and practice of nurses and midwives, depends on the efforts of individual nurses and midwives and the collective efforts of regulatory bodies and other stakeholders.

### What is this Regional Professional Regulatory Framework (RPRF)

This RPRF is a tool that outlines **seven key regulatory elements** which have been identified by experts in the African Region as having the potential to promote a common regional approach to regulation, educational preparation and practice of nurses and midwives in the region. If well implemented, the seven identified regulatory elements would significantly contribute to improved quality of nursing and midwifery services and health outcomes of the populations of the African Region.

The framework is a step towards improving the level of education for nurses and midwives including the development of curricula which are responsive to national health needs. It is designed to assist policy and decision makers, educators and employers to utilize the established regulatory elements to contribute to the production of safe, competent and regulated professionals who can deliver quality and safe health services.

The seven regulatory elements describe the minimum parameters of desired professional behaviours and educational standards within which nursing and midwifery education are provided and practised.

The regulatory elements presented in this document are as follows:

- descriptions of a nurse and nursing, midwife and midwifery
- scope of practice for practising nursing and midwifery
- standards for basic nursing and midwifery education
- core competencies for entry into practice for nursing and midwifery
- standards of practice for nursing and midwifery
- codes of conduct for nurses and midwives, and
- career development and progression in the nursing and midwifery professions.

A summary and detailed discussion of the elements will be provided in the preceding chapters. The discussions of these elements have taken into account sub-regional and country specificities. Countries throughout the region are urged to adapt the framework to their context and use it as a tool to support local initiatives to produce safe, competent and regulated nurses and midwives who will contribute effectively to the delivery of quality health services in the region.

## Why is this framework needed?

The nursing and midwifery professions need to position themselves effectively in order to respond to the changing environment and be in a position to meeting their social mandate of providing safe care to protect the public. The practice environment is rapidly changing as a result of the influence of globalization, shortages in human resource for health and imbalances, economic downturn, increased government oversight and involvement in regulation, and changing disease patterns.

This regulatory framework, as a tool, can provide guidance to the region and countries, within the context of the seven identified key regulatory elements, to:

- Operationalize relevant resolutions on human resources for health including nursing and midwifery which include: WHA 64.7, and RC62/7 in strengthening the national or subnational legislation and regulatory processes that govern the nursing and midwifery professions, including the development of competencies for the educational and technical preparation of nurses and midwives;
- Advocate for supportive policies for implementing sound and appropriate nursing and midwifery regulation, education and practice for improved quality health services and outcomes;
- Inform educational reforms including adaptation/adoption of the regional prototype competency – needs-based pre-service curricula for pre-service nursing and midwifery education;
- Support the creation of the desired common approach to educational preparation and practice of nurses and midwives in the African Region if used in conjunction with the prototype competency and needs-based curriculum for pre-service nursing and midwifery education;
- Contribute to improving quality health care and nursing and midwifery services in the region.

Weak or complete lack of regulatory structures and mechanisms for reinforcing the regulatory elements can make it difficult to scale up relevant quality education and practice reforms in a sustained manner, such as the implementation of competence-based curriculum and harmonization of such curricula across the region.

## The process for developing the framework

The framework was developed following a series of activities which included:

- (i) analysis of current relevant global and regional resolutions on the regulation, education and practice of health and human resources for nursing and midwifery services;
- (ii) review of existing literature on the status of regulation and education at country level;
- (iii) consultative and interactive meetings with stakeholders and a network of global, regional and country experts in the regulation, education and practice of nurses and midwives, and peer review of the frame work itself at different stages of its development.

## How can the RPRF contribute to improving the quality of education and practice of nurses and midwives?

One of the goals for producing this framework is to create a common regional approach and greater consistency and standards in the quality of education and practice in the Region. The users are encouraged to debate, select, adapt and develop the RPRF key elements within their specific country context. It is proposed that the framework be modified only as necessary to suit the local context and health care needs. This should be followed by the implementation, monitoring and evaluation of its use and impact on strengthening the contribution of nursing and midwifery services to general health service delivery.

The contents of the table below present the envisaged added value of the RPRF in improving the quality of nursing and midwifery services.

**Table 2.1: The contribution of the RPRF**

### **The RPRF can:**

- facilitate the adaptation of key regulatory elements to rapidly changing educational and practice environments and allow for flexibility in responding to country specific and continental diversity and contexts;
- promote a common approach to educational preparation and practice across the Region through the use of commonly developed and agreed upon competencies, educational and practice standards for nursing and midwifery which will support harmonization initiatives;
- provide the established regulatory elements as a reference point for monitoring and evaluating quality improvements in nursing and midwifery education and practice;
- facilitate the introduction of improvements in the quality of education and practice through the introduction and use of developed standards and competencies;
- act as a rallying point to advocate for improved nursing and midwifery services and protection of the public from unsafe practices through the use and application of developed standards;
- to national health targets of delivering quality health services and thereby having a positive impact on population health;
- ensure the availability of a well-trained and regulated nursing and midwifery workforce, which is key to effective delivery of quality services.

## The intended users of the RPRF

The framework is intended as a reference document for nursing and midwifery professional associations, regulatory bodies, government decision-makers, managers, educators, other health professional groups, the public, and individual nurses and midwives. It is therefore prudent that professional nurses and midwives who are leaders in their various capacities (education, practice, research and health policy) and who have the influence in determining the pace and direction of nursing and midwifery development in their countries have a strong and broad foundation of what governs nursing and midwifery education and practice.

## How this RPRF can be used

The RPRF could be used as a prototype for making the required changes in nursing and midwifery at country level. From the start, it is critical that a needs assessment is conducted in the areas of nursing and midwifery regulation, education and practice. The needs assessment will provide a strong basis for the desired and effective modifications. The RPRF can be used in a variety of ways in developing/strengthening country specific regulatory frameworks as follows:

1. to guide the process of **identification and implementation of appropriate professional regulatory elements** to be addressed in a ***country where proposed key elements are not being implemented;***
2. to guide the process of **reviewing and identifying** gaps, and areas that require strengthening, ***in countries where the proposed key elements are in the process of being implemented;***
3. to guide the **monitoring and evaluation of the implementation of regulatory elements** ***in countries where the key elements are already well addressed in order to sustain the desired change.***

## The scope of the RPRF

The RPRF does **not** include details of all the regulatory elements that a country may require. The adaptation of the RPRF will depend on how the country wishes to use the tool. Additional details on the full scope of nursing and midwifery regulation can be sought from other sources such as the International Confederation of Midwives (ICM), International Council of Nurses (ICN), the World Health Organization and other stakeholders. Websites are provided at the end of the guide where details of such material can be found.



## **Chapter 2**

### **The regulatory element**

## Introduction

The identified regulatory elements discussed in this document describe the minimum parameters of desired professional behaviours, professional practice and educational standards within which nursing and midwifery education are provided and practised. They are broad and flexible enough to allow the professions to respond appropriately to the emerging health needs and demands as well as professional growth; they are balanced by defining the appropriate parameters of professional practice. The selected regulatory elements have the potential to facilitate and enhance the creation of a common approach to regulation, educational preparation and practice of nurses and midwives in the Region, if appropriately utilized by all the countries in the Region.

Highlights of the key elements are given below. The detailed account of each regulatory element will be discussed in full in the proceeding chapters.

The regulatory elements presented in this document are:

- descriptions of a nurse and nursing, midwife and midwifery
- scope of practice for practicing nursing and midwifery
- standards for basic nursing and midwifery education
- core competencies for entry into practice for nursing and midwifery
- standards of practice for nursing and midwifery
- codes of conduct for nurses and midwives, and
- career progression in the nursing and midwifery professions.

## Descriptions of a nurse and nursing, midwife and midwifery

Defining *who* and *what* needs to be regulated is key to creating a common approach to regulation, educational preparation and practice of nurses and midwives. In some countries in the region, some confusion exists as to who is given the title of a nurse or a midwife. There is also confusion in differentiating the concepts nurse and nursing, midwife and midwifery. This is especially common in countries where nursing and midwifery regulation is weak. Having a common understanding of these terminologies is important. Definitions of the terms nurse, nursing, midwife and midwifery are given in Chapter 3.

## Scopes of nursing and midwifery practice

The scopes of practice describe the full range of nursing and midwifery practice within legal and self-regulated boundaries. They focus on the health care needs and demands of individuals, families, groups and communities to which the nurse and midwife must respond. i.e., promotive, preventive, curative and rehabilitative nursing/midwifery interventions. Although the scopes of practice are broad, they emphasize the importance of understanding the determinants of health, causes and treatment of diseases/illnesses, as well as the psychosocial, cultural, economic and political context of the health care system. In addition, the nursing and midwifery scopes of practice define the parameters of practice for the entry-level nurse and midwife and those already in practice. The scopes of practice also highlight the types of settings in which the nurse and midwife practise.

*The WHO African Region, has decided that two scopes of practice, one for nursing and the other for midwifery, be developed to address the varied entry qualifications required to practise nursing and midwifery. Both scopes of practice are derived from the broad parameters of practice for professional self-regulation for nursing and midwifery. The nursing and midwifery scopes of practice define the nurse and midwife as an independent practitioner who functions within the health care team in collaboration with clients, health team members and other stakeholders.*

## Standards for professional nursing and midwifery practice

Standards of practice are desired and achievable levels of performance that provide clarity of expectations and the role of the professional nurse and midwife against which performance is evaluated. ***The purpose of specifying standards of practice is to enhance the quality of care for clients; protect the public, provide the profession with the means to regulate itself, and give direction for professional practice.*** Standards are derived from the professional scopes of practice and regulatory frameworks. In general, standards of professional practice are authoritative statements by which the profession describes responsibilities and accountability of its practitioners. Standards form the basis for developing core competencies and content for the entry-level practitioner. The criteria used to measure the achievement of standards change more frequently than the standards themselves. Such criteria can be developed specifically to meet the needs of nurses and midwives practising in speciality areas.

The standards of nursing and midwifery practice in this framework provide a description of the major roles and functions of nurses and midwives that are attainable within reasonable expectations, in the region. They reflect the values, philosophy and priorities of the nursing and midwifery professions and can serve as prototypes for member countries to develop standards of practice that are country specific and sustainable.

The standards of professional practice being described in this framework are based on six significant characteristics of a profession in line with their professional roles. These are:

- professional service to the public
- knowledge-based practice
- competent application of knowledge
- self-regulation
- ethical practice, and
- professional responsibility and accountability

## Standards for initial professional nursing and midwifery education

Standards for initial professional nursing and midwifery education are an important component of a RPRF for the purpose of self-regulation. They are broad statements that describe the minimum requirements for educational programmes to adequately prepare graduates who can respond appropriately to clients' needs and health care demands.

The purposes of educational standards are to:

- (i) ensure that the graduates have acquired expected core competencies required for registration and licensure;
- (ii) provide for safe practice and quality care for clients;
- (iii) serve as a guide to evaluate nursing education programmes; and
- (iv) provide direction in designing educational programmes and various steps in curricula implementation.

Standards for education are designed not only to guide educational institutions, educators and regulatory bodies but also the public, current and potential students to ensure that the programme is achieving its stated goals and objectives. It is important to develop and maintain educational programmes, which are dynamic and flexible to accommodate the changing health care needs. In order to be comprehensive or encompassing, educational standards should include structure, process and outcome components of the educational programmes.

## Entry to practice competencies

Competencies refer to the basic knowledge, skills and behaviours required of the nurse and midwife for safe practice in any work setting. They are behaviours that indicate the nurse and midwives' ability to perform their roles at an expected level. The entry-to-practice competencies refer to minimum competencies that a beginning practitioner should have before beginning to practice nursing and midwifery.

Like the standards for professional nursing and midwifery practice, the core competencies to entry-level practice in this framework are broad and flexible and serve as a guide in the development of competencies and content relevant to nursing and midwifery practice.

## Code of conduct and ethics

Nursing and midwifery are caring professions with four fundamental responsibilities namely, promote health, prevent illness, restore health and alleviate pain and suffering. Nursing and midwifery professions have core values that are central to their practice. These values are prescribed in their codes of conduct as presented below.

### The code of conduct

A code is a prescribed mode of behaviour based on agreed values and standards (ECSACON, Code of Ethics). A code is further defined as a "set of moral principles accepted by society or a group of people" (Nursing Council of Kenya, 2006).

Ethics is a system of morals that outlines the values, beliefs, practices and standards of individuals or group. It is a guide for action based on social values and needs in a changing society.

Nurses and midwives are expected to comply with these established codes of conduct in whatever setting they find themselves as professionals. Failure to abide by the code, the laws of the land constitutes professional misconduct which is subject to disciplinary actions in accordance with countries' specific laws.

The decision-making process should reflect the respective code of ethics which informs nurses and midwives of the professional conduct required of them in the performance of their professional duties to consumers or clients of such services. It also informs the public, other professionals and employers of the standards of professional conduct required of nurses and midwives.

## Career development and progression

It is the responsibility of regulatory bodies to ensure that the minimum educational standards they prescribe for the training institutions which they control prepare graduates for future advanced education programmes. Regardless of one's career path, it is always beneficial to seek out career development opportunities for one's area of professional knowledge. Career development means working to maintain up-to-date knowledge of the skills the professional already possess. Career development is synonymous with competitive edge. This is because new skill development is an integral part of the career development process. Staying abreast of the up- and – coming skill set for a given profession contributes to remaining competitive in that career field.

Nursing and midwifery professions have great prospects of opportunities for career development in their professions. One of the key factors to successful career development and progression in nursing and midwifery is having a strong foundation in basic professional education. The basic professional education programmes should prepare beginning nurses and midwives for varied opportunities in career development within their professions. What is key is the comprehensiveness of the basic educational programmes that prepares nurses and midwives for their future roles.

## **Chapter 3**

### **Defining the professionals & their practice**

## What needs to be regulated?

Defining who the professionals are and what they do is key in determining a common approach to regulation and educational preparation and practice of nurses and midwives in the African region. In Africa, great variations exist in the nomenclatures and titles of nurses and midwives and what their specific roles and responsibilities are within the health care team. This problem is especially acute in countries where the regulation of nursing and midwifery is weak.

Defining the professional nurse and midwife and their roles in line with international standards can assist in addressing the variations which exist. This chapter focuses on describing regulatory elements of titles and scopes of practice for nurses and midwives.

## Use of titles nurse and midwife

The titles “nurse” and “midwife” are reserved titles under regulation. Only those nurses and midwives who are registered with their national regulatory bodies after meeting the legal registration requirements can use the titles “nurse” and “midwife”.

## Who is a nurse and what is nursing?

A Nurse is a person who has completed a programme of basic, generalized nursing education in an accredited institution and is authorized by the appropriate regulatory authority to practise nursing in his/her country. Basic nursing education is a formally recognized programme of study providing a broad and sound foundation in the behavioural, life and nursing sciences for the general practice of nursing, for a leadership role, and for post basic education for specialty or advanced nursing practice. The nurse is prepared and authorized to (i) engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings; (ii) carry out health care teaching; (iii) participate fully as a member of the health care team; (iv) supervise and train nursing and health care auxiliaries; and (v) be involved in research .

Nursing is a profession that encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and inpatient and health systems management, and education are also key nursing roles. (Adapted from ICN 2010).

## What is the scope of practice for nursing?

The scope of practice defines the range of roles, functions, responsibilities and activities, which a registered and licensed professional (nurse) is educated for, competent in, and is authorized to perform. It defines the accountability and limits of practice.

The scope of practice is **not limited** to specific tasks, functions or responsibilities (*ICN, 2007*). It includes the following:

- direct care giving and evaluation of its impact
- advocacy for patients and for health
- supervising and delegating to others
- leading, managing, teaching
- undertaking research, and
- developing policy for health care systems.

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<sup>5</sup> Development of standards for nursing education and practice, ICN 1989

Legislation, standards and other regulatory instruments and tools determine the overall scope of practice for professional registered nurses approved to practise nursing in their respective countries. The other factors influencing nursing practice include (ICN 2007):

- individual practitioners' competencies
- requirements and policies of the employer
- clients' needs, and
- practice settings.

## Regulating a midwife and midwifery

**A midwife** is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located, has been educated and trained to proficiency in the essential competencies for basic midwifery practice, demonstrates competency in the practice of midwifery and is legally permitted to use the title. (Adapted from ICM 2005/ 2011)

**Midwifery** encompasses autonomous provision of support, care and advice in partnership with the women to promote self-care and the health of mothers before and during pregnancy, labour and following childbirth. It also includes provision of care to infants, children, adolescents and families. It (midwifery) involves promoting respect for human dignity and for women as persons with full human rights. It undertakes advocacy for women so that their voices are heard and is culturally sensitive in working with women and other health care providers to overcome those cultural practices that harm women, new-borns, infants, children and adolescents (Adapted from ICM global definitions 2005).

## What is the scope of practice for midwifery?

Midwifery scope of practice refers to those activities which midwives are educated, competent in and authorized to perform. This means that the midwife gives necessary supervision, care and advice for women during pregnancy, labour and the postpartum period. The midwife conducts deliveries as part of her responsibility and cares for the new-born infant. This care includes:

- primary health care supervision within the community (preventive measures);
  - health counselling and education for women, the family and the community including preparation for parenthood;
  - provision of family planning;
  - detection of abnormal conditions in the mother and child;
  - procurement of specialized assistance as necessary (consultation or referral); and
  - execution of primary and secondary emergency measures in the absence of medical help.
- Midwifery practice is ideally conducted within a community-based health care system (ICM Essential Competencies 2005).

Having considered **who** and **what** is to be regulated in this chapter, the next chapter presents standards for initial nursing and midwifery education.



## **Chapter 4**

### **Standards for initial nursing and midwifery education**

## Introduction

Regulating the educational programmes of nurses and midwives is a key regulatory element that explains the importance of why educational programmes should be accredited to ensure their quality and relevance and produce graduates that are competent and safe to practice. The purpose of standards for nursing and midwifery education is to:

- ensure that graduates of nursing and midwifery education programmes are prepared for safe and effective nursing and midwifery practice;
- provide criteria for the development, evaluation and improvement of new and established nursing and midwifery programmes;
- ensure that candidates are educationally prepared for licensure and recognition at the appropriate level .

## Standards for nursing and midwifery education for the African Region

A standard is a desirable and achievable level of performance against which practice is compared. Educational standards provide a means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme to that of others. Many countries around the world have developed national standards for nursing and midwifery education and scope of practice. The current trend is towards setting regional standards for groups or subgroups of countries.

## Why are nursing and midwifery education standards important for the African Region?

The development/adaptation of a framework of common regional standards for initial nursing and midwifery education for the Region is imperative. The common initial education standards can ensure that:

- Accreditation of all nursing and midwifery education programme uses similar/same standards;
- Existing programmes of nursing and midwifery education and those being developed are responsive to current trends in nursing and midwifery education;
  - respond to health needs in the member states;
  - stay in line with technological advances and produce graduates who are competent and accountable for their practice;
- Member States utilize the same standards as a tool/guide to improve their existing education programmes and provide a basis for developing new programmes;
- Standardizing the multiple nursing and midwifery education programmes which exist in public and private institutions is based on a common frame of reference;
- Monitoring the regional progress and impact of nursing and midwifery education programmes on service delivery is based on common established education standards.
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## The standards

International and regional organizations including WHO, International Confederation of Midwives (ICM), International Council of Nurses (ICN), World Federation for Medical Education (WFME) and East Central and Southern Africa College of Nursing (ECSACON) have developed global educational standards to guide the education of health workers: nurses, midwives, medical doctors and others. The developed frameworks can be used to assess the quality of health professionals' education. For the purpose of this document, the WFME standards (2003) were chosen as a starting point for identifying indicators of the quality of health professionals' education. WFME identifies nine areas of quality assessment and potential improvement of health professionals' education:

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<sup>6</sup> Adapted from Model Nursing Act: Chicago, 2010

- mission and objectives
- educational programme
- assessment of students
- students
- academic staff
- educational resources
- programme evaluation
- governance and administration
- continuous renewal.

The WFME framework was chosen as a frame of reference for this document because:

- It was more comprehensive in its coverage of areas of educational quality;
- It was more detailed in its suggestions for indicators of educational quality;
- Its indicators seemed more practicable to implement globally.

While the basic structure of the WFME (2003) document (i.e., nine areas in which quality of education should be assessed) is followed, various modifications were made in order to adapt the framework and its derived indicators to the purpose of this document. These changes include:

- Addition (or deletion) of sub-areas to (or from) the list of sub-areas of educational quality proposed by WFME (2001);
- Operationalization of certain areas of quality into indicators.

The **eleven** recommended regional standards for nursing and midwifery education adapted for the purpose of this document are outlined below. They are structured according to 11 areas which prescribe the minimum standards that **must** exist for health professions' education programmes:

1. mission, philosophy and objectives
2. educational programme
3. clinical learning experience
4. academic staff/faculty
5. educational resources
6. governance and administration
7. student selection, admission and support
8. assessment of students
9. programme evaluation
10. quality assurance
11. research and evidence
- 12.

### **Standard 1: Mission, philosophy and objectives**

Educational institutions must define their mission, philosophy, conceptual framework and objectives and make them known to their users.

**Indicators:**

- 1.1 Nursing and midwifery school(s) must define their mission, philosophy, conceptual framework and objectives and make them known to its users.
- 1.2 The mission statement and objectives must describe the educational process of producing a nurse and midwife who is competent at a basic level, with an appropriate foundation for further training in any branch of nursing and midwifery.
- 1.3 In keeping with the roles of nurses and midwives in the health care system, the mission statement and objectives must be consistent with the educational goals of the parent institution, if present, and with national standards and goals of the profession.
- 1.4 The scope of the goals and objectives must be in agreement with national health priorities and community health needs.
- 1.5 The philosophy must define the values attached to the society, health, nursing and midwifery, the health care system, educational models and approaches (WHO, 2007).

**Standard 2: Objective of the educational programme**

Learning programmes must show evidence of addressing the human resource needs and must fit harmoniously and coherently into the total health professional education system of the country, and in keeping with international trends.

**Indicators:**

- 2.1 Learning programmes must show evidence of addressing the human resource needs of the country; they must fit harmoniously and coherently into the total health professional education system of the country, and in keeping with international trends.
- 2.2 Nursing and midwifery school(s) must define the *competencies* that students should exhibit on graduation from each programme in relation to their subsequent education and future roles in the health system.
- 2.3 Nursing and midwifery school(s) must define the *curriculum models* and instructional methods employed and show evidence that a variety of appropriate classroom teaching strategies are used effectively and efficiently. The curriculum content must relate to the philosophy, goals and terminal competencies desired. The nursing and midwifery curriculum must relate to national health priorities, community health needs, the present and emerging role of the practitioner, and professional and legal requirements for practice.
- 2.4 The curriculum documentation must reflect a *coherent learning programme* that clearly shows the outcomes achieved, and the educational process supporting these outcomes.
- 2.5 There must be evidence of *approval* of the curriculum by the academic institution or institutional processes as well as the professional regulatory body.
- 2.6 *Course outlines* must be comprehensive documents which allow the students to become active partners in the learning-teaching process by clarifying expectations and requirements.
- 2.7 The *content* of the subjects/courses must reflect up-to-date scientific knowledge and skills, and be consistent with the intended learning outcomes.
- 2.8 The curriculum must adequately reflect the *priority health problems* or issues identified by the country and WHO. It must also include legal and professional requirements.
- 2.9 Nursing and midwifery school(s) must teach the principles of *scientific methods and evidence-based practice*, including analytical and critical thinking.
- 2.10 School(s) must identify and incorporate in the curriculum the contributions of the *biomedical sciences* to create an understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying the sciences.
- 2.11 Nursing and midwifery school(s) must identify and incorporate in the curriculum the contributions of the *behavioural and social sciences* that enable an understanding of contextual factors of health and health services.

### Standard 3: Clinical learning experiences

Nursing and midwifery school(s) must ensure access to an adequate range and depth of clinical learning resources and opportunities for the programmes offered

#### Indicators:

- 3.1 Nursing and midwifery school(s) must ensure access to an *adequate range and depth* of clinical learning opportunities for the programmes offered.
- 3.2 The *quality of staff and services* in clinical facilities used for training must enhance the educational outcomes.
- 3.3 The *relationship* between the training institutions and the health systems of the countries must be harmonious in terms of objectives, organization, and human relations.
- 3.4 There must be a clear policy on the process and structure of *clinical placement and supervision/teaching* to ensure that this component of the curriculum is used effectively for learning and professional development, and theory and practice are optimally linked.
- 3.5 Nursing and midwifery school(s) must ensure that students have *adequate patient contact* and acquire sufficient competence to assume appropriate nursing/midwifery responsibility upon graduation.

### Standard 4: Academic staff/faculty

The Nursing and midwifery faculty staff size and composition must be sufficient to provide teaching and guidance to students to ensure that students meet the entry requirements to practice as defined by the national regulatory bodies

#### Indicators:

- 4.1 There must be clear *human resource policies* for recruitment, deployment and retention. Human resources management systems must have clear job descriptions, regular staff appraisals, continuing education, promotion and or recognition that support the mission of the institution.
- 4.2 The *student-staff ratio* must be in line with professional norms and the qualifications, experience and research activities of academic staff which match their teaching responsibilities.
- 4.3 The *staff profile* must show continued participation in the areas of classroom and clinical teaching, leadership/management, research and community service.
- 4.4 The staff must show evidence of expertise in their areas of teaching and practice.

### Standard 5: Educational resources

The nursing and midwifery institutions must have physical facilities, clinical training resources, information technology, research facilities, educational expertise, and educational exchange programmes, for the staff and the student population to ascertain that the curriculum can be delivered adequately in line with relevant policies.

Indicators:

- 5.1 Nursing and midwifery school(s) must have sufficient physical facilities for the staff and the student population to ensure that the curriculum is delivered in an appropriate and safe environment.
- 5.2 The school must ensure that the faculty and students have adequate access to an appropriate, current and adequate range of information resources.
- 5.3 Teaching/learning and research *equipment* must be adequate and appropriate to the needs, and must be well maintained and utilized.
- 5.4 *Regional and international exchanges* of academic staff and students must be facilitated through the provision of adequate resources for appropriate and desired learning experiences.

## Standard 6: Governance and administration

The nursing and midwifery institutions are part of the infrastructure of the society and demonstrate mechanisms required to operate an academic institution with adequate governance and administrative structure. Appropriate facilities and amenities shall be ensured for the successful implementation of programmes in collaboration with health facilities.

### Indicators:

- 6.1 Institutional organizational charts must reflect a *governance structure* which allows for the inputs of relevant stakeholders, in order for efficient and effective decision-making, planning and monitoring to take place.
- 6.2 Responsibilities of the academic leadership of the school(s) for the nursing and midwifery educational programmes must be stated clearly, and rules, procedures and *policies must be clear* and accessible to both staff and students.
- 6.3 The *budget policy* must be clear and coherent and the staff must be active and informed participants in the budgeting process and that all relevant aspects of budgeting must be taken into account to ensure that institutional programmes can proceed effectively.
- 6.4 The external linkage of the nursing and midwifery school(s) must reflect *leadership*, mutual partnership involvement and acceptance in the wider academic and professional community, with clear memoranda of understanding (MOU) and agreements.
- 6.5 Clear institutional *student records* policy must be established maintained and updated.

## Standard 7: Student selection, admission and support

Institutions must have policies and procedures related to student selection, admission and support requirements.

### Indicators:

- 7.1 Nursing and midwifery school(s) must have an admission policy including a clear statement on the process of selection of students. The selection and admission procedures must ensure fair *access* to suitable candidates for relevant programmes.
- 7.2 The size of the student intake must be defined and related to the capacity of the nursing/midwifery school(s) at all stages of education and training. It must be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of the community and society.
- 7.3 Students must have access to appropriate career, academic and personal counselling support services.
- 7.4 Students must have direct and adequate representation on decision-making structures within the institution and student organizations and activities must be encouraged and facilitated.

## Standard 8: Assessment of students

Institutions should have assessment policies and procedures which ensure that students meet all the requirements and demonstrate continuous progress towards achieving competencies stated in the curriculum.

### Indicators:

- 8.1 In order for academic and professional outcomes to be valid and reliable, the assessment system must be linked to institutional/programme and learning objectives.
- 8.2 Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.
- 8.3 Nursing and midwifery school(s) must define and state methods to be used for assessing its students, including the criteria for passing examinations.

## Standard 9: Programme evaluation

The nursing and midwifery programmes must establish a mechanism for programme evaluation that monitors the curriculum and student progress and ensures that concerns are identified and addressed.

### Indicators:

- 9.1 A school(s) must have an established mechanism for *programme evaluation* that monitors the curriculum and student progress, and must ensure that concerns are identified and addressed in a timely fashion.
- 9.2 Both teacher and student feedback must be sought systematically, analysed and addressed.
- 9.3 Student performances in all examinations must be analysed at least twice in an academic year and corrective measures taken where necessary.

## Standard 10: Quality assurance mechanisms

Programme providers must use effective quality assurance processes in which findings lead to quality enhancement.

### Indicators:

- 10.1 Programme providers' quality assurance processes must be aligned with the programme specification, programme evaluation and enhancement.
- 10.2 Education institutions must ensure that:
  - feedback from students and mentors is used to inform the programme and enhance the practice learning experience;
  - stakeholders at all levels are committed to, and will contribute to quality assurance and enhancement;
  - all practice learning experiences are of the same high standard;
  - theory and practice are equally important, and external examiners consider and report on both the quality of theory and practice learning.

- 10.3 Educational institutions demonstrate that they use effective quality assurance processes including joint programme approval of minor or major modifications, endorsement and annual monitoring
- 10.4 Programme providers must allow the Nurses and Midwives Councils to monitor programmes.
- 10.5 The curricula model and instructional methods should be adapted to ensure that they are appropriate and relevant.
- 10.6 Assessment principles, methods and examinations should be developed according to changes in educational objectives, learning goals and methods.
- 10.7 The management of the institution should avail itself for quality assurance reviews on a regular basis.

## Standard 11: Research and evidence

The nursing and midwifery training institutions should have a policy that fosters relationship between research and education and should describe research facilities and areas of research priorities for the institutions.

### Indicators:

- 11.1 Research environment is available
  - researchers
  - computer centre
  - support system, i.e., funds, policy, committee
- 11.2 Interaction between research and education activities should be reflected in the curriculum and influence current teaching.
- 11.3 The interaction between research and education should encourage and prepare students to engage in nursing research and development.
- 11.4 Dissemination forum within the institution shall be organized and researchers encouraged to participate in research conferences:
  - policy on attendance of conference and organization of such activities
  - support systems
  - curriculum committee
  - library
  - publication
- 11.5 Institution conforms to research ethics and guidelines and protects clients' rights and safety during the conduct of research.

One of the goals for maintaining educational standards for the nursing and midwifery profession is to ensure that individuals graduating from the educational institutions have the right knowledge and skills to effectively provide nursing and midwifery services. In the following chapter, basic competences for entry into practice are presented.

## **Chapter 5**

### **Entry-to-practice competencies**

## Introduction

Competencies are the specific knowledge, skills, judgment and personal attributes required for a registered nurse and midwife to practice safely and ethically in a designated role and setting (adapted from Canadian Nurses Association 2005, updated in 2010).

The term “competence” means the effective application of a combination of knowledge, skill, and judgment demonstrated by an individual in daily practice or job performance. In nursing definitions, there is general agreement that, in the performance of nursing roles to the standards required in employment, competence reflects:

- knowledge, understanding and judgment;
- a range of skills cognitive, technical, or psychomotor, and interpersonal; and
- a range of personal attributes and attitudes (adapted from ICN 2005).

The entry-to-practice competencies for the registered nurses and midwives professions, describe the competencies expected of the new graduate from an approved nursing and midwifery education programme for initial entry-to-practice as a registered nurse and midwife. The entry-to-practice competencies are and must be used as key regulatory element in nursing and midwifery education program approval.

The entry-to-practice competencies for the registered nurses and midwives professions must be a fundamental component of the standards for basic nursing and midwifery education programme and key to the approval process of basic nursing and midwifery education programmes. The competencies must serve as a guide for curriculum development and also for public and employer awareness of the practice expectations of entry-level registered nurses and midwives.

## Assumptions

Assumptions about the preparation and practice of entry-level registered nurses and midwives are that:

1. Entry-level registered nurses and midwives are beginning practitioners whose level of practice, autonomy and proficiency will grow best through collaboration, mentoring and support from registered nurse and midwife colleagues, managers, other healthcare team members and employers.
2. Entry-level registered nurses and midwives are prepared to consistently practise safely, competently and ethically in situations of health and illness with people of all ages and genders across a variety of settings.
3. Entry-level registered nurses and midwives are prepared to consistently practise safely, competently and ethically with the following possible recipients of care: individuals, families, groups, communities and populations.
4. The practice environment of entry level registered nurses and midwives can be any setting or circumstance where nursing and midwifery is practised. It includes the site where nursing and midwifery care is provided and programs designed to meet healthcare needs.
5. Entry-level registered nurses and midwives enter their career with competencies that are transferable across diverse practice settings.
6. Entry-level registered nurses and midwives have a strong basis in nursing and midwifery theory, concepts and knowledge, health and sciences, humanities, research and ethics.
7. Entry-level registered nurses and midwives draw on multiple sources of knowledge to attain proficiency over time in demonstrating the wide range of competencies in this document. Each entry-level registered nurse and midwife's experience in practising the competencies during their nursing and midwifery education will vary significantly and may be limited in some practice environments and with some clients (adapted from *The College and Association of Registered Nurses of Alberta (CARNA)* document 2006).

## Core competences for basic general nursing and midwifery practice for the Region

A number of global competency frameworks for nursing and midwifery exist. Formats for presenting the competencies differ from framework to framework. For purposes of this document, the content of ICN and ICM frameworks have been adapted as the main reference with modifications to suit the requirements of the nurses and midwives in the African Region. The regional nursing and midwifery entry-to-practice competencies are derived from the broad parameters of practice for professional self-regulation for nursing and midwifery. They provide the basis for the standards of practice and education.

### Core competences for basic general nursing

The core competencies for a generalist nurse in this RPRF have been adapted from the *ICN Nursing Care Continuum Framework and Competencies*. The main domains and sub-domains of the competencies focus on the role of a registered professional nurse. that the international Council of Nurses, through extensive consultations revised the core competencies of a generalist nurse as presented in the *ICN Framework of Competencies (2003)* to the current form as presented in the *Nursing Care Continuum Framework and Competencies*. The RPRF has adapted the competencies as presented in the current form has three main domains and sub domains and are those associated with a person who is newly qualified in the particular role of nursing:

#### Main domain 1: Professional, ethical and legal practice

##### Competency areas:

- accountability
- ethical practice
- legal practice

#### Main domain 2: Care provision and management Competency areas:

- health promotion
- assessment
- planning
- implementation
- evaluation
- therapeutic communication and relationships
- leadership and management
- inter-professional health care
- delegation and supervision
- safe environment.

#### Main domain 3: Professional, personal and quality development

##### Competency areas:

- enhancement of the profession
- quality improvement
- continuing education

Details of the required knowledge, skills and abilities (competencies) for each sub-domain and its related sub elements can be found in **Annex 1**.

## **Essential competences for basic midwifery practice**

The competencies are written in recognition that midwives receive their knowledge and skills through several different educational pathways. They can be used by midwives, midwifery associations, and regulatory bodies responsible for the education and practice of midwifery in their country or region. The essential competencies are guidelines for the mandatory content of midwifery pre-service education curricula, and information for governments and other policy bodies that need to understand the contribution that midwives can make to the health care system. The Essential Competencies for Basic Midwifery Practice is complemented by ICM standards and guidelines related to midwifery education, regulation and clinical practice (ICM 2011).

## **The adapted essential midwifery competencies**

There are nine modified competencies which focus on pre-conception, antenatal, labour and delivery, postnatal care and new-born care and abortion-related care; emergency obstetric and neonatal care, leadership and management.

### **Competency No. i:**

Midwives have the requisite knowledge and skills from the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, new-born and childbearing families.

### **Competency No. ii:**

Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

### **Competency No. iii:**

Midwives provide high quality antenatal care to maximize the health status during pregnancy and that includes early detection and treatment or referral of selected complications.

### **Competency No. iv:**

Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their new-born.

### **Competency No. v:**

Midwives provide comprehensive, high quality, culturally sensitive postnatal care for women.

### **Competency No. vi:**

Midwives provide high quality, comprehensive care for the infant from birth to 5 years.

**Competency No. vii:**

Midwives provide a range of individualised culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accordance with national protocols.

**Competency No. viii:**

Midwives apply life-saving skills during emergency obstetric and neonatal care.

**Competency No. ix:**

Midwives apply leadership skills in planning and management of MNCH Services.

Details of required knowledge, skills and abilities are provided for both nursing and midwifery in **Annex 2**.



## Chapter 6

### Standards of practice for registered nurses and midwives

## Introduction

Nursing and midwifery have a proud history of service to the public, and the public expects registered nurses and midwives to provide expert, professional nursing and midwifery care. In most countries in the African Region, the public has entrusted the regulatory bodies/councils known as Nurses and Midwives Councils, through legislation, with the responsibility for establishing, monitoring and enforcing standards for the professions.

### What are standards of practice for nursing and midwifery in the African Region?

A standard is a desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable. The *Standards of practice for Nursing and Midwifery (Standards)* are statements about levels of performance that registered nurses and midwives are expected to achieve in their practice. The standards for nursing and midwifery practice focus on the individual practitioner and are therefore concerned with the **role** and **function** of the nurse and midwife. They reflect the values of the nursing and midwifery professions and clarify what the professions expect of their members. They represent the criteria against which the practice of all registered nurses and midwives in the African Region will be measured by the public, clients, employers, colleagues and themselves.

### Why have the standards of practice?

The primary purpose of the Standards is to promote, guide and direct professional nursing and midwifery practice. Through the *Standards for Registered Nursing and Midwifery Practice in the African Region*, the nurses and midwives regulatory bodies at country level will use the developed Standards as guides to enhance the quality of registered nursing and midwifery practice in their countries in the public interest and address incompetent, impaired or unethical practice among registered nurses and midwives.

In addition to using the Standards to protect the public through regulation of the practice of registered nurses and midwives, the various councils and other relevant stakeholders in the countries of the Region will also use them to approve basic and refresher nursing and midwifery education programmes should these ever become established. The Standards are also used to develop administrative guidelines, explain the expectations of registered nurses and midwives' practice to the public and other health care professionals and to provide a legal reference for reasonable and prudent registered nursing and midwifery practice.

The Standards can be used by registered nurses and midwives to support their individual practice (e.g., as a tool for self-assessment). They can also be used to assist agencies to develop systems that support registered nurses and midwives to meet the Standards (e.g., orientation programmes).

The primary purpose of the professional practice Standards is therefore to guide and direct nurses and midwives' practice in the areas of:

1. protecting the public;
2. regulating the practice of the professionals;
3. accreditation of programmes or institutions;
4. development of administrative guidelines for the profession;
5. articulating the role of the professionals;
6. serving as legal reference; and
7. serving as a reference source in resolving issues related to professional practice.

## Who has responsibility for the Standards?

It is the responsibility of individual registered nurses and midwives to act professionally and be accountable for their own practice. All registered nurses and midwives, graduate nurses and midwives and temporary permit holders are responsible for understanding the Standards and applying them to their nursing and midwifery practice, regardless of their setting, role or area of practice. Employers or other organizations' policies cannot relieve individual registered nurses and midwives of accountability for their own actions or their primary obligation to meet the Standards.

Nurses and Midwives in the various countries in the African Region are responsible for ensuring that the nursing and midwifery professions carry out their commitment to the public. This is achieved in part through establishing and regularly reviewing the Standards, and providing resources to support registered nurses and midwives in understanding and applying them. Employers have an obligation to provide essential support systems, including human and material resources, so that registered nurses and midwives are able to meet the *Standards*.

## Principles related to the Standards

The following **principles** underpin these developed regional Standards.

- Clients are the central focus of the professional care nurses and midwives provide, and are partners in decision-making.
- The goal of nursing and midwifery practice is the best possible health outcome for the client, with no unnecessary exposure to risk or harm.
- Improvement is a necessary component of practice and public interest is best served when nurses and midwives constantly improve their application of knowledge, skill, judgment and personal attributes.
- The process of continually assessing one's own practice to identify learning needs and opportunities for constant growth, is key to continuing competence;
- On-going feedback from peers, co-workers and clients contributes to and complements reflective practice.
- The quality of the practice setting has a direct impact on the ability of the nurse and midwife to provide competent, professional care (adapted from Nurses Association of New Brunswick 2012).

## Standards statements and indicators

Different frameworks of standards of practice for registered nurses and midwives exist globally. For purposes of this document, the frameworks developed by New Brunswick Nurses Association (2012) the British Columbia Nurses Association (2008) and ECSACON PRF (2002) have been adapted and modified to suit the African context.

The frameworks were chosen for the following reasons:

- they were more comprehensive in their coverage of areas of nursing and midwifery practice;
- they were more detailed in their suggestions for indicators of practice of nursing and midwifery;
- their indicators seemed more practicable to implement globally.

While the basic structure of the Brunswick (2012) and British Columbia (2008) and ECSACON (2002) documents have been followed, various changes were made in order to adapt the frameworks and their derived standards and indicators to the purpose of this document. These changes include:

- addition (or deletion) of sub-areas to (or from) the list of sub-areas of nursing and midwifery practice; and
- operationalization of certain areas of quality into indicators;

## Standards statements

Broad standards statements capture the varied practice settings and roles in which nurses and midwives practise. The standards statements apply at all times to all nurses and midwives regardless of their role. The standards:

- provide guidance to assist nurses and midwives in decision-making;
- support nurses and midwives by outlining practice expectations of the profession;
- inform the public and others about what they can expect from practising nurses and midwives; and
- are used as a legal reference for reasonable and prudent practice.

Six significant **professional characteristics** form the foundation of the Standards in this document:

1. professional services to the public
2. knowledge-based practice
3. competent application of knowledge
4. ethical practice
5. professional responsibility and accountability
6. self-regulating professions

## Indicators

To help nurses and midwives apply the standards, there are corresponding indicators that serve as examples of activities which demonstrate how a standard may be applied. The indicators provide the criteria against which an individual nurse and midwife's actual performance may be measured by self and others. Not all of the indicators will apply to all nurses and midwives, at all times, in all situations.

The indicators:

- are not written in order of importance;
- may be further refined or developed to specifically describe their application in a given context of practice; and
- may be expanded to describe the practice expectations of nurses of varying levels of competency, ranging from entry level to advanced level.

## Standard 1: Responsibility and accountability

Registered nurses and midwives act in a manner consistent with their professional responsibilities and standards of practice determined by the regulatory body and the practice setting. They are responsible and accountable for their professional practice and conduct. Further, a registered nurse and midwife demonstrates that the primary duty is to the client to ensure safe, competent, ethical nursing and midwifery care.

### Performance indicators

A registered nurse and midwife:

1. accepts accountability and is responsible for own professional judgment, actions, and outcomes of care;
2. accepts responsibility for continued competence in accordance with scope of practice, increasing/emerging responsibilities, legislative acts and regulations;
3. recognizes the limits of the scope of practice and own competence and seeks assistance as necessary;
4. recognizes the contributions of other health team members when encountering situations beyond competence/scope of practice;
5. recognizes and respects the different levels of accountability for the range of diverse health personnel;
6. participates in activities related to improving access to the range of services required for effective health services;
7. promotes current evidence- informed best practices;
8. demonstrates initiative, confidence, self-awareness, and encourages collaborative interactions within nursing, midwifery and health care team, with the client as the centre of the health team;
9. exercises professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies and procedure;
10. participates in the analysis, development, implementation and evaluation of clinical practices, care delivery frameworks and policies that guide delivery of care;
11. takes action to promote the provision of safe, appropriate and ethical care to clients; and functions within the legally recognized scope of practice and within all relevant legislation.
12. functions within the legally recognized scope of practice and within all relevant legislation.

## Standard 2: Specialized body of knowledge

Registered nurses and midwives draw on diverse sources of knowledge and ways of knowing, which includes the integration of nursing and midwifery knowledge along with knowledge from the sciences, humanities, research, ethics, critical enquiry and the principles of primary health care.

### Performance indicators

#### A registered nurse and midwife:

1. applies contemporary knowledge and skills from nursing or midwifery, health and other disciplines combined with best available evidence to explain decisions, interventions and outcomes;
2. applies critical thinking skills and systems approach to problem solving and decision-making across a range of professional and care delivery contexts;
3. proactively seeks \ new information and knowledge and utilizes best practice in the provision of nursing and midwifery care;
4. contributes to a culture that supports involvement in nursing, midwifery or health research through collaboration with others in conducting, participating in, and implementing research findings into practice;
5. delivers care consistent with professional and organizational standards, policies, protocols and procedures;
6. applies cultural sensitivity to clients' needs/practices for positive outcomes in practice;
7. undertakes advocacy for clients who are unable to represent or speak for themselves;
8. provides information and education for clients seeking to improve life styles, to adopt illness/injury prevention activities and cope with changes in health/, disability and death;
9. provides guidance/instruction to individuals, families and communities in the development and/or maintenance of independent self-help skills;
10. evaluates effectiveness of interventions and modifies accordingly;
11. facilitates critical thinking abilities of students on practical/clinical attachments in health facilities;
12. applies knowledge and skills in contemporary information and communication technologies in health care services; and
13. understands and communicates the contribution of nursing and midwifery to the.health of clients.

### Standard 3: Provision of service to the public

Registered nurses and midwives understand the concept of public protection and the duty to practise registered nursing and midwifery in collaboration with clients and other members of the healthcare team to provide and improve healthcare services in the best interests of the public.

#### Performance indicators

##### A registered nurse and midwife:

1. enacts the principle that the primary purpose of the registered nurse and midwife is to practice in the best interests of the public and to protect the public from harm;
2. understands and values the roles, knowledge and skills of other members of the health team and communicates and collaborates to enhance care and services accessed by clients;
3. applies critical thinking in presenting and supporting the views of clients, families and/ or carers during decision-making by the inter-professional team;
4. appropriately refers clients to ensure patients/clients' access to best available interventions;
5. advocates and participates in relevant changes to improve client care;
6. educates clients on available health care services and their better utilization;
7. safeguards the client from unsafe practices/professional misconduct;
8. assigns and delegates appropriately to other members of the health care team;
9. assists clients to learn about the health care system and accessing appropriate health care services.

### Standard 4: Ethical practice

Nurses and midwives assume responsibility for adherence to their professional code of conduct and ethics and demonstrate competence in professional judgment and practice decisions by applying the principles and values as presented in their national code of ethics.

#### Performance indicators

##### A registered nurse and midwife:

1. practices in a manner that conforms to the professional code of conduct and ethics;
2. engages in effective ethical decision-making with respect to own professional scope of practice;
3. acts in an advocacy role to protect ethical and human rights violations and works to eliminate such violations;
4. maintains confidentiality and security of written, verbal and electronic information acquired in a professional capacity;
5. respects the client's rights to information, choice and self-determination, consent to a plan of care, and acceptance of responsibility for the outcomes of their choices;
6. professionally challenges behaviour and health care practice that could compromise client safety, privacy or dignity;
7. role-models optimal ethical conduct for students; and
8. establishes and maintains appropriate professional boundaries with clients and other team members, including maintaining the distinction between social interaction and therapeutic relationships.

## **Standard 5: Competent application of knowledge**

Registered nurses and midwives make decisions about actual or potential problems and strengths, plans and performs interventions, and evaluates outcomes.

### **Performance Indicators**

#### **A registered nurse and midwife:**

1. collects information on client status from a variety of sources using assessment skills including observation, communication and physical assessment;
2. identifies, analyses and uses relevant and valid information when making decisions about client status and reporting client outcomes;
3. communicates client status, using verifiable information, in terminology used in the practice setting;
4. develops plans of care that include data about assessments, decisions about client status, planned interventions and evaluation criteria for client outcomes;
5. sets priorities when planning and giving care;
6. carries out interventions in accordance with policies, guidelines and care standards;
7. evaluates client's response to interventions and revises the plan as necessary;
8. timely and appropriate reports of assessments, decisions about client status, plans, interventions and client outcomes;
9. initiates, maintains and terminates professional relationships in an appropriate manner;
10. undertakes regular review of own practice by engaging in reflection, critical examination and evaluation and seeking peer review;
11. assumes responsibility for lifelong learning, own professional development and maintenance of competence;
12. takes opportunities to learn with others contributing to health care; and
13. promotes dissemination, use, monitoring and review of professional standards and best practice guidelines.

## Standard 6: Standard of self-regulation

*Registered nurses and midwives demonstrate an understanding of professional self-regulation by developing and enhancing their own competence, ensuring consistently safe practice, as well as ensuring and maintaining their own fitness to practice including acquiring evidence-based knowledge and skills for professional nursing and midwifery practice.*

### Performance Indicators

#### A registered nurse and midwife:

1. maintains current registration;
2. practises within optimal level of professional competence;
3. meets the requirements for continuing competence, including investing own time, effort or other resources to meet identified learning goals;
4. maintains own physical, psychological and emotional fitness to practice;
5. demonstrates knowledge of the registered nursing and midwifery professions as self-regulating and autonomous professions mandated by country legislation to protect the public; and
6. understands the concept of continuing competence, its role in self-regulation at the individual and professional levels, and its significance for public protection.

### How Standards can be applied in practice

The Standards can be used to support your own nursing and midwifery practice and to assist your agency to develop systems that support registered nurses and midwives to meet them.

#### As an individual registered nurse and midwife, use the Standards to:

- assess your practice as part of meeting continuing competence requirements;
- define and resolve professional practice problems;
- advocate improvements to promote quality client care and nursing and midwifery practice;
- determine what role you can play in programme and policy development and evaluation;
- articulate contributions by nursing and midwifery to the health of clients and to the work of multidisciplinary teams; and
- inform others about the professional practice of nursing and midwifery.

#### To improve nursing and midwifery practice within your agency, use the Standards:

- as a framework to identify agency strengths and areas for improvement; and
- to develop systems that create more effective practice environments, including providing essential support systems so that registered nurses and midwives are able to meet the Standards for Registered Nursing Practice in your countries.

**Examples of ways in which the Standards can be used in clinical practice include developing, modifying and evaluating:**

- specific expectations for practice that are relevant to the clinical area, role and setting; and
- client documentation systems.

**Examples of ways in which the Standards can be used in education include developing, modifying and evaluating:**

- education programmes;
- orientation programmes;
- preceptorship and mentorship programmes; and
- nursing rounds.

**Examples of ways in which the Standards can be used in administration include developing, modifying and evaluating:**

- role descriptions;
- policies and procedures; and
- performance appraisal tools.

**Examples of ways in which the Standards can be used in research include developing, modifying and evaluating:**

- quality improvement initiatives; and
- evidence-based practice guidelines.

## **Chapter 7**

### **Code of conduct for nursing and midwifery personnel**

## Introduction

Nursing and midwifery are caring professions with four fundamental responsibilities namely: to promote health, prevent illness, and restore health and to alleviate pain and suffering. These professions have core values that are central to their practice. These values are presented in the sections below. The purpose of this section is to give direction, guidance and inform nurses and midwives on foundations of their professional behaviour as it relates to the decision-making process pertinent to their professions.

## Definition of the code of conduct

A **code** is a prescribed mode of behaviour based on agreed values and standards (ECSACON, Code of Ethics). A code is further defined as a *“set of moral principles accepted by society or a group people”* (Nursing Council of Kenya, 2006).

**Ethics** is a system of morals that outlines values, beliefs, practices and standards of individuals or group. It is a guide for action based on social values and needs in a changing society.

Nurses and midwives are expected to comply with these established codes of conduct in whatever setting they find themselves as professionals. Failure to abide by the code and laws of the land constitutes professional misconduct which is subject to disciplinary actions in accordance with countries' specific laws.

## Why code of conduct?

Code of conduct and ethics inform the public, other professionals and employers of the standards about professional conduct required of nurses and midwives. The decision-making process should reflect the respective code of ethics which informs nurses and midwives of the professional conduct required of them in the performance of their professional duties to consumers or clients of such services.

## Code of ethics for nurses

The International Council of Nurses outlines four principal elements of the code:

- nurses and people
- nurses and practice
- nurses and the profession, and
- nurses and co-workers.

## Nurses and people

Core function of the nurse is to care for the sick and the well. It is the primary professional responsibility of the nurse to promote a safe environment in which the values and spiritual beliefs of the clients/patients are observed and respected. A nurse ensures that information is provided to client/patient so that they can make informed choices about care and treatment. The nurse should hold in absolute confidence all matters affecting the clients/patients and refrain from disclosing same without patient/client consent or anyone acting legally on his/her behalf except where such disclosure is required by law or for public interest.

## Nurses and practice

The following refer to nurses practice of **good ethical code of conduct**:

### Nurses:

- assume personal responsibility and accountability;
- use efficiently, available resources and develop systems that guarantee client/patient safety and eliminate those practices that could threaten the client's safety;
- ensure continuing professional development;
- maintain competence and standards of care;
- accept and delegate responsibility while ensuring that no action or omission on his/her part within his/her sphere of influence is detrimental to the condition or safety of the client;
- maintain personal conduct which reflects well on the profession, acknowledge honestly, any limitation associated with his/her professional competence and administer care within those limits;
- provide and administer quality care to promote and safeguard the clients/patients' well-being and ensure the protection of the client with regard to the care environment and all those entrusted in their care; and
- use evidence-base information to provide care that meets professional standards, innovative practices geared towards excellence.

## Nurses and the profession

And the profession plays a major role in determining and implementing nursing standards in clinical practice, leadership/management, research and nursing education. A nurse should utilize every reasonable opportunity to uphold and improve professional knowledge and competence. A nurse should belong to a professional organization (local and international level) in order to keep abreast with current trends in the profession thus contributing towards development in the profession. Nursing authorities and relevant bodies should take the appropriate action against undue workload and pressures on a nurse/midwife practitioner that could constitute abuse of the practitioner's rights and jeopardize safe standards of practice. A nurse must uphold and maintain professional integrity at all times by:

- refusing any offer in the form of gifts, favours and hospitality which might be interpreted as having the motive of exerting undue influence to obtain professional considerations; and
- refraining from the use of professional qualifications and titles for any commercial gains that could compromise the independence of professional judgment on which client care rely.

## Nurses and co-workers

A nurse is an active member of a multidisciplinary team. This requires continuous improvement for self and the profession. A nurse must endeavour to sustain a cooperative and collaborative relationship with all other health care professionals. She/he must accord due recognition and respect to their contribution to the health care team within and outside the profession. A patient is central in all matters relating to the discharge of her/his duties and that of others in the healthcare delivery system. In the best interest of the client/patient, an atmosphere of common understanding and collegiality and peace must prevail at all times.

## The code of ethics for midwives

The International Confederation of Midwives (ICM) is an international professional body focusing on the midwifery profession. The ICM has set forth the following code to guide the education, practice and research of the midwife in an attempt to improve the standard of care provided to women, babies and families throughout the world through the development, education, and appropriate utilization of a professional midwife. In keeping with its aim of women's health and focus on the midwife, the ICM code of ethics for midwives 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 (ICM, 1993; 1999 & 2003).

The following code was adapted by a group of experts during the development of a Regional Nursing and Midwifery Professional Regulatory Framework in Accra, Ghana - July, 2009, as applicable to the African context on the basis of shared values and principles by professional midwives in the African Region.

Recognizing that the Region has poor indices for maternal and new-born health, there is the need for all midwives to fully embrace the principles and values enshrined in the code and conduct of midwives therein. The provisions made in this document reflect the culture, diverse nature and uniqueness of the African continent with regards to the health of women and children in attainment of MDGs 4 and 5.

The code of ethics for midwives as adapted from ICM 1993 comprise of three elements:

- professional responsibilities of midwives
- practice of midwifery
- midwifery relationships

## Professional responsibilities of midwives, they:

1. hold in confidence client information in order to protect the right to privacy, and use judgement in sharing this information;
2. are responsible for their decisions and actions, and are accountable for the related out comes in their care of women;
3. may refuse 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;
4. understand the adverse consequences that ethical and human rights violations have on.the health of women and infants, and must work to eliminate these violations; and
5. participate in the development and implementation of health policies that promote the health of all women and childbearing families.

### **Midwives and practice:**

1. provide care for women and childbearing families with respect for cultural diversity, while also working to eliminate harmful practices within those same cultures;
2. encourage realistic expectations of childbirth by women within their own society, with the minimum expectation that no women should be harmed by conception or childbearing;
3. use their professional knowledge to ensure safe birthing practices in all environments and cultures;
4. respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances;
5. act as effective role models in health promotion for women throughout their life cycle, for families and for other health professionals; and
6. actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

### **Midwives and relationships:**

1. respect a woman's informed right of choice and promote a woman's acceptance of responsibility for the outcomes of her choices;
2. work with women, supporting their right to participate actively in decisions about their care, and empowering women to speak for themselves on issues affecting the health of women and their families in their culture/society;
3. 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;
4. support and sustain each other in their professional roles, and actively nurture their own and others' sense of self-worth;
5. work with other health professionals, consulting and referring as necessary when a woman's need for care exceeds the competencies of the midwife;
6. recognize human interdependence within their field of practice and actively seek to resolve inherent conflicts; and
7. have responsibilities to her or himself as a person of moral worth, including duties of moral self-respect and the preservation of integrity.

Implementing and reinforcing the code of ethics helps to make the care of individuals and families respectable and dignified. It also helps to maintain the integrity and reputation of the nursing and midwifery professions.



## **Chapter 8**

### **Educational pathways & career development for professional nurses and midwives**

## Introduction

Registered nurses and midwives have great career development prospects in their professions. One of the key factors to successful career development and progression is having a strong foundation in the initial or basic professional education. The basic professional education programmes should prepare beginning nurses and midwives for varied opportunities in career development within their professions. It is the responsibility of regulatory bodies to ensure that the minimum educational standards they prescribe for the training institutions which they control prepare graduates for future advanced education programmes.

## Career development and progression

Career development means working to maintain an up-to-date knowledge of the skills the professional already possesses. Career development is synonymous with competitive edge. This is because new skill development is an integral part of the career development process. Staying abreast of the up- and-coming skills set for a given profession contributes to remaining competitive in that career field.

## Educational pathways for initial educational preparation for professional nurses and midwives

Different educational pathways exist for nursing and midwifery in the African Region. The entry level into nursing and midwifery education programmes varies between 12 and 14 years of basic education depending on the general education system of the country. For professional education, some countries prepare nurses first as generalists through basic nursing education programmes. Each graduate is prepared to practise safely, competently and ethically as a generalist nurse. The nurse can then go for post basic midwifery or any other post basic qualification after training as a generalist nurse. Some countries offer integrated curricula models which produce a double qualified nurse and midwife after a prescribed and approved duration of the programme by a regulatory body. Still, others offer direct entry programmes for nurses and midwives, especially in the Francophone countries. Direct entry programmes have a common first year and then branch into nursing and midwifery respectively in second year. It is imperative that countries make informed decisions about the most cost-effective programme designs based on the anticipated roles and functions of nurses and midwives in their respective countries.

The generally accepted level of educational qualification for entry into professional practice for nursing and midwifery are diploma and baccalaureate degree qualifications in nursing and midwifery. Most Anglophone countries have both diploma and Bachelor's degree programmes while the Francophone and Lusophone countries have only diploma programmes to prepare professional nurses and midwives for professional practice (*Evaluation of Basic Nursing & Midwifery Education in Selected Countries, WHO 2009*).

*Whichever educational pathway is used/ advocated for, it should be based on evidence in terms of responsiveness to meeting national health needs, cost-effectiveness, and how graduates of the programme will be utilized/deployed to provide integrated services and defined minimum health care packages in the various health care systems of their respective countries.*

## Roles and settings

Registered nurses and midwives practise in different and interrelated domains of activity. The central focus of nursing and midwifery practice is direct client care, which encompasses health promotion, prevention of illness, restoration of health and alleviation of suffering. Other functions include education, administration, research and policy development, advocacy and collaboration with health and other relevant professionals and community members. Nurses and midwives practise in a variety of public and private settings and different levels of health service delivery such as, communities, primary health care clinics and hospitals, ministerial departments, other governmental and nongovernmental organizations.

Nurses and midwives are able to assume many different roles because of their comprehensive knowledge base, commitment to lifelong learning and understanding of both clients and system characteristics. For example, nurses and midwives:

- anchor health care teams,
- undertake formal research activities,
- manage nursing and midwifery services,
- develop and deliver nursing and midwifery education to all nursing and midwifery providers, and
- contribute to public health policy.

The roles and practice settings for nurses and midwives continue to evolve in order to respond to the current and future health needs of African populations.

### Specialized nursing and midwifery practice

Specialized practice concentrates on a particular aspect of nursing or midwifery. The focus is on one field of practice or health care that encompasses a level of knowledge and skill in a particular aspect of nursing or midwifery greater than that acquired during basic nursing education (adapted from Miller, 2002). Specialized practice may relate to:

- the clients' age (e.g., paediatrics, gerontology);
- the clients' health problem (e.g., pain management, bereavement);
- the diagnostic grouping (e.g., orthopaedic, vascular surgery);
- the practice setting (e.g., clients' homes, emergency department, school, research institution);
- type of care and area of practice (e.g., palliative care, critical care, occupational health);

Countries can make **informed decisions** (based on evidence) about the most relevant and cost effective areas of specialization by taking into account the following factors:

- anticipated use of the graduates of the specialized programmes;
- clearly defined civil service structures, terms of engagement and level of entry;
- country diseases profiles;
- systems and policies of deployment;
- health systems structure including organization of services;
- availability of other existing health workers (numbers and skills mix);
- opportunities for career progression of graduates of the various programmes and recognition of higher academic qualifications;
- governmental approval.

### Continuing competence and development of expertise

Competence is the ability of the registered nurse and midwife to integrate and apply the knowledge, skills, judgment and personal attributes required for practising safely and ethically in a designated role and setting. Personal attributes include, but not limited to, attitudes, values and beliefs (CNA2002).

Continuing competence refers to the ongoing ability of a registered nurse or midwife to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting. Registered nurses or midwives reflect on their practices on an ongoing basis and take actions to continually improve that practice (CNA2002).

Nursing and midwifery are changing roles. Nurses and midwives, move from one dimension of practice to another, in and out of different practice environments, work with unregulated health care providers, and face increasing responsibilities in an ever-changing health care delivery system. The rapidly growing knowledge base, changing practice environments, workplace issues, and new technology make it critical for registered nurses and midwives to remain updated in their area of practice.

Registered nurses and midwives develop expertise in their chosen areas of practice through self-learning, specialty certification, mentorship programmes, advanced academic education and utilization of best practice guides. Best practice guidelines help support nurses in moving from novice to expert. National frameworks for competency programmes for registered nurses and midwives can provide guidelines for nursing and midwifery regulatory bodies to develop continuing competence programmes.

The developed framework will guide registered nurses and midwives to demonstrate how they can maintain their competence and enhanced their practice. Individual nurses, midwives, professional and regulatory nursing and midwifery organizations, employers, educational institutions and governments share the responsibility to promote continuing competence.

**A continuing competence programme should be based on the following beliefs and guiding principles:**

1. Professional and regulatory bodies should promote professional development.
2. Individual professionals are committed to life-long learning.
3. Competence is continually maintained and acquired through reflective practice, life-long learning, and integration of learning into nursing practice.
4. Individual professional has the professional obligation and primary responsibility for maintaining and continually acquiring competence.
5. Practice setting should develop policy on promoting continuing competence.
6. Various mechanisms of continuing competence development should be put in place such as self-assessment, peer or colleagues' feedback, continuing education, professional portfolio, etc.

Continuing professional development in nursing and midwifery can be a catalyst for many aspects of nursing and midwifery, such as personnel motivation and increased productivity, and can also be the basis for relicensure and performance appraisals in the nursing and midwifery professions.

## Chapter 9

### Adapting the RPRF at national level

## Introduction

Consideration of contextual factors is essential for ensuring the relevance of the regulatory system to the country and the development of the operational plan should be considered as an integrated whole. Whether starting or building on the existing system and to ensure that nothing is left out, it is important to follow a systematic process. Collecting and analysing available data on the status of regulation in the country is a critical first step. The country should agree on a clear policy with the relevant bodies or structures, such as government, to minimize delays and difficulties. A good regulatory framework can help to energize the key stakeholders and galvanize political support for an effective implementation of the standards of the profession.

## Key steps in adapting the RPRF to national context

Nine steps presented can guide stakeholders at country level to adapt the RPRF to their national context. The steps can be modified as deemed appropriate to suit the country situation.

### Step 1: Generating and mobilizing commitment

This process begins by building alliances with relevant stakeholders and continues throughout the planning process for the utilization of the RPRF. Three groups are needed to implement the RPRF at country level:

- **A steering committee** approves implementation strategy, work plan and budget. The committee also monitors and supervises implementation as well as considers RPRF results for management action. The steering committee that should consist of senior officials will use the RPRF strategy results and should include professional associations, training institutions and the service sector.
- **A technical task force** implements the approved country strategy and plan, and applies the method and analyses findings.
- **An expert working group(s)** provide(s) expert knowledge for key regulatory elements to be addressed by the country. The expert group also develops the framework in collaboration with stakeholders. The experts should include professionals from nursing and midwifery training institutions as well as experts in regulation, service sector, administration and research.

### Step 2: Determining the objectives and regulatory elements to be addressed

From the start ensure that the reasons for using the RPRF are clearly articulated. The answers to why the RPRF is required to determine the focus of the country specific framework is critical. This will assist in determining the type of stakeholders to engage. Building a pool of stakeholders to develop a regulatory framework is essential and these partners should be clearly identified taking into account bodies/individuals/institutions responsible for the overall implementation. There must be a clear line of accountability. Examples of such stakeholders are:

- nursing associations/organizations
- influential groups, e.g., managers, educationalists
- government policymakers
- NGOs/civil society
- other professionals
- patients' representatives

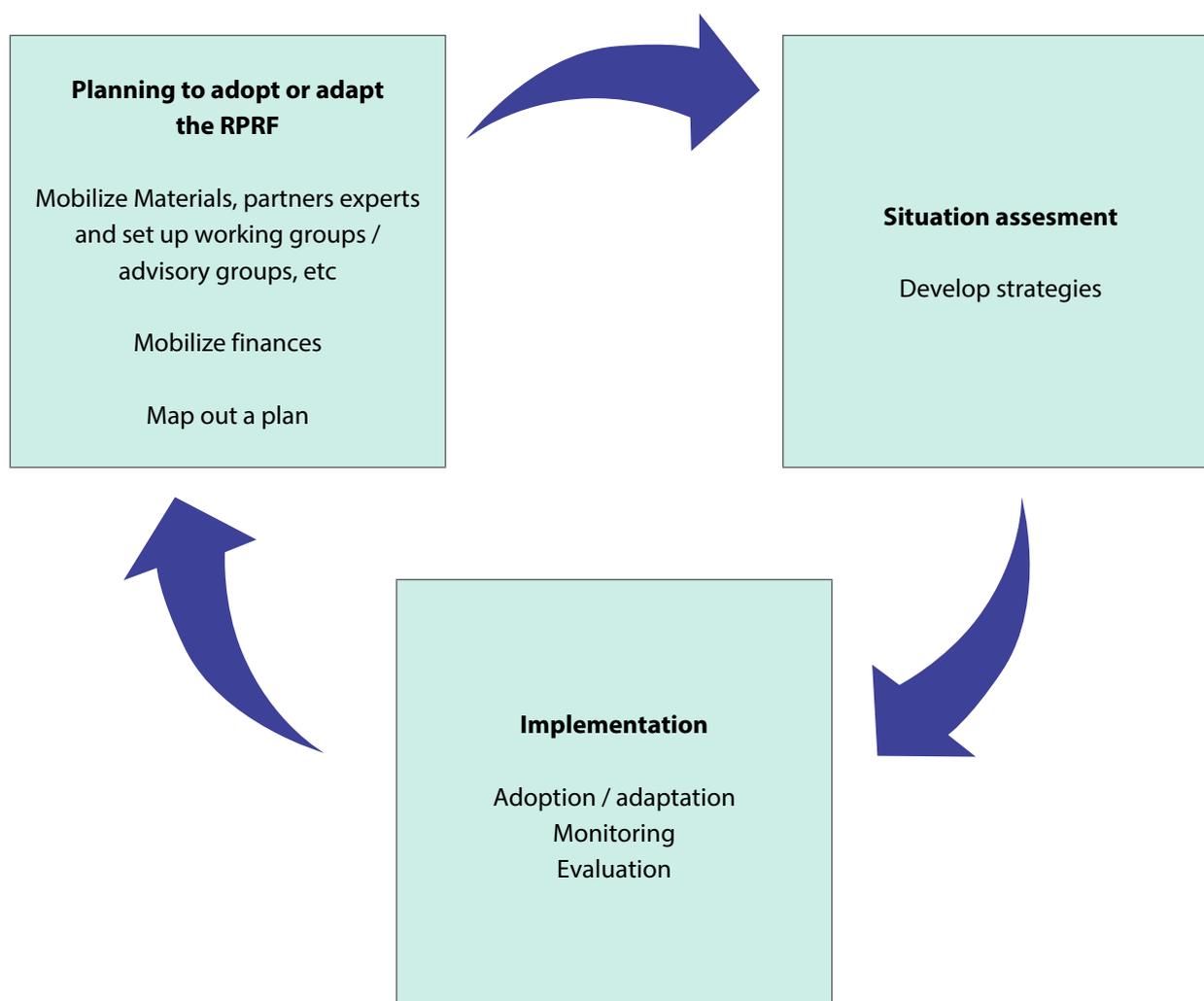
### Step 3: Designing an implementation strategy

Once the steering committee approves the implementation strategy based on the recommendations of the expert working group, the task force will be responsible for its implementation. The implementation strategy should have an inbuilt requirement for resources– human resources and in particular, financial resources. Financial resources should be available from the outset and for all phases. Several phases can be envisaged. These may include formal and informal consultations, mobilization of resources, designing of an operational plan for the regulatory framework and its integration into the nursing and midwifery management operational plans.

### Step 4: Consultation (formal and informal)

Mechanisms for coordination and collaboration are important aspects of strategy development. Clear information about the status of regulation in the country and options will help to gain support for the strategy. Unless key stakeholders go through the process of reaching a consensus before actual work begins, individual groups may constantly be pulling the efforts in different directions. Assessing the situation to determine a context specific regulatory system is the essence of the strategic approach to planning. Situation analysis provides the very much needed information to generate interest among stakeholders in a convincing way.

**Figure 1: The RPRF development process**



## Step 5: Orienting and training the implementation groups

The steering committee and other groups must be oriented to the RPRF before starting work. The groups must have a good understanding of the regulatory elements contained in the RPRF and why it is necessary for the country. Sharing experiences of where specific regulatory elements have been implemented can be a great help in accepting the RPRF.

## Step 6: Mobilizing resources

Identifying the human and financial resources for each of the areas outlined in the framework is essential. A plan for mobilizing resources (domestic and international) that indicates the resources that already exist for each activity and those that need to be acquired serves as a good starting point. In addition a list of priorities for implementation with an attendant costing and timeline must be outlined.

## Step 7: Designing an operational plan

Collecting and analysing data on the status of regulation in a country enables the construction of a realistic evidence based operational plan. This baseline information is a useful reference point for later comparisons during evaluation. The information must be assessed for its adequacy and comprehensiveness. Many policy makers, planners, managers and donors are eager for guidance about the type of regulation that would respond to the needs of the country.

Evidence based operational planning would create confidence that the strategy adopted would achieve its objectives and can be measured. There are a number of key elements which need to be taken into consideration in the operational plan. Some of these are ***specific objectives, activity (activities), timeframe, resources (material), resource person(s), cost (budget) and indicators.***

## Step 8: Integrating the regulatory framework into nursing and midwifery workforce management

In view of the fact that most countries in the Region may not have a regulatory system in place, to ensure the sustainability of any such system that is introduced, there is a need for its integration into workforce planning and management for nursing and midwifery which is part of the broader national human resource planning strategy. Mechanisms should be developed for monitoring and ensuring their enforcement.

## Step 9: Monitoring and evaluation

The monitoring and evaluation plan of the regulatory system should be made when goals and activities are being defined. A set of indicators is required for appropriate monitoring and evaluation. External assistance (external experts) may be required for unbiased evaluation. For example, researchers and other professional groups who can provide unique perspectives ought to be involved in the evaluation process. Collaboration with partners should be solicited, taking into account comparative advantages that each partner can bring to the process. This may entail co-funding and consultation on such potential could lead to the development of a common funding basket or even databases.

To have a clear understanding of what the RPRF entails, it is important to be knowledgeable also about the common concepts and definitions. These are addressed in Chapter 10.

## **Chapter 10**

### **Key definitions**

## Introduction

Although ICN, ICM and the ILO's International Classification of Occupations have extensively worked on the glossary of terms used in nursing and midwifery, there is still lack of a common understanding of the use and application of these concepts in the African Region. It is this diversity in understanding the terminology and definitions that gives different perceptions related to the education, roles, and scope of the practice of nursing and midwifery. This section of the guide outlines some key definitions and descriptions aimed at creating a common understanding of these key concepts as they relate to the regulation of nursing and midwifery education and practice. The section includes definitions and some descriptions where required.

## Accreditation

This is a voluntary, self-regulatory process by which nongovernmental associations recognize educational institutions or programmes that have been found to meet or exceed standards and criteria for the quality of education. Accreditation also assists in the further improvement of the institutions or programmes as related to resources invested, processes followed, and results achieved. This process also ensures professional development opportunity and validation of faculty.

## Client

An individual, family, group, population or entire community who requires nursing expertise. In some clinical settings, the client may be referred to as a patient or resident.

## Competence

The integration and application of knowledge, skills, attitude and judgment required for safe, ethical and appropriate performance in an individual's nursing practice.

## Delegation

Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when an activity is within the scope of practice of the delegating professional and outside the scope of the other professional (includes both the right to order a restricted activity and carrying out the restricted activity). Delegation to unregulated care providers occurs when the required task is outside the role description and training of the unregulated care provider.

## Ethical

The fundamental disposition of the nurse toward what is good and right and action toward what the nurse recognizes or believes to be the best good in a particular situation (Benner, Tanner and Chesla, 1996).

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<sup>1</sup> WHO Technical Report Series, 860, 'Nursing Practice'. Report of a WHO Expert Committee

## **Evidence-based practice**

Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

## **Fitness to practice**

All the qualities and capabilities of an individual relevant to his or her capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing.

## **Health care team**

Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care.

## **Indicator**

Indicators illustrate how a professional standard is applied and met. Indicators provide specific criteria that are used, when applicable, to measure the actual performance of an individual nurse.

## **Legislation**

It provides title protection for all categories of nursing and midwifery personnel. This implies that the only people who can use the specific title are those authorized by the regulatory body. Since legislation implements policy, the formulation of legislation should be both informed by and linked to overall policy for the development of human resources for health .

## **Licensure**

This is the process, sanctioned by the law, of granting exclusive power or privilege to persons meeting established standards, which allows them to engage in a given occupation or profession, and to use a specific title.(ICN, 2005). Licensure is therefore a powerful regulatory mechanism whereby the right to practice is conferred on an individual.

## **Nurse practitioner**

Registered nurses who have achieved the competencies required for additional registration as a nurse practitioner with national regulatory bodies. The competencies required of nurse practitioners are usually achieved through graduate nursing education and substantial nursing practice experience. Nurse practitioners provide health care services from a holistic nursing perspective combined with a focus on the diagnosis and treatment of acute and chronic illnesses, including prescribing medications.

## **Nursing science**

Knowledge (e.g., concepts, constructs, principles, theories) of nursing derived from systematic observation, study and research.

## **Partnership**

An agreed upon relationship established for the purpose of furthering a common objective. Partnerships are based on mutual trust and embody representation, participation and sharing of responsibility among partners. Partnerships provide means for collaboration.

## **Practice**

Nursing or midwifery care, which includes direct care, client education, counselling, and all activities defined in the Nursing and Midwifery Scope of Practice.

## **Practice of nursing and midwifery**

Means provision of nursing and midwifery functions directly or indirectly, in collaboration with clients and with other health workers. The objective is health promotion, prevention of illness, restoration of health for individuals, families, groups and communities throughout the life cycle. This includes reproductive health, mental health, community health as well as general practice.

## **Practice Setting**

Physical surroundings or facilities where nursing and/or midwifery are practised.

## **Preceptor**

A nurse or midwife who has demonstrated competence in practice and guides learners who are acquiring clinical competence as part of a recognised programme of training. The preceptor demonstrates nursing or midwifery practice skills, gives the learner feedback on his/her performance and evaluates the learner's mastery of clinical skills and achievement of learning objectives.

## **Primary health care**

Primary health care is a strategy for providing essential health care based on methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

## **Professional conduct**

Behaving in a way that upholds the profession. This includes, but is not limited to, practising in accordance with relevant legislation.

## Registration

It is the process of providing authority to use an exclusive title to those persons entered in a register, after successful completion of a prescribed nursing and or midwifery programme in an accredited institution of that country. Registration is not synonymous with qualification. The qualification achieved at the end of a programme of nursing and/or midwifery education should be considered as part of the route of entry into the professional register. The possession of a nursing or midwifery qualification does not mean that the individual is registered and licensed to practice in the country concerned.

## Register

A documentation of persons and their qualifications in a particular field of practice. Persons may be registered in more than one part of the register. All nurses and midwives duly qualified should be entered in a register which is maintained and updated by an authorized regulatory body.

## Registered

A person who is registered as a nurse or midwife under country-specific legislation and regulation.

## Regulation

All of those legitimate and appropriate means governmental, professional, private, and individual whereby order, identity, consistency, and control are brought to the profession. The profession and its members are defined, the scope of practice is determined, standards of education and of ethical and competent practice are set and systems of accountability are established through these means. See governance (ICN2005).

Regulation is the set of criteria and processes arising from the legislation and prescribed by the regulatory authority that controls the practice of midwifery in a jurisdiction, including identifying who can hold the title 'midwife' and practice midwifery. Regulation includes registration, licensure, approval and accreditation of educational programmes, setting standards for practice and conduct and processes for holding midwives accountable to professional standards (ICM Regulatory Standards 2011).

## Regulatory body

A formal organisation 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).

## Science

A branch of knowledge conducted on objective principles involving systematic observations and experiments.

## Scope of practice

Activities nurses and midwives are educated and authorized to perform as set out in the national nurses and midwives acts.

## Self-regulation

This means that a profession has been granted the authority by legal statute to ensure the quality of professional competence and conduct. Self-regulation is based on an overarching duty to protect the public. The regulation must be carried out and the regulatory body is accountable to the public (ICN 2005 Regulation Terminology; Canadian Network of National Associations of Regulators).

Self-regulation is a mandatory requirement for professionals to be accountable and responsible for the services they provide to the public (ICN 1989).

Self-regulation is a key element to fostering a common approach to the educational preparation and practice of nurses and midwives in the African Region. Both the public and governments are increasingly becoming aware of client rights to health care and are demanding accountability from professionals and / or organizations for the services provided.

There are several activities that could be undertaken for the self-regulation of the nursing and midwifery professions and individual nurses and midwives. Some of these are presented in Table 10.1.

**Table 10.1: Self-regulatory activities**

Profession (Regulatory Body)	Individual nurses and midwives
<ul style="list-style-type: none"> <li>• Establishes registration and licensing processes</li> <li>• Establishes, monitors, and enforces standards in ethics and practice</li> <li>• Establishes and maintains the scope of nursing and midwifery practice as health care delivery and knowledge advances</li> <li>• Approves and maintains nursing and midwifery educational programmes leading to initial entry to the profession</li> <li>• Establishes and maintains entry level competencies required for initial registration</li> <li>• Establishes and maintains professional conduct review processes to investigate complaints and concerns about nursing and midwifery practice and implements disciplinary actions as required</li> <li>• Establishes, monitors, and maintains quality assurance and continuing competence requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Meets initial and ongoing registration and licensing requirements</li> <li>• Adheres to the code of ethics and standards of practice</li> <li>• Practises within the established scope of practice</li> <li>• Graduates from an approved nursing and midwifery programme</li> <li>• Demonstrates entry-level competencies by passing national council examinations</li> <li>• Upholds standards and reports concerns about unsafe, incompetent or unethical behaviour or care</li> <li>• Maintains and enhances fitness to practice and competence to practise. Participates in continuous quality improvement initiatives</li> </ul>

## **Specialist midwife**

A midwife who provides advanced life-saving midwifery procedures approved by the national regulatory body, for example, instrument deliveries, vacuum extraction and manual vacuum aspiration.

## **Specialist nurse**

A nurse who provides services that are specific to an area of concentration in nursing for example, a critical care nurse or a family practitioner.

## **Stakeholders**

Individuals, groups or organizations with common interests or goals that contribute to the wellbeing of clients and may realize gains or losses through nursing and midwifery.

## **Standard**

A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable. The Professional Standards are statements about levels of performance that nurses and midwives in a particular country are required to achieve in their practice and represent the criteria against which the performance of all nurses and midwives in the country is measured.

## **Therapeutic**

Enhancing health and wellbeing of the client.

## **Therapeutic environment**

An enabling setting that facilitates the achievement of optimal health.



# Annex 1

## Nursing competencies

The framework for nursing competencies developed by ICN (2003) is grouped under 3 key domains:

1. Professional ethical and legal practice
2. Care provisions and management
3. Professional, personal and quality development

The table A1 on the next pages lists the area of competency for registered nurse and provide a description of each of these competencies

**Table A1: ICN Nursing Competencies**

Main domain 1	Professional, ethical and legal practice
Competency areas	Description of Expectations for a Registered Nurse
<b>Accountability</b>	Accepts accountability for own professional judgement, actions, outcomes of care and continued competence in accordance with scope of practice, increased responsibility, legislative acts and regulations.
	Recognizes the limits of scope of practice and own competence.
	Seeks guidance from the appropriate others when encountering situations beyond own knowledge, competence or scope of practice.
	Recognizes and respects different levels of accountability for the range of available personnel.
	Participates in activities related to improving the access to the range of services required for effective health services
<b>Ethical Practic</b>	Practices in a manner that conforms to the ICN Code of Ethics, the professional code in force in the jurisdiction and the employer's code of conduct
	Engages in effective ethical decision-making with respect to own professional responsibilities or where ethical issues affect the broader health care team.
	Maintains confidentiality and security of written, verbal and electronic information acquired in a professional capacity.
	Respects the client's right to privacy and dignity
	Respects the client's right to information, choice and self-determination in nursing and health care.
	Challenges behaviour and health care practice that could compromise client safety, privacy or dignity.
<b>Legal Practice</b>	Practices in accordance with professional, relevant civil legislation and regulations
	Practices in accordance with jurisdictional and local policies and procedural guidelines.
	Recognizes and acts upon breaches of law relating to the professional role and/or professional code of conduct/code of practice

<b>Main domain 2</b>	<b>Care provisions and management</b>
<b>Competency areas</b>	<b>Description of Expectations for a Registered Nurse</b>
<b>Health Promotion</b>	<b>Maintains own health and personal fitness for/at work.</b>
	Cooperates with nurses, other professionals and community groups in activities to reduce illness and promote healthy life styles and environments.
	Incorporates into practice a perspective that takes account of the multiple determinants of health.
<b>Assessment</b>	<p>Gathers accurate and relevant objective and subjective data through systematic health and nursing assessments</p> <p>Organises, synthesizes, analyses, and interprets data from different sources to derive a nursing diagnosis and determine a care plan.</p> <p>Shares and documents findings accurately and in a timely manner complying with professional standards and organisational policies.</p>
<b>Planning</b>	<p>Formulates a comprehensive care plan with identified care outcomes based on nursing diagnoses, findings from a nursing and health assessment, inputs from other health team members, and nursing practice standards</p> <p>Applies critical thinking and clinical reasoning skills underpinned by knowledge of nursing and other disciplines to the care planning process</p> <p>Establishes priorities for care in collaboration with other care providers and clients</p> <p>Involves clients where possible in care planning ensuring that they receive accurate, understandable information on which to base consent for care.</p> <p>Involves and advocate when clients, families or carers request support or have limited abilities in decision-making, giving informed consent, or where there is a language barrier.</p> <p>Regularly reviews and revises the care plan, where possible in collaboration with other members of the health/social health team, and clients</p> <p>Maintains a current, accurate care plan and related records</p>

Competency area	Description of Expectations for a Registered Nurse
<b>Evaluation</b>	Monitors and documents progress toward expected outcomes accurately and completely
	In consultation with clients, families and/or carers, and health team members, evaluates progress towards planned outcomes
	Uses evaluation data to modify the care plan.
<b>Therapeutic Communications and Interpersonal Relationships</b>	Initiates, develops and discontinues therapeutic relationships through the use of appropriate communication and interpersonal skills.
	Maintains a relationship that respects the boundary between clients and self.
	Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives.
	Communicates clear, consistent and accurate information verbally, or in written and electronic forms, that falls within professional responsibility and maintains confidence in care.
	Interacts in a manner that is respectful and culturally appropriate to the clients, family and/or carers from diverse cultural backgrounds
	Facilitates access to information or refers request to the appropriate person
	Communicates and shares relevant information, including views of clients, families and/or carers with other health team members involved in providing services
<b>Leadership and Management</b>	Advocates for and acts within span of control to create a positive working environment.
	Adapts leadership style and approaches to different situations.
	Confronts conflict in a non-judgemental fashion, making effective use of communication skills and existing mechanisms to achieve resolution.
	Contributes to team leadership by reinforcing goals so as to promote respect and confidence among the team.
	Able to articulate own leadership contributions and support expectations of other team members.
	Prioritizes workload and manages time effectively.
	Contributes to the review and modification of current organisational and practice policies and procedures currently in force.
	Contributes to education and professional development of students and colleagues in the work place.
	Advocates for and acts within span of control to create a positive working environment.
	Provides feedback, offer suggestions for changes and deals effectively with the impact of change in own practice or on the organisation

Competency area	Description of Expectations for a Registered Nurse
<b>Safe environment</b>	Uses appropriate assessment tools to identify actual and potential risks to safety and reports concerns to the relevant authority.
	Takes timely action through the use of quality improvement risk management strategies to create and maintain safe care environment and meet national legislation and workplace health and safety requirements, policies and procedures
	Ensures the safe and proper storage, administration and recording of therapeutic substances.
	Administers and records medication, assesses side-effects and titrates dosages in accordance with authorized prescriptions.
	Complies with infection prevention procedures and challenges breaches in other practitioners practice.
	Knows responsibilities and procedures to follow in the event a disaster is declared.
<b>Delegation and supervision</b>	Delegates to others, activities according to ability, level of preparation, proficiency and legal scope of practice.
	Accepts delegated activities in line with personal level of proficiency and legal scope of practice.
	Monitors and uses a range of supportive strategies including precepting when supervising and/or monitoring delegated care.
	Maintains accountability and responsibility when delegating aspects of care to others.
	Contributes to policy and protocol development that relates to delegation of clinical responsibilities.
<b>Inter-Professional Health Care</b>	Understands and values the roles, knowledge and skills of members of the health team in relation to own responsibilities.
	Works collaboratively with other professionals in health care to enhance nursing and other health services being accessed by clients.
	Uses knowledge of effective inter –and intra-professional working practices.
	Presents and supports the views of clients, families and/or carers during decision-making by the inter-professional team.
	Refers clients to ensure patients/clients have access to best available interventions.

Main domain 3	Professional, personal and quality development
<b>Competency areas</b>	<b>Description of Expectations for a Registered Nurse</b>
<b>Quality Improvement</b>	Follows evidence-based and best practice guidelines in the delivery of nursing practice.
	Participates in quality improvement and quality assurance procedures.
<b>Continuing Education</b>	Undertakes regular review of own practice by engaging in reflection, critical examination and evaluation and seeking peer review.
	Assumes responsibility for lifelong learning, own professional development and maintenance of competence.
	Takes opportunities to learn with others contributing to health care.
<b>Enhancement of the profession</b>	Promotes dissemination, use, monitoring and review of professional standards and best practice guidelines.
	Promotes and maintains a positive image of nursing.
	Acts as an effective role model for students and within the care team.
	Acts as a resource for students, other members of the health team and the public.
	Values research in contributing to developments in nursing and uses findings as means to improving standards of care.
	Scans practice environment and nursing literature to identify emerging trends and issues.
	Engages in advocacy activities through the professional organisation to influence health and social care service policies and access to services.

## **Annex 2**

### **Midwifery competencies**

## Essential midwifery competencies

Six essential midwifery competencies for the Africa region are presented below and have been extracted and adapted from *ICM Essential Competencies for Basic Midwifery Practice* (<http://www.internationalmidwives.org>). The midwifery competencies include preconception, antenatal, labour and delivery, postnatal care and new-born care.

Competency area	Description of Expectations for a registered midwife
<p><b>Competency No.1: Midwives have the requisite knowledge and skills from the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, new-born and childbearing families.</b></p>	<p><b>Basic Knowledge and Skills:</b></p> <ol style="list-style-type: none"> <li>1. Respect for local culture (customs).</li> <li>2. Traditional and modern routine health practices (beneficial and harmful).</li> <li>3. Resources for alarm and transport (emergency care).</li> <li>4. Direct and indirect causes of maternal and neonatal mortality and morbidity in the local community.</li> <li>5. Advocacy and empowerment strategies for women.</li> <li>6. Understanding human rights and their effect on health.</li> <li>7. Benefits and risks of available birth settings.</li> <li>8. Strategies for advocating with women for a variety of safe birth settings.</li> <li>9. Knowledge of the community - its state of health including water supply, housing, environmental hazards, food, common threats to health.</li> <li>10. Indications and procedures for adult and new-born/infant cardiopulmonary resuscitation.</li> <li>11. Ability to assemble, use and maintain equipment and supplies appropriate to setting of practice.</li> <li>12. Principles of epidemiology, sanitation, community diagnosis and vital statistics or records</li> <li>13. National and local health infrastructures; how to access needed resources for midwifery care.</li> <li>14. Principles of community-based primary care using health promotion and disease prevention strategies.</li> <li>15. National immunization programs (provision of same or knowledge of how to assist community members to access to immunization services)</li> </ol>
	<p><b>Professional Behaviours - The midwife:</b></p> <ol style="list-style-type: none"> <li>1. Is responsible and accountable for clinical decisions.</li> <li>2. Maintains knowledge and skills in order to remain current in practice.</li> <li>3. Uses universal/standard precautions, infection control strategies and clean technique</li> <li>4. Uses appropriate consultation and referral during care.</li> <li>5. Is non-judgmental and culturally respectful.</li> <li>6. Works in partnership with women and supports them in making informed choices about their health.</li> <li>7. Uses appropriate communication skills.</li> <li>8. Works collaboratively with other health workers to improve the delivery of services to women and families.</li> </ol>

Competency area	Description of Expectations for a registered midwife
<p><b>Competency No. 2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.</b></p>	<p><b>Basic Knowledge of:</b></p> <ol style="list-style-type: none"> <li>1. Growth and development related to sexuality, sexual development and sexual activity.</li> <li>2. Female and male anatomy and physiology related to conception and reproduction.</li> <li>3. Cultural norms and practices surrounding sexuality, sexual practices and childbearing.</li> <li>4. Components of a health history, family history and relevant genetic history. Physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy.</li> <li>5. Health education content targeted to reproductive health, sexually transmitted diseases (STDs), HIV/AIDS and child survival.</li> <li>6. Natural methods for child spacing and other locally available and culturally acceptable methods of family planning.</li> <li>7. Barrier, steroidal, mechanical, chemical and surgical methods of contraception and indications for use.</li> <li>8. Counselling methods for women needing to make decisions about methods of family planning.</li> <li>9. Signs and symptoms of urinary tract infection and common sexually transmitted diseases in the area.</li> <li>10. Factors involved in decisions relating to unplanned or unwanted pregnancies. Indicators of common acute and chronic disease conditions specific to a geographic area of the world, and referral process for further testing/ treatment.</li> <li>11. Indicators of and methods of counselling/referral for dysfunctional interpersonal relationships including sexual problems, domestic violence, emotional abuse and physical neglect.</li> </ol>
	<p><b>Basic skills</b></p> <ol style="list-style-type: none"> <li>1. Take a comprehensive history.</li> <li>2. Perform a physical examination focused on the presenting condition of the woman.</li> <li>3. Order and/or perform and interpret common laboratory studies such as haematocrit, urinalysis or microscopy.</li> <li>4. Use health education and basic counselling skills appropriately.</li> <li>5. Provide locally available and culturally acceptable methods of family planning.</li> <li>6. Record findings, including what was done and what needs follow-up.</li> <li>7. Use the microscope.</li> <li>8. Provide all available methods of barrier, steroidal, mechanical, and chemical methods of contraception.</li> <li>9. Take or order cervical cytology smear (Pap smear test)</li> </ol>

Competency area	Description of Expectations for a registered midwife
<p><b>Competency #3: Midwives provide high quality antenatal care to maximize the health during pregnancy and that includes early detection and treatment or referral of selected complications</b></p>	<p><b>Basic Knowledge of:</b></p> <ol style="list-style-type: none"> <li>1. Anatomy and physiology of the human body.</li> <li>2. Menstrual cycle and process of conception.</li> <li>3. Signs and symptoms of pregnancy.</li> <li>4. How to confirm a pregnancy.</li> <li>5. Diagnosis of an ectopic pregnancy and multiple foetuses.</li> <li>6. Dating pregnancy by menstrual history, size of uterus and/or fundal growth patterns.</li> <li>7. Components of a health history.</li> <li>8. Components of a focused physical examination for antenatal visits.</li> <li>9. Normal findings [results] of basic screening laboratory studies defined by need of area of the world; e.g., iron levels, urine test for sugar, protein, acetone, bacteria.</li> <li>10. Normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns.</li> <li>11. Normal psychological changes in pregnancy and impact of pregnancy on the family.</li> <li>12. Safe, locally available herbal/non-pharmacological preparations for the relief of common discomforts of pregnancy.</li> <li>13. How to determine foetal well-being during pregnancy including foetal heart rate and activity patterns</li> <li>14. Nutritional requirements of the pregnant woman and foetus.</li> <li>15. Basic foetal growth and development.</li> <li>16. Education needs regarding normal body changes during pregnancy, relief of common discomforts, hygiene, sexuality, nutrition, and work inside and outside the home.</li> <li>17. Preparation for labour, birth and parenting.</li> <li>18. Preparation of the home/family for the new-born.</li> <li>19. Indicators of the onset of labour.</li> <li>20. How to explain and support breastfeeding.</li> <li>21. Techniques for increasing relaxation and pain relief measures available for labour.</li> <li>22. Effects of prescribed medications, street drugs, traditional medicines and over-the-counter drugs on pregnancy and the foetus.</li> <li>23. Effects of smoking, alcohol use and illicit drug use on the pregnant woman and foetus.</li> <li>24. Signs and symptoms of conditions that are life-threatening to the pregnant woman; e.g., pre-eclampsia, vaginal bleeding, premature labour, severe anaemia.</li> <li>25. Signs, symptoms and indications for referral of selected complications and conditions of pregnancy: e.g., asthma, HIV infection, diabetes, cardiac conditions, post-dates pregnancy.</li> <li>26. Effects of above named chronic and acute conditions on pregnancy and the foetus</li> </ol>

Competency area	Description of Expectations for a registered midwife
<p><b>Competency #3: Midwives provide high quality antenatal care to maximize the health during pregnancy and that includes early detection and treatment or referral of selected complications (continued)</b></p>	<p><b>Basic skills</b></p> <ol style="list-style-type: none"> <li>1. Take an initial and ongoing history each antenatal visit.</li> <li>2. Perform a physical examination and explain findings to woman.</li> <li>3. Take and assess maternal vital signs including temperature, blood pressure, and pulse.</li> <li>4. Assess maternal nutrition and its relationship to o growth.</li> <li>5. Perform a complete abdominal assessment including measuring fundal height, position, lie and descent of foetus.</li> <li>6. Assess foetal growth.</li> <li>7. Listen to the foetal heart rate and palpate uterus for foetal activity pattern.</li> <li>8. Perform a pelvic examination, including sizing the uterus and determining the adequacy of the bony structures.</li> <li>9. Calculate the estimated date of delivery.</li> <li>10. Educate women and families about danger signs and when/how to contact the midwife.</li> <li>11. Teach and/or demonstrate measures to decrease common discomforts of pregnancy.</li> <li>12. Provide guidance and basic preparation for labour, birth and parenting.</li> <li>13. Identify variations from normal during the course of the pregnancy and institute             <ol style="list-style-type: none"> <li>a) low and/or inadequate maternal nutrition</li> <li>b) inadequate foetal growth</li> <li>c) elevated blood pressure, proteinuria, presence of significant oedema, severe headaches, visual changes, epigastric pain associated with elevated blood pressure</li> <li>d) vaginal bleeding</li> <li>e) multiple gestation, abnormal lie at term</li> <li>f) intrauterine foetal death</li> <li>g) rupture of membranes prior to term</li> </ol> </li> <li>14. Perform basic lifesaving skills competently.</li> <li>15. Record findings including what was done and what needs follow-up.</li> <li>16. Counsel women about health habits; e.g., nutrition, exercise, safety, stopping smoking.</li> <li>17. Perform clinical pelvimetry [evaluation of bony pelvis].</li> <li>18. Monitor foetal heart rate with Doppler.</li> <li>19. Identify and refer variations from normal during the course of the pregnancy, such as:             <ol style="list-style-type: none"> <li>a) small for dates [light]/large for dates [heavy] foetus</li> <li>b) suspected polyhydramnios, diabetes, foetal anomaly (e.g., oliguria)</li> <li>c) abnormal laboratory results</li> <li>d) infections such as sexually transmitted diseases (STDs), vaginitis, urinary tract, upper respiratory</li> <li>e) foetal assessment in the post-term pregnancy</li> </ol> </li> <li>20. Treat and/or collaboratively manage above variations from normal based upon local standards and available resources.</li> <li>21. Perform external version of breech presentation.</li> </ol>

Competency area	Description of Expectations for a registered midwife
<p><b>Competency No.4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their new-born.</b></p>	<p><b>Basic Knowledge of:</b></p> <ol style="list-style-type: none"> <li>1. Physiology of labour.</li> <li>2. Anatomy of foetal skull, critical diameters and landmarks.</li> <li>3. Psychological and cultural aspects of labour and birth.</li> <li>4. Indicators that labour is beginning.</li> <li>5. Normal progression of labour and how to use the partograph or similar tool.</li> <li>6. Measures to assess foetal well-being in labour.</li> <li>7. Measures to assess maternal well-being in labour.</li> <li>8. Process of foetal passage [descent] through the pelvis during labour and birth.</li> <li>9. Comfort measures in labour: e.g., family presence/assistance, positioning, hydration, emotional support, non-pharmacological methods of pain relief.</li> <li>10. Transition of new-born to extra-uterine life.</li> <li>11. Physical care of the new-born - breathing, warmth, feeding.</li> <li>12. Promotion of skin-to-skin contact of the new-born with mother when appropriate.</li> <li>13. Ways to support and promote uninterrupted [exclusive] breastfeeding.</li> <li>14. Physiological management of the 3rd stage of labour.</li> <li>15. Indications for emergency measures: e.g., retained placenta, shoulder dystocia, atonic uterine bleeding, neonatal asphyxia.</li> <li>16. Indications for operative delivery: e.g. Foetal distress, cephalo-pelvic disproportion.</li> <li>17. Indicators of complications in labour: bleeding, labour arrest, malpresentation, eclampsia, maternal distress, foetal distress, infection, prolapsed cord.</li> <li>18. Principles of active management of 3rd stage of labour.</li> </ol>

**Basic skills**

1. Take a specific history and maternal vital signs in labour.
2. Perform a screening physical examination.
3. Do a complete abdominal assessment for foetal position and descent.
4. Time and assess the effectiveness of uterine contractions.
5. Perform a complete and accurate pelvic examination for dilation, descent, presenting part, position, status of membranes, and adequacy of pelvis for baby.
6. Follow progress of labour using the partograph or similar tool for recording.
7. Provide psychological support for woman and family.
8. Provide adequate hydration, nutrition and comfort measures during labour.
9. Provide for bladder care.
10. Promptly identify abnormal labour patterns with appropriate and timely intervention and/or referral.
11. Perform appropriate hand manoeuvres for a vertex delivery.
12. Manage a cord around the baby's neck at delivery.
13. Cut an episiotomy if needed.
14. Repair an episiotomy if needed.
15. Support physiological management of the 3rd stage of labour.
16. Conduct active management of the 3rd stage of labour including:
  - a) Administration of oxytocic
  - b) Early cord clamping and cutting
  - c) Controlled cord traction
17. Guard the uterus from inversion during 3rd stage of labour.
18. Inspect the placenta and membranes for completeness.
19. Estimate maternal blood loss.
20. Inspect the vagina and cervix for lacerations.
21. Repair vaginal/perineal lacerations and episiotomy.
22. Manage postpartum haemorrhage.
23. Provide a safe environment for mother and infant to promote attachment.
24. Initiate breastfeeding as soon as possible after birth and support exclusive breastfeeding.
25. Perform a screening physical examination of the new-born.
26. Record findings including what was done and what needs follow-up.
27. Perform appropriate hand manoeuvres for face and breech deliveries.
28. Inject local anaesthesia
29. Apply vacuum extraction or forceps.
30. Manage malpresentation, shoulder dystocia, foetal distress initially.
31. Identify and manage a prolapsed cord.
32. Perform manual removal of placenta.
33. Identify and repair cervical lacerations.
34. Perform internal bimanual compression of the uterus to control bleeding.
35. Insert intravenous line, draw bloods, perform haematocrit and haemoglobin testing.
36. Prescribe and/or administer pharmacological methods of pain relief when needed.
37. Administer oxytocics appropriately for labour induction or augmentation and treatment of postpartum bleeding.
38. Transfer woman for additional/emergency care in a timely manner.

Competency area	Description of Expectations for a registered midwife
<p><b>Competency No.5: Midwives provide comprehensive, high quality, culturally sensitive postnatal care for women.</b></p>	<p><b>Basic Knowledge and Skills:</b></p> <ol style="list-style-type: none"> <li>1. Normal process of involution and healing following delivery [including after an abortion].</li> <li>2. Process of lactation and common variations including engorgement, lack of milk supply, etc.</li> <li>3. Maternal nutrition, rest, activity and physiological needs (e.g., bladder).</li> <li>4. Infant nutritional needs.</li> <li>5. Parent-infant bonding and attachment; e.g., how to promote positive relationships.</li> <li>6. Indicators of sub-involution e.g., persistent uterine bleeding, infection.</li> <li>7. Indications of breastfeeding problems.</li> <li>8. Signs and symptoms of life threatening conditions; e.g., persistent vaginal bleeding, urinary retention, incontinence of faeces, postpartum pre-eclampsia.</li> </ol> <p><b>Additional Knowledge of:</b></p> <ul style="list-style-type: none"> <li>• Indicators of selected complications in the postnatal period: e.g., persistent anaemia, haematoma, embolism, mastitis, depression, thrombophlebitis.</li> <li>• Care and counselling needs during and after abortion.</li> <li>• Signs and symptoms of abortion complications.</li> </ul>
	<p><b>Basic skills</b></p> <ol style="list-style-type: none"> <li>1. Take a selective history, including details of pregnancy, labour and birth.</li> <li>2. Perform a focused physical examination of the mother.</li> <li>3. Assess for uterine involution and healing of lacerations/repairs.</li> <li>4. Initiate and support uninterrupted [exclusive] breastfeeding.</li> <li>5. Educate mother on care of self and infant after delivery including rest and nutrition.</li> <li>6. Identify haematoma and refer for care as appropriate.</li> <li>7. Identify maternal infection, treat or refer for treatment as appropriate.</li> <li>8. Record findings including what was done and what needs follow-up.</li> <li>9. Counsel woman/family on sexuality and family planning post-delivery.</li> <li>10. Counsel and support woman who is post-abortion.</li> <li>11. Evacuate a haematoma.</li> <li>12. Provide appropriate antibiotic treatment for infection.</li> <li>13. Refer for selected complications.</li> </ol>

Competency area	Description of Expectations for a registered midwife
<p><b>Competency No. 6: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.</b></p>	<p><b>Basic Knowledge and Skills:</b></p> <ol style="list-style-type: none"> <li>1. New-born adaptation to extra-uterine life.</li> <li>2. Basic needs of new-born: airway, warmth, nutrition, bonding.</li> <li>3. Elements of assessment of the immediate condition of new-born; e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and colour.</li> <li>4. Basic new-born appearance and behaviours.</li> <li>5. Normal new-born and infant growth and development.</li> <li>6. Selected variations in the normal new-born; e.g., caput, moulding, mongolian spots, haemangiomas, hypoglycaemia, hypothermia, dehydration, infection.</li> <li>7. Elements of health promotion and prevention of disease in new-born and infants.</li> <li>8. Immunization needs, risks and benefits for the infant up to 2 months of age.</li> </ol> <p><b>Additional Knowledge of:</b></p> <ul style="list-style-type: none"> <li>• Selected new-born complications, e.g., jaundice, haematoma, adverse moulding of the foetal skull, cerebral irritation, non-accidental injuries, causes of sudden infant death.</li> <li>• Normal growth and development of the preterm infant up to 2 months of age.</li> </ul>
	<p><b>Basic skills</b></p> <ol style="list-style-type: none"> <li>1. Clear airway to maintain respirations.</li> <li>2. Maintain warmth but avoid overheating.</li> <li>3. Assess the immediate condition of the new-born; e.g., APGAR scoring or other assessment method.</li> <li>4. Perform a screening physical examination of the new-born for conditions incompatible with life.</li> <li>5. Position the infant for breastfeeding.</li> <li>6. Educate parents about danger signs and when to bring the infant for care.</li> <li>7. Begin emergency measures for respiratory distress new-born resuscitation), hypothermia, hypoglycaemia, cardiac arrest</li> <li>8. Transfer new-born to emergency care facility when available.</li> <li>9. Record findings, including what was done and what needs follow-up.</li> <li>10. Perform a gestational age assessment</li> <li>11. Educate parents about normal growth and development, child care.</li> <li>12. Assist parents to access community resources available to the family.</li> <li>13. Support parents during grieving process for congenital birth defects, loss of pregnancy, or neonatal death.</li> <li>14. Support parents during transport/transfer of new-born.</li> <li>15. Support parents with multiple births.</li> </ol>



## **Annex 3**

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## LIST OF PARTICIPANTS FOR VARIOUS PRF DEVELOPMENT MEETINGS

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