

# GUIDELINES

## FOR EVALUATING BASIC NURSING AND MIDWIFERY EDUCATION AND TRAINING PROGRAMMES IN THE AFRICAN REGION

**GUIDELINES FOR EVALUATING  
BASIC NURSING AND MIDWIFERY EDUCATION AND  
TRAINING PROGRAMMES IN THE AFRICAN REGION**

**WORLD HEALTH ORGANIZATION  
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## **Abbreviations**

AFRO	Regional Office for Africa
BNME	basic nursing and midwifery education
ECSACON	East, Central and Southern Africa College of Nursing
FIGO	International Federation of Obstetricians and Gynaecologists
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ICT	information and communication technology
NMS	nursing and midwifery schools
OSCE	objective structured clinical examinations
UK	United Kingdom
WFME	World Federation for Medical Education
WHA	World Health Assembly
WHO	World Health Organization

## Chapter 1. Introduction

### 1.1 Educational reform in the health sciences

The World Health Organization (WHO) has been actively advocating reform and improvements in nursing and midwifery education to meet the changing needs of health through a number of World Health Assembly (WHA) resolutions, for instance the resolutions on strengthening nursing and midwifery education and practice, and on reorientation of medical education. For the past three to four decades, WHO has intensified its collaboration with a number of organizations and institutions at both global and regional levels to carry out activities aimed at improving human resources for health through better quality education, as in its collaborative work with the World Federation for Medical Education (WFME) on standards for medical education. The results of this collaborative effort are the growth of the community and primary health care (PHC)-oriented institutions for nursing and midwifery and the health sciences; the development of and collaboration with WFME on standards for medical education; the WHO guide to curriculum review for basic nursing education and orientation to primary health care and community health. The WHO Regional Office for Africa has been collaborating with WFME, and the two have jointly promoted and facilitated the adaptation of standards in the training institutions for medical and health sciences, including nursing and midwifery.

The international and regional nursing and midwifery bodies, such as the International Council of Nurses (ICN), International Confederation of Midwives (ICM), and the East, Central and Southern Africa College of Nursing (ECSACON) have also played a critical role in providing guidelines and advocating for improvements in the quality of nursing and midwifery education. Significant among these are the *Guidelines for National Nurses Associations on Development of Standards for Nursing Education and Practice*; the *Standards and Competencies Series: ICN Framework and Core Competencies for a General Nurse* developed by ICN; *Essential Competencies for Midwifery Practice* developed jointly by ICM, WHO and the International Federation of Obstetricians and Gynaecologists (FIGO); and the *Professional Regulatory Framework* developed by ECSACON. Several “position statements” on improving the quality of nursing and midwifery education have also been made by ICN and ICM.

### 1.2 Purpose of the Guidelines

The aims of these Guidelines are to:

- provide information about the concepts and processes essential for quality assurance of basic nursing and midwifery education in the African Region;
- propose a process and content for evaluating existing basic nursing and midwifery education programmes so as to identify the changes needed;
- stimulate ideas for establishing a quality assurance system for basic nursing and midwifery education;
- provide a framework to health policy-makers and decision-makers, planners and implementers of health sciences education and training programmes in order to improve health programmes and the services for delivering them, and to guide allocation of human and financial resources in current and future programmes and services;

- safeguard practice by health care professionals, and its increasing internationalization, by well-defined international and regional standards of education.

### **1.3 Whom are these Guidelines for?**

The primary users are expected to include the following:

- heads and teachers of basic nursing and midwifery education programmes;
- authorities concerned with professional education and personnel responsible for human resource planning;
- administrators and supervisors of health services.

### **1.4 Use of international standards and adaptation of the Regional Guidelines**

The *WHO Regional Guidelines on Evaluation of Basic Nursing and Midwifery Education* focus on good practices and quality assurance that will enable nursing and midwifery education in the WHO African Region to not only meet the international standards at basic level in each broad area, but also to develop further the quality of programmes in line with international consensus about best practices.

The WHO Regional Standards have been adapted from the World Federation for Medical Education (WFME) *Quality Improvement in Basic Medical Education*, which were adopted by the WFME Executive Council in June 2001. (The WFME educational standards were adopted and modified to meet the international and regional nursing and midwifery educational standards as stipulated by the ICN, the ICM and ECSACON.) The WFME standards for medical education have been adapted by the WHO African Region for two main reasons: (i) to provide more details on the “basic standards” that define the minimum content that must appear in every health sciences education programme, and (ii) to define the “quality development standard” that indicates that the performance of an educational institution is in accordance with international consensus about the best practices in health sciences education. The WHO/AFRO Regional Standards have been field-tested in Malawi, Tanzania, Ghana, Ethiopia, South Africa and Rwanda. The Regional Standards have also been reviewed several times by nursing and midwifery experts from the African Region.

The Regional Standards are designed to enable schools of nursing and midwifery at various stages of development and with different educational, socio-economic and cultural conditions to use the standards at a level appropriate to themselves. Notwithstanding variations, there is an equivalence of structure, process and product of nursing and midwifery schools worldwide. The Regional Standards for nursing and midwifery education are not to be equated with a regional core curriculum, thus there is a need to provide separate, specific detailed guidelines to assess content and quantity of nursing and midwifery curricula.

Approaches to nursing and midwifery education need to be compatible with the health care system and the needs of the community, which vary from country to country. The Guidelines acknowledge that diversity between nursing and midwifery schools is desirable. Thus, the educational guidelines presented in this document define the prerequisites for basic nursing and midwifery education in broad outline only. Nursing and midwifery schools are expected to define their own overall mission and educational objectives, which should be broadly consistent with those outlined in these Guidelines. These must be made



known to their constituents after consultation with major stakeholders in the parent institution, the government and the community. Nursing and midwifery schools should then be responsible for developing and implementing curricula appropriate to their mission.

Irrespective of the state of development of the nursing and midwifery education system in a country, each nursing and midwifery school can use these operational Guidelines to measure itself. The Regional Guidelines cover the same areas of focus as the international standards, namely mission and objectives; educational programme; assessment of students; student selection and support; academic staff; educational resources; programme evaluation; governance and administration; and continuous renewal.

### **1.5 Quality assurance of basic nursing and midwifery education**

During the adaptation process, attention was also focused on the general application of guidelines in quality development. For the WFME international standards to be generally accepted, the following premises were adopted:

- Only *general aspects* of nursing and midwifery schools and nursing and midwifery education should be covered.
- Standards should be concerned with *broad categories* of the content, process, educational environment and outcome of nursing and midwifery education.
- Standards should *function as a lever* for change and reform.
- *Compliance* with standards must be a matter for each community, country or region.
- Standards should be formulated in such a way as to *acknowledge regional and national differences* in the educational programme, and allow for different profiles and developments of the individual nursing and midwifery schools, respecting reasonable autonomy of the nursing and midwifery schools.
- Use of a common set of international standards does not imply or require *complete equivalence* of programme content and products of nursing and midwifery schools.
- Standards should recognise the *dynamic nature* of programme development.
- Standards are formulated as *a tool* that nursing and midwifery schools can use as a basis and a model for their own institutional and programme development.
- Standards should *not be used* in order to rank nursing and midwifery schools.
- Standards are intended *not only to set minimum requirements* but also to encourage quality development beyond the levels specified. The set of standards, in addition to basic requirements, should include directions for quality development.
- Standards should be *further developed* through broad international discussion and consensus.
- The value of the standards must be tested in evaluation studies in each region. Such projects should be based on a combination of voluntary institutional self-evaluation and peer review.
- Standards *are not* an “either/or” matter, but a matter of specific conduct and intentional planning. Furthermore, some schools might develop so unique a quality as to go beyond standards achieved by most nursing and midwifery

schools. Such qualities might, in the long run, serve as examples for new goal-setting in nursing and midwifery schools.

- Standards *must* be capable of description and be meaningful, appropriate, relevant, measurable, and achievable and accepted by the users. They must have implications for practice, recognise diversity and foster adequate development.
- Evaluation based on *generally accepted standards* is an important incentive for improvement and for raising the quality of nursing and midwifery education, both when reorientation and reform are pursued, and also to promote continuous improvement and development.
- *Adoption* of regionally accepted standards has the potential to provide a basis for national evaluation of nursing and midwifery schools as well as broader regional recognition.
- It is considered that the *operation of standards* can promote discussion and stimulate development of consensus about objectives. They will help schools to formulate essentials of their educational programmes and to define the core of nursing and midwifery education.
- Standards will broaden opportunities for educational research and development and foster discussion and co-operation across departmental and other boundaries.
- The *existence* of standards will empower educators in their efforts to bring about change, and will serve to guide nursing and midwifery students' choices.
- For curriculum planners, *acceptance* of standards will save time and resources.
- *Adoption* of standards for quality evaluation will provide valuable orientation for fund providers, politicians and society.
- *Placing* nursing and midwifery education on a basis of shared regional standards will *facilitate* exchange of nursing and midwifery students, and ease the acceptance of nurses and midwives in countries other than those in which they trained. The burden of controlling for competencies of nurses and midwives who have been educated in nursing and midwifery schools in different countries will consequently be diminished.
- Finally, *substandard* nursing and midwifery schools can be improved by use of a system of evaluation and accreditation based on internationally accepted standards. This is likely to enhance the quality of health care, both nationally and internationally.

The next chapters discuss in detail the content for an evaluation process, a framework for establishing a quality assurance system for nursing and midwifery education, and the adapted Regional Standards.

## **Chapter 2. Content for an evaluation process for nursing and midwifery education**

The purpose of this chapter is to propose a process and content for evaluating existing basic nursing and midwifery education programmes, so as to identify the changes needed to support the required educational reforms. The chapter addresses the following issues: the evaluation's goals and objectives, planning for evaluation, conducting an internal and external evaluation and consideration of an evaluation reports and follow-up.

## 2.1 What is evaluation?

Evaluation is a systematic way of learning from experience and using the lessons learned to improve current activities and promote better planning by careful selection of alternatives for future action. This involves a critical analysis of different aspects of the development and implementation of a programme and the activities that constitute the programme, its relevance, its formulation, its efficiency and effectiveness, its costs and its acceptance by all parties involved.

## 2.2 Goals and objectives of an evaluation

The evaluation of nursing and midwifery education and training programmes concerns all aspects of the institution and its programmes, including clinical practice and support. The evaluation of the training programmes therefore seeks to ensure that the programmes:

- (a) are consistent with the health needs of the community in terms of professional competence, ethical behaviour, cost effectiveness, accessibility, promotion of public health, and benefit to the community, among other aspects;
- (b) meet the quality requirements of the school, as regards:
  - the necessary human, material, physical (infrastructure) and financial resources, in both quantity and quality;
  - the process of staff recruitment, development and retention;
  - a curriculum that is dynamic and responsive to community needs and enables the achievement of the learning objectives;
  - a system of student and teacher evaluation;
  - a mechanism for monitoring the implementation and review of the curriculum.

The best way to decide on the purpose of the evaluation is to identify all who might use the evaluation results, and then to discuss with them what they want the evaluation to do, how they would use the results, what difference the information would make, and whether it would be possible to do something about the problems disclosed by the evaluation.

## 2.3 Stages in the evaluation process

In this document, the evaluation of a training institution and its programmes is described in four stages:

- (a) Planning for the evaluation of the institution
- (b) Performing internal/self-evaluation of the institution
- (c) Conducting an external evaluation
- (d) Consideration of the evaluation reports.

### 2.3.1 Planning for the evaluation

The groundwork for the evaluation process needs to be laid down before the actual evaluation **itself begins. The following aspects need to be addressed:**

- (a) briefing other stakeholders (institutional staff, regulatory bodies, professional bodies, etc.) to build consensus on the need for evaluation;
- (b) setting up of teams/ committees to champion the evaluation process; the roles of each member and team should be clearly explained and understood by team members;
- (c) developing the plan for the evaluation process, including
  - *costing it* in financial, human and time terms;
  - clearly *defining the objectives* so as to make the plan operational and the evaluation possible;
  - *specifying the indicators* on which the success of the programme or service is to be judged.

Table 1 below shows an example of a timetable developed for one institution's evaluation.

**Table 1: Proposed timetable for internal and external evaluation**

Activities	Timeframe
<b><i>Internal evaluation</i></b>	<b><i>Total 2-4 months</i></b>
Data collection, including questionnaires	15 days to 1 month
Analysis and interpretation by subcommittees	1 month
Submission of subcommittee reports to commission	1 month
Analysis/summary of reports by commission	
Drafting of the internal-evaluation report	15 days to 1 month
Submission of findings to the whole institution	15 days to 1 month
Examination of the results	15 days to 1 month
Finalization of the self-evaluation report	1 month
	15 days - 1 month
Forwarding of the internal evaluation report documents to the external evaluating team	
<b><i>External evaluation</i></b>	
Examination of internal evaluation report, collection of additional data, discussion of draft report	1 week
Drafting and submission of final report	1 month

### 2.3.2 Conducting an internal evaluation

#### *Setting up an internal evaluation team*

The evaluation exercise is entrusted to a committee or commission charged, under the authority of the Dean or other authorized person, to plan the work, establish subcommittees for data collection, analyse and interpret the findings, stimulate working groups, ensure adherence to the timetable, and publish the report. The commission will decide on the areas to be reviewed. Subcommittee members must enjoy a high standing among their colleagues and in their respective disciplines.

The participation of students and graduates in the internal analysis exercise is essential and can occur, for instance, by their taking part in subcommittee activities and/or by producing their own evaluation report dealing with the aspects that most concern them, such as programme content, the teaching methods, student life and their professional

experiences. Their reports are forwarded directly to the external evaluators in order to minimize reticence and to encourage freedom of expression.

#### *Data collection*

Data collection is the first step in any evaluation exercise. This stage, which depends on the competence of the school's management, enables the systematic acquisition of the quantitative and qualitative information necessary for any self-analysis and for external evaluation. Data collection will focus on certain aspects listed in the 'evidence' section of the standards in Chapter Three, namely the programmes (undergraduate, specialized training, continuing education, community service) management, research, students, and material, financial and human resources.

The success of subsequent stages is dependent on the quality of this first stage. A period of up to 1 month should be allowed, depending on the size and complexity of the institution.

#### *Data analysis and interpretation of the findings*

Self-analysis consists of a critical examination of the results of the data collected by the institutional evaluation team. During this process, the team has to address each standard, and make a judgment as to the adherence to this standard, based on the evidence collected. Each judgment has to be substantiated with evidence. The criteria attached to each standard assist the team in making their decisions.

#### *Drafting the self-evaluation report and sharing the results*

The self-evaluation report should consist of the following:

- (a) a short description of the institution (name, town, number of programmes, number of students, number of faculty);
- (b) the review teams' assessment of how well the school reaches each standard;
- (c) evidence for each standard's evaluation, either in the text or as attachments;
- (d) recommendations for actions to be taken to rectify and weaknesses that are identified;
- (e) conclusions and recommendations, summarizing the strengths and weaknesses of the programmes. (Recommendations should be based on the objectives of the institution, its social responsibility and the impact of the responsibilities of the institution.)

The team should ensure that they arrive at a consensus on the preliminary report, especially in respect of the conclusions and recommendations. This stage may last from 2 to 4 months, and ends with the drafting of the final report of the internal-evaluation team.

The report of the internal-evaluation team should be sent to the Dean or Director for consideration by the management of the institution for ratification and possible use of the recommendations. It should also be sent to the external evaluators prior to the external evaluation visit.

### **2.3.3 Conducting an external evaluation**

The purpose of the external evaluation is to validate the institutional self-evaluation findings at two levels, namely procedural and outcome. Planning for the external evaluation should consist of the following:

- The visit of the evaluators should take place when teachers are most readily available and should be arranged in good time and with adequate notice to all concerned.
- The institution should agree on the team of evaluators (numbers and expertise required). It should be comprised of a clinician, a curriculum development expert, a researcher and experts in nursing and midwifery education.
- An external evaluation plan should be developed, with clear objectives and expected results to be achieved and estimated cost of the exercise.
- The self-evaluation report of the institution should be provided to the external evaluation team prior to their visit.

The external evaluation should last about a week and should comprise of examination of the self- evaluation report, the collection of additional information during the meetings with the main players and visits to the teaching and training facilities.

At the end of the visit, the external evaluation team shares a verbal report with the academic authorities on the main observations, recommendations and suggestions. The findings, including the recommendations, are then shared with all the stakeholders at a larger dissemination meeting. The final internal and external evaluation reports, amended and approved by all members of the team, are then submitted to the management of the institution.

### **2.3.4 Consideration of evaluation reports and follow-up**

The purpose of any evaluation exercise is to encourage immediate consideration of the reports by the institution and the relevant stakeholders to implement forthwith the institution-specific decisions emerging from the evaluation.

#### *Review of the evaluation report*

The ratification of the report within the institution marks the end of the evaluation process and should facilitate the implementation of the subsequent institutional decisions.

#### *Preparation of the implementation plan*

The next step is the formulation of a realistic plan for implementing the institutional decisions to address the recommendations. It should be possible to finance such a plan, because it is part of the education reform process, which is an integral part of health sector reform and is likely to benefit all levels. Teachers, administrators, and students should, through workshops and other means, evaluate the recommendations and identify priorities according to their practicability. Changes to be made in the teaching, research activities, community services and co-operation with other institutions should be determined.

Once the changes are accepted by all, the institution should initiate and maintain a continuous monitoring and evaluation process of the institution and its programmes. The

institution should regularly maintain links with governing bodies, especially the ministries of health and education and the regulatory bodies. Regular feedback could be provided in the form of periodic reviews and reports by the institution.

#### *Consensus on the mechanisms for monitoring and evaluating the plan*

The monitoring and evaluation functions from the implementation plan will enable the officials of the institution to monitor the progress and evaluate the different steps of appropriately changing nursing and midwifery education and practice. Publication of any changes by the faculty should help in the supervision, execution and adjustment of selected activities and maintain permanent communication among the partners.

### **Conclusion**

Internal and external evaluation, as described in this chapter, can help decision-makers and those in charge of health care activities to institute objective educational reforms. It is up to those concerned to use these tools to give a new direction to professional training and practice for the benefit of communities, health professionals and policy-makers.

## **Chapter 3. Establishing a quality assurance system**

The aim of this chapter is to provide guidance on establishing a quality assurance system for basic nursing and midwifery education. The chapter addresses the following: definition of quality assurance, the quality assurance system, and benefits and procedures in quality assurance.

### **3.1 Definition of quality assurance**

An acceptable definition is obtained from the Quality Assurance Agency in UK Higher Education, which defines quality assurance as:

*The totality of systems, resources and information devoted to maintaining and improving the quality and standards of teaching, scholarship and research, and of students' learning experience.*

Institutions have to maintain and demonstrate quality because they are subject to increasingly fierce competition for students and resources. The markets with which they compete are themselves becoming increasingly competitive and well informed.

### **3.2 Quality assurance system**

There are two parts to a quality assurance system: an internal and an external quality assurance process. The most important part of the system is the nursing and midwifery school's own internal quality assurance processes. The internal quality process is important because ultimately the quality of nursing and midwifery education depends on the interaction between the teacher and the student and the collective integrity and professionalism of the academic community. The nursing and midwifery school develops its own goals and objectives that are relevant to local and national health care needs, as well as the methods to achieve these goals. It then conducts periodic reviews to assess the extent to which goals are met within the framework of the guidelines, and whether the methods of

teaching and learning, the facilities, and the financial and human resources for delivery of the curriculum support the goals. The school may invite external reviewers to assist in the review.

The other part of a quality assurance system is the external quality assurance practised in most countries through mechanisms such as accreditation, validation and audit. External scrutiny is needed to confirm that nursing and midwifery schools' responsibilities are being properly discharged. This is because in many countries, large sums of public money are allocated to nursing and midwifery education and training, and there must be reasonable evidence that competent and safe nursing and midwifery graduates are being produced to meet the needs of the nation.

For the purpose of external quality assurance, most countries establish an independent agency that carries out its functions in a continuous, transparent and open way. The external agency is usually called the *accrediting authority* or *quality assurance agency*. The external agency usually includes in its quality process representatives of the universities with nursing and midwifery schools, the nursing and midwifery profession, the health care authorities, the registration authorities and the community. In most countries the processes of the external agency incorporate the nursing and midwifery schools' own internal quality assurance processes.

### **3.3 Benefits of quality assurance by accreditation**

Benefits flow from the feedback provided by external reviewers and report. These include the opinions of experts in particular fields of nursing and midwifery education, the shared experiences of colleagues who have faced similar challenges, the cross fertilization of ideas from institutions that have adopted different methods, and the local and national leverage that authoritative reports can provide in rectifying deficiencies.

Regionally, a voluntary system of quality assurance of nursing and midwifery schools based on the quality guidelines for nursing and midwifery education can provide many benefits beyond the formal mutual recognition of individual qualifications for the purpose of registration as a nursing and midwifery practitioner.

### **3.4 Procedures in quality assurance**

The following processes are recommended for an effective quality assurance system:

#### *Self-study by the nursing and midwifery school*

The process enables the nursing and midwifery school to reflect and identify its strengths and weaknesses, and to decide on areas for change. In self-study, the nursing and midwifery schools bring together representatives of the administration, the academic faculty, students, those associated with its teaching facilities and other constituents. These stakeholders collect and review data about the nursing and midwifery school and the educational programme, identify the strengths and problem areas; they also devise strategies to ensure that the strengths are maintained and problems are addressed. The educational guidelines are used to evaluate the school's sufficiency and organization of the resources as well as the performance and effectiveness of the programme. The school usually sets an internal task force chaired by the Dean or Head of Academic Affairs. Chairpersons are



appointed for each section of the guidelines and a person who is familiar with the nursing and midwifery education process is appointed as coordinator of the self-study process.

#### *External quality assurance*

In an external quality assurance exercise, the nursing and midwifery school submits its self-study report and database of information about the school and its programmes to an external agency. The external agency constitutes a panel of four or five reviewers with a balance of expertise in the various disciplines, health services and community interests. A chairperson and secretary of the panel are usually appointed. Each member is responsible for reviewing specific sections of the nursing and midwifery school report and for identifying issues they would like to be clarified.

A reviewer's visit is usually arranged by the school. The visit should be sufficiently long (about three days) to enable the reviewer to understand the educational programme, to visit the physical facilities and to interact with students, faculty, hospital staff and administrators. The panel assesses whether the school is operating within the educational guidelines and is meeting its own objectives. Apart from observing first-hand the activities and facilities in the school, the other purpose of the visit is to clarify issues identified from the school's self-study report and database, as well as to validate some of the information. The visit is a peer review process and the review panel is professional, collegial and positive, not punitive. The aim is to be helpful to the school. The reviewers prepare an interim report, which is given to the school for correction of errors of fact. A final report is then prepared.

#### *Accreditation*

In countries that have an accreditation process, the report is submitted to the accrediting authority. The accrediting authority makes a final decision on accreditation based on the report. The period of accreditation, if granted, usually varies from 5 to 10 years. Sometimes the nursing and midwifery school is given accreditation subject to certain conditions being addressed within a specified period. The accrediting authority may revisit a nursing and midwifery school in this category during the period of accreditation, depending on the periodic reports. If the nursing and midwifery school does not achieve the required progress, the accrediting authority may revoke or reduce the accreditation to a shorter period of time. It may also impose additional conditions.

#### *Quality assurance in approving new nursing and midwifery courses*

A panel of reviewers is usually constituted to study the broad outline of the new course, which is then submitted by the nursing and midwifery school well before (at least 18 months) the new course is to be introduced. A site visit may be arranged when the school is ready for such a visit.

### **Conclusion**

It is critical that quality assurance systems be established in order to ensure the quality of nursing and midwifery education programmes and the graduates they produce.

## Chapter 4. The African Regional Standards

The aim of this chapter is to provide well-defined Regional Standards of basic nursing and midwifery education that will safeguard education and the practice of nursing and midwifery professionals in the African Region.

### 4.1 What is a standard?

A standard is a desired and achievable level of performance against which actual practice is compared. Standards are established with respect to the programme content and educational processes and the resources – human, financial and material – required to provide quality education.

### 4.2 Areas covered by the Regional Standards

The following are recommended Regional Standards for basic nursing and midwifery education for the African Region. The Standards are structured according to nine areas, subdivided into 36 sub-areas.<sup>1</sup> The AREAS are defined as broad components in the structure and process of nursing and midwifery education, and cover:

1. Mission and Objectives
2. Educational Programme
3. Assessment of Students
4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal

### 4.3 Standards for each sub-area

The sub-areas are defined as specific aspects of an area, corresponding to performance indicators. Standards are specified for each sub-area using two levels of attainment. Annotations are used to clarify, amplify or exemplify expressions in the standards. The two levels of attainment expected in the Standards are as follows:

- **Basic standard:** This means that the standard must be met by every nursing and midwifery school and fulfilment of the standard must be demonstrated during evaluation of the school. Basic standards are expressed by a “must” in the standard text.
- **Standard for quality development:** This means that the standard is in accordance with international consensus about best practice for nursing and midwifery schools (NMS) and basic nursing and midwifery education (BNME). Nursing and midwifery schools should be able to demonstrate fulfilment of some or all of these initiatives. Fulfilment of these standards will vary with the stage of development of the nursing and midwifery schools, their resources and

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<sup>1</sup> The complex interactions and links between the various areas and sub-areas are recognized.

educational policy. Even the most advanced schools might not comply with all standards. Standards for quality development are expressed by a “*should*” in the text.

#### **4.4 The Standards**

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

##### **A1.1: Statement of mission, philosophy and objectives**

###### ***Basic standard***

The nursing and midwifery school must define its mission, philosophy, conceptual framework and objectives and make them known to its constituency. The mission statements 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 and 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. The scope of the goals and objectives must be in alignment with national health priorities and community health needs. The philosophy must define the values attached to the society, health, nursing, the health care system, educational models and approaches.

###### ***Quality development***

The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate nursing and midwifery training. The conceptual framework depicting key concepts that are essential to nursing and midwifery education and practice should be reflected. The concepts should include health, humans, nursing, midwifery, environment and education. The identified concepts will form the basis for content identification and organization in the curriculum.

###### ***Annotations***

- *Statements of mission and objectives* would include general and specific issues relevant to institutional, national and regional policy and national health priorities and community health needs.
- *Any branch of nursing* refers to all types of nursing practice and nursing research.
- *Postgraduate nursing training* would include specialist training and continuing nursing education/professional development.

##### **A1.2: Participation in formulation of mission and objectives**

###### ***Basic standard***

The principal stakeholders of a nursing and midwifery school must define its mission statement, philosophy and objectives.

### *Quality development*

Formulation of mission statements and objectives should be based on input from a wider range of stakeholders.

### *Annotations*

- *Principal stakeholders* would include the head of nursing and midwifery education, members of the faculty board/council, the educational institution, governmental authorities and members of the profession.
- *A wider range of stakeholders* would include representatives of academic staff, students, the community, education and health care authorities, professional organizations and postgraduate educators.

## **A1.3: Academic autonomy**

### *Basic standard*

There must be a policy, for which the administration and faculty/academic staff of the nursing and midwifery school is responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

### *Quality development*

The contributions of all academic staff should address the actual curriculum, and the educational resources should be distributed in relation to the educational needs.

## **A1.4: Educational outcome**

### *Basic standard*

The nursing and midwifery school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

### *Quality development*

The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

### *Annotations*

- *Educational outcome* would be defined in terms of the competencies the students must acquire before graduation.
- *Competencies* within nursing and nursing practice would include knowledge and understanding of basic nursing; behavioural and social sciences, including public health and population nursing; nursing ethics relevant to the practice of nursing; attitudes and nursing skills (including practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving); and the ability to undertake lifelong learning and

professional development. For midwifery, as well as the foregoing, these *competencies* would entail that the midwife must manage uncomplicated pregnancies and identify complications of pregnancy that require further management and make appropriate referrals to other health care team members such as doctors. Midwifery practice would include scientific approaches of assessment, planning, implementation and evaluation of care of child-bearing women and their families; knowledge and skills in social sciences, public health and ethics that form the basis for quality, culturally relevant and appropriate care for women, new born infants and child-bearing families; **promotive** care for women during pregnancy; management of women during labour and delivery to ensure safety of the mother and baby; knowledge and skills to provide family-centred postpartum care to mother and baby; knowledge and skills to provide family-centred care in the management of the neonate up to the age of 2 months.

## ***Area 2: Educational programme***

### **A2.1: Curriculum models and instructional methods**

#### *Basic standard*

The nursing and midwifery school must define the curriculum models and instructional methods employed. The curriculum content must relate to the philosophy, goals and terminal competencies desired. The nursing and midwifery curriculum relate to national health priorities, community needs, the present and emerging role of the practitioner, and professional and legal requirements for practice.

#### *Quality development*

The curriculum and instructional methods should ensure that the students have responsibility for their learning process and should prepare them for lifelong, self-directed learning.

#### *Annotations*

- *Curriculum models* would include discipline, system, problem and community-based models, among others.
- *Instructional methods* encompass teaching and learning methods.
- The *curriculum and instructional methods* should be based on sound learning principles and should foster the ability to participate in the scientific development of nursing as professionals and future colleagues.

### **A2.2: Scientific method**

#### *Basic standard*

The nursing and midwifery schools must teach the principles of scientific method and evidence-based nursing and midwifery, including analytical and critical thinking, throughout the curriculum.

### *Quality development*

The curriculum should include elements for training students in scientific thinking and research methods.

### *Annotation*

- *Training in scientific thinking and research methods* may include the use of elective research projects to be conducted by nursing and midwifery students.

## **A2.3: Course content**

### *Basic standard*

The content for nursing and midwifery courses must relate to mission, philosophy, goals and terminal competencies. The content must be coherent and consistent with intended learning outcomes. The content must also relate to national health priorities; community needs; present and emerging role of the practitioner; and professional and legal requirements for practice.

## **Biomedical sciences**

### *Basic standard*

The nursing and midwifery school must identify and incorporate in the curriculum the contributions of the biomedical sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying nursing and midwifery science.

### *Quality development*

The contributions in the curriculum of the basic sciences should be adapted to the scientific, technological and nursing and midwifery developments as well as to the health needs of society.

### *Annotation*

*The biomedical sciences* would, depending on local needs, interests and traditions, typically include anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology, anatomy and physiology of normal pregnancy, etc.

## **Behavioural and social sciences and nursing and midwifery ethics**

### *Basic standard*

The nursing and midwifery schools must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and nursing and midwifery jurisprudence that enable effective communication, nursing and midwifery decision-making and ethical practices.

### *Quality development*

The contributions of the behavioural and social sciences and nursing and midwifery ethics should be adapted to scientific developments in nursing and midwifery, to changing demographic and cultural contexts, and to the health needs of society.

### *Annotations*

- *Behavioural and social sciences* would, depending on local needs, interests and traditions, typically include psychology, sociology, biostatistics, epidemiology, hygiene and public health and community nursing and midwifery etc.
- The *behavioural and social sciences and nursing and midwifery ethics* should provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems.

## **Nursing and midwifery sciences and skills**

### *Basic standard*

The nursing and midwifery school must ensure that students have adequate patient contact and acquire sufficient knowledge and skills to assume appropriate nursing and midwifery responsibilities upon graduation.

### *Quality development*

Every student should have early patient contact, leading to participation in patient care. The different components of nursing and midwifery skills training should be structured according to the stage of the study programme.

### *Annotations*

- The *nursing and midwifery sciences* would, depending on local needs, interests and traditions, typically include general nursing, surgical nursing, psychiatric nursing, community nursing, among others; the midwifery sciences should also include low and high-risk management of women of child-bearing age.
- *Nursing and midwifery skills* include history taking, physical examination, procedures and investigations, emergency practices and communication and team skills.
- *Appropriate nursing and midwifery responsibilities* would include health promotion, disease prevention and patient/client care.
- *Participation in client/patient care* would include relevant clinical and community experience and teamwork with other health professions.

## **A2.4: Curriculum structure, composition and duration**

### *Basic standard*

The nursing and midwifery school must describe the content, extent and sequencing of courses, distribution of course hours within each course or learning unit, and other

curriculum elements. These include the balance between the core and optional content; the role of health promotion, preventive nursing and rehabilitation in the curriculum; and the interface with unorthodox, traditional or alternative practices.

#### *Quality development*

Basic sciences and nursing and midwifery sciences should be integrated in the curriculum.

#### *Annotations*

- *Core and optional content* refers to a curriculum model with a combination of compulsory elements and electives or special options. The ratio between the two components can vary.
- *Integration of disciplines* would include both horizontal (concurrent) and vertical (sequential) integration of curricular components.

### **A2.5: Programme management**

#### *Basic standard*

A Curriculum Committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the nursing and midwifery school.

#### *Quality development*

The Curriculum Committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the Curriculum Committee of staff, students and other stakeholders.

#### *Annotations*

- The *authority* of the Curriculum Committee would include supremacy over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities.
- *Other stakeholders* would include other participants in the educational process, representatives of other health professions or other faculties in the educational institution.

### **A2.6: Linkages with nursing and midwifery practice and the health care system**

#### *Basic standard*

Operational linkages must be assured between the educational programme and the subsequent stages of training or practice that the student will enter after graduation.



### *Quality development*

The Curriculum Committee should seek input from the environment in which graduates will be expected to work and should undertake programme modification in response to feedback from the community and society.

### *Annotations*

- *Subsequent stages of training* would include specialist training.
- *Operational linkages* would imply clear definition and description of the elements and their interrelations in the various stages of training and practice, and should pay attention to the local, national, regional and global context.

## **Area 3: Assessment of students**

### **A3.1: Assessment methods**

#### *Basic standard*

The nursing and midwifery school must define and state the methods used for assessment of its students, including the criteria for passing examinations.

#### *Quality development*

The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

#### *Annotations*

- The definition of *methods used for assessment* may include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between written and oral examinations, the use of normative and criterion referenced judgements, and the use of special types of examinations, e.g. objective structured clinical examinations (OSCE).
- *Evaluation of assessment methods* may include an evaluation of how they promote learning.
- *New assessment methods* may include the use of external examiners.

### **A3.2: Relation between assessment and learning**

#### *Basic standard*

Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

#### *Quality development*

The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

*Annotation*

- *Adjustment of number and nature of examinations* would include consideration of avoiding negative effects on learning.

**Area 4: Students**

**A4.1: Admission policy and selection**

*Basic standard*

The nursing and midwifery school must have an admission policy including a clear statement on the process of selection of students.

*Quality development*

The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society. The relationship between selection, the educational programme and desired qualities of graduates should be stated.

*Annotations*

- The statement on *process of selection of students* would include both rationale and methods of selection, and may include description of a mechanism for appeal.
- The *review of admission policies* and the recruitment of students would include improvement of selection criteria to reflect the capability of students to become nurses and to cover the variations in required competencies related to the diversity of nursing.

**A4.2: Student intake**

*Basic standard*

The size of student intake must be defined and related to the capacity of the nursing and midwifery school at all stages of education and training.

*Quality development*

The size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of the community and society.

*Annotations*

- The *needs of community and society* may include consideration of balanced intake according to gender, ethnicity and other social requirements, including the potential need of a special admission policy for underprivileged students.
- *Stakeholders* would include those responsible for planning and development of human resources in the national health sector.

### **A4.3: Student support and counselling**

#### *Basic standard*

The nursing and midwifery school must offer a programme of student support, including counselling.

#### *Quality development*

Counselling should be provided based on monitoring of student progress and should address social and personal needs of students.

#### *Annotation*

- *Social and personal needs* would include academic support, career guidance, health problems and financial matters.

### **A4.4: Student representation**

#### *Basic standard*

The nursing and midwifery school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

#### *Quality development*

Student activities and student organisations should be encouraged and facilitated.

#### *Annotation*

- *Student activities and organisations* would include student self-government and representation on educational committees and other relevant bodies, as well as social activities.

## **Area 5: Academic Staff/Faculty**

### **A5.1: Recruitment policy**

#### *Basic standard*

The nursing and midwifery school must have a staff recruitment policy, which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between nursing and non-nursing academic staff, midwifery and non-midwifery academic staff and between full-time and part-time staff. The responsibilities of all staff must be explicitly specified and monitored.

### *Quality development*

A policy should be developed for staff selection criteria, including scientific, educational and nursing and midwifery merit; relationship to the mission of the institution; economic considerations; issues of local significance.

### *Annotations*

- *Balance of academic staff/faculty* would include staff with joint responsibilities in the basic and nursing sciences, midwifery sciences, in the educational institution and health care facilities, and teachers with dual appointments.
- *Issues of local significance* may include gender, ethnicity, religion, language and others of relevance to the school.
- *Merit* can be measured by formal qualifications, professional experience, research output, teaching experience, peer recognition, etc.

## **A5.2: Staff policy and development**

### *Basic standard*

The nursing and midwifery school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

### *Quality development*

The staff policy should include teacher training and development and teacher appraisal. Teacher-student ratios relevant to the various curricular components and teacher representation on relevant bodies should be taken into account.

### *Annotations*

- *Service functions* include nursing and midwifery duties in the health care system, administrative and leadership functions, etc.
- *Recognition of meritorious academic activities* would be by rewards, promotion and/or remuneration.

## **Area 6: Educational resources**

### **A6.1: Physical facilities**

### *Basic standard*

The nursing and midwifery school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

### *Quality development*

The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

### *Annotation*

- *Physical facilities* would include lecture halls, tutorial rooms, laboratories, libraries, information technology facilities, recreational facilities, etc.

## **A6.2: Clinical training resources**

### *Basic standard*

The nursing and midwifery school must ensure adequate clinical experience and the necessary resources, including sufficient clients/patients and clinical training facilities. The clinical learning must be in relation to the variety of practice settings in which the graduates will be expected to work. The learning experiences must be relevant to learning outcomes.

### *Quality development*

The facilities for nursing and midwifery training should be developed to ensure clinical training that is adequate to the needs of the population in the geographically relevant area. Facilities for clinical training should be evaluated regularly for their appropriateness and quality regarding nursing and midwifery training programmes.

### *Annotations*

- *Clinical training facilities* would include hospitals (adequate mix of primary, secondary and tertiary), ambulatory services, clinics, primary health care settings, health care centres and other community health care settings, as well as skills laboratories.

## **A6.3: Information technology**

### *Basic standard*

The nursing and midwifery school must have a policy that addresses the evaluation and effective use of information and communication technology (ICT) in the educational programmes.

### *Quality development*

Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.

### *Annotations*

- A policy regarding the use of computers, internal and external networks and other means of *information and communication technology* would include co-ordination with the library services of the institution.
- The use of *information and communication technology* may be part of education for evidenced-based nursing and midwifery and in preparing the students for continuing nursing and midwifery education and professional development.

### **A6.4: Research**

#### *Basic standard*

The nursing and midwifery school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

#### *Quality development*

The interaction between research and education activities should be reflected in the curriculum and influence current teaching, and should encourage and prepare students to engage in nursing and midwifery research and development.

### **A6.5: Educational expertise**

#### *Basic standard*

The nursing and midwifery school must have a policy on the use of educational expertise in planning nursing and midwifery education and in development of teaching methods.

#### *Quality development*

There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development and for research in the discipline of nursing and midwifery education.

### *Annotations*

- *Educational expertise* would deal with problems, processes and practice of nursing and midwifery education and would include nurses and midwives with research experience in nursing and midwifery education, educational psychologists and sociologists, etc. It could be provided by an education unit at the institution or be acquired from another national or international institution.
- *Nursing and midwifery education research* investigates the effectiveness of teaching and learning methods, and the wider institutional context.

## **A6.6: Educational exchanges**

### *Basic standards*

The nursing and midwifery school must have a policy for collaboration with other educational institutions and for the transfer of educational credits.

### *Quality development*

Regional and international exchange of academic staff and students should be facilitated by the provision of appropriate resources.

### *Annotations*

- Transfer of *educational credits* can be facilitated through active programme co-ordination between nursing and midwifery schools.
- *Other educational institutions* would include other nursing and midwifery schools or public health schools, other faculties, and institutions for education of other health and health-related professions.

## **Area 7: Programme evaluation**

### **A7.1: Mechanisms for programme evaluation**

#### *Basic standard*

The nursing and midwifery school must establish a mechanism for programme evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed. The curriculum must also provide for mechanisms (processes, procedures and persons involved) for periodic review and adjustment of content, learning experiences, teaching and assessment methodologies.

#### *Quality development*

Programme evaluation should address the context of the educational process, the specific components of the curriculum and the general outcome. Involvement of experts in nursing and midwifery education would further broaden the base of evidence for quality of nursing and midwifery education at the institution.

#### *Annotations*

- *Mechanisms for programme evaluation* would imply the use of valid and reliable methods and would require that basic data about the nursing and midwifery curriculum are available.
- *Identified concerns* would include problems presented to the curriculum committee.
- The *context of the educational process* would include the organization and resources as well as the learning environment and culture of the nursing school.
- *Specific components for programme evaluation* would include course description and student performance.

- *General outcomes* would be measured by career choice, postgraduate performance, etc.

## **A7.2 Teacher and student feedback**

### *Basic standard*

Both teacher and student feedback must be systematically sought, analyzed and responded to.

### *Quality development*

Teachers and students should be actively involved in planning programme evaluation and in using its results for programme development.

## **A7.3: Student performance**

### *Basic standard*

Student performance must be analyzed in relation to the curriculum and the mission, philosophy and objectives of the nursing school.

### *Quality development*

Student performance should be analyzed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

### *Annotation*

Measures of *student performance* would include information about average study duration, scores, pass and failure rates at examinations, success and dropout rates, student reports about conditions in their courses, as well as time spent by the students on areas of special interest.

## **A7.4: Involvement of stakeholders**

### *Basic standard*

Programme evaluation must involve the governance and administration of the nursing and midwifery school, the academic staff and the students.

### *Quality development*

A wider range of stakeholders should have access to results of course and programme evaluation and their views on the relevance and development of the curriculum should be considered.



### *Annotation*

*A wider range of stakeholders* would include educational and health care authorities, representatives of the community, professional organizations and those responsible for postgraduate education.

## **Area 8: Governance and administration**

### **A8.1: Governance**

#### *Basic standard*

Governance structures and functions of the nursing and midwifery school must be defined, including their relationships within the educational institution.

#### *Quality development*

The governance structures should set out the committee structure, and reflect representation from academic staff, students and other stakeholders.

#### *Annotations*

- The *committee structure* would include a Curriculum Committee with the authority to design and manage the nursing and midwifery curriculum.
- *Relationships within the educational institution* and its governance structures should be specified, if the nursing and midwifery school is part of, or affiliated to, an educational institution.
- *Other stakeholders* would include ministries of higher education and health, other representatives of the health care sector and the public.

### **A8.2: Academic leadership**

#### *Basic standard*

The responsibilities of the academic leadership of the nursing and midwifery school for the nursing and midwifery educational programme must be clearly stated.

#### *Quality development*

The academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

### **A8.3: Educational budget and resource allocation**

#### *Basic standard*

The nursing and midwifery school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

### *Quality development*

There should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.

### *Annotation*

The *educational budget* would depend on the budgetary practice in each institution and country.

## **A8.4: Administrative staff and management**

### *Basic standard*

The administrative staff of the nursing and midwifery school must be appropriate to support the implementation of the school's educational programme and other activities, and to ensure good management and deployment of its resources.

### *Quality development*

The management should include a programme of quality assurance and the management should submit itself to regular review.

## **A8.5: Interaction with the health sector**

### *Basic standard*

The nursing and midwifery school must have a constructive interaction with the health and health-related sectors of society and government.

### *Quality development*

The collaboration with partners of the health sector should be formalized.

### *Annotations*

- The *health sector* would include the health care delivery system, whether public or private, research institutions, etc.
- The *health-related sector* would, depending on issues and local organization, include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).

## **Area 9: Continuous renewal**

### *Basic standard*

The nursing and midwifery school must, as a dynamic institution, initiate procedures for regular review and updating of its structure and functions, and must rectify documented deficiencies.

### *Quality development*

The process of renewal should be based on prospective studies and analyses, and should lead to the revisions of the policies and practices of the nursing and midwifery school in accordance with past experience, present activities and future perspectives. In so doing, it should address the following issues:

- adaptation of the mission and objectives of the nursing and midwifery school to the scientific, socio-economic and cultural development of the society;
- modification of the required competencies of the graduating students in accordance with documented needs of the environment the graduates will enter. The modification shall include the clinical skills and public health training and involvement in patient care appropriate to responsibilities encountered upon graduation;
- adaptation of the curricular model and instructional methods to ensure that these are appropriate and relevant;
- adjustment of curricular elements and their relationships in keeping with developments in the biomedical sciences, the behavioural sciences, the social sciences, the clinical sciences, the changes in the demographic profile and health/disease pattern of the population, and socio-economic and cultural conditions; the adjustment shall assure that new relevant knowledge, concepts and methods are included and outdated ones discarded.
- development of assessment principles and the methods and the number of examinations, according to changes in educational objectives and learning goals and methods;
- adaptation of student recruitment policy and selection methods to changing expectations and circumstances, to changes in human resource needs in the pre-nursing education system, and to the requirements of the educational programme;
- adaptation of recruitment and staffing policies regarding the academic staff, according to the changing needs of the nursing school;
- updating of educational resources according to the changing needs of the nursing and midwifery school, i.e. the student intake, size and profile of academic staff, the educational programme and contemporary educational principles;
- refinement of the process of programme monitoring and evaluation;
- development of the organizational structure and management principles in order to cope with changing circumstances and needs of the nursing school and, over time, accommodating to the interests of the different groups of stakeholders.

## **Annex 1**

### **Guidelines for collecting data**

This questionnaire is provided as a guide to assist nursing and midwifery schools to review their nursing and midwifery programmes

#### **Area 1: Mission and objectives**

##### **Criterion 1A: Statement of mission and objectives**

*Basic:* Provide a copy of the published general mission and objectives of the nursing/midwifery school. The detailed goals and objectives of the nursing /midwifery programmes should be described below under Criterion D

*Quality:* Provide references to other published mission and objective statements that refer to these areas.

##### **Criterion 1B: Participation in formulation of mission and objectives**

*Basic:* Who are the school's major stakeholders? How has the school involved its stakeholders in formulating the mission and objective statements?

*Quality:* What groups other than the above major stakeholders does the school consult? How does the school consult and involve these groups in ongoing refinement to the statements on mission and objectives?

##### **Criterion 1C: Policy on academic independence**

*Basic:* Provide copies of institutional and government policies that confer responsibility for the curriculum and allocation of resources.

*Quality:* What policies and practices does the nursing/midwifery school have that ensure teaching by individual staff and by departments appropriately addresses the design of the curriculum? How is this evaluated and, if necessary redressed? What is the nursing/midwifery schools' process for reviewing resource allocation as the curriculum evolves?

##### **Criterion 1D: Definition of educational outcomes**

*Basic:* What are the broad/terminal competencies (knowledge, skills and attitudes) required of the students at graduation for the nursing and midwifery programmes? How do these relate to the professional roles, responsibilities, competencies and emergent needs of the society in which the students will practise?

*Quality:* How does the nursing and midwifery school measure the competencies of its graduates? How does the school feed back this information into course development?

## **Area 2: Educational programme and principles**

### **Criterion 2A: curriculum models and instructional methods**

*Basic:* What curriculum approaches have been used to design the curriculum (discipline-, system-, skill- based, etc.)? What instructional methods are employed in delivering the curriculum?

*Quality:* How will these methods encourage students to take active responsibility for their learning and what is the evidence that these methods prepare students for life long learning?

### **Criterion 2B: Scientific foundation**

*Basic:* Which components of the curriculum inculcate the principles of scientific and evidenced-based nursing and midwifery and enable analytical and critical thinking?

*Quality:* What specific opportunities are there for students to acquire scientific training/education?

### **Criterion 2C: Role of basic sciences**

*Basic:* What basic biomedical sciences (courses) contribute to the nursing and midwifery programme? How is their contribution integrated with clinical sciences at the different stages of the curriculum?

*Quality:* What is the process by which the nursing and midwifery school adapts the curricular contributions of the various sciences in the development of nursing and midwifery education, practice and delivery of health care?

### **Criterion 2D: Role of behavioural and social sciences and nursing and midwifery ethics?**

*Basic:* How does the curriculum provide for contributions of the behavioural sciences, the social sciences and nursing and midwifery ethics?

*Quality:* What is the process by which the nursing and midwifery school adapts the curricular contributions of the behavioural sciences, the social sciences and nursing and midwifery ethics to the developments in the science, practice and delivery of health care?

### **Criterion 2E: Role of clinical sciences and skills**

*Basic:* What are the specific objectives (knowledge, skills and attitudes) specified to ensure clinical competence on graduation? What are the specific clinical disciplines and forms of practice (inpatient/ambulatory health care, hospital/community, rural/urban, specialist/general) in which this experience is to be acquired?

*Quality:* What specific opportunities are there for early and ongoing direct participation in patient care and for working with other health professionals?

### **Criterion 2F: Curriculum structure, composition and duration**

*Basic:* For the core curriculum (nursing and/or midwifery), provide a summary in terms of topics/subjects taught, length (hours/weeks), by Semester/Year. Provide a brief synopsis of individual topics/courses (use attached matrix for course descriptions). For optional subjects, provide a similar summary.

*Quality:* What policies guide the integration of the curriculum? What mechanisms exist to ensure that it occurs?

### **Criterion 2G: Programme Management**

*Basic:* Does the school have a group of faculty members that comprise a Curriculum Committee? What are the terms of reference and composition of the Curriculum Committee? Specifically, what authority does the Committee have to resolve conflicts of educational principle and to determine the contributions of specific disciplines to the nursing and midwifery programmes? How are its decisions implemented?

*Quality:* What are the nursing and midwifery school's mechanisms for introducing teaching and learning, evaluation and curriculum innovations? Does the nursing and midwifery school have an education unit for these purposes? If so, what is its scope?

### **Criterion 2H: Linkage with Nursing and Midwifery Practice**

*Basic:* What links exist between the basic nursing and midwifery programme and the next stages of training for practice? What specific transition programmes occur in the first year of the programme?

Are there reciprocal representations between the committees responsible for the basic nursing and midwifery phase and the subsequent phase?

*Quality:* How does the curriculum committee obtain the participation of health services in effecting the transition between the basic nursing and midwifery programmes and the next stage of training? How does it evaluate the effectiveness of its programme?

## **Area 3: Assessment of educational outcomes**

### **Criterion 3A: Assessment methodology**

*Basic:* What committee is responsible for assessment policy? What are its terms of reference, composition and authority? Provide the general policy on assessment, including the documents provided to students that specify timing, weighting and criteria for progression.

*Quality:* How does the nursing and midwifery school monitor the reliability and validity of assessments? How are new assessment methods introduced? How are internal assessments validated against external standards?

### **Criterion 3B: Relationship between assessment and learning**

*Basic:* How are assessment practices made compatible with educational objectives and learning methods?

*Quality:* How does the nursing and midwifery school monitor assessments to reduce curriculum overload and encourage integration?

## **Area 4: Students**

### **Criterion 4A: Recruitment and admission policy**

*Basic:* Does the school have a well-defined admission policy document for all courses? What are the academic criteria for admission to the nursing and midwifery programmes? Are there additional requirements at institutional or government level?

*Quality:* How do the methods used to select students test their suitability and capability to practise in diverse areas of nursing and midwifery? How do they comply with the social responsibilities and health needs?

### **Criterion 4B: Methods of selection**

*Basic:* What body is responsible for selection policy? What methods does it use?

*Quality:* What methods are used for adjusting the quotas?

### **Criterion 4C: Student intake**

*Basic:* What is the total student intake per year for the different programmes? What quotas exist and how are they determined?

*Quality:* What mechanisms exist for adjusting the quotas?

### **Criterion 4D: Student support and counselling**

*Basic:* What student support programmes are available through the nursing and midwifery school? What other programmes can students access?

*Quality:* What mechanisms exist to identify students in need of pastoral and/or academic support?

### **Criterion 4E: Student representation**

*Basic:* What is the nursing and midwifery school's policy on student contribution to curriculum matters? How have students contributed to the development of this policy?

*Quality:* What practical measures does the nursing and midwifery school have for encouraging student participation and self- governance?

## **Area 5: Academic Staff/Faculty**

### **Criterion 5A: Recruitment policy**

*Basic:* Does the school have a staff development policy that provides justification for staff numbers and subject expertise and ensures that the staffing profile matches the range and balance of teaching skills required to deliver the curriculum? What are the requirements related to the qualifications for appointment? Are there institutional or government policies or requirements that affect the nursing and midwifery school's review of its priority list for staffing?

*Quality:* How does the nursing and midwifery school propose to improve its recruitment of staff to meet its objectives?

### **Criterion 5B: Staffing policy**

*Basic:* What is the nursing and midwifery school's policy for ensuring that teaching, research and service contributions are appropriately recognized and rewarded? Are there additional institutional or government policies?

*Quality:* What staff development programmes exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance? How is participation in staff development programmes encouraged?

## **Area 6: Educational Resources**

### **Criterion 6A: Physical facilities**

*Basic:* Does the institution have sufficient educational resources for the student population and for the delivery of the curriculum, including libraries, lecture halls, tutorial rooms, laboratories and computers and field practice areas? Provide a brief description of each of the physical facilities available for the delivery of the non- clinical components of the curriculum. How does the nursing and midwifery school review the adequacy of the educational resources? What mechanisms exist for gathering feedback from students and staff on the facilities? What authority does the nursing and midwifery school have to direct resources to respond to deficiencies?

*Quality:* Indicate what plans exist for improving these facilities.

### **Criterion 6B: Facilities for clinical training**

*Basic:* Provide a brief description of the facilities available for clinical training in hospitals, ambulatory services, community clinics and primary health care settings. How does the nursing and midwifery school review the adequacy of the facilities and patients available for clinical teaching? What mechanisms exist to deal with deficiencies?



*Quality:* How is the nursing and midwifery school adjusting and expanding its use of clinical training facilities, including skills, laboratories and affiliated institutions?

### **Criterion 6C: Information technology and networking**

*Basic:* What policies does the nursing and midwifery school have for the use of information technology in its teaching programme? What committee or body is responsible for formulating the nursing and midwifery school's policies? Are there additional institutional policies? What authority does the nursing and midwifery school have to direct resources to the use of information and communication technology?

*Quality:* How is the nursing and midwifery school enhancing delivery of the curriculum by electronic methods?

### **Criterion 6D: Research attainment**

*Basic:* Provide a brief description of the research facilities and major research programmes of the school.

*Quality:* How does the school foster interaction between its research and education activities?

### **Criterion 6E: Nursing and midwifery education expertise (pedagogical expertise)**

*Basic:* Does the school have a policy on teaching and learning methodology and the use of educational expertise in curriculum development, instruction and evaluation? What policies does the nursing and midwifery school have to ensure that its education methodologies are appropriate for the delivery of the curriculum?

*Quality:* Does the nursing and midwifery school have access to an expert nursing and midwifery unit, and if so, how does it operate?

### **Criterion 6F: Exchange with other educational institutions**

*Basic:* What policies does the nursing and midwifery school have for collaborating with other educational institutions? Provide a summary of the existing collaborative links/mechanisms with other institutions and describe the nature of those links, student exchanges, staff exchanges, and research. What is the nursing and midwifery school's policy on the transfer of educational credit?

*Quality:* Describe any activities directed towards regional and international co-operation with other nursing and midwifery schools.

## **Area 7: Monitoring and evaluation of programmes and courses**

### **Criterion 7A: Mechanisms for programme evaluation**

*Basic:* How does the nursing and midwifery school evaluate its programmes? Is there a group/organization that independently monitors performance and data on

outcomes of the school's programmes and ensures that identified concerns are addressed by the appropriate body? What core evaluation data is being collected?

*Quality:* Describe how the evaluation activities are being enhanced to cover all components of the nursing and midwifery education programme.

## **Area 8: Governance and administration**

### **Criterion 8A: Governance**

*Basic:* Does the educational institution have a clearly defined policy for governance structures and functions of the nursing and midwifery school, including their relationships within the educational institution?

*Quality:* Do the governance structures set out the committee structure, and reflect representation from academic staff, students and other stakeholders?

### **Criterion 8B: Academic leadership**

*Basic:* Is there a policy that clearly defines the responsibilities of the academic leadership of the nursing and midwifery school?

*Quality:* Is the academic leadership evaluated at defined intervals with respect to achievement of the mission and objectives of the school?

### **Criterion 8C: Educational budget and resource allocation**

*Basic:* Does the nursing and midwifery school have a clear line of responsibility and authority for the curriculum and its resources, including a dedicated educational budget?

*Quality:* Does the nursing and midwifery school have sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school?

### **Criterion 8D: Administrative staff and management**

*Basic:* Does the administrative staff of the nursing and midwifery school have appropriate support to implement the school's educational programme and other activities to ensure good management and deployment of its resources?

*Quality:* Does the management of the school of nursing and midwifery include a programme of quality assurance and submit itself to regular review?

### **Criterion 8E: Interaction with the health sector**

*Basic:* Is there a policy that defines the relationship between the school and the health sector? Does the nursing and midwifery school have a constructive interaction with the health and health-related sectors of society and government? What mechanisms exist for interaction between the school and the health sector?

*Quality:* Is the collaboration with partners of the health sector formalised? Yes/No

**Area 9: Continuous renewal of the nursing and midwifery programmes**

*Basic:* Does the institution initiate programmes and procedures for regular review and updating of its fundamentals, structure and activities? Yes/No