At a time of fundamental health care reform and in the face of increasingly complex health problems, nurses and midwives are increasingly being seen as a key resource in health reform strategies. As the largest group of health care professionals in the WHO European Region, working in a wide range of health care settings, nurses and midwives make a major contribution to the achievement by Member States of the health for all targets for the twenty-first century. They need, however, to be educated and trained to meet the challenges posed by the new emphasis on health promotion and disease prevention, community development, multidisciplinary team working, the provision of health services closer to where people live and work, and equity of access. A WHO Expert Group has prepared a new Strategy for Nursing and Midwifery Education, which focuses on the initial education, i.e. preparation for entry to the professions. This paper outlines the Strategy, including the roles and functions of nurses and midwives, the fundamental principles of the education programme and curriculum design. A Strategy Task Force has been established by WHO to assist with implementation of the Strategy in each Member State.
ABSTRACT

The promotion of health, prevention of disease and the care of those who are ill absorb a large proportion of a country's budget. Efforts to contain these costs while at the same time offer the best possible quality of health care have been driven by the ever advancing knowledge of the determinants of health and of the potential of technology to offer cure or palliation for disease. HEALTH21, the new policy for health for all for the European Region, reaffirms WHO's belief in the key contribution which nurses and midwives can make towards improving the health of the people. However, across the Region, there are major differences in the quality of their education. This Strategy, prepared by a multidisciplinary Expert Group and revised following an extensive consultation process, presents the fundamental principles which must guide the initial education of nurses and midwives throughout the Region, so that they will be competent and “fit for purpose” both now and in the years to come. It lays the essential foundation for continuing professional development.

Keywords

EDUCATION, NURSING – trends
MIDWIFERY – education
EDUCATION, CONTINUING CURRICULUM
HEALTH CARE REFORM
EUROPE
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Foreword

Demands for health care services are growing throughout Europe. Demographic changes, not least the steep increase in the number of elderly people, the resurgence of some diseases of the nineteenth century, the significant increase in lifestyle-related diseases (such as HIV infection and AIDS), the unacceptably high levels of maternal and infant mortality, ever-advancing technology and a more discerning public, all contribute to this demand. Expensive “high-tech” hospital care is no longer considered the panacea that it was previously thought to be. Many governments are embarking on health care reform strategies based on primary health care principles, and are encouraging the public to take responsibility for their own health and to adopt healthier lifestyles. There is a new emphasis on health promotion and disease prevention, on community development, on providing health services closer to where people live and work, and on making access to these services easier for the more vulnerable groups of the population.

As the largest group of health care professionals, working in a wide range of health care settings, nurses and midwives are increasingly being looked upon by governments and health planners as a key resource in reform strategies. New challenges for the professions include teaching individuals and families the techniques of self-care and of managing their reproductive health, helping them to manage chronic diseases for themselves, and tailoring services to meet the needs of those most at risk throughout the continuum of care. Nurses and midwives will assume new importance as hospitals change to resemble today’s intensive care units and patients are discharged much earlier. All this points to the need for well educated nurses and midwives who are flexible, who accept that they are accountable for their work, who are competent to work in multidisciplinary and multisectoral contexts within hospitals and the community, and who can manage change on a continuing basis.

Acknowledging the huge socioeconomic and cultural diversity across Europe, and the different stages of nursing and midwifery development within each Member State, this education strategy is not only timely but crucial. It is both visionary and pragmatic, in that it paves the way for the nurses and midwives of the next millennium. If each Member State embraces it in a systematic way, great strides will be made in creating professions of nursing and midwifery fit for the needs of the twenty-first century.

J.E. Asvall, M.D.
WHO Regional Director for Europe
1. Introduction: the need for a strategy

Education and practice are very closely related: each influences and is influenced by the other. To provide an appropriate quality of cost-effective and efficient care for patients, and to promote the health of the people of Europe, education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. Utilizing the latest educational technologies and strategies, nursing and midwifery education must focus on preparing nurses and midwives to work together with other health care professionals and organizations, in partnership with patients and with other people and groups, in meeting the health care needs of individuals and of society. Nursing and midwifery education must also ensure that the initial programmes, with which this Strategy deals, prepare nurses and midwives who are not only competent to practise in today’s health services but who value and are committed to maintaining that competence. This they will achieve through continuing to update their knowledge, skills and attitudes in order that they can continue to meet the changing health priorities and needs of the people of the Member States.

The World Health Organization, throughout the two decades since the Declaration of Alma-Ata in 1978 (1), has continually stressed the importance of the contribution of nurses and midwives to the improvement of health. Three World Health Assembly resolutions (WHA 42.27 in 1989, WHA 45.5 in 1992 and WHA 49.1 in 1996) have called on Member States to strengthen that contribution. HEALTH21, the health for all policy framework for the WHO European Region (2), reconfirms the key contribution of nurses and midwives. For nurses, this contribution entails not only caring for those who are sick, providing rehabilitative care and enabling patients to reach their highest potential for health and independence, but also – and of equal importance – primary and secondary disease prevention and the promotion of health in individuals, families and communities. For midwives, HEALTH21 affirms their vital role in public health, the promotion of women’s and family health, and the reduction of maternal and infant mortality and morbidity.

In all European Member States, some of which are undergoing major political, economic, social and demographic change, health care reforms are under way. Care in the community is on the increase, as is the recognition of the individual’s responsibility to maintain his or her own health. Hospital care is more and more reserved for the acutely ill who require highly skilled and technical care from doctors, nurses and other members of the health care team, often using expensive and complex techniques and equipment. In many though not all Member States, the average length of a patient’s stay in hospital is shorter, with an increasing use of day surgery. The need is recognized for continuity of care – a “seamless” transition from hospital to community care – as is the need to provide an acceptable quality of service for those cared for whether in hospital or at home, and also for their informal carers.

Continuing advances in practice, and in the quality of care given, require similar advances in the quality and relevance of the education of those entering the professions of nursing and midwifery, and in the provision of continuing education for those already practising. Effective adoption of the role of the nurse and of the midwife who can practise competently in hospital and in the community, as outlined in Section 6 of the Strategy, makes it essential that Member States regularly update and, if not already the case, reorientate their educational programmes so as to focus on health as well as on illness in individuals, families and communities, and to do so within the complex context of which nursing and midwifery are a part.

Just as “… health care does not take place in isolation from political, economic and cultural realities …” (3), so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither
must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress. Fig. 1 depicts that complexity.

Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion and the care of patients, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other’s authority, responsibility, ability and unique contribution. Thus, nurses and midwives must be educated to take their full part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

In the face of fundamental health care reform, the complex factors depicted in Fig. 1 and the resulting social transformation, and because nursing and midwifery education and practice are at very different stages of development in the Member States, it is timely that the professions be proactive in preparing a WHO European Strategy for Nursing and Midwifery Education. This Strategy is intended to be applicable today, but it also looks ahead to the twenty-first century. Although the focus of the Strategy is on preparation for entry to the professions of nursing and midwifery, this education must be seen as the first step in a journey of lifelong professional learning. As research-based knowledge of nursing and midwifery education and practice grows, so all practising nurses and midwives must continue to learn throughout their professional lives – in some cases developing new knowledge for specialist nursing and midwifery practice, in others deepening their knowledge of an existing field of practice.
2. The purpose and objectives of the Strategy

The purpose of the Strategy is twofold. It is both visionary and pragmatic. It provides the vision that will shape the direction of nursing and midwifery education in the future, and it defines and/or confirms the fundamental principles of initial nursing and midwifery education, so as to lay the foundation to enable the professions to achieve fitness for purpose in the twenty-first century. It is reaffirmed that the time scale for the achievement of the principles of the Strategy will differ in the different Member States, because of the wide diversity of the current status of nursing and midwifery education across the Region.

The main objective of the Strategy is to state the fundamental principles of the initial preparation of nurses and midwives, while also taking into account the fact that these will impinge on the continuing education of practising nurses and midwives (see Section 7).

Objectives in support of the main objective relate to the preparation of guidelines which will, within an agreed country-specific time scale, become appendices to the Strategy. These guidelines, which will be prepared by nurses and midwives, will need to be regularly reviewed and updated. They will deal with:

- curriculum design for practice-based professions;
- competency-based education and training;
- content of a curriculum reoriented to the goals of health for all and to multiprofessional team work;
- teaching, learning and assessment strategies consistent with the principles of adult education;
- quality control and educational evaluation;
- criteria for the preparation of nurse or midwife educators, and for mentors in the clinical/community placement areas;
- criteria for quality monitoring and accreditation of schools of nursing and/or of midwifery, and of the placements for student nurses and student midwives; and
- criteria for national and international accreditation of certified and experiential learning.

The Strategy is intended to be a framework for change. Its implementation in the different Member States of the Region must be accompanied by an action plan. This plan will be specific to each individual Member State and will be devised by key stakeholders in each country. It will make clear the time scale and the actions necessary for achievement of the Strategy. The Strategy Task Force of the Nursing and Midwifery Programme at the WHO Regional Office for Europe will work with each Member State and monitor its progress.

The Strategy is about more than a change of curriculum, however. It envisions a fundamental change in the contribution of nurses and midwives who, together with other health care professionals, will enable Member States of the Region to move towards the achievement of the health for all targets for the new century. According to WHO (4,5), educators alone cannot bring about the needed change in schools of nursing and of midwifery, or in any educational system. It is also necessary to involve, for example, ministries of health and of education, the legislative or regulatory bodies that set the rules and regulations for nursing and midwifery education, health professionals and members of the community, including patients. Most important, it is essential that the nursing and midwifery professions be committed to the need for change in nursing and midwifery education and practice, and that nurses and midwives themselves become more actively involved in the change process.
3. The process of preparing the Strategy

The process by which the Strategy was prepared is described in detail in the report of a WHO Expert Group (6). That report also provides an outline of the schedule for consultation on the draft Strategy, the dissemination of the final version, the designation of a task force, and the date for the provision by each Member State of its interim report on progress towards achievement of the Strategy.

In brief, following extensive preparatory work, a scope and purpose document was drawn up, together with a framework for the potential Strategy, and the decision was made to convene an Expert Group. Cross-regional representation on the Expert Group was invited from nurses and midwives, most of whom had a professional background in education, together with two government chief nurses, a postgraduate nursing student and a recently qualified nurse. The Group was joined by a representative of the multidisciplinary health care team (a physician) and by a health economist, a general educationalist and a lay member who had recent direct experience as a patient. During the course of the meeting, the short papers prepared in advance by members of the Expert Group, and the rich debate that these generated, contributed in a significant way to the development of the draft Strategy.

4. Shaping nursing and midwifery for the twenty-first century: the context

Nurses and midwives together constitute the single largest group of health professionals in the European Region, and their role is fundamental to health care. This was recognized as early as 1977 by the European Community in a Council Directive on general nursing care (7), and more recently in 1995 by the Council of Europe in its report on the role and education of nurses (8).

The European Conference on Nursing, held in Vienna in 1988 (9), marked a milestone for the nursing and midwifery professions across Europe. At this event, the important decision was taken to reorientate the education and practice of nurses and midwives so as to support more effectively the changing health agenda and WHO’s health for all targets (4). The new focus for professional practice was to be on primary health care, with an emphasis on equity, health maintenance and promotion, disease prevention and community empowerment (10). This approach was to be underpinned by the appropriate use of technology, research and evidence-based practice, and by intersectoral and international collaboration. The essential contribution of high-quality nursing to better health was fully recognized.

Valiant attempts have been made by nurses and midwives to honour the commitment made at Vienna but, although encouraging progress has been achieved in some countries, the sheer complexity of the problems faced by and continuing to face many of them has limited the success of these initiatives. Although there is enormous socioeconomic and cultural diversity in the Region, it is clear that even in the more developed countries, nursing and midwifery education requires regular review to ensure that it is in line with modern requirements. In many Member States, the professions continue to be subject to medical dominance, to have low status, and to lack authority, power and influence. Consequently, and also for other reasons, many countries experience recruitment and retention difficulties.

The countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former Soviet Union face acute problems and even greater difficulties. In most of these countries, doctors continue to dominate at the policy-making level in ministries of health, and in many countries teachers whose disciplines are not health-related or doctors hold the majority of director posts in nursing and/or midwifery schools. There is a shortage of appropriately prepared nursing and
midwifery teachers, and inadequate numbers of competent leaders in these professions. Because both nursing and midwifery lack a clear identity, and nurses and midwives have difficulty in making their voices heard, there is a need to strengthen the organization of nursing and of midwifery. Appropriate legislative and regulatory frameworks are needed to safeguard the public and to give the necessary authority and responsibility to nurses and midwives so as to help them establish their professional identity, realize their potential and make their rightful contribution to the health care agenda.

5. Health care reform and the health workforce

At the beginning of the twenty-first century, governments across Europe are facing a wide range of complex health problems. These include: environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; the continuing use of unnecessary medical interventions and high technology instead of careful assessment of risk; and a resurgence of diseases thought to have been conquered, such as tuberculosis, cholera, typhoid fever, malaria and hepatitis A. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and sexually transmitted diseases; in the incidence of stress; and in the ravages of war.

Faced with this daunting agenda and a shortage of funds to finance health, politicians and health care managers, in seeking to implement health care reforms, are searching for new ways to deliver high-quality care while taking account of prevailing social, economic, environmental and political realities. They are striving to increase efficiency and effectiveness while preserving the essential values of equity and solidarity (11).

The agenda is formidable. Europe needs well prepared health care professionals with appropriate competencies, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities. Five million of these health care professionals are nurses, working in every possible health care setting. If properly educated, organized and resourced, and vested with the necessary authority, they can have a major impact on all these health issues and do much to reduce the burden of disease, as well as promoting health and improving the quality of life for the people of their countries (12). Although fewer in number, midwives, if properly educated, organized, resourced and vested with the necessary authority, can similarly play a crucial role in family planning and reproductive health, in promoting safe motherhood and in improving the quality of the birth experience for women.

Equipped with the skilled workforce that they need, countries can fully embrace the health agenda for the twenty-first century, confident in the knowledge that they can offer high-quality nursing and midwifery care. Now is the time, therefore, for an education strategy that will prepare the nursing and midwifery professions for these challenges.

6. The role and functions of the nurse and the midwife

Before the Strategy could be formulated, it was essential to define the overall role and functions that would be expected of a person formally designated as a nurse and/or midwife. These definitions having been agreed (see below), the purpose of the Strategy was to articulate the fundamental principles of nursing and midwifery education that would prepare nurses and midwives to carry out their role and functions, and to provide the guidelines or framework within which countries could not only strive to meet those goals and principles but also measure their progress towards them. It was
acknowledged that countries in the Region would be at very different stages in their capacity to
achieve these principles, and Section 9 outlines enabling factors and a time scale that will be
developed on a country-specific basis, in order that all countries can implement the Strategy.

The Expert Group discussed and agreed on the following definitions as the most appropriate to
guide the Strategy for the Region.

- The role and functions of the nurse (3)

A nurse is a person who, having been formally admitted to a nursing education programme
duly recognized by the Member State in which it is located, has successfully completed the
prescribed course of studies in nursing and has obtained the required qualifications to be
registered and/or legally licensed to practise nursing.

Nurses help patients, families and groups to determine and achieve their physical, mental and
social potential, and to do so within the context of the environment in which they live and
work. Nurses require competence to develop and perform functions that promote and maintain
health as well as prevent illness. They also assess, plan, give and evaluate their professional
care during illness and rehabilitation, which encompasses the physical, mental and social
aspects of life as they affect health, illness, disability and dying. They may practise in hospitals
and the community. They are competent to work autonomously and as members of the health
care team. In certain circumstances they may delegate care to health care assistants, but they
retain responsibility for care, supervise where necessary and are accountable for their decisions
and actions.

The nurse promotes the active involvement of individuals, including patients, and of families,
social groups and communities as appropriate, in all aspects of health care, thus encouraging
self-reliance and self-determination while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and the application in practice
of specific nursing knowledge and skills which, wherever possible, are research- and/or
evidence-based. It draws on knowledge and techniques derived from the humanities, from the
physical, biological and behavioural sciences, from management and leadership theories and
from theories of education (3).

- The role and functions of the midwife (13)

A midwife is a person who, having been formally admitted to a midwifery education
programme duly recognized by the Member State in which it is located, has successfully
completed the prescribed course of studies in midwifery and has obtained the required
qualifications to be registered and/or legally licensed to practise midwifery.

Midwives must be able to provide the necessary supervision, care and advice to women during
pregnancy, labour and the post-partum period, to conduct deliveries on their own responsibility
and to care for newborn babies and infants. This care includes preventive measures, the detection
of abnormal conditions in mother and child, the procurement of medical assistance and, in its
absence, the execution of emergency measures. An important task is health counselling and
education, not only for the women but also within the family and the community. The work
should involve antenatal education and preparation for parenthood, and extends to certain areas
of gynaecology, family planning and child care. The midwife may practise in hospitals, clinics,
health units, homes or under any other conditions.

The Expert Group regards these definitions as describing nurses and midwives capable of
competent professional decision-making and with the formal authority so to do. They will accept
professional and personal accountability and responsibility for their practice. Nurses and midwives
will work in partnership with the patients, their families and the multidisciplinary team to enable
them to return to maximum possible health and will promote patients’ right to freedom of choice as to whether or not they will be involved in decision-making about their care. The nurse will also work with healthy individuals, families and groups in society in disease prevention and health promotion.

Decision-making in health care, in which nurses and midwives must actively participate, is a multidisciplinary and multiprofessional exercise that must include the patient’s point of view. Although each of the health care professions can make its own unique contribution to care, the Expert Group believes that the three closely allied professions of nursing, midwifery and medicine share a number of common skills, all of which are essential to the provision of an acceptable quality of care. These skills (14) are those of:

- **care provider**, who considers the patient holistically as an individual and as an integral part of the family, the community and the culture, and provides high-quality, ethical, comprehensive, continuous and personal care within a relationship based on trust;
- **decision-maker**, who identifies relevant health- or illness-related needs or problems and chooses which interventions to use ethically and cost-effectively to achieve holistic and high-quality care;
- **communicator**, who is able to promote healthy lifestyles by effective collaboration, explanation, teaching and advocacy, thereby motivating and empowering individuals and groups to protect and enhance their health;
- **community leader**, who, having won the trust of the people among whom he or she works, can identify and reconcile individual and community health requirements, facilitate action by individuals, groups and the community or initiate action on their behalf; and
- **manager**, who can make appropriate use of available data and work harmoniously with individuals and organizations inside and outside the health care system to identify, mobilize and coordinate available resources to meet the needs of patients and communities.

7. **Fundamental principles of the initial educational programmes for nursing and midwifery**

The following principles are fundamental to the provision of appropriate education for the nursing and midwifery professions. All Member States must work towards the inclusion of these principles in their nursing and midwifery programmes, according to a time scale agreed within each country as being appropriate and realistic.

Nursing and midwifery must be an integral part of the essential legislative and regulatory framework for the health care professions within each Member State or, where no legislation or regulation of the professions exists, the Member State must work to promote the establishment of such legislation or regulation.

Nursing and midwifery education and practice must be underpinned by values focusing on the promotion and maintenance of health in individuals, families and communities and on individual and holistic care of those who are ill. It must promote non-judgemental care that is sensitive to the social, cultural, economic and political context of the country.

Nursing and midwifery must take into account the health care needs of the population of the country and be conducted to agreed standards for quality of care.
Nursing and midwifery education must have the individual, be it the patient or the healthy person, as its main focus, but also take into account the significance of the contexts within which those individuals live and work, including their families, partners, social groups and communities.

A proportion of nursing and midwifery education must be interdisciplinary and multiprofessional, in order to facilitate effective teamwork and contribute to cost-effective delivery of health care.

Admission to nursing and midwifery education must follow successful completion of secondary school education, with qualifications equivalent to those required by the individual Member States for university entrance. Alternatively, entry may be based on formal accreditation of prior learning and/or relevant experience, provided this is a normal route of entry to the university concerned and is acceptable to the nursing or midwifery statutory body, where one exists.

The length of the programme must be sufficient to achieve the specified competencies and must not be less than three years.

Students must not be required to be employees during their education and must enjoy a status equivalent to that of other university students. This must apply throughout the theory and practice components of their education.

Successful completion of a nursing or midwifery programme must lead to professional qualification as a nurse or midwife.

Qualification as a midwife may be achieved either via a programme based on prior qualification as a nurse or via a direct-entry programme.

The academic level of the professional qualification as a nurse or as a midwife must be that of a university degree in nursing or midwifery.

There must be one level of qualified nurse and one level of qualified midwife. This nurse or midwife, as is the case with other health care professionals, may be supported by a trained health care assistant.

The curriculum must be research-, evidence- and competency-based.

The specified competencies must include the ability to practise in hospital and community settings and as a member of the multiprofessional health care team.

The relevant Council Directives for nursing (7) and for midwifery (15,16) must serve as a minimum. (These Directives are currently under review and the revised Directives, when available, will replace this existing principle.)

Initial preparation and qualification must form the basis of continuing professional development and education, which is essential for maintaining and further developing competencies for existing practice, for specialization and for the flexibility required for nurses and midwives to continue to contribute effectively to changes and advances in health, nursing and midwifery care.

The university, its school or department of nursing and/or midwifery, and the practice placement areas in the hospitals or community settings must be formally accredited and have in place systems of quality improvement/control.
The nursing and midwifery programmes must also be formally accredited, regularly reviewed and have valid systems of evaluation and quality improvement/control in place at local and national levels.

All nursing and midwifery programmes should have credits allocated to the learning that takes place in both the educational institution and the practice placement settings.

The director or head of the nursing school or department must be a qualified nurse, and the director or head of the midwifery school or department must be a qualified midwife.

The teaching of nursing, in both theory and practice, must be carried out by a qualified nurse and the teaching of midwifery, in both theory and practice, by a qualified midwife.

Teachers of nursing and of midwifery must:

- hold a degree at an academic level equivalent to the requirements for university teachers in the country in question;
- hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;
- hold the qualification to which the programme leads;
- have a minimum of two years of relevant practical experience;
- teach within the area of specialist nursing and/or midwifery practice in which they have expertise;
- maintain their clinical competence; and
- be responsible for the clinical supervision of students on practice placement within their areas of specialization (this responsibility must be shared with the student’s clinical mentor).

Where there are no qualified nurse or midwife teachers, qualified teachers should be sought from other countries by means of validated networks. The priority in such a case will be to select appropriately qualified and experienced nurses and midwives to attend teacher preparation courses, so as to build up a critical mass of qualified educators. For some nurse and midwife teachers, attendance at public health and clinical specialty courses may also be necessary.

Clinical nurses or midwives who teach, act as mentors and support students in their practice placements must:

- be experts in their field of practice;
- receive appropriate preparation for their roles as teachers, mentors and providers of support; and
- maintain their clinical competence.

In situations where there are no clinical nurse or midwife models, expert nurses or midwives should be sought by means of validated networks. The priority will be to select appropriately qualified and experienced nurses and midwives to attend mentor preparation courses, so as to build up a critical mass of appropriately prepared mentors for hospital and community placement supervision.
Student nurses and student midwives must receive clinical supervision while in clinical placements, whether in hospital or community settings. The level and amount of supervision should correspond to the stage of their education.

Teachers from disciplines that contribute to nursing or midwifery education, such as health and medical sciences, including pharmacology and epidemiology, behavioural and biological sciences, law and ethics, must be experts in their own subjects and hold a degree equivalent to the requirements for university teachers within the country in question.

University schools and departments of nursing and midwifery must have, or have adequate shared access to, appropriate human and physical resources, including equipment, clinical skills’ laboratories and libraries, to enable the delivery of programmes at both undergraduate and postgraduate levels.

8. Curriculum

The concept of the curriculum for the initial education programme for nurses and midwives, as used in the Strategy, refers to both the theory and the practice components and includes the objectives, design, content, teaching/learning experiences and assessment strategies, methods of evaluation and outcomes.

In all its aspects, the curriculum must prepare the nurse and midwife to undertake the role and functions as outlined in Section 6. It should therefore be competency-based.

The design must be that of a curriculum that is integrated in:

- **structure**, i.e. logically sequenced, so as to ensure an appropriate mix of theory/classroom teaching and learning, and of supervised practice in hospitals and community settings;
- **process**, i.e. it must adopt a student-oriented approach and juxtapose theory and practice in such a way as to facilitate in students the ability to integrate their classroom or laboratory learning with their experiential learning in appropriately supervised practice that permits progressive acceptance of responsibility; and
- **outcome**, i.e. in preparing a nurse or midwife who is competent to work in primary, secondary and tertiary care settings.

The content of the curriculum must be research- and evidence-based and relevant to the health care priorities and to the epidemiological, demographic and sociocultural context of the individual Member States.

The main subject/learning field must be the theory and practice of nursing or midwifery.

The following supporting subjects must be included, as a minimum, and their application to nursing or midwifery be made explicit (17):

- public health, health promotion, health education and therapeutic patient education
- epidemiology and care in illness and disease
- behavioural sciences
- biological sciences
- research awareness
- communication
- professional, ethical and legal issues
- information management and information technology
• management, leadership and organization.

Learning experiences, teaching and assessment strategies must be diverse. They must be based on theories of teaching and learning, including adult learning, in which the role of the teacher is that of the facilitator of learning and the role of the student is that of an active participant.

While the didactic method has a place within the range of strategies employed, it must not dominate. Methods must be used that stimulate active student participation, such as seminars, tutorials, laboratory demonstrations and supervised practice, problem-based learning, project work and self-directed study. Teaching and learning strategies must make use of the most appropriate technology, including new communication and information systems.

Assessment of both theory and practice should support the student-oriented, adult learning focus of the curriculum, use a variety of methods and require evidence of the application of theory to practice. It should be competency-based and include formative and summative elements.

The teaching, learning and assessment strategies and the learning experiences must assist the student to learn how to learn and must focus on:
• systematic, evidence-based care, which is tailored to the individual and oriented to the needs of the patient or healthy person;
• the development of a caring, non-judgemental attitude;
• the acquisition of an enquiring mind;
• the ability to think analytically and critically;
• the ability to make full use of information technology;
• planning, problem-solving and priority-setting skills;
• community assessment;
• management of emergency situations;
• life-saving skills;
• teamwork;
• integrated care;
• leadership skills;
• working collaboratively and in partnership; and
• shared decision-making.

The patient’s potential to contribute to the student’s learning and that of the qualified staff should be maximized.

Evaluation of all aspects of the curriculum must be planned and conducted on a regular basis.

Clearly stated and measurable educational standards and outcomes must be prepared in order to promote objective evaluation.

Placements must be audited to agreed acceptable standards as learning environments for student nurses and student midwives.

External peer review and student evaluation should be included in the monitoring process.
9. Enabling factors and time scale

A Strategy Task Force will:

- establish expert groups, primarily composed of nurses and midwives in education and in practice which, working to the terms of reference set by the Strategy Task Force, will prepare the guidelines noted in Section 2 ready for issue to Member States;
- establish an expert group to prepare guidance for Member States who wish to use the Prospective Analysis Methodology (see below);
- provide assistance to Member States, as requested, with the preparation of their action plans;
- monitor progress in the implementation and evaluation of the Strategy; and
- coordinate the preparation of an interim report from each Member State.

The time scale for implementation of the Strategy will differ in the various countries of the Region. Each Member State’s strategy must include measurable indicators linked to its specific time scale. These will be set by the country itself, based on the results of its analysis of the present position and of its vision for the future.

The analysis will be conducted in a systematic manner utilizing, as one possible but not the only approach, the Prospective Analysis Methodology (PAM). The possibility of patient input should be included in the analysis team.

Assistance with the use of the PAM or an alternative systematic method of analysis will be provided to enable the determination of Member States’ specific targets, outcomes and an agreed time frame.

Options for appropriate forms of support to individual countries will be explored.

National and international networking will be essential to support the development of nursing and midwifery education and practice within the Region. These networks must be validated.

The Strategy Task Force will continue to monitor progress towards each Member State’s achievement of the Strategy.

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GLOSSARY

Sources, where available, are referred to by numbers in parentheses after the term or definition, as appropriate.

Accreditation (of an institution, programme or curriculum)
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 a particular service.

Appropriate care
Efficient and cost-effective nursing and midwifery care, which, where relevant research exists, should be evidence-based.

Authority (1)
The rightful power to take action. This subsumes the right to make decisions on what action is appropriate.

Care (2)
Primary care services are general health practice services which offer care to the population at the point of entry into the health service system. Primary care services are concerned with individual patients’ care as well as with community health. They are responsible for curative as well as preventive activities involving individuals and the community.

Secondary care comprises the care provided through specialized services on referral from primary care services.

Tertiary care includes highly specialized care, for example plastic surgery, neuro-surgery and cardiac surgery.

Community care (3)
Comprehensive family/community-centred care of individuals in all age groups in relation to the promotion of health, the prevention of disease, care of the sick and rehabilitation provided by organized care services external to the hospital. Activities include health education and supervision, with emphasis on self-reliance and self-determination by the individual, family and/or community; and collaboration and coordination with social, economic and political sectors in the community, which contribute to the overall development of the society.

Competencies (4)
Broad composite statements, derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psycho-motor elements.

Competency-based education (5)
An educational philosophy that is primarily concerned with performance and the application of knowledge in the work situation. It sets out clearly what the performance of each activity entails and gives measurable criteria.

Continuing education
Education that builds on initial professional or vocational education.

Cost-effective care (6,7)
The ability of nursing and midwifery care services to be effective, with the conservation of resources; it reduces the costs of unnecessary examinations and treatments, and reduces morbidity and complications.

Equity (8)
Everyone should have a fair opportunity to attain his or her full health potential through equal access to health care providers; no one should be disadvantaged from achieving this potential due to lack in the personal environment.

Evidence-based care
Care based on valid research results, on clinical observation by a qualified health care professional and/or on accredited standards of good practice.

**Health care assistant**
A generic term used to describe an individual employed to assist health care professionals, in this case nurses and/or midwives, and to carry out delegated tasks. The health care assistant may also work independently, carrying out prescribed tasks, for which training is expected to be provided.

**Health care reform** *(7)*
Any intended change towards improvement of health care of the acutely and chronically ill, rehabilitation, case-finding, health maintenance, prevention of disease and disability and health education.

**Health education** *(3)*
Consciously constructed opportunities for learning which are designed to facilitate changes in behaviour towards a pre-determined health goal.

**Mentor**
An experienced nurse or midwife who supports and advises, for example in relation to a junior colleague, student nurse or student midwife.

**Monitoring process** *(3)*
The regular and systematic follow-up of activities to ensure that they are proceeding according to plan. Monitoring processes keep track of achievements, staff movements and utilization, supplies and equipment, and the money spent in relation to the resources available. The information gained from monitoring is utilized for evaluation.

**Network** *(7)*
A grouping of individuals, organizations and agencies organized generally on a non-hierarchical basis around some common theme or concern.

**Patient**
1. The real person who is the end-user in all our health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession *(9)*.
2. User(s) of health care services, whether healthy or sick *(10)*.

**Peer review**
Scrutiny of the work, activities or output of individuals or a group by other individuals or groups who have qualifications and experience that are directly comparable to those of the people being scrutinized.

**Practice placement**
The clinical area to which student nurses and/or student midwives are allocated in order to undertake the practice components of their education. These clinical areas may be in hospital or community settings.

**Promote health** *(7)*
The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health.

**Prospective Analysis Methodology (PAM)** *(11)*
A methodology for facilitating change. It is a process that facilitates decision-making, interchange of ideas and opinions, and recognition and development of a need to change.

**Resources** *(7)*
Human resources, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards specified objectives.


**Standard (3)**

Statement of a defined level of quality or competence which is expected in a given set of circumstances. In nursing and midwifery, the statements identify and define the criteria which influence the quality or competence of the nursing/midwifery service, and clarify what is expected in relation to the structures, processes and outcomes.

**Strategies (7)**

Broad lines of action to be taken to achieve the goals and objectives incorporating the identification of suitable points of intervention, the ways of ensuring the involvement of other sectors and the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them.

**Target (3)**

Pre-determined final outcome or an intermediate result towards the objective that a programme seeks to achieve. It is more specific than an objective and the period within which it is to be attained is usually specified. It also lends itself more readily to being expressed in quantitative terms.

**Technologies (7)**

Methods, procedures, techniques and equipment in the field of health which are scientifically valid, adapted to local needs and acceptable to those who use them and to those for whom they are used.

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“Nurses and Midwives for Health”

A WHO European Strategy for Nursing and Midwifery Education

Expert Panel

Professor Margaret F. Alexander
7/5 Stuart Crescent
East Craigs
Edinburgh EH12 8XR
United Kingdom

Mr Andreas Büscher
Am Knappenberg 67
44139 Dortmund
Germany

Dame Professor June Clark
Professor of Community Nursing
Department of Nursing, Midwifery and Health Care
University of Wales
Swansea
Singleton Park
Swansea SA2 8PP
United Kingdom

Ms Cromheecke-Reus
President
ACTM
Reestplanpsoen
8NL-7944 Bemeppel
Netherlands

Ms Aïnna Fawcett-Henesy
Regional Adviser Nursing and Midwifery
World Health Organization
Regional Office for Europe
Scherfisvej 8
2100 Copenhagen Ø
Denmark

Ms Pilar Fernandez
2nd Vice-President
Spanish General Council of Nursing
c/ Fuente del Rey 2
28023 Madrid
Spain

Dr Milagros García Barbero
Head
WHO European Centre for Integrated Health Care Services
Marc Aureli 22-36
08006 Barcelona
Spain

Mr Stéphane Jacquemet
Specialist in Adult Education
Department of Therapeutic Education in Chronic Diseases - Nursing Dept.
Geneva University Hospital
Geneva
Switzerland

Dr Marta Lima Basto
Escola Superior de Enfermagem de Maria Fernanda Resende
Av. Antonio Augusto de Aguiar No. 148, 4
1000 Lisbon
Portugal

Ms Julya Markova
Faculty of Higher Nursing Education
I.M. Sechenov Moscow Medical Academy
Bolshaya Prigorskaya 2/6
119 881 Moscow
Russian Federation
Mr Donal O'Kelly
Director Different Strokes
Sir Walter Scott House
PO Box 5082
Milton Keynes
MK5 7ZH United Kingdom

Professor Myriam Ovalle
Board Member
Spanish General Council of Nursing
C/Fuente del Rey, 2 (Esquina C Castilla)
28023 Madrid
Spain

Mr A. Phylip Pritchard
Head of Programme Development
emap Healthcare
Greater London House
Hampstead Road
London NW1 7EJ
United Kingdom

Ms Tamara Saktanova
Government Chief Nurse and President,
Nursing Association of Kyrgyzstan
Ministry of Health
Ul. Moskovskaya
148720405 Bishkek
Kyrgyzstan

Mrs Majda Slajmer-Japelj
International Manager
WHO Collaborating Centre
for Primary Health Care Nursing
Zdravstveni Dom
Health Centre of Maribor
Ul. Talcev 9
2000 Maribor
Slovenia

Ms Christine Thayer
19, rue du Banquier
75013 Paris
France

Dr Marjukka Vallimies-Patomäki
Senior Officer
Dept. for Social and Health Services
Ministry of Social Affairs and Health
P.O. Box 33
0023 Government
Finland

Ms Grazyna Wojcik
Chief Nursing Officer and Deputy Director
Department of Science and Health Care
Human Resources
Ministry of Health
ul. Miodowa 15
00-923 Warszawa
Poland