Joint midwifery education in Europe

Introduction
In 1966 a key recognition for midwives worldwide was the endorsement of the ‘International definition of the midwife’ by the World Health Organization (WHO). Further encouragement from the WHO has been forthcoming for midwives through the World Health Assembly which passed its first resolution to this effect (WHA 1989) in 1989. Subsequent resolutions (WHA 1992, WHA 1996, WHA 2001) have also supported the role of the midwife, recognising the autonomous nature of practice and the potential contribution of midwives to reducing maternal and child mortality and morbidity.

The role of the midwife was again promoted by a major initiative in which the World Health Organization is a major stakeholder. The launch of the Safe Motherhood Programme in 1987 brought together a group of international and national agencies with the aim of reducing the burden of maternal death and ill health in developing countries. These agencies have worked together to realise the goals of the global Safe Motherhood Initiative. The Making Pregnancy Safer global initiative launched in 2000 by the WHO has ensured that governments and partner agencies receive guidance and technical support so that Safe Motherhood is prioritised within national policies and budgets.

In Europe, midwifery is generally recognised as an autonomous profession, distinct from any other. A WHO regional conference held in Vienna in 1988 supported the reorientation of education and practice of midwives towards primary health underpinned by appropriate use of technology, research and evidence-based practice, and by intersectoral and international collaboration (WHO 1989).

Since that conference there have been major changes in health care systems throughout Europe. Some countries’ borders have been totally reorganised either through war or peaceful negotiation. Others’ health care systems have been driven by poor health outcomes, while yet others’ are being increasingly subjected to cost containment policies. Strategies have been developed in response to decentralisation and privatisation, including the rationalisation of hospital sectors and centralisation of maternity services (WHA 2001).

Prevailing issues affecting midwifery in the region include many social problems such as poverty, homelessness, high unemployment rates and the low status of women in many countries. Additionally there is a resurgence of tuberculosis, meningitis and hepatitis as well as sexually transmitted diseases such as HIV/AIDS. All of these contribute to high levels of maternal and infant mortality and morbidity statistics in some of the Member States.

To acknowledge such changes a second WHO Ministerial Conference on Nursing and Midwifery in Europe was held in Munich in June 2000. At this conference the WHO’s strategy for nursing and midwifery education in Europe was launched (WHA 2001), focusing on the initial education of those entering the professions. For midwives its major aim was to state the fundamental principles of their initial preparation. It highlighted two main issues: those of competency based education and university level Bachelors’ programmes for entry to the profession.

The strategy’s emphasis on competency based education supports current thinking in both midwifery and other disciplines. The International Confederation of Midwives’ (ICM) Essential competencies for basic midwifery practice (ICM 2003), which following extensive field testing were accepted by the ICM in 2002, include a definitive list of basic competencies required of the midwife who has been educated according to the WHO/ICM/FIGO (WHO 1992) definition. Likewise the Tuning Project (González & Wagenaar 2002), focusing on the principles of higher education throughout Europe, emphasises the essential requirement for competency based curricula so that mutual recognition of qualifications becomes easier across Europe.

At the time of the launch of the WHO strategy, the basic education of midwives within the Region varied greatly. European Union (EU) countries’ programmes adhered to EU legislation and guidelines (EC 1977). This states minimum requirements in programmes leading to the initial qualification as a midwife but does not specify the level at which this education should occur. As a result, in many EU countries midwifery education remains hospital based although in others all programmes are delivered at university level. However, many EU countries now offer degree programmes for midwives to attain Bachelor's degrees and some offer Master’s and doctoral programmes.

Development of the programme
Graduate programmes remain in the minority however and the idea of developing a European MSc arose at a meeting of the European Midwives’ Association in 2004. Out of this a group of midwives supportive of the idea met in Berlin in 2004 and twice over the next year. The core group which emerged had two major aims:

- To seek EU funding for the project
- To develop a curriculum.

The group led by Glasgow Caledonian University, comprises Charité Institut für Medizin-/Pflegepaedagogik und Pflegewissenschaft, Berlin; Academie Verloskunde, Maastricht; Univerza v Ljubljani, Visoka šola za zdravstvo and Medizinische Hochschule, Hannover, Midwifery Research Unit, Frauenklinik. An application for funding was submitted to the lifelong learning programme of the EU in February 2007 and in September the lead institution was notified of success. This funding provides 75% of the development costs of the programme for two years and of the first year of the programme’s implementation.
A major focus of the lifelong learning programme is the relationship between the institutions involved and how the final degree will be packaged. The group has thus decided that a joint degree (i.e. the final certificate being endorsed by all the institutions) is the way forward. This involves not only each institution having to adhere to their own quality assurance procedures but also those of the lead institution, which will coordinate the validation of the degree. At the operational level it means that a module being offered in Ljubljana with a target market of Slovenian midwives will be translated into English for validation purposes.

The structure itself is relatively straightforward as it must adhere to the Bologna Process. The degree will essentially comprise a two year Master’s programme of 120 European credit transfer points (ECTS). For students who have completed a four year undergraduate degree, in accordance with Bologna guidelines, Recognition of Prior Learning will be possible and such students may have to complete a shorter programme.

Although there are already a number of Master’s programmes in midwifery available in the EU these are mainly offered by single institutions although credit may be given for modules undertaken at other institutions. What is different about this programme is its ‘European nature’. Two European modules have been designed (European Midwifery and European Health Care Systems) and in addition to the research component of the programme will be compulsory for all students. While members of the project group recognise that most students will be in employment and may have family commitments thus will be unable to spend a substantial amount of time in another country, the European modules will be taught using a blended learning approach. Students, regardless of the institutions in which they are enrolled, will attend a summer school in which they will be expected to work together in English. The remainder of the work will be undertaken by e-learning and all assessments will be undertaken in the students’ own languages. Other modules will be run by individual institutions within the project group.

The first cohort of students is scheduled to commence study in September 2009, subject to the successful validation of the programme.

References:

| Prof Valerie Fleming | Glasgow Caledonian University |