

Nursing & Midwifery
Human Resources for Health

Global standards for the initial education of professional nurses and midwives



Global Standards for the initial education of professional nurses and midwives (WHO/HRH/HPN/08.6)

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Task Force Meeting on the Global Standards for Initial Nursing and Midwifery Education, Glasgow, Scotland, November 2007:

Mrs Fadwa Affara (International Council of Nurses), **Dr Sawsan Al-Majali** (Global Advisory Group for Nursing and Midwifery – Advisers for Nursing and Midwifery), **Ms Nancy Dickenson-Hazard** (Sigma Theta Tau International), **Dr Valerie Fleming** (Global Network of WHO Collaborating Centres on Nursing and Midwifery Development), **Dr Karen Morin** (Sigma Theta Tau International), **Ms Nester Moyo** (International Confederation of Midwives), **Dr Bente Sivertsen** (WHO Regional Office for Europe), and **Dr Jean Yan** (World Health Organization, Geneva).

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Part one

Global standards
for the initial education
of professional nurses
and midwives



Background

An estimated 35 million nurses and midwives make up the greater part of the global health-care workforce (1). Nurses and midwives make a substantial contribution to health-delivery systems in primary care, acute care and community care settings. However, despite this, they are seldom involved in policy development for human resources for health or in high-level strategic decision-making. In many countries this may be due to the perceived status of nurses and midwives; it could also be a result of the general level of education of the profession (2).

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In 2001 the World Health Assembly (WHA) supported the call to strengthen the nursing and midwifery professions by passing resolution WHA54.12, validating WHO's commitment to the scaling-up of the health professions. This resolution specifically establishes the imperatives: a) for Member States to give urgent attention to ways of improving nursing and midwifery in their respective countries, and b) for the Director-General to prepare an action plan, with inbuilt evaluation procedures, for strengthening nursing and midwifery services (3). *The Strategic Directions for Strengthening Nursing and Midwifery Services 2002–2008* (4), served as a blueprint for the subsequent implementation of the resolution. A further resolution, WHA59.23, (5) stresses the development of global standards for initial education as a priority activity in strengthening nursing and midwifery services in order to achieve the Millennium Development Goals (MDGs) for health (6).

The need for global standards has arisen for several reasons – the increasing complexities in health-care provision, the increasing number of health professionals at different levels, and the need to assure more equitable access to health care. The great variation in the levels of *initial education* (see Glossary) for professional nurses and midwives around the world can no longer be neglected. Many countries still consider initial education programmes at secondary school level to be sufficient, while some countries specify university-level education as the minimum point of entry to the health professions for nurses and midwives (in practice, university-level education is more frequently specified for nursing than for midwifery).

Despite slow beginnings, the move to raise the qualification requirements of initial education programmes for professional nurses and, in some cases

for midwives, to a *higher-education level* (see Glossary) appears to be gaining impetus. The first known university-based education programme for nurses was implemented in New Zealand as long ago as the 1920s (7). Several countries around the world subsequently moved some of their nursing education programmes to universities, although it was not until the 1950s that university-level programmes became commonplace in North America. The move spread in the 1980s to some Western Pacific countries and parts of Europe. In Egypt, the Alexandria University opened a faculty for nursing education in 1954.

The notion of university education itself still remains problematic and there are many disparities in the programmes currently being offered in different parts of the world. For instance, the length of the courses offered varies from two to five years; some countries offer nursing programmes but not midwifery programmes in the higher education sector; some countries offer comprehensive programmes that combine nursing and midwifery while others see the two as separate professions and maintain separate education programmes for each; some countries offer midwifery only as an option for qualified nurses, while others recognize midwifery as a profession distinct from nursing.

In developing the global standards for the initial education of professional nurses and midwives, close attention has been paid to the above differences. Some countries already meet the global standards for initial education. Readers are urged, however, to note that meeting the global standards is a goal for the future for many countries – a goal to be reached within a timeframe determined by national factors such as the country's health plans.

It will be the task of policy-makers in each country to determine timeframes for the implementation of the global standards.

It will be the task of policy-makers in each country to determine timeframes for the implementation of the global standards. Some countries may adopt a stepwise approach; they may choose to first implement programmes to meet urgent country needs and build on them subsequently.

This document describes the context and process followed in developing the global standards, and presents the standards with their respective goals.

Goal of the global standards

Initial nursing or midwifery education aims to prepare individuals to fill a role in the professional workforce where they will be called upon to strengthen health systems to meet population needs and protect the public. High quality education programmes that meet a global standard are therefore imperative.

The global standards for initial nursing and midwifery education identify essential components of education. Implementation of the standards will facilitate progress towards the highest level of education attainable in a country or region, assure equitable and appropriate placement of nurses and midwives in health-care roles and, potentially, simplify recruitment practices throughout the world (8, 9).

The goal of the global standards is to establish educational criteria and assure outcomes that:

- a) are based on evidence and competency;
- b) promote the progressive nature of education and lifelong learning; and
- c) ensure the employment of practitioners who are competent and who, by providing quality care, promote positive health outcomes in the populations they serve.

The future of nursing and midwifery education lies in good preparation at the professional, *first-degree level* (see Glossary). This level of education is being successfully provided in many countries (10) and research has demonstrated that a more highly educated nursing workforce not only improves patient safety and quality of care but saves lives (1).

There are, however, particular problems that may limit immediate implementation of the global standards. As mentioned above, it is recognized that the provision of university-level education in many countries is a goal for the future. Working globally towards university-level education for professional nurses and midwives will require country-specific strategies that



take into account national and/or regional factors such as different entry points for education, cultural beliefs and norms, prior learning, experience and progression options.

The global standards for initial education provide an opportunity for countries to invest in building the capacity required to raise the standard of education of existing nursing and midwifery programmes to university level, thereby promoting *continuous learning* (see Glossary) and assuring professional advancement that is in line with worldwide education trends.

Intended use of standards

The global standards for the initial education of professional nurses and midwives are intended to serve as a benchmark for moving education and learning systems forward to produce a common competency-based outcome in an age of increasing globalization. It is anticipated that the global standards will be used in the nursing and midwifery professions, as well as in other health-related professions and by policy-makers and decision-makers in ministries of health and education, the public, education services, regulatory bodies and various other organizations.

These standards represent the views of nursing and midwifery constituencies throughout the world. Regular revisions, in partnership with other international professional organizations, are anticipated.

The global standards have potential uses in various activities, such as in:

- 1) establishing a global approach to the provision of evidence-based educational programmes;
- 2) applying established competencies¹ to provide a guide for curriculum development;
- 3) stimulating the creation of nursing or midwifery schools and programmes that meet national, regional and societal needs and expectations;
- 4) establishing benchmarks for continuous quality improvement and the progression of education in nursing and midwifery.

The global standards may furthermore:

- 5) act as a catalyst in advocating for education change, reform and quality improvement;
- 6) serve as leverage in building capacity for adequate numbers of nurses and midwives and a competent, high quality nursing and midwifery workforce for strengthening health systems;
- 7) serve as a basis for the development of global standards for advanced nursing and/or midwifery education.

¹ Competencies such as those published by the International Confederation of Midwives and the International Council of Nurses.

The context

Each country needs to have an adequate and sustainable source of health professionals, trained within the context of current and future issues in patient safety and quality of care, and trends in shortages of nurses and midwives and workforce migration (11). In implementing strategies to meet this goal, there is a need: a) to alter the skill mix of the future workforce to include a greater proportion of nurses and midwives who have been educated to degree level or higher, and b) to use definitions and competencies, such as those issued by international organizations representing nursing and/or midwifery.

“Nursing 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 in patient and health systems management, and education are also key nursing roles.” (12)

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The international definition of the midwife states that: “The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.” (13)

Data synthesis from the background research – step one of the standards development procedure (described below) – revealed that both nursing and midwifery are gradually becoming more attractive career choices globally. There are considerable differences in the entry levels of these professions and there is a general desire to raise the requirement for minimum entry to university-level education, even though: a) the majority of existing programmes around the world do not currently specify this, and b) the insufficient number of teaching staff in nursing and midwifery schools poses a major challenge to achieving this goal.



While nursing and midwifery are unique health-care professions, the desire to build the workforce capacity with competent practitioners is a common goal that is reflected in the WHO strategic directions for nursing and midwifery (4). In the context of meeting this goal, and based on the knowledge and expertise of education and practice leaders in nursing and midwifery, five key areas for global standards have been identified:

- programme graduates,
- programme development and revision,
- programme curriculum,
- academic faculty and staff,
- programme admission.

The above key areas and their characteristics reflect the recommended components of competency-based education programmes and systems (11). Individual schools, countries and/or regions are responsible for articulating and implementing specific strategies and appropriate success indicators according to their respective needs and situations.

Process and methodology

The development of global standards for the initial education of nurses and midwives has taken place over a three-year period. The Stakeholders' Meeting on the Contribution of Nursing and Midwifery to the Millennium Development Goals (MDGs), convened by WHO in May 2005, established specific strategic directions for the development of the standards. Subsequently in late 2005, a planning group led by the World Health Organization and Sigma Theta Tau International, an international honour society of nursing, was established to oversee the initial planning and implementation of the standards. In March 2006, a nursing education scholar undertook a review of existing standards and compiled a background synthesis document. Throughout 2006 and 2007 additional methods were designed and implemented – including a literature review and analysis, consensus-building through a nominal group process, an expert analysis, and a feedback analysis of public comments and data synthesis.

The successive steps of the procedure are outlined below.

- Step 1: Gathering evidence and data.** A thorough selection of existing education standards from around the world was compiled as a background document, analysed, synthesized and used in consensus building (2).
- Step 2: Securing expert consensus.** Nursing and midwifery experts were convened to define the key areas and minimum elements of initial education for nursing or midwifery (14).
- Step 3: Collection and assimilation of public comments.** Draft standards were developed and widely disseminated to nursing, midwifery and external stakeholders and others for public comment (see Annex).
- Step 4: Analysis and synthesis.** Over 100 public responses were analysed and synthesized by a group of experts. The standards were then redrafted and submitted to the regional nurse advisers for final review.
- Step 5: Document launch and global dissemination.**

Part two

Global standards
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Principles

While several factors are of paramount importance in the design, implementation and outcome of the global standards, the following three principles underpin all the standards.

- 1) Established competencies provide a sound basis on which to build curricula for initial education to meet health population needs.
- 2) The interaction between the nursing or midwifery student and the *client* (see Glossary) is the primary focus of quality education and care.
- 3) An inter-professional approach to education and practice is critical.

It is recommended that the global standards be piloted, frequently reviewed, evaluated and revised on the basis of user feedback.

1.0 Programme graduates

1.1 Outcomes

- 1.1.1 Graduates demonstrate established competencies in nursing and midwifery practice.
- 1.1.2 Graduates demonstrate sound understanding of the determinants of health.
- 1.1.3 Graduates of an initial programme in nursing or midwifery meet regulatory body standards leading to professional licensure/registration as a nurse or a midwife.
- 1.1.4 Graduates are awarded a professional degree.
- 1.1.5 Graduates are eligible for entry into advanced education programmes.
- 1.1.6 Nursing or midwifery schools employ methods to track the professional success and progression of education of each graduate.

1.2 Programme graduate attributes

- 1.2.1 Nursing or midwifery school graduates will be knowledgeable practitioners who adhere to the code of ethics and standards of the profession.
- 1.2.2 Nursing or midwifery schools prepare graduates who demonstrate:
- use of evidence in practice,
 - cultural competence,
 - the ability to practise in the health-care systems of their respective countries and meet population needs,
 - critical and analytical thinking,
 - the ability to manage resources and practise safely and effectively,
 - the ability to be effective client advocates and professional partners with other disciplines in health-care delivery,
 - community service orientation,
 - leadership ability and continual professional development.

2.0 Programme development/revision

2.1 Governance

- 2.1.1 Nursing or midwifery schools define and make public their mission, vision and objectives.
- 2.1.2 Nursing or midwifery schools educate their students through the programme to meet the health-care needs of their societies.
- 2.1.3 Nursing or midwifery schools clearly define the educational and clinical outcomes of the programme.
- 2.1.4 Nursing or midwifery schools employ nursing or midwifery *faculty* (see Glossary) with relevant expertise in the subject matter and the ability to develop and revise their programmes.
- 2.1.5 Nursing or midwifery schools have in place and use a system of formative and summative assessment of the programme's educational and clinical objectives and outcomes.
- 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors, mentors, preceptors and teachers.

2.2 Accreditation

- 2.2.1 Nursing or midwifery schools are an integral part of a higher education institution that meets internal standards, recognized accreditation and/or governing body requirements.
- 2.2.2 Nursing or midwifery schools have criteria in place that meet accreditation standards for clinical practice components of their programmes, academic content and the demonstration of professional outcomes.
- 2.2.3 Nursing or midwifery schools and their programmes are recognized or accredited by credible, relevant professional and academic bodies and re-accredited as required.

2.3 Infrastructure

- 2.3.1 Nursing or midwifery schools have accessible, current and relevant physical facilities including, but not limited to, classrooms, clinical practice sites, information and communications technology, clinical simulation laboratories and libraries.
- 2.3.2 Nursing or midwifery schools have a system and policy in place that ensures the safety and welfare of students and faculty.
- 2.3.3 Nursing or midwifery schools have professional support personnel and human resources to meet programme and student demand.
- 2.3.4 Nursing or midwifery schools have a budget allocation and budget control that meets programme, faculty and student needs.
- 2.3.5 Nursing or midwifery schools have a system in place for student-support services.

2.4 Partnerships

- 2.4.1 Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located, with other disciplines, with clinical practice sites, with clinical and professional organizations and with international partners.

3.0 Programme curriculum

3.1 Curriculum design

- 3.1.1 Nursing or midwifery schools design curricula and deliver programmes that take into account workforce planning flows and national and international health-care policies.
- 3.1.2 Nursing or midwifery schools plan and design curricula to meet national and international education criteria, and professional and regulatory requirements for practice.
- 3.1.3 Nursing or midwifery schools provide classroom and clinical learning that delivers the knowledge and skills required to meet the needs of their respective populations.
- 3.1.4 Nursing or midwifery schools establish and demonstrate balance between the theory and practice components of the curriculum.
- 3.1.5 Nursing or midwifery schools demonstrate use of recognized approaches to teaching and learning in their programmes, including, but not limited to, adult education, self-directed learning, e-learning and clinical simulation.
- 3.1.6 Nursing or midwifery schools provide classroom and clinical learning based on established competencies and grounded in the most current, reliable evidence.
- 3.1.7 Nursing or midwifery schools enable the development of clinical reasoning, problem solving and critical thinking in their programmes.
- 3.1.8 Nursing or midwifery schools conduct regular evaluations of curricula and clinical learning, and include student, client, stakeholder and partner feedback.
- 3.1.9 Nursing or midwifery programmes offer opportunities for multidisciplinary content and learning experiences.

3.2 Core curriculum

- 3.2.1 Nursing or midwifery curricula provide core content that will enable their graduates to meet the established competencies.
- 3.2.2 Nursing programmes provide core content in nursing theory, practice, interventions and scope of practice.
- 3.2.3 Midwifery programmes provide core content in midwifery theory, practice, interventions and scope of practice for strengthening health systems through the primary health-care approach.
- 3.2.4 Nursing or midwifery programmes provide supervised clinical learning experiences that support nursing or midwifery theory in diverse settings.

3.3 Curriculum partnerships

- 3.3.1 Nursing or midwifery schools develop partnerships with other health-care disciplines.
- 3.3.2 Nursing or midwifery schools use interprofessional teamwork approaches in their classrooms and clinical learning experiences.
- 3.3.3 Nursing or midwifery schools have access to, and arrangements for, the clinical learning sites required for programme delivery.

3.4 Assessment of students

- 3.4.1 Nursing or midwifery schools assess student learning, knowledge and skill development throughout their programmes, using reliable evaluation methodologies.
- 3.4.2 Nursing or midwifery schools use a variety of methods to assess the subject matter being studied including, but not limited to, student performance-based assessment and client/stakeholder feedback.
- 3.4.3 Nursing or midwifery schools have student retention systems in place.

4.0 Faculty

4.1 Academic faculty

- 4.1.1 The head of a nursing or midwifery programme is a nurse or midwife who holds a graduate degree, is educated and experienced in leadership and administration, and demonstrates knowledge as an educator.
- 4.1.2 The core academic faculty are nurses and midwives who demonstrate knowledge as educators and have a minimum of a bachelor's degree – preferably a graduate degree – with advanced preparation and clinical competence in their specialty area.
- 4.1.3 Other health professionals who are guest lecturers in nursing or midwifery programmes hold a graduate degree and possess clinical and educational expertise in their specialty.

4.2 Clinical faculty

- 4.2.1 Clinical faculty comprises nurses, midwives and other health professionals who hold a minimum of a university degree and possess clinical and educational expertise in their specialty area.
- 4.2.2 Nurses and midwives with clinical expertise in the content area being taught are designated to supervise and teach students in that clinical practice area.
- 4.2.3 Nursing or midwifery schools form partnerships to secure a variety of qualified people to be clinical supervisors and teachers.

4.3 Professional development of faculty

- 4.3.1 Nursing or midwifery schools have a policy and system in place that validates the updated clinical and educational expertise and competency of faculty.
- 4.3.2 Nursing or midwifery schools have a system in place that provides faculty with opportunities for development in teaching, scholarship, practice and external professional activity.
- 4.3.3 Nursing or midwifery schools have a system and policy in place and provide time and resources for competency development for staff.
- 4.3.4 Nursing or midwifery schools have a policy and system in place for reward and recognition of staff in accordance with the requirements for promotion and tenure of the *institution* (see Glossary).

5.0 Programme admission

5.1 Admission policy and selection

- 5.1.1 Nursing or midwifery schools have a transparent admission policy that specifies the process of student selection and the minimum acceptance criteria.
- 5.1.2 Nursing or midwifery schools have a transparent non-discriminatory admission and selection process.
- 5.1.3 Nursing or midwifery schools have a system and policy in place that takes into account different entry points of students, recognition of their prior learning, experience and progression options toward higher education goals.
- 5.1.4 Nursing or midwifery schools have entry requirements that meet national criteria for higher education institutions including, but not limited to, completion of secondary education.

5.2 Student type and intake

- 5.2.1 Nursing or midwifery schools admit students with backgrounds in basic science and mathematics who demonstrate skills in the language of instruction and in dealing with the clients.
- 5.2.2 Nursing or midwifery schools admit students who have the ability to meet the requirements of the programme.
- 5.2.3 Nursing or midwifery schools admit students who meet the institution's health and any other requirements, as well as any national requirements for selection.
- 5.2.4 Nursing or midwifery schools seek students who demonstrate the will to serve in health and the ability to be independent learners.

Part three

References

Annex: List of respondents

Glossary



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A bibliography of all other sources consulted is available upon request.

Annex: List of respondents

The following institutions submitted responses during the development procedure (step 3) when draft versions of the global standards were circulated for public feedback and comment.

American Association of Colleges of Nursing, United States of America
American University of Beirut School of Nursing, Lebanon
Arkansas State Board of Nursing, United States of America
Asociación de Escuelas Universitarias de Enfermería de la República, Argentina
Nursing and Midwifery Council, Australia
California Board of Vocational Nursing and Psychiatric Technicians, United States of America
Association of Schools of Nursing, Canada
Chief Nursing Officers Directorate Department of Health, United Kingdom
Council of Deans and Heads of University Faculties for Nursing and Health Professionals, United Kingdom
Danish Deans Council of Nursing
Department of Health, Philippines
Department of Health, Social Services and Public Safety, Northern Ireland
Escuela Nacional de Enfermería y Obstetricia, Mexico
European Nurse Directors Association, Finland
Faculdade de Enfermagem UFJF, Brazil
Facultad de Enfermería de la Universidad Nacional de Trujillo, Peru
Facultad de Enfermería, Universidad Católica, Chile
Faculty of Nursing, National University of Colombia
Federal University of Bahia – Nursing School, Brazil
Federation of International Nurse Educators, France
Forum for University Nursing Deans of South Africa
Global Alliance for Nursing Education and Scholarship, Canada

Grant MacEwan College, Canada
Hospital de Cruz Alta, Argentina
Institute of Health Care, University of Malta; Directorate of Nursing Services
Instituto Filosófico e Teológico Rainha Do Sertão, Faculdade Católica
Rainha do Sertão, Portugal
International Council of Nurses, Switzerland
Lambton College, Canada
Makassed University of Beirut, College of Nursing and Health Sciences,
Lebanon
Malagasy Lutheran Nursing School, Madagascar
Max Stern Academic College of Emek Yezreel, Israel
Ministerio de Sanidad y Consumo, Spain
Ministry of Health and Social Development, Anguilla
Ministry of Health, Kosovo
Ministry of Health, National Institute of Public Health and Community,
Canada
Ministry of Health, Nepal
Ministry of Health, Uganda
Ministry of Public Health, Republic of Cameroon
National Council of State Boards of Nursing, Nepal
Nurse Directors Association, United Kingdom
Nursing School São Paulo University, Brazil
Nursing Services, Ministry of Health, Cyprus
Office of Nursing Services, First Nations and Inuit Health Branch,
Health Canada
Oklahoma Baptist University, School of Nursing, United States
of America
Order of Nurses in Lebanon
PAHO/WHO Collaborating Centre for Nursing and Mental Health,
Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada
Peking Union Medical College, School of Nursing, People's Republic
of China

Royal College of Nursing, Australia

School of Nursing and Midwifery at the Royal College of Surgeons in Ireland

Medical University of Bahrain

School of Nursing, The Hong Kong Polytechnic University

St Vincent and the Grenadines School of Nursing, Ministry of Health and the Environment

Trinity Western University, Canada

Universidad de Tarapacá, Arica, Chile

Universidade do Estado do Pará, Brazil

Universidade Estadual de Campinas, State of Sao Paulo, Brazil

Universidade Federal do Ceará, Brazil

University of Botswana

University of Cape Town, South Africa

University of Illinois at Chicago College of Nursing, WHO Collaborating Centre for International Nursing Development in Primary Health Care, Brazil

University of Miami, United States of America

University of Oklahoma, United States of America

University of Puerto Rico Nurse-Midwifery Education Program, Puerto Rico

University of São Paulo College of Nursing, Brazil

University of Victoria, Australia

Walter Sisulu University, Eastern Cape, South Africa

Welsh Assembly Government, United Kingdom

WHO Collaborating Centre, Brazil

WHO Collaborating Centre, Columbia University, United States of America

WHO Collaborating Centre, Glasgow Caledonian University, Scotland

World Federation for Medical Education, Denmark

World Health Organization, Geneva

World Health Organization Representative, Khartoum, Sudan

Yerevan State Medical College Erebouni, Armenia

Glossary

Accreditation	The process by which a statutory body, an agency or an organization scrutinizes, evaluates and recognizes an institution, programme or curriculum as meeting the standards necessary for providing an educational service.
Admission	The process, based on defined criteria, by which a student is allowed to enter the initial programme of nursing or midwifery education.
Assessment	An evaluation method and process.
Client	A recipient of care. (Within the wide spectrum of nursing and midwifery practices in the multiple-care settings covered by these standards, “client” – rather than alternatives such as “user” or “patient” – has been chosen as the most appropriate term.)
Clinical learning	Part of the educational process that takes place in any practice setting in a hospital or community.
Competency	A broad composite statement, derived from nursing and midwifery practice, which describes a framework of skills reflecting knowledge, attitudes, psychosocial and psychomotor elements.
Continuous learning	Learning how to learn from life’s experiences. By viewing life (and work) as a learning programme, the learner can continue to expand his/her capacity for living and working.
Curriculum	The totality of the education programme that is coherent in structure, processes and outcome and that links theory and practice in the professional education of a nurse or of a midwife.
Experience	Practical skill or practice derived from participation in events as a basis for knowledge.
Expertise	A high level of specialized knowledge, proficiency or skill.
Faculty	The academic or teaching staff in a college or university, or in a department of a college or university.
First degree	University-level education, a baccalaureate or a bachelor’s degree.
Governance	The principles, policies and processes that allow for autonomous leadership and management of a school.

Higher education	Education provided by accredited institutions that offer professional degree-level programmes.
Infrastructure	The basic physical and organizational structures needed for the operation of a school.
Initial education	The planned educational programme that provides a broad and sound foundation for the safe autonomous practice of nursing or midwifery and a basis for continuing professional education. In simpler terms, “initial education” refers to the first programme of education required for a person to qualify as a professional nurse or midwife.
Institution	The larger educational unit (university, polytechnic, college, etc.) that incorporates a school or department of nursing/midwifery education.
Outcome	The result or effect of completion of the programme.
Partnership	The relationship between people or groups working together for the same purpose.
Professional degree	The first degree offered at university level.
Professional development	The process of maintaining or expanding knowledge or skills for a specific career trajectory.
Programme	The complete course of study leading to qualification as a nurse or as a midwife.
Recognition of prior learning	Procedures (subject to quality control) whereby students are awarded credit towards completion of the initial nursing or midwifery programme on the basis of learning achieved prior to commencing the programme of study.
Registration	A process by which the regulatory authority validates those who are bona fide nurses or midwives – that is, official recognition/documentation of successful completion of the initial nursing and/or midwifery education programme.
School	An organizational unit within an educational institution such as a university or higher education system.
Stakeholder	A party who affects, or can be affected by, the school’s actions.
Standard	Statement of a defined level of quality that articulates the expectations of initial nursing and midwifery programmes.

Nursing & Midwifery
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