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Development of a context specific accreditation assessment tool for affirming quality midwifery education in Bangladesh



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ABSTRACT

Objective: using the International Confederation of Midwives (ICM) Global Standards for Midwifery Education as a conceptual framework, the aim of this study was to explore and describe important 'must haves' for inclusion in a context-specific accreditation assessment tool in Bangladesh.

Design: A questionnaire study was conducted using a Likert rating scale and 111 closed-response single items on adherence to accreditation-related statements, ending with an open-ended question. The ICM Global Standards guided data collection, deductive content analysis and description of the quantitative results.

Setting: twenty-five public institutes/colleges (out of 38 in Bangladesh), covering seven out of eight geographical divisions in the country.

Participants: one hundred and twenty-three nursing educators teaching the 3-year diploma midwifery education programme.

Findings: this study provides insight into the development of a context-specific accreditation assessment tool for Bangladesh. Important components to be included in this accreditation tool are presented under the following categories and domains: 'organization and administration', 'midwifery faculty', 'student body', 'curriculum content', 'resources, facilities and services' and 'assessment strategies'. The identified components were a prerequisite to ensure that midwifery students achieve the intended learning outcomes of the midwifery curriculum, and hence contribute to a strong midwifery workforce. The components further ensure well-prepared teachers and a standardized curriculum supported at policy level to enable effective deployment of professional midwives in the existing health system.

Key conclusions: as part of developing an accreditation assessment tool, it is imperative to build ownership and capacity when translating the ICM Global Standards for Midwifery Education into the national context.

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Implications for practice: this initiative can be used as lessons learned from Bangladesh to develop a context-specific accreditation assessment tool in line with national priorities, supporting the development of national policies.

Introduction

The International Confederation of Midwives (ICM) has developed global standards to inform the midwifery workforce on a unified level of necessary requirements. Three integrated pillars have been identified to build a midwifery profession: education, regulation and association (Castro Lopes et al., 2016). Education, as one of these pillars, is the focus of this paper. A quality managed midwifery education requires accreditation of institutions, programmes and licensing of individuals. Together, this forms the basis of professional regulation to support licensed midwives to work autonomously within their full scope of practice (Castro Lopes et al., 2016). This regulatory mechanism aims to align midwifery education with current reproductive health needs to enable a midwifery workforce providing a high standard of care (Frenk et al., 2010). However, the proportion of accreditation varies across countries and midwifery programmes (Homer et al., 2017; McCarthy et al., 2017). This is the case in South Asia (Smith et al., 2008), particularly Bangladesh. To date, no accreditation assessment tool for midwifery education exists in Bangladesh (Bogren et al., 2017).

The introduction of midwifery as a healthcare profession according to ICM Global Standards (Fullerton and Thompson, 2013) has increased rapidly in Bangladesh, since the profession was introduced in 2010 (Bogren et al., 2017). Educating an effective midwifery workforce, and accreditation of educational institutes and education programmes is of critical importance to ensure quality assurance and accountability in professional education (Castro Lopes et al., 2016; Luyben et al., 2017). A recent assessment found that educational quality varied at the 38 public institutes/colleges delivering midwifery education in Bangladesh (JHPIEGO, 2016).

Development of the midwifery profession in Bangladesh originated after many years of collaboration between partners (such as the Government, civil society, academia and donors) striving towards the goal to build quality midwifery education (Bogren et al., 2015). In order to improve maternal health, the Prime Minister of Bangladesh committed to educate and deploy 3000 midwives in 2010 (Bogren et al., 2015). Since the introduction of midwives in Bangladesh, extensive policy demands have placed the Government under pressure to align the midwifery workforce with global standards for the 21st century (WHO, 2013; Castro Lopes et al., 2016). As such, legislation and regulation, deployment and utilization, and education and training for midwives and midwifery faculty members are constantly progressing (Bogren et al., 2017).

The ICM Global Standards for Midwifery Education (ICM, 2013) can be used to measure progress in an accreditation process. Accreditation of a professional educational programme and its institutes ensures that education leads to competency, protects students' rights to quality education, ensures that consumers have access to quality care providers, and ensures that employers have access to healthcare workers who can perform to the correct standard and improve towards excellence (WHO, 2013). The ICM Global Standards can also serve as a clear and explicit set of domains that reflect quality in midwifery education programmes (Fullerton et al., 2016; Luyben et al., 2017).

When scaling up the midwifery workforce in Bangladesh (Bogren et al., 2017), it was recognized that regulated midwifery education was imperative. As such, the development of a context-specific accreditation assessment tool, to set the standards for desired performance and provide guidance regarding how to achieve those standards, was a priority for the Bangladesh Government. Using the ICM Global

Standards (ICM, 2013) as a conceptual framework, the aim of this study was to explore and describe important 'must haves' for inclusion in a context-specific accreditation assessment tool in Bangladesh.

Methods

Design

A questionnaire study was conducted at 25 public institutes/colleges (out of 38 in Bangladesh), covering seven out of eight geographical divisions in the country. The ICM Global Standards for Midwifery Education (ICM, 2013) was used as a conceptual framework to guide data collection, deductive content analysis and description of the quantitative results. In addition, the study design focused on a respectful participatory consensus approach to education and regulatory system levels inspired by Sidebotham et al. (2017). The findings of this study guided the development of a context-specific accreditation assessment tool for midwifery education in Bangladesh led by the Director General, Directorate General of Nursing and Midwifery, and Bangladesh Nursing and Midwifery Council. Ethical approval was obtained from the Directorate General of Nursing and Midwifery on 21 February 2017.

Conceptual framework

Development of the tool began with the ICM Global Standards for Midwifery Education (ICM, 2013). Using these standards as a framework, the tool was outlined with the following domains: (1) organization and administration, (2) midwifery faculty, (3) student body, (4) curriculum, and (5) assessment strategies. These domains cover the minimum requirements needed to achieve quality in midwifery education, institutes and practical learning placements. This framework has become acceptable and feasible in national, regional and international dialogues on quality insurance of midwifery education (Thompson et al., 2011; Yagzaw et al., 2015; Castro Lopes et al., 2016; Ebert et al., 2016).

The participatory and consensus building approach

Under the guidance of the Directorate General of Nursing and Midwifery, and the Bangladesh Nursing and Midwifery Council, a working group was formed consisting of five senior representatives from the Bangladesh Government, national and international academia and the midwifery association to develop the context-specific accreditation assessment tool. A questionnaire study was commissioned to guide its development. A team of international researchers compiled the analysed data and prepared the first draft of the tool. Thereafter, the tool was scrutinized and made ready for adaptation into the Bangladeshi context by the working group.

To assess the feasibility of the tool, a pilot assessment of five nursing institutes/colleges was conducted. After the pilot assessment, the tool was further edited, mainly providing clarification to some questions. Thereafter, a 1-day stakeholder meeting was organized where the tool was presented. The tool was further refined based on feedback from the 40 participants from the Bangladesh Government, academia, non-government organizations and United Nations agencies. The final version of the tool was submitted for endorsement.

Study setting

The questionnaire study was conducted at 25 public institutes/colleges (out of 38 in Bangladesh), covering seven out of eight geographical divisions in Bangladesh. Four nursing colleges were in urban areas with up to 9 million inhabitants, and 21 institutes were in remote areas with up to 2.6 million inhabitants (World Bank Statistics, 2015). Each institute/college enrolled 25–30 midwifery students per year. Sixty per cent of midwifery education took place in the clinical setting, mostly at tertiary and district hospitals.

Participants

One hundred and twenty-three midwifery educators at 25 institutes/colleges, teaching the 3-year diploma midwifery programme, were involved in this questionnaire study. The faculty members educated the midwifery students at educational institutes and in practical learning placements. The nursing experience of the faculty members varied from < 5 years to > 30 years; none of them were professional midwives. More than 50% of the faculty members were aged > 45 years, and held Master's degrees in nursing or public health.

Questionnaire

The first step in the development of the context-specific accreditation assessment tool comprised the development of a questionnaire with items generated from the ICM Global Standards for Midwifery Education (ICM, 2013) and review of relevant scientific literature (Thompson et al., 2011; Yagzaw et al., 2015; Ebert et al., 2016). The questionnaire, issued in English, was developed by international researchers delivering midwifery education at master's degree level in Bangladesh. The content validity of each item was assessed by the working group, based on relevance, clarity, simplicity and ambiguity (Erlandsson et al., 2016).

The questionnaire contained a rating scale, comprising 111 closed-response single items on adherence to accreditation-related statements. The five-point Likert scale (Polit and Beck, 2012) alternatives were: (1) strongly disagree, (2) disagree, (3) neither agree nor disagree, (4) agree and (5) strongly agree with a statement on content and usage of an accreditation assessment tool. The questionnaire ended with an open-ended question: 'What content is the most important to include in an accreditation assessment tool for midwifery education in Bangladesh?'

Data collection

Data were collected by 60 faculty members enrolled in a Swedish Master's programme 2016/2017 that aimed to increase the capacity of midwifery faculties in Bangladesh (Erlandsson et al., 2016). The 60 faculty members collected data from their own midwifery faculty colleagues over a 4-month period in 2017. As such, convenience sampling was used (Polit and Beck, 2012). The 60 faculty members formulated groups of four to five colleagues to answer the questionnaire. Working as a group to answer the questionnaire was deemed superior to data in order to avoid missing or conflicting information within the same institute/college. The invitation letters outlining the objective of the questionnaire study were distributed, oral information was provided, and signed consent forms were obtained. The groups gathered in a silent room at their respective institutes/colleges.

Analysis

The answers from the open-ended question in the questionnaire were analysed with deductive content analysis inspired by Elo and Kyngas (2008). Transcripts were assessed using a step guideline. Sentences and paragraphs from the answers in the open question were

Table 1

Top three 'must haves' for organization and administration to consider when developing a context-specific accreditation assessment tool for midwifery education in Bangladesh.

Organization and administration	Mean	SD
Midwifery faculty develop and control the curriculum	4.4	1.06
The curriculum is aligned with health policies, endorsed by the Bangladeshi Ministry of Health, and regulatory and professional bodies	4.4	0.98
Midwifery institutes are assessed by midwives with clinical, administrative, academic and leadership experience	4.2	0.51

SD, standard deviation.

read and reread. Thereafter, text related directly to the aim of the study was identified, coded and clustered into categories according to the conceptual framework.

The closed-response alternatives in the questionnaire were analysed by descriptive statistics using SPSS Version 20 (IBM Corp., Armonk, NY, USA) (Polit and Beck, 2012). The statistical average in each domain in the used framework was measured, and classified into levels of adherence to the accreditation statements. This paper presents statements that had an average response of 'agree' or 'strongly agree'.

Results

The results from the questionnaire corresponding to the conceptual framework (ICM, 2013), are presented below. Important components for inclusion in the accreditation tool are presented under four qualitative categories and five quantitative domains: 'organization and administration', 'midwifery faculty', 'student body', 'curriculum content', 'resources, facilities and services' and 'assessment strategies'. The findings from the qualitative part of the questionnaire are presented first, followed by the findings from the quantitative part of the questionnaire, consisting of 32 items out of 111 (Tables 1–6). According to the 123 midwifery educators who participated in this study, these 32 items are the 'must have' single items to ensure quality and accountability in midwifery education.

Organization and administration

Building on political commitment to support the midwifery education programme, the midwifery faculty participants suggested that midwifery faculty members should be responsible for leading the

Table 2

Top 14 'must haves' for midwifery faculty to consider when developing a context-specific accreditation assessment tool for midwifery education in Bangladesh.

Midwifery faculty	Mean	SD
Teachers demonstrate competency in midwifery practice	4.6	0.52
Teachers have formal training for teaching	4.6	0.71
Teachers maintain competency through professional development activities relevant to midwifery education and practice	4.4	0.74
Teachers orient clinical teachers to the learning objectives of each semester	4.3	0.71
Teachers are effective in facilitating learning	4.0	0.57
Clinical preceptors/clinical teachers supporting provision of:		
Active first stage of management of labour	4.7	0.58
Initiation, establishment and maintenance of breast-feeding	4.6	0.02
Partogram interpretation	4.6	0.61
Newborn resuscitation	4.6	0.99
Intrapartum care	4.5	0.55
Family planning	4.4	0.52
Care of newborn with special needs	4.3	0.82
Assessment of women 6 weeks post partum	4.2	0.77
Management of newborn illness	4.1	0.35

SD, standard deviation.

Table 3

Top two 'must haves' for student body to consider when developing a context-specific accreditation assessment tool for midwifery education in Bangladesh.

Student body	Mean	SD
Clearly written admission and student policies are available	4.6	0.14
The school has selection criteria that account for anticipated deployment and retention	4.3	0.83

SD, standard deviation.

Table 4

Top three 'must haves' regarding content of curriculum for midwifery skills to ensure quality and accountability of midwifery education according to midwifery faculty members in Bangladesh.

Curriculum content	Mean	SD
The purpose of the midwifery curriculum is to prepare knowledgeable autonomous practitioners	4.6	0.64
Curriculum content is in line with ICM competencies and other core ICM documents	4.5	0.35
Curriculum philosophy is consistent with ICM core documents	4.4	0.46

ICM, International Confederation of Midwives; SD, standard deviation.

Table 5

Top three 'must haves' regarding resources, facilities and services for midwifery skills to ensure quality and accountability of midwifery education according to midwifery faculty members in Bangladesh.

Resources, facilities and services	Mean	SD
Students provide midwifery care primarily under the supervision of a qualified midwife	4.4	0.29
Teachers have enough competence to lecture simulation	4.2	0.53
The skills laboratory is organized around the priority midwifery competencies	4.0	0.79

SD, standard deviation.

Table 6

Top seven 'must haves' regarding assessment strategies for midwifery education to consider when developing an accreditation assessment tool for midwifery education to ensure quality and accountability according to midwifery faculty members in Bangladesh.

Assessment strategies	Mean	SD
The midwifery student has examined 20 full-term newborns	4.4	1.01
The midwifery student has conducted 100 postnatal care episodes	4.4	0.86
The midwifery student has conducted 100 antenatal care episodes	4.2	0.90
The midwifery student has experienced at least 30 normal births	4.2	0.29
Faculty members monitor and follow-up students' records of clinical experience with log books and checklists	4.1	0.53
The midwifery student has conducted 40 births in total	4.1	0.34
Teachers are fair and unbiased in assessing learning	4.0	0.90

SD, standard deviation.

accreditation assessment. It was deemed important that the faculty members were self-governing, and should be responsible for curriculum development and its review. To ensure that national and international policies and standards will meet the needs of the midwifery workforce to ensure quality and accountability in midwifery education, an academic progression component was suggested for inclusion in the accreditation assessment tool.

Higher education for midwives needs to start from BSc in midwifery (Bachelor of Midwifery Science) and facilities for obtaining a Master's degree followed by PhD. Higher education is much important for Bangladesh midwives (Midwifery faculty member #92).

As part the quantitative domain of 'organization and administration', important 'must haves' were that the curriculum should be

developed and controlled by the midwifery faculty members, and should be aligned with health policies, endorsed by the Bangladesh Ministry of Health, and regulatory and professional bodies. Similarly, it was considered important for midwifery institutes to be assessed by national midwives with clinical, administrative, academic and leadership experience (Table 1).

Midwifery faculty

A separate midwifery faculty member who has formal training in midwifery, demonstrates competency in midwifery education and practice, and has formal training in teaching was suggested for inclusion in the accreditation assessment tool. An adequate number of midwifery faculty members was a vital component, according to the faculty participants, to ensure quality and accountability for midwifery education.

Recruit adequate number of qualified midwifery teachers (Midwifery faculty member #23).

Another important component was to ensure that faculty members were maintaining their competence through in-service training and mentorship.

We need regular standardized in-service training and mentorship programmes (Midwifery faculty member #34).

One critical component in the accreditation assessment tool was the inclusion of clinical preceptors. It was stated that this was not the case today, and there is a critical need to establish positions where clinical preceptors and clinical teachers work together to facilitate students to fulfil the clinical learning outcomes in practical learning placements.

My opinion is that clinical teachers are required in the clinical setting (Midwifery faculty #13).

The faculty members were united about the importance of having clinical teachers at the clinical setting to ensure that midwifery students are being educated in clinical placements in accordance with the national curriculum. This was experienced as a challenge, as the number of midwifery faculty members is low and most work at the academic institutes/colleges to educate midwifery and nursing students.

The content of a diploma midwifery education programme could be fulfilled in students' clinical placements with clinical teachers' support or preceptors placed in practical learning sites (Midwifery faculty member #33).

Another key component related to practical learning placements was the commitment of other healthcare professionals (doctors and nurses) and managers to collaborate closely with the nursing institute/college and to be committed to facilitate supportive supervision of the midwifery students.

Nurse supervisor, in charge, senior nurses, and doctors need to be committed to supervise the midwifery students as outlined in the curriculum (Midwifery faculty member #10).

This was expressed as a major challenge, and was suggested for inclusion in the accreditation assessment tool. According to the participants, this could inform policy dialogue for identification of clinical mentors and potential initiation of clinical preceptors/teachers for practical learning placements.

The challenge with students learning in clinical placements can be solved appropriately with posting clinical instructors in the hospitals (Midwifery faculty member #17).

It was anticipated that if clinical mentors were identified and clinical preceptors/teachers were introduced in Bangladesh, they could close the existing gap linking theory and practice.

As part of the quantitative domain of 'midwifery faculty', important

'must haves' were that teachers demonstrate competency in midwifery practice, and have formal training for teaching. It was also considered important that teachers maintain competency through professional development activities relevant to midwifery education and practice. Another 'must have' was the importance of teachers orienting clinical teachers to the learning objectives of each semester as outlined in the curriculum, and that teachers are effective in facilitating learning for their students (Table 2).

Other important 'must haves' were related to the supervision of midwifery students by clinical preceptors/clinical teachers to support the provision of clinical skills, including: active first stage of management of labour; initiation, establishment and maintenance of breastfeeding; partogram interpretation; newborn resuscitation; intrapartum care; family planning; care of newborn with special needs; assessment of women 6 weeks post partum and management of newborn illness (Table 2).

Student body

As part of the quantitative domain of 'student body', important 'must haves' were that clearly written admission and student policies, and selection criteria that account for anticipated deployment and retention should be available at each school (Table 3).

Curriculum content

According to the midwifery faculty members, a professional midwife is a person who has been trained according to the 3-year diploma midwifery curriculum, which is in line with the ICM Global Standards for Midwifery Education. This was acknowledged to be one component in the accreditation assessment tool.

The 3-year diploma in midwifery is an acceptable programme in Bangladesh (Midwifery faculty member #50).

The reason for including the 3-year diploma midwifery curriculum in the accreditation assessment tool was to ensure that the midwifery workforce meet the ICM definition of a midwife to provide evidence-based care.

As part of the quantitative domain of 'curriculum content', important 'must haves' were a curriculum that prepares knowledgeable autonomous practitioners, and is in line with ICM competencies and other core ICM documents, including midwifery philosophy (Table 4).

Resources, facilities and services

Support functions such as library, computer and skills laboratory facilities are imperative in enabling a sufficient teaching and learning environment to meet the needs of the programme. Although these facilities are available, they are not fully equipped according to the participants. It appears that students do not always have access to the available resources and facilities. Therefore, accessibility and availability were agreed for inclusion in the accreditation assessment tool.

In my opinion, more focus is required on logistical support.... (Midwifery faculty member #118).

The midwifery students had access to practical learning placements. However, it was acknowledged that the midwifery students might not have access to practical experiences. To meet the learning outcomes, it was advised to include a component in the accreditation tool related to minimum selection criteria to become and maintain being a midwifery practical learning site. This was described to include written policies for student safety and wellbeing in their learning environments.

Another possible solution is to negotiate with Gynaecology and Obstetrics departments and the policy makers on the need for identifying hospital criterion for maintaining the status of being a

clinical site..... and policies for safety and security (Midwifery faculty member #69).

As part of the quantitative domain of 'resources, facilities and services', important 'must haves' were that midwifery students should be supervised by qualified midwives, teachers should have enough competence to lecture simulation, and skills laboratories should be organized around the priority midwifery competencies (Table 5).

Assessment strategies

The midwifery faculty members suggested that it was their responsibility to use valid and reliable assessment strategies in evaluation of the performance and progression of midwifery students, both in theoretical and clinical courses. The prerequisite to ensure valid and reliable assessment strategies in relation to knowledge, behaviours and clinical skills was an orientation on the content of the curriculum, syllabus, lesson plans and resource material. In particular, the midwifery faculty members felt that student progression was a critical component for inclusion in the accreditation assessment tool.

Midwifery teachers should ensure the students get enough clinical practice. Midwifery faculty should provide log books and checklists (Midwifery faculty member #81).

Another component for inclusion in the accreditation assessment tool was that midwifery faculty should provide support, direct observation and review of students' progression in practical learning placements.

When midwifery education is actually taking place in hospital, a teacher in setting should monitor the time the student spends in the placement and number of clinical experiences in hospital and clinics, and this should be a requirement for an accreditation tool (Midwifery faculty member #79).

As part of the qualitative domain of 'assessment strategies', important 'must haves' were enabling students in clinical placements to examine at least 20 full-term newborns, and conduct 100 postnatal care episodes, 30 normal births and a total of 40 births. Similarly, it was important for midwifery faculty members to monitor and follow-up the students' records of clinical experiences with log books and checklists, and for teachers to be fair and unbiased in assessing learning outcomes (Table 6).

Discussion

This study provides insight into the development of a context-specific accreditation assessment tool for Bangladesh. Important components to be included in this accreditation tool are presented under the following categories and domains: 'organization and administration', 'midwifery faculty', 'student body', 'curriculum content', 'resources, facilities and services' and 'assessment strategies'. The identified components will be a prerequisite to ensure that midwifery students achieve the intended learning outcomes of the midwifery curriculum, and hence contribute to a strong midwifery workforce. The components also include well-trained teachers and a standardized curriculum supported by policy makers. Although accreditation, educational programmes and degree levels vary across countries (McCarthy et al., 2017), this paper focuses on the importance of development and implementation of a context-specific accreditation tool for midwifery education in Bangladesh.

First, bringing all stakeholders together in developing a context-specific accreditation assessment tool was critical in this process. As described by Bogren et al. (2015), the national goal of educating and deploying midwives brought stakeholders (e.g. policy makers, regulatory authorities, educators and educational institutes) together in a collaborative manner. Therefore, using a bottom-up approach when

developing a context-specific accreditation tool can influence policy reforms regulating midwifery as a separate profession from nursing in Bangladesh.

Second, for students to reach their learning outcomes, both the qualitative and quantitative data illuminated the need to include a minimum number of experiences in practical learning placements for midwifery students. In agreement with Renfrew et al. (2014), it is important that the midwifery workforce is embedded in a powerful healthcare system wherein the midwifery students are educated and well prepared for delivering quality midwifery care. Identified in this study was the importance of willingness of other healthcare professionals (doctors and nurses) to facilitate opportunities for midwifery students to achieve clinical learning outcomes in practical learning placements. These opportunities will enable closure of the gaps between the requirements articulated in the curriculum and the number of clinical experiences. Thus, this requirement was included in the accreditation tool. Until Bangladesh can accredit midwifery education and institutes, it will be difficult to ensure that midwifery students receive a consistent, high-quality education.

Third, reflecting on what is already known, the midwifery faculty members in Bangladesh have academic backgrounds as nurses, clinicians and teachers of nursing, yet were required to teach the midwifery programme (Bogren et al., 2017). The participants strongly agreed that there is a need to build faculty competence and capacity to successfully deliver the 3-year midwifery curriculum to the students. As such, including the midwifery faculty members in the accreditation development journey was found to be a positive process, largely due to involvement of those able to understand, work with and develop policies that affect their respective workplaces (Leap et al., 2017). Hence, involving faculty members in data collection among their colleagues might be a collective action to guide midwifery faculties to meet the ICM Global Standards for Midwifery Education (ICM, 2013).

Finally, in the interest of supporting midwifery students and ensuring that graduates meet the ICM Global Standards for Midwifery Education (ICM, 2013), the context-specific accreditation tool initiated discussions to consider an entity to take a leading role in carrying out the accreditation. According to McCarthy et al. (2017), the process of accrediting midwifery education varies across countries, from self-assessment, to use of external inspectors, to use of an independent board to make accreditation decisions and/or provide feedback and recommendations to programmes. Within the climate of building a midwifery profession in Bangladesh (Bogren et al., 2015), and with country-specific knowledge gained through this process, it is recommended that Bangladesh Nursing and Midwifery Council should take the lead to commence the accreditation assessment. It is suggested that the newly developed country-specific accreditation tool should be used by national external inspectors providing feedback to programmes regarding their accreditation evaluation outcome and recommendations for improvements. Such an approach can contribute to positioning the midwifery workforce as a standardized profession within the healthcare system in Bangladesh.

Given that less than half of countries globally have an accreditation system in place for midwifery education and institutes, the fact that ICM has taken the lead in putting a global accreditation mechanism in place is welcomed (Michel-Schuldt and Bohle, 2017). The assumption in Bangladesh is that the investment of developing a context-specific accreditation tool specifically for midwifery education and institutes will trigger motivation to align the assessment tool with the ICM global accreditation mechanism once developed and endorsed.

Strengths and limitations of the study

A key strength of this study was how ownership and capacity were built in a sense of translating the ICM Global Standards for Midwifery Education (ICM, 2013) into a national context. There was high-level acknowledgement that this bottom-up approach involving policy

makers, regulatory authorities, educators and institutions was appropriate. A respectful collaborative approach (Sidebotham et al., 2017) may have contributed to a more sustainable outcome for the development of the accreditation tool than would have been possible with a top-down approach. Another strength was the added value of the open question validating the faculty members' responses to the closed alternatives, bolstered by the conceptual framework (ICM, 2013). The use of Master's students to gather data made it possible to reach a substantial number of faculty members at the public nursing institutes/colleges. This study also had a few limitations. First, the nursing institutes/colleges were selected using convenience sampling, based on where the Master's students were working. As such, the results may not be fully representative of the 13 other public institutes/colleges and their faculty members in Bangladesh. However, using 60 Master's students to gather data could be seen as a strength in terms of ownership, or a potential limitation, due to possible variations in students' personal performances in collecting data.

Conclusion and clinical implications

This study has provided insight into the development of a context-specific accreditation assessment tool for Bangladesh. It is imperative that participants who are able to understand, work with and develop policies that affect their respective workplaces are part of the development process. This initiative has provided a platform for other countries on how to develop a context-specific accreditation assessment tool in line with national priorities, leading to the development of policies incorporating the ICM Global Standards for Midwifery Education.

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Conflict of interest

None declared.

Ethical approval

Ethical clearance was obtained from Bangladesh Directorate General Nursing and Midwifery, on the 21st of February, 2017.

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Clinical trial registry

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