

Canadian Association for Midwifery Education (CAMEd)

Accreditation of Baccalaureate Degree Programs in Midwifery in Canada

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Background Information

Regulated midwifery practice began in 1994 in the province of Ontario and is now established in nearly all provinces and territories (except for PEI and the Yukon).

Although statutes and regulations vary somewhat across the jurisdictions, the fundamentals of midwifery practice are common to all. The following statements about practice inform and underpin educational programs that prepare persons for entry to midwifery practice.

- Midwives are autonomous practitioners; they require knowledge, skills and behaviours to achieve the essential competencies for providing safe and effective care,
- Midwifery is a central part of quality care across the continuum of pre-pregnancy care to early infancy.
- Midwives promote the autonomy of clients by partnering with them in decisions regarding care.
- Midwives facilitate the health and well-being of clients and their newborn infants; they optimize normal physiological processes.
- Midwives respect human rights and responsibilities; they actively address inequities,
- Midwives provide care within a complex and diverse society and respect the varied cultural, social and spiritual meanings and traditions surrounding birth.

CAMEd is a national association of educators committed to quality education for midwives in Canada. CAMEd works collaboratively with the Canadian Association of Midwives (CAM), the National Aboriginal Council of Midwives (NACM), and the Canadian Midwifery Regulators Council (CMRC) to support and advance the midwifery profession. A fundamental part of the mission of CAMEd is the promotion of excellence in Canadian midwifery education and its first Object is to “establish and maintain the national accrediting process for midwifery education programs.” (CAMEd bylaws).¹

CAMEd has established the accrediting process for baccalaureate degree programs in Canadian universities that prepare midwives for entry to practice in Canadian provinces and territories. At present (2020) these programs are located in Quebec (University of Quebec Trois Rivieres), Ontario (Laurentian University, McMaster University, and

Ryerson University), Manitoba (University of Manitoba, Alberta (Mt Royal University), and British Columbia (University of British Columbia).

Purposes of Accreditation

Accreditation means validation. It is a label conferred upon a program following a thorough review by impartial experts who judge the program worthy of the designation.

The accreditation process is intended to promote a culture of continuous improvement within which programs engage in ongoing regular assessment, including peer review, to ensure that quality improvement is an integral aspect of the program's development. Engaging in regular quality improvement activities is vital to delivering quality midwifery education.

The accreditation process established by CAMEd for midwifery education programs aims to:

- Ensure that national and international standards of midwifery education are met or exceeded in achieving program goals,
- Ensure graduates attain the essential competencies to qualify for registration in Canadian provinces and territories,
- Develop and sustain continuing assessment and improvement,
- Encourage excellence and innovation in education.

Foundational Beliefs about the Accreditation Process

In fulfilling its mission to promote excellence in midwifery education, CAMEd based its process on the following beliefs:

- We believe accreditation standards must reflect the fundamental values and principles of midwifery practice in Canada and that graduates of accredited programs meet professional and public expectations for high quality care.

- We believe that midwifery educators are responsible and accountable for ensuring that midwifery education programs deliver quality education.

- We believe that midwifery educators are best equipped to develop and oversee an accreditation process that adheres to the guidelines of the Association of Accrediting Agencies of Canada² and has the following attributes:
 - Creates trust that the process will be respectful of the autonomy of individual programs in achieving standards,
 - Is fair, collaborative, objective, confidential and transparent,
 - Facilitates critical thinking, innovation and continuous quality improvement,
 - Is responsive to trends and changes in the profession at large,
 - Reflects the most current information about best teaching practices and midwifery practice,
 - Provides services in French and English,
 - Is accountable to the public, to academic institutions, to prospective and enrolled students, and members of the profession,
 - Is undertaken in collaboration with the provincial/territorial regulatory bodies who determine entry to practice requirements in their respective jurisdictions,
 - Is conducted as efficiently as possible to minimize the effort and costs associated with the review process.

Accreditation Standards

The standards for assessing Baccalaureate Degree programs in midwifery in Canada are outlined in the following sections within the domains of:

- Organization and governance
- Resources
- Faculty, Instructional Staff and Clinical Preceptors
- Students
- Curriculum
- Program Evaluation and Quality Improvement

DOMAIN 1: Organization and Governance

1. The Program Director
 - has formal preparation as a midwife,
 - has an advanced degree,
 - has leadership expertise,
 - holds a faculty appointment,
 - is appropriately qualified for a senior academic role
 - has the authority and credibility to represent the program within and external to the institution
2. The program has a clear identity and organizational structure.
3. The program philosophy is consistent with and supported by the mission and goals of the university.
4. The program abides by the university's policies
5. The program has a clear mission/vision, values statements and an education philosophy that are reflected in key program documents.
6. The program faculty have appropriate responsibility for curricular matters, program delivery and the authority to ensure program policies are implemented.
7. The program has an up to date strategic plan that includes its enrollment targets and human resource needs; the plan is implemented and evaluated on an ongoing basis.
8. There is regular transparent reporting within the institution about the educational and scholarly activities and outcomes of the program.
9. The Director and faculty promote an environment for working and learning that values openness, diversity of views, respectful discussion and resolution of issues.
10. The Director has processes in place for regular consultation and collaborative decision-making that promotes, advocates for, and advances the achievements of the faculty, staff, and students.
11. Program faculty regularly participate in provincial, national and international meetings with midwifery associations, regulators and other relevant groups both to provide information and take account of trends and issues in health care.

12. The program seeks input and feedback from relevant constituencies, e.g. members of the profession, other health care practitioners, community advocates and other faculties, about aspects of program policies, operation and quality.
13. *(If applicable)* There is academic leadership at each distributed campus, accountable to the Director for the quality of the midwifery education program.
14. *(If applicable)* There is functional integration of faculty across distributed campus sites

DOMAIN 2: Resources

The Midwifery Program:

1. Has adequate financial resources and authority to use its resources to achieve its education and scholarship goals.
2. Has sufficient administrative/support staff with appropriate skills to support its educational and scholarly activities.
3. Has access to adequate space and the necessary equipment and supplies to meet objectives and goals of the program. This includes but is not limited to:
 - office space for faculty and administrative staff,
 - meeting rooms,
 - classrooms for small and large group instruction,
 - appropriate space for practicing clinical skills,
 - laboratories to support biological science courses.
4. Provides access for students to the academic institution's services including but not limited to:
 - academic advising,
 - career and personal counselling,
 - health services, including the maintenance of immunizations for their professional work,
 - scholarships, financial aid services,
 - infrastructure and technical support for information technology that enables communication among all students and faculty, and supports distance learning.

5. Ensures appropriate midwifery-related library resources including search databases and services are available to all students, including those at distance.
6. Has access to and formal agreements with appropriate placements in midwifery practices and with interprofessional health teams that provide high quality, clinically relevant student education in reproductive health care for diverse populations within Canada and, where possible, external to Canada.

DOMAIN 3: Faculty, Instructional Staff and Clinical Preceptors

1. The Midwifery Program Faculty Members include:
 - a. Midwives with adequate clinical experience, generally accomplished with a minimum of 2 years of full scope practice (as defined by the respective provincial/territorial regulator),
 - b. Academically qualified experts from other disciplines.
2. Faculty Members have the following qualifications:
 - Expertise in teaching.
 - Commitment to developing and/or maintaining expertise to achieve academic advancement as a teacher and scholar
 - Minimum of Master's degree with preference for Doctoral level preparation in a relevant field
3. There are sufficient full-time equivalent faculty positions to support the mission of the Program.
4. The expected activities of each faculty member are appropriate to the category and rank of appointment
5. Program policies are established and implemented that pertain to the maintenance of (a) clinical currency and expertise, and (b) registration as a midwife for those faculty members who are midwives.
6. Individuals contracted as supplemental instructional staff to teach specific content hold a qualification suited to the area of instruction.
7. There are regular performance evaluations of the Director, all faculty members and instructional staff using established institutional procedures.
8. Institutional policies and procedures are followed for new appointments, re-appointments, academic promotion, tenure and approval of leaves/sabbaticals.
9. There are standards of professional behaviour for faculty members, instructional staff and clinical preceptors, a process for managing crisis situations and adjudicating conflicts.

10. Established institutional policies and procedures are followed to resolve complaints, grievances, and appeals
11. Midwifery Clinical Preceptors meet the following qualifications:
 - Competency in midwifery practise, generally accomplished with at least two (2) years full scope practise (as defined by the provincial/territorial regulator)
 - Current license/registration or other form of legal recognition to practise midwifery
 - Participation in initial training and continuing education for clinical supervision of students
 - Ability to support and facilitate student learning, directly observe, and evaluate students' practical learning.
12. Are assessed on a regular basis for their effectiveness as a clinical preceptor, following an established process.
13. Are considered for adjunct, or similar, faculty appointments where institutional policies provide for such.

The midwifery program's policies and practices related to clinical preceptors include:

14. Determining the ratio of students to clinical preceptors in midwifery practices, taking account of relevant requirements of regulatory bodies.
15. Accessing and evaluating a range of placements and clinical preceptors that maximize student opportunities to develop interprofessional and cultural competence.
16. Having up to date formal contracts that set out mutual responsibilities with:
 - (a) midwifery practices where students obtain clinical experience under the supervision of registered midwives, and
 - (b) other health professionals/agencies where students have required or elective placements.
17. Providing clear guidelines to clinical preceptors and students about learning outcomes and expectations for each clinical placement
18. Providing initial training and ongoing continuing education for clinical preceptors to increase their knowledge and skills re the teaching - learning process.

DOMAIN 4: Students

1. The Program (or host institution) provides publicly available information about all admission requirements and the process to select candidates for admission.
2. Details of the curriculum, prerequisites and co-requisites, and costs are publicly available.
3. The Program observes, at a minimum, national and institutional human rights and diversity policies in its admissions process.
4. The Program makes decisions about the number and selection of individuals to receive offers of admission.
5. There are clear processes for transfer credit, prior learning assessment and (if applicable) different points of entry for students with relevant backgrounds.
6. Policies about academic evaluation, progression through the program and graduation requirements are publicly available.
7. The host institution provides student liability insurance for clinical placements and the Program has policies for reporting and recording clinical incidents and exposure to infectious or environmental hazards.
8. The institution has a policy on timely feedback about student progress and a fair and formal process for taking any action that adversely affects a student's academic status.
9. Social equity and diversity considerations inform program requirements and policies and include specific consideration of Indigenous applicants and students.
10. Students are informed about their rights and responsibilities and expected professional behavior. Included is a specific policy about student use of social media and the necessity to protect the identity, integrity, and credibility of clients, other students, faculty and other health care professionals
11. There are established processes to address deficiencies in professional behavior and to adjudicate conflict situations, manage grievances and appeals.

12. The Program has policies regarding student workload and hours of work during clinical placements that protect the safety of students and clients in their care.
13. The institution/program accommodates discrete learning disabilities where a need for remediation is identified, e.g., individual learning strategies, language proficiency, writing skills.
14. The institution/program provides academic accommodation for students with documented disabilities excluding disabilities that prohibit a student from achieving all the professional competencies of a midwife.
15. The program has policies about both short and long-term leaves of absence for special circumstances and ensures the conditions of return to enrolled status are set out in writing and are non-discriminatory.
16. Access to student records is governed under the provisions of privacy legislation.
17. Students are provided with the opportunity and means to evaluate all courses and faculty, instructional staff and clinical preceptors.
18. *If applicable*, the program has policies about clinical placements for students from recognized programs outside Canada who seek Canadian experience.

DOMAIN 5: Curriculum

1. The curriculum reflects the program's philosophy and values, and those of the International Confederation of Midwives³, the Canadian Association of Midwives⁴ and the applicable provincial/territorial midwifery organizations.
2. The conceptual framework of the curriculum is based on current and emerging best education practices including interprofessional education.
3. The program's learning outcomes and course content are consistent with its philosophy/values, meet university academic standards and facilitate the achievement of the Canadian Competencies for Midwives.⁵
4. Curriculum development and revision is a continuous process for which the midwifery faculty members have overall responsibility.

5. The curriculum has a logical organization and includes
 - a. foundational knowledge from (but not limited to) biological, social and behavioural sciences, arts and humanities, ethics, and research methods;
 - b. a human rights non-discriminatory approach to female reproductive health care;
 - c. knowledge of the historical and current diversity of cultures and belief systems in Canadian society;
 - d. knowledge of Aboriginal midwifery, Aboriginal health issues, including the history and legacy of residential schools, Indigenous teachings and practices;⁶
 - e. the context of midwifery within global maternal and infant health care;
 - f. the knowledge and skills to use appropriately information technology;
 - g. opportunities for elective courses/experiences to supplement program requirements.

6. The curriculum acknowledges the central importance of clinical competence and provides a minimum of 50% of the program content within clinical courses/settings. The curriculum must provide for:
 - a. Achievement of all national/provincial full scope midwifery knowledge, skill and behavioural competencies, and a means of evaluating and recording their attainment;
 - b. Achieving cultural and interprofessional competence;
 - c. Integration of foundational knowledge and current research into clinical decision-making;
 - d. Developing the skills of reflective practice

7. The sequence of courses and their objectives reflect progressive attainment of skills, knowledge, behaviours, critical thinking and the independent judgment essential to be an autonomous practitioner.

8. Instructional methods are based on best current evidence about the teaching-learning process and the development of critical thinking. Teaching methods are suited to the needs of students and the content/skills to be mastered.

9. Graduates of the program are eligible to apply to advanced (graduate) university programs.

DOMAIN 6: Program Evaluation and Quality Improvement

The Midwifery Program:

1. Has a structured framework for conducting regular evaluation of the Program in relation to the standards in this document.
2. Includes, but is not limited to, the following in its evaluation:
 - Review of the Program's mission, admission policies and processes, curriculum, and adequacy of available resources.
 - Analysis on an on-going basis of data about applications, admissions, student progress, attrition rates, and Canadian Midwifery Registration Examination⁷ pass rates.
 - Feedback from students, faculty, graduates, preceptors and health care practitioners about the relevance and quality of the program.
 - Curriculum review to ensure the inclusion of best-available evidence about course content, teaching modalities, and formative and summative evaluation processes.
3. Uses the results of internal program evaluation and peer accreditation review for continuous quality improvement.
4. Demonstrates that priorities from the review process have been implemented in an on-going plan of continuous quality improvement.
5. Makes publicly available current information about the Program including its accreditation status.

Categories of Accreditation Status and Term of Accreditation

The Accreditation Council, after review of all documentation and the recommendation of reviewers, will formulate a decision about the accreditation status and term of accreditation of a program. The categories of accreditation status are as follows:

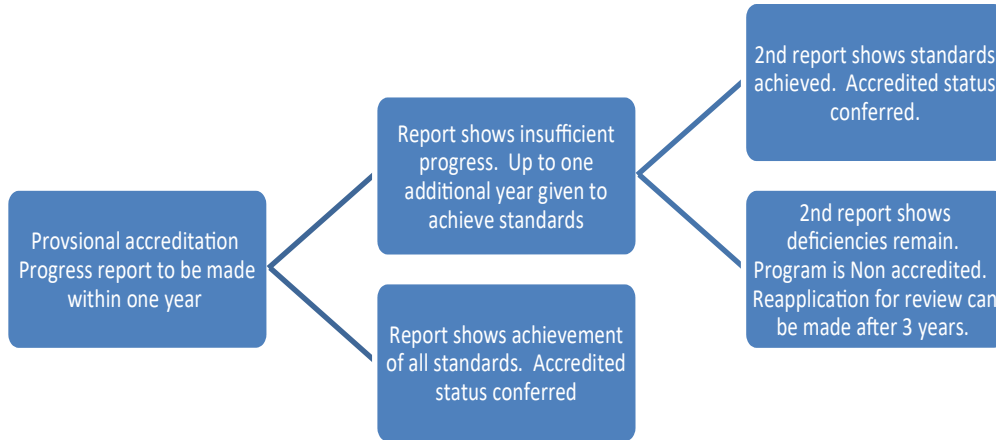
Accredited:

The program meets accreditation standards. The maximum term possible is seven years. In situations where major changes may be anticipated to occur within the seven-year period, the Council may decide to confer accreditation for a shorter term.

Provisional Accreditation:

The program demonstrates deficiencies at the time of the review that compromise its ability to meet accreditation standards. Provisional accreditation is conferred if the Accreditation Council judges that these deficiencies are remediable within a maximum of two years.

The *flow chart below* illustrates the following possible outcomes of provisional accreditation: A report is to be provided by the program no later than one year following the decision of provisional accreditation. If the deficiencies have been successfully addressed, the program can be accredited for the remainder of the 7-year term, or less at the discretion of the Council. If the Council considers that deficiencies are not fully addressed, an additional year will be provided, and a second report is to be submitted no later than the end of the second year. If the deficiencies have been addressed at that time, the program can be accredited for the remainder of the 7-year term, or less at the discretion of the Council. If deficiencies have not been remediated by the end of the second year, accreditation is withdrawn.



Non-accredited:

A program is designated Non-Accredited under any of the following conditions:

- a) the Accreditation Council judges that the program does not meet Accreditation Standards, and that the program's deficiencies are not remediable within a two-year period,
- b) the Accreditation Council judges that a program with Provisional Accreditation status has been unable to remediate its deficiencies within the designated two-year term;
- c) a program's Provisional Accreditation status has expired without reporting on progress in addressing deficiencies.
- d) a program does not undergo the accreditation review process.

A program that is designated Non-Accredited under provision a), b), or c) above must wait a minimum of 3 years from the date of such designation for a subsequent accreditation review.

Candidate for Accreditation:

The Accreditation Council can confer Candidate status for new academic programs. Programs must apply for Candidate status prior to graduating students. The program must provide documentation that includes:

- a) a detailed overview of the full curriculum,
- b) a detailed overview of available human, physical, and financial resources, and
- c) written approval from the University of the degree program(s) and courses.

The documentation must provide evidence that the structure and content of the program are being developed consistent with Accreditation Standards

Candidacy status does not involve a site-visit review. Candidacy can be conferred for a maximum of three years with no renewal.

If an application for Candidate status is not made prior to graduating the first students, new programs can only apply for a full accreditation review.

Cited References

1. By-Law No. 1 CANADIAN ASSOCIATION FOR MIDWIFERY EDUCATION/ASSOCIATION CANADIENNE POUR LA FORMATION DES SAGES-FEMMES, November 2011
2. Association of Accrediting Agencies of Canada. <http://aac.ca/pdfs-english/Guidelines-for-Good-Practice-eng.pdf>
3. International Confederation of Midwives. http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2005_001%20V2014%20ENG%20Philosophy%20and%20model%20of%20midwife
4. Canadian Association of Midwives. www.canadianmidwives.org/vision-and-mission.html
5. Canadian Midwifery Regulators Council. Canadian Competencies for Midwives http://cmrc-ccosf.ca/sites/default/files/pdf/National_Competencies_ENG_rev08.pdf
6. Truth and Reconciliation Commission of Canada: Calls to Action http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
7. Canadian Midwifery Regulators Council Registration Examination <http://www.cmrc-ccosf.ca/registration-exam>

General reference

Gelmon, S., O'Neil, E., Kimmey, J., and the Task Force on Accreditation of Health Professions Education. (1999). Strategies for Change and Improvement: The Report of the Task Force on Accreditation of Health Professions Education. San Francisco: Center for the Health Professions, University of California at San Francisco

Glossary of Terms

Academic Faculty Individuals who have an appointment to and are paid by the university. Academic faculty members may hold tenured, tenure track or contract appointments. They have responsibility and authority related to curriculum development, instructional design and delivery, and evaluation of student learning.

Academic Setting Used to distinguish learning that typically occurs in the university setting as distinct from learning that happens in a clinical or practice setting.

Accreditation The process of accreditation is one of quality assurance through which accredited status is granted to an educational institution or program of study by responsible authorities when pre-determined criteria are achieved.

Assessment A systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies.

Autonomous Self-governing, self-regulating: taking responsibility for one's professional decisions and actions.

Client A person that receives midwifery services. Often used as a synonym for patient.

Clinical Education The component of an entry-to-practice curriculum in which students engage in a range of learning opportunities in clinical settings for developing clinical reasoning and applying midwifery knowledge, skills and behaviours.

Competency A complex knowledge-based activity that encompasses an integrated set of knowledge, skills, attitudes, and judgments that enables one to meet expected standards in various environments and situations,

Competency-Based Education Teaching, learning and assessment activities that enable students to acquire and demonstrate a predetermined set of competencies as the outcome of learning.

Course Objectives Course objectives are statements that describe the learning expectations upon course completion. In contrast, learning outcomes represent the students' actual learning.

Cultural Competence The attitudes, knowledge, skills, behaviours and policies required to meet the needs of all people for whom midwives provide care. Culture refers to a group or community that share common experiences that shape the way its

members understand the world. It includes groups into which an individual is born or become part of, such as national origin, abilities, gender, sexual orientation and identity, race/ethnicity, class or religion. Individuals may have multiple cultures.

Curriculum The overarching term for all aspects of education that contribute to the experience of learning: aims, content, mode of delivery, assessment and so on. A curriculum is a systematic process that defines the inclusion of theoretical and practical content and the teaching and evaluation methods within an educational program.

Essential Competencies The repertoire of measurable knowledge, skills and attitudes required by a midwife throughout his or her professional career.

Evidence The documentation and oral information a program provides to demonstrate its compliance with evaluative criteria.

Evidence-informed Practice Evidence-informed practice is the term increasingly used in preference to evidence-based practice because it conveys taking the best current research evidence, along with clinical expertise and client values, into account when making decisions about options for care.

Health Professional An individual who is educated in a health discipline and licensed/registered to practise by a recognized regulatory body for that discipline; e.g., midwives, nurses, physicians.

Instructional Staff Individuals who contribute to a university educational program but are not faculty appointees in the specific program. They may receive honoraria or other forms of compensation. Instructional staff may include, but are not limited to, guest lecturers, and instructors for specific course components, sessional instructors, or teaching assistants.

Inter-professional Collaborative Practice A partnership between a team of health professionals and a patient or client in a participatory, collaborative and coordinated approach to shared decision-making around health issues.

Inter-professional Education When two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Inter-professional Team A group of different health care providers that work with clients and families to meet jointly established goals. Effective teams demonstrate mutual respect for all contributions, establish an environment of trust, communicate clearly and regularly, minimize duplication, address conflict directly, and focus their attention on the client and family.

Learning/Student Outcomes A measured level of performance that demonstrates the degree to which a given competency or set of competencies has been achieved by the learner.

Legal and Ethical Requirements The statutes, regulations, standards and codes of conduct that govern midwives and their practice. Examples include the requirement to be registered with a midwifery regulatory body and meet its requirements, to comply with relevant consent and privacy legislation, to uphold professional codes of conduct.

Midwife. ICM definition: A midwife is a person who has successfully completed a midwifery education programme that is recognised in the country where it is located and that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Midwifery Program The organised, systematic, defined course of study that includes the theoretical and practical learning needed to prepare students at the level of competency for entry to practice. The Program may exist as a separate academic unit (department or school) within the university or be housed within a larger academic unit with other health professions.

Midwifery Association A formal organization of members of the midwifery profession whose aim is advancing the interests of its members.

Midwifery Program Director A qualified, competent midwife who has successfully completed a program of study and/or demonstrated competency in teaching that includes the art and science of curriculum development, methods of theoretical and practical teaching of adult learners, and methods of measurement and evaluation of student learning. The director supervises the midwifery faculty and oversees the operation of the midwifery academic unit.

Midwifery Program Faculty The group of individuals who teach students, including midwife teachers, midwife clinical preceptors/clinical teachers, and experts from other disciplines.

Midwifery Preceptor An experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning.

Midwifery Regulation The set of criteria and processes arising from legislation that forms the basis for the practice of midwifery in a jurisdiction including identifying who can hold the title "midwife" and practise midwifery. Regulation includes

registration/licensure, approval of educational programs, setting standards for professional practice and conduct, and the processes for holding midwives to account in relation to those standards.

Midwifery Regulator The organisation authorised by statute or other government policy to regulate the midwifery profession and ensure public protection from incompetent or unethical practitioners.

Outcome Measures A measurement tool (e.g., systematic observation, questionnaire, rating form, knowledge test) used to document progressive change and/or achievement of a desired end.

Practice Placement A generic term that encompasses clinical placement, clinical attachment, fieldwork placement, practicum, or similar that describes opportunities for students to apply and develop their learning in the workplace.

Program Coordinator / Program Chair*see Midwifery Program Director

Scope of Practice The midwifery scope of practice describes the activities that practitioners are educated, competent, and authorized to perform. The actual scope of practice of individual midwives may be narrower than the legal scope. Differences are influenced by continuing professional education, individual practice settings, requirements of the workplace, and the needs of clients.

Stakeholder Any person(s) or organisation that affect(s) or can be affected by the decisions and actions of a midwife, the midwifery regulatory authority, a midwifery education program or professional association.

Standards of Practice The expectations that reflect agreement on competent practice by the members and governors of recognized professional organizations. These are often formally documented by regulatory bodies and are sometimes set out by local groups to reflect usual and customary practice.

References:

Accreditation of Interprofessional Health Education (AIPHE) Principles and practices for integrating interprofessional education into the accreditation standards for six health professions in Canada. Retrieved on October 21, 2016 from file:///C:/Users/LMorgan/Documents/Interdisciplinary%20Care/AIPHE%20Principles%20and%20Practices%20Guide%20-%20v.2%20EN.pdf

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